

COTIVITI FAQ

Frequently Asked Questions (“FAQ”) for Provider Inquiries COTIVITI-Inpatient DRG Review Program	
Provider Inquiries	Answers
1. General Information	
1.1 What is Cotiviti?	Cotiviti is a nationwide healthcare cost management company specializing in the review of inpatient claims. NH Healthy Families has contracted with Cotiviti to provide inpatient DRG validation.
1.2 Where is the Cotiviti office located?	The Cotiviti corporate office is located in South Jordan, UT. All correspondence and questions related to audits should be sent to the Cotiviti mail center at: Cotiviti, C/O Cotiviti-6240 731 Arbor Way Box 12017 Blue Bell, PA 19422
1.3 If I have questions about the DRG audits, who do I call?	Please contact Cotiviti Provider Services at 770-379-2322 Monday – Friday from 7:00 AM to 4:00 PM CST/CDT (6:00 AM to 3:00 PM MST/MDT).
1.4 I did not receive a copy of the audit correspondence, or it has been misplaced. How can I obtain a copy?	Please contact Cotiviti Provider Services at 770-379-2322 and they will send you a copy of the correspondence.
2. Medical Record Requests	
2.1 Can I mail medical records to Cotiviti?	Records may be mailed via United States Postal Service standard mail. Cotiviti and NH Healthy Families will not reimburse the cost of expedited mailing services.
2.2 Can I send medical records via a Secure web portal?	Yes. Upload to our Secure Portal at www.submitrecords.com . Simply click on the “Submit Records” button and enter your password: cent12CCVC
2.3 Can I fax medical records?	Yes, you may fax medical records securely to (800) 615-2809. This fax is located in a HIPAA-secure location.
2.4 Will Cotiviti accept medical records via a document management clearinghouse?	Yes, if a Provider contracts with a clearinghouse that sends records to approved Business Associates, Cotiviti is authorized by NH Healthy Families to accept records from that entity.
2.5 Where do I send the medical records?	Mail medical records via standard U.S. Mail to: C/O Cotiviti- 6740 66 East Wadsworth Park Drive Box 12017 Draper, UT 84020

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2.6 Do I need to send the entire medical record for a case?	<p>Cotiviti requests the minimal records needed for review:</p> <ol style="list-style-type: none"> 1. DRG Coding Summary 2. Discharge Summary 3. History and Physical 4. Progress Notes and Doctor’s Orders 5. Consult Notes 6. Lab Records 7. Radiology Records 8. Emergency Department Physician Record (if applicable) 9. Physician Queries (if applicable) 10. Operative Report (if applicable) 11. Ventilator Record (if applicable) <p>However, if the requested information does not support reimbursement for the claim, please send any additional information necessary to support the claim as originally submitted.</p>
2.7 What if I need more time to send the requested medical records?	<p>If there are extenuating circumstances, please contact Cotiviti Retrieval Operations at (833) 931-1789, Monday – Friday from 7:00 AM to 4:00 PM CST/CDT (6:00 AM to 3:00 PM MST/MDT). We will review requests for additional time on a case by case basis.</p>
2.8 What if I miss the deadline for submitting the medical records?	<p>You should send the medical records to Cotiviti even if the deadline has passed, and the audit will be conducted. Failure to submit the requested medical records may result in an administrative denial and recoupment of claim payments.</p>
2.9 What happens to the medical records at Cotiviti?	<p>All Cotiviti medical record handling is HIPAA compliant and secure. Records are scanned and archived for each audit. The original paper copies and CDs are securely destroyed.</p>
2.10 We would like medical record requests sent to a different name or address at our organization. How do we request this?	<p>Please contact the Cotiviti Retrieval Operations at (833) 931-1789.</p>
3. Audit Determinations	
3.1 What happens after Cotiviti receives our medical records?	<p>Cotiviti reviews the claim and medical records to assess the coding and DRG assignment. An Audit Determination letter is mailed to the Provider, after the requested medical records are received.</p>

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3.2 What coding references are used for Cotiviti Audit Determinations?	Cotiviti audits are based upon national correct coding standards in the ICD-10-CM/PCS Official Guidelines for Coding and Reporting. These guidelines have been approved by the organizations that make up the Cooperating Parties for ICD-10-CM/PCS: the American Hospital Association (AHA), the American Health Information Management Association (AHIMA), The Centers for Medicare and Medicaid Services (CMS) and the National Center for Health Statistics (NCHS). These guidelines are adhered to in “Coding Clinic for ICD-10-CM/PCS Coding Clinic publications. Medical Necessity reviews reference InterQual® Guidelines for Acute Care: Adult and Pediatrics.
3.3 What if the claim was correctly coded?	Cotiviti sends an “Audit Determination – No Change” letter, stating that the auditor agreed with the claim as coded. No response is required from the Provider.
3.4 When does Cotiviti inform NH Healthy Families of the audit results?	NH Healthy Families is notified of new audit results on a weekly basis.
3.5 What if I disagree with the Audit Determination?	If you disagree with the determination, you have a right to submit a request for reconsideration, following the instructions in the letter. Reconsideration requests must be submitted to Cotiviti in writing, with additional documentation to support the request.
3.6 If a claim was not correctly coded and I agree with the Audit Determination, should I send a refund or corrected claim to Cotiviti?	If you agree with the Audit Determination, sign and return the Audit Determination letter to Cotiviti. It is not necessary to send a corrected claim. NH Healthy Families will be notified of your agreement, and will apply a payment adjustment in accordance with the terms of your provider contract, or the NH Healthy Families Provider Manual.
3.7 What if I do not respond to an Audit Determination?	If no response is received, you are deemed to have accepted the Audit Determination, and NH Healthy Families will proceed with a payment adjustment in accordance with the terms of your provider contract, or the NH Healthy Families Provider Manual.
3.8 We would like Audit Determinations sent to a different name or address at our organization. How do we request this?	All address changes must be submitted in writing via email, fax or regular mail. Cotiviti will verify the information with NH Healthy Families and make the correction in the Cotiviti system.

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3.9 Can I speak to the auditor who performed the audit?	If you would like to discuss the audit results, please contact Cotiviti Provider Services at 770-379-2322.
4. Reconsideration Requests	
4.1 Does Cotiviti handle reconsideration requests?	Yes, Cotiviti will handle reconsideration requests for audits conducted on behalf of NH Healthy Families.
4.2 Can I fax a reconsideration request to Cotiviti?	Yes, you may fax your reconsideration request with supporting documentation to (801) 683-1773. This fax is located in a HIPAA-secure location.
4.3 What is the time frame for reconsideration requests?	NH Healthy Families’ policy requires a written reconsideration request with supporting documentation within 180 calendar days from the date of the Audit Determination letter, not to exceed 15 months from the date of service. Cotiviti will send a reconsideration response within 30 calendar days.
4.4 What happens if I do not submit a reconsideration request within the specified time frame?	If no response is received within 180 calendar days, you are deemed to have accepted the Audit Determination, and NH Healthy Families will proceed with a payment adjustment in accordance with the terms of your provider contract or the NH Healthy Families Provider Manual. If a reconsideration request is received after the specified time limit, the original Audit Determination is upheld.
4.5 What if I disagree with the reconsideration response?	If you disagree with the outcome of the reconsideration decision, file your dispute within 180 calendar days of the original audit result notification, not to exceed 15 months from the date of service. File your response by completing the Claim Dispute form, which can be found in the provider section of the website at: www.nhhealthyfamilies.com . (continued on next page)

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4.5 What if I disagree with the reconsideration response?	<p>(continued ...)</p> <p>You should submit the Claim Dispute form, reconsideration response, and any new supporting documentation to substantiate your claim. A claim dispute is to be used only when you have received an unsatisfactory response to a request for reconsideration. If the original decision is upheld, you will receive a letter detailing the decision and steps for escalated reconsideration.</p> <p>Claim Disputes may be mailed to:</p> <p style="padding-left: 40px;">NH Healthy Families ATTN: CLAIMS DEPARTMENT - COTIVITI DISPUTE PO BOX 3000 Farmington, MO 63640-3800</p>

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Contact Information for Cotiviti Audits

Cotiviti Provider Services Call Center

Hours: Monday – Friday, 7:00 – 4:00 CST/CDT (6:00 – 3:00 MST/MDT)
Telephone: 770-379-2322

Send medical records to:

C/O Cotiviti
6740 66 East Wadsworth Park Drive
Box 12017
Draper, UT 84020

Send reconsideration requests to:

Cotiviti C/O Cotiviti
6240 731 Arbor Way
Box 12017
Blue Bell, PA 19422
FAX: (801) 683-1773