



**OXFORD**  
HEALTH PLANS®

A UnitedHealthcare Company

Date: 11/07/2007

Dr. [REDACTED]

Dear Dr. [REDACTED]

In an effort to review the coding accuracy and appropriateness of claims and encounters submitted to Oxford, we will be conducting an audit of your Oxford patient claims. This audit will review the medical billing and coding for E&M claims as submitted by your office. This information is necessary to administer the plan in which these patients are or have been insured under Oxford Health Plans. We know that providing us with this information can be time consuming and we appreciate your cooperation in the process.

We want to avoid any confusion, and be clear in our process with you. Thus, we wanted to address some common questions you may have:

1. This review of your medical records is part of Oxford's health care operations and is required in accordance with federal and state requirements.
2. The review is not for purposes of reviewing quality of care, it is a review to determine the appropriateness of coding used when submitting claims and/or encounters. It is also different than credentialing or various other types of reviews Oxford conducts for other purposes.
3. In accordance with the Health Insurance Portability and Accountability Act (HIPAA), because this is part of Oxford's health care operations, you are permitted to submit records in response to this request without separate authorization from the patients.
4. Even if your practice is no longer contracted with Oxford, you are still required to provide documentation for periods in which you provided services to a member.

Attached is a list of members whose medical records have been selected for review, and the dates they were members of Oxford. By forwarding the medical records to Oxford you are certifying that they are complete, accurate, and that Oxford may rely on them as such. Only submit copies of the records for dates of service within the range provided. It is only necessary to submit the entire medical record if all the services you provided to the member are within the period being reviewed. The records and notes must be legible to anyone with some familiarity with medical terminology. Legibility is the responsibility of the provider - if your notes and records are not legible to people other than yourself and immediate staff, they must be transcribed, made legible and signed for authenticity. Be sure to clearly stamp or annotate that the medical record is a copy and not the original and to send copies of both the handwritten note as well as the transcribed copy. Also, to ensure we have all pertinent information, remember to copy both sides of two-sided documents.

Please submit the requested records within 30 days from the date of this letter.

Secure Fax: 1-888-740-7520  
By Mail: Oxford Health Plans  
c/o Parses, Inc.  
3350 W. Buschwood Park Dr., Ste 120  
Tampa, FL 33618

Once our review is complete, the results will be shared with your office. At that time, we will be available to discuss any questions or concerns you might have, including any unique aspects of your practice or patient population that might affect the services you provide or the coding of your claims.

Your cooperation is greatly appreciated. If you have any questions, please don't hesitate to contact us at (866) 572-7737.

Sincerely,

*Maria Pilarinos*

Maria Pilarinos  
Provider Compliance Analyst

Enclosures: Medical Record Reference Sheet, Instructions.



**INSTRUCTIONS:**

The attached Medical Records Reference Sheet lists the patient encounters that have been selected for this review.

Please FAX the corresponding medical records to 1-888-740-7520 or Mail to  
Oxford Health Plan  
c/o Parses, Inc.  
3350 W. Buschwood Park Drive, Suite 120, Tampa, FL 33618

1. When responding to this request for records, do **NOT** send the entire patient file. Send only the documentation that relates to the Date(s) of Service requested. Common examples of documentation that may be included, if available, for a date of service are:

- a. The physician's progress note (that is, the office or hospital history and physical note).
- b. Any separate documentation that relates to prescriptions, orders, lab or pathology reports, and consultation requests or reports if they exist and/or are applicable.

\* Please note that if you do not have all or any of the above-listed examples of documentation, send what you have.

2. To ensure the physician is given as much credit as possible for the work performed, the records and notes must be legible. No credit can be given for documentation that cannot be read by two or more certified coders, nurses or physicians. If the notes and records are not legible, or you are concerned that they may not be legible, you are permitted to also provide a transcribed copy. This transcribed copy must be accompanied by the original document.

3. Prepare the records for fax or mail. Please make sure all copies are complete and contain both sides of each page, including page edges. Avoid errors that may affect your audit results, such as faxing or mailing a page from a master chart that does not contain complete information (documentation must clearly show the patient name, date of service, and identity of the physician or provider).

- a. To check the status of your records' receipt by our vendor, log in to your secure user account at <https://securelogin.codexact.com/v2/login.do>  
Your user name is: [REDACTED]  
Your password is: [REDACTED]

4. Mail records to:  
Oxford Health Plans  
c/o Parses, Inc.  
3350 W. Buschwood Park Drive  
Suite 120  
Tampa, FL 33618

If you are unable to submit the documentation in 30 days, or have questions or comments, please call (866) 572-7737.