<<RequestedDate>>

To: <<Site.PrimaryContact>>

<<Site.Name>>

<<Site.Address.Line1>>

<<Site.Address.Line2>>

<<Site.Address.City>>, <<Site.Address.State>> <<Site.Address.PostalCode>>

Dear Provider:

This record request is part of the Healthcare Effectiveness Data and Information Set (HEDIS®) reporting project used by the Centers for Medicare & Medicaid Services (CMS), the National Committee for Quality Assurance (NCQA) and many employers for monitoring the performance of health plans.

Enclosed is a Medical Records Request List which includes Vermont Medicaid members, dates of service and the measures that have been selected for review. Please be aware that some members may be selected for multiple measures. Please provide the requested medical record documentation to Cotiviti within ten (10) business days.

Cotiviti has been contracted to gather medical records on behalf ofVermont Medicaid and is contractually bound to preserve the confidentiality of health plan members’ protected health information (PHI) obtained from medical records, in accordance with HIPAA regulations [45 CFR 164.506(c)(4)]. Please note that patient-authorized information releases are not required in order for you to comply with this request for medical records.

Selected providers are required to participate, as stated in your signed Medicaid Provider Enrollment Agreement: ARTICLE VI. AUDIT INSPECTION, and provider participation is required at no cost. DVHA may enforce a 10% withholding of all VT Medicaid payments for providers that do not submit the required medical records within ten (10) business days at no cost.

If you have any questions regarding this request, please contact Cotiviti directly at 1-877-489-8437.

Sincerely,

Marietta Scholten MD

Marietta Scholten, MD

DVHA Medical Consultant

(Enclosures: Medical Record Request List or Provider Abstraction Form)