

CCV Provider Frequently Asked Questions (FAQ)



May 2023

Frequently Asked Questions (FAQ) for Provider Inquiries

Cotiviti Complex Chart Validation (CCV)

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. Molina has contracted with Cotiviti to provide post-payment Diagnosis Related Group (DRG) review.
1.2 If I have questions about the CCV audits, who do I call?	Please contact Cotiviti Provider Services at icrs.provider@cotiviti.com or via phone at (770) 913-2602 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?	Please contact Cotiviti Provider Services at (770) 913-2602 or via email at icrs.provider@cotiviti.com and they will mail you a copy of the correspondence via US Mail.
2. Medical Record Requests	
2.1 How will I receive medical record requests from Cotiviti?	Please advise which communication method is preferred by choosing one of the following: Fax (target fax) - preferred Email US Mail
2.2 How can I submit medical records to Cotiviti?	Records may be submitted to Cotiviti via multiple channels: Provider Portal (www.submitrecords.com) using the request ID (RID) on the letter - preferred US Mail/UPS/FedEx Onsite Scanning Technician EMR Extract Fax
2.3 Can I mail medical records to Cotiviti?	Records may be mailed via United States Postal Service, UPS, or FedEx. Cotiviti and Molina will <u>not</u> reimburse the cost of expedited mailing services.
2.4 Can I fax medical records?	Yes, you may fax medical records to 800-396-0265. This fax is in a HIPAA-secure location.
2.5 Can I send medical records on a CD/DVD?	Yes, Cotiviti accepts Medical Records on a CD/DVD or on paper. If the CD is encrypted and password protected (recommended) please contact Cotiviti Retrieval Operations Center at 833-931-1789 to provide the password.
2.6 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 Molina to accept records from that entity.
2.7 Where do I mail <u>medical records</u> ?	<u>Medical records</u> should be sent to one of the Cotiviti mail centers at:

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	<p style="text-align: center;">Cotiviti - 6160 66 E. Wadsworth Park Dr., Box 12017 Draper, UT 84020</p> <p style="text-align: center;">Or</p> <p style="text-align: center;">Cotiviti C/O Cotiviti-6160 731 Arbor Way Box 12017 Blue Bell, PA 19422</p>
<p>2.8 Do I need to send the entire medical record for a claim?</p>	<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>
<p>2.9 What if I need more time to send the requested medical records?</p>	<p>If there are extenuating circumstances, please contact Cotiviti Provider Services at 833-931-1789, Monday to Friday from 6:30 am to 5:30 pm MST / MDT. We will review requests for additional time on a case-by-case basis.</p>
<p>2.10 What if I miss the deadline for submitting the medical records?</p>	<p>You should send the medical records to Cotiviti even if the deadline has passed, and the audit will be conducted.</p>
<p>2.11 What happens to the medical records at Cotiviti?</p>	<p>All Cotiviti medical record handling is HIPAA compliant and secure. Records uploaded to the portal – the image gets attached to the claim. The original paper copies are securely destroyed after 30 days and CDs after 60 days.</p>
<p>2.12 We would like medical record requests sent to a different name or address at our organization. How do we request this?</p>	<p>For address changes, it is preferred that it be submitted in writing via fax or US mail. Please see last page for the Template for Medical Records and Determination Letter Address Update Requests.</p> <p>However, a call to Cotiviti's retrieval operation center at 833-931-1789, is acceptable.</p>

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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. Medical necessity reviews reference nationally recognized guidelines such as InterQual® Guidelines for Acute Care: Adult and Pediatrics and MCG (previously known as Milliman Care Guidelines).
3.3 What if the claim was correctly coded?	If there is no finding Cotiviti will not send further correspondence on the claim in question and no further action is needed from the Provider.
3.4 When does Cotiviti inform Molina of the audit results?	Molina 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 Appeal request to Cotiviti, following the instructions in the audit determination letter. An Appeal must be submitted to Cotiviti in writing via fax or US mail, 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. Molina will be notified of your agreement and will apply a payment adjustment in accordance with the audit results.
3.7 What if I do not respond to a change determination?	If no response is received, Molina assumes you agree with the audit determination and applies a payment adjustment.
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 or US mail. Cotiviti will verify the information with Molina and make the correction in the Cotiviti system. Please see last page for the Template for Medical Records and Determination Letter Address Update Requests. However, an email to icrs.provider@cotiviti.com is acceptable.
3.9 Can I speak to the auditor who performed the audit?	If you would like to discuss the audit results, please send the details in writing to the address provided on the letter. Auditors can review through the appeal/ reconsideration process.

4. Appeals

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4.1 Does Cotiviti Appeals?	Yes, Cotiviti handles First level Appeals on Molina's behalf. Molina handles any Second Level Appeals. First Level Appeals should be sent to: Cotiviti C/O Cotiviti-6160 731 Arbor Way Box 12017 Blue Bell, PA 19422
4.2 Can I fax an Appeal to Cotiviti?	Yes, you may fax your Appeal with supporting documentation to 801-683-1761. This fax is in a HIPAA-secure location.
4.3 What is the time frame for an Appeal to be submitted?	Molina 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, Molina assumes you agree with the audit determination and will adjust the claim payment. Late appeals up to 6 months will be accepted. Cotiviti will respond with an Appeal response.
4.5 What if I disagree with the Appeal determination?	Molina allows for a Second Level Appeal. If you disagree with the Appeal response, please follow instructions for Appeals as outlined in the Appeal response letter.

Quick Reference to Cotiviti CCV Audit Letters

Letter Name	Time Frame for Provider Response (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	30 Days	Second and final request for Medical Records. The Provider has an additional 30 days to send the records to Cotiviti.
Audit Determination – No Change	N/A	No communication is sent for no change and no further action needed by the Provider.
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 Appeal request. If the Provider fails to respond after this deadline, Molina assumes the Provider agrees with the audit determination and adjusts the claim payment.
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

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		days, Molina assumes the Provider agrees with the Appeal response and adjusts the claim payment.
APPEAL Response - Overturned	N/A	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.
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, Molina assumes the Provider agrees with the response and adjusts the claim payment.

Contact Information for Cotiviti CCV Audits

Chart Retrieval (Medical Records Requests, Address Updates and Extensions)				
Address in Footer	Option 1	Option 2	Option 3	Option 4
Draper, UT	Mail: Cotiviti - 6160 66 E. Wadsworth Park Dr., Box 12017 Draper, UT 84020	Fax: (800) 395- 0265	Upload via secure portal: https://www.submitrecords.com/ password: moli55CCVC	Call for other options: (833) 931-1789
Blue Bell, PA	Cotiviti C/O Cotiviti-6160 731 Arbor Way Box 12017 Blue Bell, PA 19422			
Preferred Method to Update Address for Post Audit Review/Audit Determination Letters				
Address in Footer	Option 1	Option 2	Option 3	
Bluebell, PA	Email: iCRS.Provider@cotiviti.com	Call: (770) 913-2602	<i>Please see last page for the Template for Medical Records and Determination Letter Address Update Requests</i>	
Draper, UT				
Inquiries for Status Updates or Extension Requests for Appeals				
Address in Footer	Option 1	Option 2	Option 3	Option 4

