

Appeal Reference Guide

Clinical Chart Validation (CCV) Audits

Provider Inquiries	Answers
1. General Information	
What is Cotiviti?	Cotiviti is a nationwide healthcare payment accuracy company specializing in the review of inpatient claims. TCHP has contracted with Cotiviti to provide post-payment audit validation review.
If I have questions about the audits, who do I call?	For Clinical Chart Validation (CCV), please contact Cotiviti Provider Services at 770-379-2316. Monday thru Friday from 8:00 am to 5:00 pm EST / EDT.
2. Appeals	
Does Cotiviti handle <u>Appeals</u> ?	Yes, Cotiviti handles Appeals for TCHP. Appeals should be sent to: Cotiviti C/O Cotiviti-6800 731 Arbor Way Box 12017 Blue Bell, PA 19422
Can I fax an <u>Appeal</u> to Cotiviti?	Yes, you may fax your Appeal with supporting documentation to 203-423-1716. This fax is in a HIPAA-secure location.
Can I upload <u>Appeals</u> to a secure portal?	Yes, Cotiviti has a preferred method for uploading requested documents. https://providerconnection.cotiviti.com Upload instructions: 1) Access the Cotiviti Provider Connection Portal at the above web address. 2) Enter the Request Code associated with the individual medical record being uploaded. (If multiple records are being submitted.) 3) Enter one of the following from this Medical Request: Claim Number, Patient Date of Birth, Member Admission Date, or Member ID 4) Upload requested documents.
What is the timeframe for an Appeal to be submitted?	Texas Children's Health Plan (TCHP) policy requires a written Appeal with supporting documentation within 30 days of the audit determination letter. Cotiviti will respond with an Appeal response.

What happens if I do not submit an Appeal within the specified time frame?	If you do not submit an Appeal within the specified time frame, TCHP assumes you agree with the audit determination and will adjust the claim payment. If an Appeal is received after the specified time frame, the original audit determination is upheld.
What if I disagree with the Appeal determination?	TCHP allows for a three Appeals. If you disagree with the first or second Appeals, please follow instructions for Appeals as outlined in the Appeal response letters. The third Appeal serves as the FINAL determination.

Quick Reference to Cotiviti Audit Letters

Letter Name	Response Time (calendar days)	Description
Medical Records Request	30 Days	Initial Medical Record Request letter. The Provider has 30 days to send the records to Cotiviti.
Medical Records Request – Second and Final Notice	15 Days	Second and final request for Medical Records. The Provider has an additional 15 days to send the records to Cotiviti.
Audit Determination – Change	30 days	Letter sent to the Provider when Cotiviti determines a change to the DRG. The Provider has 30 days to agree with the DRG Change or to file a written request for an Appeal. If the Provider fails to respond after this deadline, TCHP assumes the Provider agrees with the audit determination and adjusts the claim payment.
First Appeal Response - Upheld	30 days	Letter sent to the Provider when Cotiviti upholds the original Audit Determination. If the Provider fails to respond after 30 days, TCHP assumes the Provider agrees with the first Appeal response and adjusts the claim payment. If an Appeal is received late, the request is not considered, and the prior audit determination is upheld.
First Appeal Response - Overturned	30 days	Letter sent to the Provider when Cotiviti overturns the original audit determination and agrees with the coding submitted by the Provider. This typically occurs when the Provider submits additional information with the Appeal request. No further action is required by the Provider.
First Appeal Response - New Determination	30 days	Letter sent to the Provider when Cotiviti makes a new determination based on information submitted by the Provider during the Appeal process. If the Provider fails to respond after 30 days, TCHP assumes the Provider agrees with the response and adjusts the claim payment.
Second Appeal Response - Upheld	30 days	Letter sent to the Provider when Cotiviti upholds the first Appeal response. Second Appeal response is the final determination.
Second Appeal Response - Overturned	30 days	Letter sent to the Provider when Cotiviti overturns the first Appeal response and agrees with the coding submitted by the Provider. This typically occurs when the Provider submits additional information with the Appeal. No further action is required by the Provider.

Second Appeal Response - New Determination	30 days	Letter sent to the Provider when Cotiviti makes a new determination based on information submitted by the Provider during the Appeal process. Second Appeal response is the final determination.
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Contact Information for Cotiviti Audits

CCV Provider Services (for Appeal & Audit Questions)

Monday - Friday, 8:00am – 5:00pm (EST)

Phone: (770) 379-2316

Fax: (855) 848-2899

CCV Retrieval Operations Center (for Medical Record Submission Questions)

Monday - Friday, 6:30am – 5:30pm (MST)

Phone: (833) 931-1789

Fax: (800) 355-6234

Medical Records: Submission Portal & Fax

Secure Portal: <https://providerconnection.cotiviti.com>

Secure Fax: (888) 832-0592

Medical Records: Submission Addresses

Cotiviti C/O Cotiviti – 6800 731 Arbor Way PO Box 12017 Blue Bell, PA 19422	OR	Cotiviti C/O Cotiviti - 6800 10701 S Riverfront Pkwy Box 12017 South Jordan, UT 84095
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Appeals: Submission Portal & Fax

Secure Portal: <https://providerconnection.cotiviti.com>

Secure Fax: (203) 423-1716

Appeals: Submission Address

Cotiviti
C/O Cotiviti-6800
731 Arbor Way
Box 12017
Blue Bell, PA 19422