

<DATE>

Mr./Ms. Provider Representative

<TITLE>

<PROVIDER NAME>

<ADDRESS>

<CITY>, <STATE> <ZIP>

Re: Preliminary Discrepancy Report

Provider Name: <PROVIDER NAME>

NPI Number: #####

Dear Mr./Ms. Provider Representative:

On behalf of the Department of Medical Assistance Services (DMAS), Myers and Stauffer LC thanks you for your attention to this review. We are still in the preliminary phase of our review and need your additional input to complete the review.

Our analysis of the claims data, and any documentation you may have already provided, identified a few areas where additional information is required. The enclosed CD contains a listing of the claims requiring further analysis based on the identified discrepancy code(s); an explanation of the possible discrepancy(s) by code is included below. The CD you have been provided is password protected. The password may be obtained by calling <NAME> at 804-270-2200. Instructions on how to open your CD and descriptions of the documents on the CD have been provided in Attachment A.

Provider Guide to Understanding Your Report:

Within your letter, you have been provided with a narrative explanation of each discrepancy code. This narrative explanation provides the factual basis and relevant authority for each discrepancy code.

You have been provided with a CD that contains a *Claims List* and a *Service Log*. The *Claims List* includes: facility listing of claims, by recipient, identifying the discrepancy(s) for each respective claim. The *Service Log* is supplemental information only, and has specific details for each recipient, for each date of service, that is included in the *Claims List*. To understand the detail of the discrepancy(s) identified in your *Claims List*, please reference each recipient's respective *Service Log*.

Each recipient's *Service Log* will identify the services noted during our review, according to your documentation, applicable to the claim dates of service from the facility *Claims List*. The services noted on the *Service Log* represent our understanding of all documentation provided by you, to us, during our review for the applicable dates of service. If a service has been identified to have a discrepancy, it will be so noted in the column with a corresponding code number to the discrepancy code number listed on the *Claims List*.

Discrepancy Codes:

Upon review of the <PROVIDER TYPE> claims for the period October 1, 20##, through September 30, 20##, the following preliminary discrepancies have been identified:

- ***This area would contain the description of each discrepancy code listed in the Claims List.***

Please note that, at this juncture, the review of your records is not complete and we have not made a final determination regarding any claim. Any such determination will be made at the end of the review, after we have reviewed any additional information you may submit.

Please review the claims and submit additional documentation or explanation, as warranted, within 33 calendar days from the date of this letter. When sending any additional documentation, it must be sent to:

Travis Melton, Senior Manager
Myers and Stauffer LC
100 Eastshore Drive, Suite 200
Glen Allen, VA 23059

We value your participation in the program and hope this review has been minimally disruptive of your normal routine.

Thank you for your assistance in completing this review. If you have any questions regarding this letter, you may access the website at <http://www.mslc.com/Virginia/DMAS.html> or you may contact <NAME>, Manager, at 804-270-2200.

Very truly yours,

MYERS AND STAUFFER LC

B. Travis Melton, CPA
Senior Manager

BTM/xxx
Enclosure

cc: Ms. Dacia Henry, Contract Administrator / PI Analyst, Division of Program Integrity, DMAS