

***AdvanceMed Corporation – CDAC Coastal Zone
GS-35F-4694G, HCFA-99-1217***

Request for Medical Records

AdvanceMed Corporation, a CSC company, is under contract with the Centers for Medicare & Medicaid Services (CMS) and your state or territory Quality Improvement Organization (QIO) to perform clinical data abstraction. As the Clinical Data Abstraction Center (CDAC) Coastal Zone, AdvanceMed will be abstracting data from medical records for CMS and the QIO to use in quality improvement programs. While these are predominantly Medicare medical records, if your hospital is conducting clinical data abstraction efforts in collaboration with CMS, cases on which your hospital has submitted information to CMS will be selected for data validation. Thus, cases selected for data validation may include non-Medicare as well as Medicare medical records.

QIOs, under contracts with CMS, perform certain functions, as required by Part B of Title XI of the Social Security Act, for CMS. Covered entities that conduct certain electronic transactions and are subject to the Privacy Rule of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) cannot disclose protected health information (PHI) on patients without permission of the patients unless required by law; the rule allows disclosure without patients permission under 45 CFR § 164.512(a). Covered entities may also disclose PHI about non-Medicare patients without permission when the information involves the QIOs quality-related activities under its contract. When a QIO is acting as a health oversight agency, disclosures to it for health care oversight purposes are permissible without patient permission under § 164.512(d). To the extent they are functioning under their QIO contract, QIOs are not Business Associates of providers or practitioners, as they do not perform functions for them. Thus, QIOs are not required to establish Business Associate Agreements with individual providers or practitioners. AdvanceMed is subject to the same rules as the QIO.

As an organization, AdvanceMed, is highly committed and sensitive to the need for protecting the security of PHI and has implemented reasonable electronic, physical and technical safeguards to prevent unauthorized use or disclosure of PHI. Information regarding the CDAC abstraction process, including medical record confidentiality and security arrangements, has been provided to your QIO for distribution to their hospitals.

Enclosed are the following documents:

1. A pull-list sorted alphabetically by patient surname.
2. Bar-coded cover sheets that include control numbers that correspond to each record identified on the pull-list.
3. Pre-printed Federal Express billable stamps with corresponding shipping instructions.

Please adhere to the following directions when photocopying, packaging and mailing the requested records:

1. Photocopy each record, making sure all copies are complete, legible, and contain both sides of each page, including page edges. Complete copies should include Medicare Attestation form, ambulance records, information from a transferring hospital, emergency room records, complete history & physical, discharge summary, progress notes, nurses' notes and flow sheets, consultant notes, all medication records, graphic sheets, operative reports, pathology reports, anesthesia records, autopsy reports, all lab reports, and all diagnostic reports (e.g. cardiac catheterization reports, regardless of whether or not the procedure was performed in-house; stress test, electrocardiograms, chest and other x-ray reports, etc.). Preadmission test results should be included, even if they are not routinely filed with the record of hospitalization.
2. Complete the bar-coded coversheet provided for each record. Note that the total number of pages and corresponding charge for photocopying (\$0.12 per page) must be recorded in order to receive reimbursement.
3. Attach the CDAC-supplied cover sheet to the corresponding photocopied chart.
4. Package all documents and mail using the CDAC Federal Express billable stamps. If you need additional billable stamps, order a supply by calling the CDAC Tracking Deliverables Clerk at 410-964-9117, ext. 139.

All mailing expenses are paid directly by the CDAC if the CDAC-supplied Federal Express billable stamps are used for the purpose of mailing records to the CDAC at 9170 Rumsey Road, Columbia, MD 21045. On a monthly basis, the CDAC will reimburse your hospital for photocopy expenses. The cost for photocopying will be taken directly from the information recorded on the cover sheets. Please do not send a separate invoice for photocopy charges.

If you use a photocopy service, please ensure that the service does not invoice the CDAC. The CDAC can provide payments for photocopying only to the providers, not to copy services.

We would appreciate receiving the requested materials as soon as possible, but no later than 30 days after the mail date. The CDAC cannot grant extensions. If you find that you are unable to comply with this request for mailing records within the 30 day time period, please contact your local QIO. Requested records not received within 30 days are subject to a technical denial by the local QIO. Thank you for your cooperation. If you have any questions or comments, please contact the CDAC Traffic Manager at 410-964-9117.

GS-35F-4694G HCFA-99-1217 CDAC COASTAL ZONE

Report Date: 9/1/2003


Provider #: 123456

Provider Name: Hospital Medical Center


Please complete this document and attach it to a copy of the medical record noted below. The record must be clipped or rubber-banded with the original cover sheet in order to ensure proper validation of receipt by the CDAC.

NO STAPLES AND DO NOT SUBMIT PHOTOCOPY OF THIS COVERSHEET PLEASE.

HF7 HOSPITAL VALIDATION

<p><i>Traffic Scan Area</i></p>  <p>XX12300000099</p>
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Patient Name: Doe, John
Patient ID: 123456789Z
HICNUM: 123456789Z
Adm Date: 01/01/2003
Disch Date: 01/11/2003
Date of Birth: 01/01/1911
SAMPREAS: 1470101V
Valsamin: 0

<p><i>CART ID</i></p>  <p>123456789Z</p>
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DOE, JOHN XX12300000099 HF7

Please copy both sides of each page, and please DO NOT cut off page edges when copying.

Request filled by:	<input type="text"/>	Number of Pages	<input type="text"/>	Photocopying Charge	<input type="text"/>
Contact Phone Number:	- -			\$.
Date	/ /				

**GS-35F-4694G HCFA-99-1217 CDAC COASTAL ZONE
Medical Record Pull-List**

Provider #: 123456
Provider Name: Hospital Medical Center

Report Date: 12/02/2003

Patient Name	Patient ID	HICNUM	Adm Date	Disch Date	Date of Birth	Module
Doe, John	123456789Z	123456789Z	01/01/2003	01/11/2003	01/01/1911	HF7
Doe, Jane	1234567	UNAVAIL	02/11/2003	02/13/2003	02/02/1902	HF7
Smith, Susie	987654	UNAVAIL	03/23/2003	03/31/2003	10/11/1912	HF7
Smith, John	987654321	987654321	01/30/2003	02/02/2003	09/09/1909	HF7

Please copy both sides of each page, and please DO NOT cut off page edges when copying.