



[Date]

[Provider Name] [Address1],[Address2] [City], [State] [Zip] PLEASE INCLUDE THE FOLLOWING RETROSPECTIVE CLAIM ACCURACY (RCA) VOUCHER NUMBER ON YOUR CORRESPONDENCE: [Reference ID#]

OVERPAYMENT NOTICE

Dear Provider,

In an effort to provide an excellent customer service experience, Blue Cross Blue Shield of North Dakota (BCBSND) periodically conducts reviews of previously processed claims. BCBSND has partnered with Cotiviti, Inc. to conduct post payment reviews of paid medical claims. Cotiviti, Inc. has noted some differences between amounts paid to you and the amount you should have been paid in accordance with our policies and/or contractual agreement with you. Outlined on the attached report are the claims that our records indicate have been overpaid, totaling: [Total Amount].

If you agree with the result(s), please circle YES on the audit findings form (for each claim) below. All adjustments will be processed against future claim payments and will appear on your Electronic Remittance Advice (ERA), commencing 45 calendar days from this letter date.

If you disagree with our findings, please circle NO on the audit findings form before returning it and provide **dispute documentation within <u>45 calendar days</u> of this letter date.** If you have any questions or need additional information, please submit your request in writing and fax to 203-642-7678, send a secure email to hcbcbsndcorrespondenceteam@cotiviti.com or mail to the following address:

Cotiviti, Inc. Attn: Claims Review – HC BCBSND Correspondence Team Hillcrest Building 731 Arbor Way, Suite 150 Blue Bell, PA 19422

A request for reconsideration received by Cotiviti after the 45-day time limit has ended will result in a claim denial. Any further opportunity for payment of the claim is waived by the provider for failure to respond timely.

Thank you for your cooperation and prompt attention to this matter.

Sincerely, HC BCBSND Correspondence Team Cotiviti, Inc. 203-529-4199

The materials in this document are private and contain Protected Healthcare Information. If you are not the intended recipient, be advised any unauthorized use, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. If this document is received in error, please immediately notify the sender via return mail or telephone.

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association.

The Blue Cross®, Blue Shield®, Cross, and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Cotiviti is an independent company offering payment integrity services on behalf of Blue Cross Blue Shield of North Dakota.





REMITTANCE COUPON - PLEASE RETURN Cotiviti, Inc. PLEASE INCLUDE THE RCA VOUCHER NUMBER ON YOUR CORRESPONDENCE: Attn: Claims Review -- HC **BCBSND** Correspondence Team [Reference ID#] Hillcrest Building 731 Arbor Way, Suite 150 Blue Bell, PA 19422 [Client] Patient Name Line Member Date of Procedure DRG Chk Num Amt Paid Num Ref# PT A/C Num Number Service Code Chk Date Refund Due [LN] [Cnly Ref] [Patient Name] [Member ID] [StartDOS] [Proc Code] [DRG] [Check] [Paid Amt] [PT Account Num] To [EndDOS] [Chkdate] [Refund Amt] **Claim Number:** [Claim Num] Plan Name: [Plan Code] PROVIDER RENDERING TREATMENT: [Provider Name] **Explanation**: [Claim Error Description] AGREEMENT WITH AUDIT FINDINGS: YES / NO PROVIDER REPRESENTATIVE Provider Representative Date Print Name

PREFERRED REPAY METHODOLOGY: AUTHORIZE RECOUP

The materials in this document are private and contain Protected Healthcare Information. If you are not the intended recipient, be advised any unauthorized use, disclosure, copying, distribution, or the taking of any action in reliance on the contents of this information is strictly prohibited. If this document is received in error, please immediately notify the sender via return mail or telephone.

Blue Cross Blue Shield of North Dakota is an independent licensee of the Blue Cross Blue Shield Association.

The Blue Cross®, Blue Shield®, Cross, and Shield Symbols are registered service marks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield Plans.

Cotiviti is an independent company offering payment integrity services on behalf of Blue Cross Blue Shield of North Dakota.