



[Date]

[Provider Name]
[Address1],[Address2]
[City], [State] [Zip]

**PLEASE INCLUDE THE
FOLLOWING RETROSPECTIVE
CLAIM ACCURACY (RCA)
VOUCHER NUMBER ON YOUR
CHECK:
[Reference ID#]**

OVERPAYMENT NOTICE

Dear Provider,

In an effort to provide an excellent customer 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. Please issue a refund check for these overpayments, totaling: **[Total Amount]**.

If you agree with the result(s), please circle YES on the audit findings form (for each claim) below. To ensure your account is accurately credited, please include a copy of this letter along with your payment. The refund check should be made payable to Blue Cross Blue Shield of North Dakota, and remitted to the following address.

Blue Cross Blue Shield of North Dakota
RE: Cotiviti, Inc.
4510 13th Ave S
 Fargo ND 58121

If you disagree with our findings, you must circle NO on the audit findings form before returning it and **provide dispute documentation within 45 days of this notification**. Please do not send written responses or disputes to the payment address listed above. 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 hcbcsndcorrespondenceteam@cotiviti.com or mail to the following address:

Cotiviti, Inc.
Attn: Claims Review – HC BCBSND CorrespondenceTeam
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

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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.

FOR COTIVITI CUSTOMER SERVICE REGARDING OVERPAYMENT ISSUES, PLEASE CALL 203-529-4199.

