



Cotiviti
<<<Address Line 1>>>
<<<Address Line 2>>>
<<<City, State Zip>>>

<<<Date>>>

CCV - Reconsideration Response – Upheld

<<<Provider Name>>>
<<<Provider Address 1>>>
<<<Provider Address 2>>>
<<<City, State Zip>>>

Dear <<< Provider Name >>>:

Thank you for your letter requesting a reconsideration of our audit determination for the following claim:

Patient Account #:	XXXXXXXXXXXXXXXXXXXX	Patient Name:	<<< Last Name, First Name >>>
Facility:	XXXXXXXXXXXXXXXXXXXX	Patient DOB:	99/99/9999
Date of Admission:	99/99/9999	Date of Discharge:	99/99/9999
Recon Received:	99/99/9999	Recon Review Date:	99/99/9999

This case, along with any additional documentation submitted, has been carefully reviewed. Based on the information provided, the original audit determination is upheld. This is supported by the explanation as found on page two.

If you have any questions regarding this reconsideration process, please contact Cotiviti Provider Services at <<< (XXX) XXX-XXXX >>>, Monday – Friday from 7:00 AM to 4:00 PM CST/CDT. Thank you for your cooperation with this claim review.

Sincerely,

Cotiviti

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.

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

Cotiviti, <<< Address Line 1>>> <<< Address Line 2>>> <<< City, State Zip>>> T:<<<PHONE>>> F:<<<FAX>>>



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COTIVITI

<<<Date>>>

CCV - Reconsideration Response – Upheld

Patient Account #:	XXXXXXXXXXXXXXXXXXXX	Subscriber ID:	XXXXXXXXXXXXXXXXXXXX
Facility:	XXXXXXXXXXXXXXXXXXXX	Dependent ID:	XXXXXXXXXXXX
Tax ID:	99-99999999	Patient Name:	<<< Last Name, First Name >>>
Provider ID:	999999	Patient DOB:	99/99/9999
Payer Name:	<<< Payer >>>	Patient Gender:	X
Payer Claim #:	XXXXXXXXXXXXXXXXXXXX	Date of Admission:	99/99/9999
Cotiviti ID #:	999999999999	Date of Discharge:	99/99/9999
Recon Received:	99/99/9999	Recon Review Date:	99/99/9999

Reconsideration Determination: <<<Original audit determination upheld>>>

Reconsideration Explanation: <<<Insert reconsideration determination explanation here>>>

Agreement with Determination

If you agree with this decision, please sign and return this letter and Reconsideration Response within 60 calendar days of this letter date to: <<< Cotiviti >>>, <<< Address Line 1 >>>, <<< Address Line 2 >>>, City, State Zip >>>. If response is received within this timeframe, the claim will be adjusted to reflect the audit determination. Any further opportunity for payment or dispute of payment of the claim is waived by the provider for failure to respond timely.

_____	_____	_____	_____
Printed Name	Signature of Representative	Title	Date

Disagreement with Determination

If you disagree with this decision, you have a right to request a second reconsideration. Please mail your written request, and additional supporting documentation, within 60 calendar days of this letter date to BCBSND at the second reconsideration address below. **Note: Reconsideration instructions enclosed.**

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IMPORTANT INFORMATION ABOUT YOUR RECONSIDERATION RIGHTS

Cotiviti conducts audits on behalf of Blue Cross Blue Shield of North Dakota (BCBSND) in accordance with current industry standards and practices. The mission of the Cotiviti clinical and coding auditor team is to provide complete and accurate results with fair perspective.

Second Reconsideration

If you received an unfavorable decision on the first reconsideration, you may file a request for second reconsideration. To exercise this right, file your written request, along with any new supporting documentation to support reimbursement of the claim as originally billed, within 60 calendar days of this letter date. All requests for second review must be in writing and sent to:

**Blue Cross Blue Shield of North Dakota
PO Box 1570
Fargo, ND 58107-1570
Fax: 701-277-2209**

BCBSND will issue a decision within 45 calendar days of this letter date. In order to ensure that the second review receives a fair and impartial review, the second review will be made by clinicians and/or specialists who did not conduct the original audit of the claim.

A second reconsideration is the final determination; no further review or reconsideration will be accepted by Cotiviti or BCBSND.

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