

{NAME}
ATTN: MEDICARE RECORD REQUEST
{ADDRESS 1}
{ADDRESS 2}
{CITY}, {STATE} {ZIP}

{Letter Date}

Project ID: {Project ID}
Provider NPI Number: {NPI}
Provider PTAN: {Hidden (PTAN)}

Request Type & Purpose: Notification of Post-Payment Claim Review
Subject: Additional 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). As the SMRC, Noridian will conduct medical record reviews of selected claims. Additional information regarding this contract can be found at: <https://med.noridianmedicare.com/web/smrc>.

Reason for Selection
{Reason for project}

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: {Due Date}

Please provide the requested documentation by {Due Date}. 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 {Due Date}. To request an extension, contact the Noridian Contact Center at 833-860-4133.

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 {Due Date}, your claim(s) will be denied. 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. This is in accordance with the Internet-Only Manual, Publication 100-08, Chapter 3, Section 3.2.3.6.
- 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 per the Social Security Act (SSA) 1815(a), 1833(e), and 1862(a)(1)(A).
- 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 appropriately signed. 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 Internet-Only Manual, Publication 100-08, Chapter 3, 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 each claim number requested and place on top of each set of documents to be submitted.
 - When submitting postpay ADR responses with multiple claims, make a copy of the enclosed SMRC Response Cover Sheet Form(s). Send each set of documents separately for each claim number.
- 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 HIIH.
 - Submissions in FHIR format: If you believe you have FHIR capabilities or are interested in learning more about submitting in FHIR format, please contact pcg_fhir@mettles.com.
 - More information on esMD can be found at www.cms.gov/esMD
- Via postal mail or Encrypted CD/DVD
 - 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.

For the United States Postal Service:
Noridian Healthcare Solutions, LLC
SMRC
PO Box 6711
Fargo, ND 58108-6711

OR

For FedEx and other non-USPS carriers:
Noridian Healthcare Solutions, LLC
SMRC
4510 13th Ave S
Fargo, ND 58103

Questions

Thank you for your participation with this review. If you have any questions, please contact 833-860-4133. Additional information pertaining to the SMRC can be found on the SMRC website located at www.noridiansmrc.com.

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 ID}

{Name}

NPI Number: {NPI}

PTAN: {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			

ADR Claim List
Project ID: {Project ID}
{Name}

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

SMRC Response Cover Sheet Form

Project ID: {Project ID}
NPI Number: {Provider NPI}
PTAN: {Provider PTAN}
Beneficiary Name: {Bene First Name} {Bene Last Name}
Claim Number: {Claim Number}

Providers/suppliers are requested to submit each of the Documentation Requirements outlined below, if and as applicable to the claim on review.

Documentation Requirements:

- List of documentation to return with the SMRC Response Cover Sheet Form is specific to each Project ID and is approved by CMS.