



Presbyterian Health Plan
P.O. Box 27489
Albuquerque, NM 87125-7489
www.phs.org

[Date]

[Provider]

[Attn.:]

[Address]

[City], [State] [ZIP Code]

Re: Presbyterian Senior Care (HMO), Presbyterian MediCare PPO

Member: See Enclosed

Member ID: See Enclosed

DOB: See Enclosed

Dear Provider:

Thank you for your continued partnership with Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian). We value the care you give to your Presbyterian Senior Care (HMO) and Presbyterian MediCare PPO patients.

On occasion, we need to review the medical records of our Presbyterian Senior Care (HMO) and MediCare PPO members. This request is for the purpose of determining if the services rendered were urgently needed.

We are requesting the minimum amount of records necessary to meet the needs of the review, according to the guidelines set forth by the Health Insurance Portability and Accountability Act (HIPAA)*. We have enclosed the specific Medicare member's information, an Information and Records Request Form with items needed for review, and a HIPPA Fact Sheet.

Please submit the requested medical records either by fax or by mail within ten (10) business days of the receipt of this letter to:

By Fax:

Presbyterian Health Plan Medicare Advantage Claims

Fax number: (505) 923-8290

By mail:

Presbyterian Health Plan

Attn.: Medicare Advantage Claims

2501 Buena Vista SE

P.O. Box 27489

Albuquerque, NM 87125-7489

[PPC040904]

Presbyterian serves to improve the health of individuals, families, and communities.

We realize that taking the time to copy and collate records may be burdensome, and we will reimburse you at a rate of fifty (50) cents per page. Please submit your invoice with the Information and Records Request Form, and medical records. We also understand that the requested deadline of ten (10) business days for submitting the records may seem short. If you are having difficulty meeting this timeline, please contact me.

If you have any questions, please contact me at the Presbyterian Claims office at (505) 923-5112. You may also call me toll-free at 1-800-672-8880, and ask for Robbin Hooton at extension 5112. I am available Monday through Friday from 8:00 a.m. to 5:00 p.m. to assist you.

As always, thank you for your cooperation and for partnering with us to improve the health of individuals, families, and communities.

Sincerely,

Robbin Hooton
Medicare Advantage Claims Supervisor
rhooton@phs.org

Enclosures:
Information and Records Request Form
Health Insurance Portability and Accountability Act (HIPAA)
Privacy Regulations Fact Sheet

**This request for medical records is part of a utilization and/or quality assurance review that may be made pursuant to NMSA 59A-46-7 and NMSA 59A-46-27 of The New Mexico Insurance Code; NMSA Chapter 41, Article 9, Review Organization Immunity; 42 CFR Section 431.305, 45 CFR Section 164.506(c) and 42 CFR 422.516 of Federal Law which allow you to disclose such information for the review of the utilization, quality or cost of healthcare services. This information will be used by Presbyterian Health Plan or Presbyterian Insurance Company, Inc. (Presbyterian) for utilization management or quality peer review.*

[PPC040904]

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Information and Records Request Form

Please provide only the requested information for the listed date(s) of service below.

Please fax or mail within the next 10 business days.

Fax to: (505) 923-8290

Presbyterian Health Plan Medicare Advantage Claims

Or mail to: Presbyterian Health Plan, Attn.: Medicare Advantage Claims,
 2501 Buena Vista SE, Albuquerque, NM 87125-7489

Please note << >> date(s) of service.

Date:	<<Date>>
Member:	<<Name>>
Member ID:	<<SSN>>
Date of Birth:	<<DOB>>
Date(s) of Service:	<<DOS>>
Claim Number:	<<Claim Number>>

Medical Records Requested:

	ER and / or UC Reports		Physician Orders / Dr. Notes
	Admission Summary		Nurses' Notes
	History and Physical / H&P		Medication Logs
	Office Notes / Consultation Reports		Discharge Instructions
	Progress Notes		Discharge Summary
	Laboratory / Pathology Reports		Other:
	Radiology / X-ray Reports		
	EEG Reports/ Neurology Reports		
	EKG Reports / Cardiology Reports		
	Operative Reports / Procedure Notes		

**Health Insurance Portability and Accountability Act (HIPAA)
Privacy Regulations Fact Sheet**

Presbyterian Health Plan and Presbyterian Insurance Company, Inc. (Presbyterian) providers do not violate the privacy provisions of the Health Insurance Portability and Accountability Act HIPAA. Therefore, a patient-authorized release of information is not required to submit or respond to a medical record request from Presbyterian for data validation or medical record review.

Specific sections of the HIPAA privacy regulations are referenced below.

General Reference: 45 Code of Federal Regulations (CFR) Part 164,

Standards for Privacy of Individually Identifiable

Health Information, Final Rule

Web Link: <http://www.hhs.gov/ocr/combinedregtext.pdf>

CFR References: 45 CFR Part 164, Subpart E, Section 164.501 – Definitions

45 CFR Part 164, Subpart E, Section 164.502 – Uses and disclosures of
protected health information: General rules**45 CFR Part 164, Subpart E, Section 164.506 – Uses and disclosures to
carry out treatment, payment, or health care operations**