



Letter Date

PROVIDER NAME
PROVIDER ADDRESS
CITY STATE ZIP

CMS Project ID: Project #
Provider NPI Number: Provider NPI

Request Type & Purpose: Notification of Post-Payment Claim Review
Subject: Documentation Required

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) continually strives to reduce improper payment of Medicare claims¹. As part of our effort to accomplish this goal, CMS retained Noridian Healthcare Solutions, LLC as the Supplemental Medical Review Contractor (SMRC) to conduct medical record reviews of selected claims.

Reason for Selection

Reason for Project (from Project Form)

This constitutes new and material evidence that establishes good cause for reopening the claim. Providing additional documentation for each claim is authorized by CMS and is being requested.

Action: Medical Records Required

Federal law¹ requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. **Providing medical records of Medicare patients to the SMRC does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request.

1 Social Security Act Sections [42 USC 1320c-5(a) (3)], 1833 [42 USC 13951 (e)], and 42 CFR 405.980(b)

When: mm/dd/yyyy

Please provide the requested documentation by MM/DD/YYYY. A response is still required by this date even if you are unable to locate the requested information. Please note, you may request an extension to submit the requested documentation, if your request is made by MM/DD/YYYY.

When the review is completed, you will receive a review results letter after a determination has been made. The results letter will stipulate if any underpayment(s) or overpayment(s) were identified.

Consequences

If you or your facility fail to send the requested documentation or request an extension by MM/DD/YYYY, Noridian will initiate overpayment recoupment actions with your Medicare Administrative Contractor for these undocumented services per the Internet Only Manual, Publication 100-08, Chapter 3, Section 3.2.3.8.

Instructions

- Noridian and CMS do not reimburse providers/suppliers the cost associated with copying of medical records from any setting. When records are requested, the expense of supplying medical records is a part of the administrative costs of doing business with Medicare. Therefore, invoices from record retention centers and copying agencies are not eligible for reimbursement.
- Refer to the ADR Claim List for selected claims.
- A copy of this request letter should be affixed to the documentation submitted.
- All documentation should be submitted **within 45 days** of the date of this notice per the Internet Only Manual 100-08, Chapter 3, Section 3.2.3.2.
- Please refer to the Submission Methods section below for additional information on document preparation and available submission methods.
- Refer to the enclosed SMRC Response Cover Sheet Form(s) for documentation requirements.
- Note:
 - Medicare requires that medical record entries for services provided/ordered be authenticated by the author. The method used shall be a legible handwritten or electronic signature.
 - Stamp signatures are not acceptable. Beneficiary identification, date of service, and provider of the service(s) should be clearly identified on the submitted documentation. Documentation submitted in response to this request shall comply with these requirements.

- This may require providers to contact the hospital or other facility where services were provided to obtain signed progress notes, plan of care, discharge summary, etc.
- If signature requirements are not met, the reviewer will conduct the medical review without considering the documentation with the missing or illegible signature. This could lead the reviewer to determine that medical necessity for the service(s) billed has not been substantiated.
- Noridian recommends that providers review their documentation prior to submission and ensure that all medical record entries and orders are signed appropriately. For documentation with a missing, illegible or electronic signature, a signature log or signature attestation may be submitted additionally as part of the ADR response. For detailed guidance regarding Medicare signature requirements, refer to the Medicare Program Integrity Manual, Publication 100-08, Chapter 3 and Section 3.3.2.4.

Submission Methods

Providers/suppliers may submit the documentation in any of the following ways:

- Include the SMRC Response Cover Sheet Form(s) (enclosed) for the corresponding claim number requested and place on top of the documents to be submitted.
- When submitting Post Pay ADR responses with multiple claims, make a copy of the enclosed SMRC Response Cover Sheet Form(s) for the corresponding claim number and send each set of documents separately.
- Binder clips are accepted to separate each set of documents by claim number however, please DO NOT use staples or tabs within the documentation as they have to be removed prior to scanning.
- Via fax to 701-277-6834
- Via Electronic Submission of Medical Documentation (esMD)
 - Convert all documents, including your cover sheets, to PDF.
 - Submit your documentation to your CONNECT-compatible gateway or HIH.
 - More information on esMD can be found at www.cms.gov/esMD
- Via postal mail or Encrypted CD/DVD
 - Electronic image(s) must be submitted in PDF or multi-page TIF format.
 - If the CD/DVD is password protected, **send an email to nhspass@noridian.com**. Include the Project Number from this letter, the package tracking number and password. Failure to submit passwords to nhspass@noridian.com may delay the processing of your documentation.

Noridian Healthcare Solutions, LLC

SMRC

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PO Box 6711

Fargo, ND 58103

Questions

Thank you for your participation with this review. If you have any questions, please call Noridian's SMRC contact center at 833-860-4133.

Sincerely,

Supplemental Medical Review Contractor

Attachments/Supplementary Information:

1. SMRC Point of Contact Information
2. SMRC ADR Claim List
3. SMRC Response Cover Sheet Form(s)

SMRC Point of Contact Information

Project ID: Project #

Provider First and Last Name

NPI Number: Provider NPI

PTAN: Provider PTAN

It may be necessary for Noridian to contact your organization regarding this review. Please provide a primary and secondary Point of Contact (POC) for your organization in the space provided below. **Please return by fax to 701-277-6834.**

POC	Name	Telephone	Email
Primary			
Secondary			

SMRC ADR Claim List

Project ID: Project #
Provider First and Last Name
NPI Number: Provider NPI
PTAN: Provider PTAN

Claim Number	Beneficiary Name	Date of Birth	Date of Service From Date	Date of Service To Date

SMRC Response Cover Sheet Form

Project ID: Project #

NPI Number: Provider NPI

PTAN: Provider PTAN

Beneficiary Name: Beneficiary First and Last Name

Claim Number: Claim Number

Documentation Requirements:

- <Specific to each Project Form and approved by CMS>