



MEDTRON
SOFTWARE INTELLIGENCE



022310 NEWS BLAST

Recovery Audit Contractor (RAC) Update

Centers for Medicare & Medicaid Services (CMS) has continued with the implementation of the Recovery Audit Contractors (RAC) program to identify overpayments and underpayments.

Connolly Healthcare has been awarded region C, which includes Louisiana, Mississippi and Tennessee. Connolly Healthcare is requesting a 'Contact Information Form' be completed for potential recovery of overpayments and/or underpayments and for medical record requests.

Each practice should complete the attached 'Contact Information Form' and submit to Connolly Healthcare via fax (203) 529-2995, Attn: Christine Castelli.

Connolly Healthcare Contact Information:

Website: www.connollyhealthcare.com/RAC

Email: RACinfo@connollyhealthcare.com

Phone: 1-866-360-2507

For more information on the RAC program, please visit CMS' website:

http://www.cms.hhs.gov/RAC/01_Overview.asp#TopOfPage



Contact Information Form

Connolly Healthcare is the Region C Recovery Auditing Contractor for the CMS RAC Program. Connolly is requesting a contact person for both the potential recovery of underpayment/overpayment of claims, and for medical record request. After completing the below information, please *fax* to the attention of Christine Castelli, Principal of Connolly Healthcare, at the following fax number: 203.529.2995.

If you represent multiple facilities/providers, please complete a form for each facility/provider.

Provider Name: _____ Provider Number: _____

Tax Identification Number: _____ NPI #: _____

Mailing Address: _____

Is your facility a member of a group? Yes ____ No ____ . If yes, please provide the following information:

Group Name: _____ Medicare Group Number: _____

Group Mailing Address: _____ Group NPI #: _____

Contact for Potential Recovery of Underpaid/Overpaid Claims

Contact Person: _____

Title: _____

Mailing Address: _____

Contact's Telephone Number: _____

Fax: () _____ Email: _____

CHECK HERE IF YOU WANT ALL CORRESPONDENCE, INCLUDING MEDICAL RECORDS REQUESTS, TO BE DIRECTED TO THE ABOVE INDIVIDUAL. OTHERWISE, COMPLETE THE NEXT SECTION.

Contact for Medical Record Request

Contact Person: _____

Title: _____

Mailing Address: _____

Contact's Telephone Number: _____

Fax: () _____ Email: _____

****If your contact person(s) changes, please update this form and resubmit to Connolly for processing.**

Connolly Healthcare
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