Provider Frequently Asked Questions ("FAQ")

Clinical Chart Validation (CCV) Post Payment Audits

Provider Inquiries	Answers
1. General Information	
1.1 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.
1.2 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.
1.3 I did not receive a copy of the audit correspondence, or it has been misplaced. How can I obtain a copy?	For CCV please contact Cotiviti Provider Services at 770-379-2316 and they will mail you a copy of the correspondence via US Mail.
1.4 How can I update provider contact information?	Providers should contact Cotiviti using one of the following methods to request an update to provider contact information: **Phone:** 770-379-2316 **Provider Connection Portal – listed below**
2. Medical Record Requests	
2.1 How will I receive medical record requests from Cotiviti?	You will receive the requests via fax or US Mail to your billing address. If you have a different address you prefer Cotiviti to use, or prefer fax, contact Cotiviti at 770-379-2316 to advise of the preference or change.
2.2 How can I submit medical records to Cotiviti?	Records may be submitted to Cotiviti via multiple channels: - Provider Portal using the request ID (RID) on the letter **(preferred)** - sFTP for Health Information Handlers – **preferred** - US Mail/UPS/FedEx - Onsite Retrieval - EMR Extract
2.3 Can I mail medical records to Cotiviti?	Records may be mailed via United States Postal Service, UPS, or FedEx (see contact information at end of this document). Neither Cotiviti nor TCHP will reimburse the cost of expedited mailing services.
2.4 Can I fax medical records?	Yes, but the preferred method is to use the **Cotiviti Provider Connection Portal using the Request Code.** You may fax medical records to 1-800-273-9095. This fax is in a HIPAA-secure location.
2.5 Will Cotiviti accept medical records via a document management clearinghouse?	Yes, if contracted with a clearinghouse that sends records to approved Business Associates, Cotiviti is authorized by TCHP to accept records from that entity.

2.6 Where do I mail medical records?	Medical records should be sent to one of the Cotiviti mail centers at: Cotiviti C/O Cotiviti - 6800 10701 S Riverfront Pkwy Box 12017 South Jordan, UT 84095
2.7 We would like medical record requests sent to a different name or address at our organization. How do we request this?	All address changes must be submitted in writing via fax or US mail, to the address listed above. Cotiviti will verify the information with TCHP and will make the correction in the Cotiviti system once the information has been verified by the payer.
2.8 Do I need to send the entire medical record for a claim?	Cotiviti requests the minimal records needed for review: 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) 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.
2.9 What if I need more time to send the requested medical records?	If there are extenuating circumstances, please contact Cotiviti's Retrieval Operations Center at 1-833-931-1789, Monday to Friday from 6:30 am to 4:00 pm MST/MDT. We will review requests for additional time on a case-by-case basis.
2.10 What if I never received the letter requesting medical records?	Please contact Cotiviti's Retrieval Operations Center at 1-833-931-1789, Monday to Friday from 6:30 am to 4:00 pm MST/MDT. They will send the letter again.
2.11 What happens to the medical records at Cotiviti?	All Cotiviti medical record handling is HIPAA compliant and secure. Records are uploaded to the portal – the image gets attached to the claim. The original paper copies are securely destroyed after 30 days.
3. Audit Determinations	
3.1 What happens after Cotiviti receives our medical records?	Cotiviti reviews the claim and the 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 and the audit is completed.

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 interpreted in the ICD-10-CM/PCS Coding Clinic published by the AHA.
3.3 What if the claim was correctly coded?	Cotiviti sends an "Audit Determination – No Change" letter stating that Cotiviti agrees with the claim as coded. No response is required from the Provider.
3.4 When does Cotiviti inform TCHP of the audit results?	TCHP 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 may submit an Appeal to Cotiviti, following the instructions in the audit determination letter. Appeals must be submitted to Cotiviti in writing via **Cotiviti Provider Connection Portal using the Request Code**, fax or US mail to the address listed above, with additional documentation to support the request.
3.6 What if I do not respond to a DRG change determination?	If no response is received, TCHP assumes you agree with the audit determination and applies a payment adjustment.
3.7 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 fax or US mail to the address listed above. Cotiviti will verify the information with TCHP and make the correction in the Cotiviti system.
3.8 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 770-379-2316.
4. Appeals	
4.1 Does Cotiviti handle Appeals?	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
4.2 Can I fax an Appeal to Cotiviti?	Yes, but the preferred method is to submit via the **Cotiviti Provider Connection Portal using the Request Code.** You may fax your Appeal with supporting documentation to 203-423-1716. This fax is in a HIPAA-secure location.

Can I upload Appeals to a secure portal?	Yes, Cotiviti has a preferred method for uploading requested documents. Secure Portal: **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.
4.3 What is the timeframe for an Appeal to be submitted?	TCHP policy requires a written Appeal with supporting documentation within 30 days of the audit determination letter. Cotiviti will respond with an Appeal response.
4.4 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.
4.5 What if I disagree with the Appeal determination?	TCHP allows for two levels of Appeals. If you disagree with the first level of appeal, please follow instructions for Appeals as outlined in the Appeal response letters. The second Appeal serves as the FINAL determination.

Quick Reference to Cotiviti Audit Letters		
Letter Name	**Response Time (calendar days)**	**Description**
Medical Records Request – First Notice	30 Days	Initial Medical Record Request letter. Provider has 30 days to send the records to Cotiviti.
Medical Records Request – Second Notice	15 Days	Second request for Medical Records. Provider has an additional 15 days to send the records to Cotiviti.
Medical Records Request – Final Notice	10 Days	Final request for Medical Records. Provider has an additional 10 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 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.

Contact Information for Cotiviti Audits

CCV Provider Services
(for Appeal & Audit Questions)

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

Phone: (770) 379-2316

Fax: (855) 848-2899

CCV Retrieval Operations Center
(for Medical Record Submission Questions)

Monday - Friday, 6:30am – 4:00 pm (MST)

Phone: (833) 931-1789

Fax: (800) 355-6234

Medical Records: Submission Options

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

Cotiviti Addresses:

Cotiviti
C/O Cotiviti - 6800
10701 S Riverfront Pkwy
Box 12017
South Jordan, UT 84095

Cotiviti
C/O Cotiviti-6100
731 Arbor Way
Box 12017
Blue Bell, PA 19422

Secure Fax: 800-273-9095

Appeals: Submission Options

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

Cotiviti Address:

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

Secure Fax: (203) 423-1716