<Insert Mailing Date>

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

Re: NOTIFICATION OF PREPAYMENT REVIEW – REQUEST FOR MEDICAL RECORDS
Provider Number: «PROV_ID»

Dear Provider,

This letter is to notify you as of today **Optum**, on behalf of **Molina Healthcare**, has not received the medical records originally requested <<date>>.

Optum is performing a review of claim(s) for services provided by the above referenced provider number on behalf of **Molina**. This review is being conducted to verify the extent and nature of the services rendered for the patient's condition and that the claim is coded correctly for the services provided. This review does not include a determination of medical necessity.

For each claim listed on the enclosed spreadsheet, please submit all of the documents listed below:

- The enclosed cover sheet with the specific claim number and barcode
- A copy of the claim form or paper substitute of an electronic claim
- Complete medical records to include history and physical, office/treatment records, consultation reports, operative reports, anesthesia and recovery room records and discharge summaries, if applicable
- Infusion flow sheets or medication administration logs, if applicable
- Orders and results of diagnostic tests, including pathology, radiology and laboratory, if applicable
- For DME, include a signed receipt from the member verifying receipt of any device/equipment/supplies, if applicable
- For all drug codes, as applicable, include the NDC information, drug name, units, provider HRSA grant number and information, along with invoice with the acquisition cost for the individual drugs
- Itemization of services billed for the above dates, if applicable

Please provide a legible interpretation of these records in English.

We must receive this information within **30** calendar days from the date you receive this notice. Once we have received all the requested information, we will make a determination on your claim(s). In the event that we do not receive the requested information, a determination will be made based on available information.

Should you have any questions or concerns, please feel free to contact us at **1-877-244-0403**.

Sincerely,

Optum, on behalf of Molina Healthcare
Enclosures

INSTRUCTIONS FOR PROVIDING REQUIRED DOCUMENTATION

The requested information can be provided by one of the methods listed below. Documents should be organized by placing all medical records for a recipient and date of service behind the enclosed barcoded cover sheet on which the recipient's name and the date of service are printed. Note: Secure Internet Upload does not require the cover sheet be included with the documentation submission.

1. SECURE INTERNET UPLOAD

If submitting documentation electronically, please use the following additional instructions:

a. Using a web browser, go to the following URL:
https://sftp.databankimx.com/form/RecordUploadService?ID=0016
* If you have multiple claims for which you intend to submit documents, it is recommended that you save this URL to your favorites.

b. When you reach this site, you will be required to enter three pieces of information for the referenced claim:
- Authorization Code: **2DC8AC15**
- Barcode: Enter the code between the asterisks underneath the barcode on the "Medical Record Barcode Coversheet," enclosed
- First Date of Service: Reference "Medical Record Barcode Coversheet," enclosed

c. Upload the requested records by using the "Browse to attach files" link.
- One file can be uploaded at a time. To upload multiple files, use the "Browse to attach files" link each time.

NOTE: Supported formats include tiff,tif,pdf,jpg,jpeg,zip.
- Only unsecured pdf files may be uploaded. Do not secure/password-protect pdf documents.

2. **FAX:** 267-687-0994

3. **HARD COPY** (i.e. paper copy) using one of the following addresses:

Mail (US Postal Service):	Delivery Services (FedEx, UPS):
Optum on behalf of Molina Healthcare **P.O. Box 51456** **Philadelphia, PA 19115**	**Optum on behalf of Molina Healthcare** **458 Pike Road** **Huntingdon Valley, PA 19006**

4. On a CD/DVD

If submitting files on a CD/DVD, please use the following additional instructions –

a. Each claim must be in an individual file with the first page being the provided barcoded cover sheet followed by the collection of records for that claim.
b. Each individual file name must be the claim reference number shown on the enclosed list of claims.
c. File type for the individual file must be PDF, JPG or GIF.
d. All individual files should be combined into a single ZIP file on the CD/DVD with a file name in the following format: <PROVIDER_NUMBER>_<RMS Letter_NBR>.
e. The CD/DVD contents must be password protected (WinZip 256bit encryption) zip file(s) with the following password (first four characters are uppercase **MOLI as in Molina** and the **remaining characters are the provider number): MOLI1234567890. Please do not password protect each individual file within the ZIP file. Only password protect the single ZIP file.**

IMPORTANT NOTE: If the contents of a received CD/DVD are inaccessible, review will not commence until contents are accessible.

Patient List for <Provider Name - TBD>

Case ID	Patient Account Number	Patient ID	Patient Name	Date of Birth	Total Billed Amount	Date of Service	Claim Number
<Case ID>	<TBD>	<Recipient ID>	<Recipient Name>	<TBD>	<HDR DOS From>	<HDR DOS From>	<Claim ID>

MEDICAL RECORD BARCODE COVER SHEET

CASE NUMBER:
RECORD NUMBER: 1

Claim Number:
Patient Name:
Patient Account Number:
Patient ID:
Patient Date of Birth:
Date(s) of Service:
Total Billed Amount:

Please place the medical record documentation for the listed Patient and Date(s) of Service behind this barcode sheet.

NOTE: If you are using SECURE INTERNET UPLOAD the BARCODE COVERSHEET is not required.

You may use this area to write any notes or comments.

*** Including this form before the requested medical record documentation expedites the handling of your submitted records; making the document(s) available for review significantly faster. Thank you for your attention and cooperation!*

**** DO NOT WRITE ON OR ALTER THIS BARCODE IN ANY WAY ****