



Provider Name
Address 1
Address 2
City ST 00000

Date: 1/1/1900
Reference ID: CID #: 1555555
NPI/Provider #: 0000000000
Phone:
Fax:

Request Type & Purpose: ADR to Billing Provider (First Request)
Subject: Additional Documentation - This is not a duplicate request

Dear Medicare Provider/Supplier:

The Centers for Medicare & Medicaid Services (CMS), through the Comprehensive Error Rate Testing (CERT) program, carries out the task of requesting, receiving, and reviewing medical records.¹ The CERT program reviews selected Medicare A, B and DME claims and produces annual improper payment rates. For more information regarding the CERT program, please visit www.cms.gov/CERT

Reason for Selection

The CMS' CERT program has randomly selected one or more of your Medicare claims for review. After reviewing your previous response, it has been determined that additional documentation is required.

Action: Medical Records Required

Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. Providers/suppliers are required to send supporting medical records to the CERT program. Please provide the requested documentation as identified on the attached barcoded cover sheet, in connection with the date of service of 1/1/1900 - 1/1/1900, to the CERT Documentation Office as soon as possible. Note that the requested documentation may be located at another facility (e.g., hospital, nursing home, etc.). This may require you to contact that facility where services were rendered, to obtain the necessary records. Please ensure that all records are legible. **Providing medical records of Medicare patients to the CERT program does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request. The CMS is not authorized to reimburse providers/suppliers for the cost of medical record duplication or mailing. If you use a photocopy service, please ensure that the service does not invoice the CERT program.

When: 1/1/1900

Please provide the supporting documentation by 1/1/1900. In the event you are unable to locate the requested information, please contact the CERT Documentation Office, as a response is still required.

Consequences

If the provider/supplier fails to send the requested documentation or contact CMS by 1/1/1900, the provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

¹Social Security Act Sections 1833 [42 USC §1395l(e)] and 1815 [42 USC §1395g(a)]; 42 CFR 405.980-986



Instructions

- Specific information and instructions pertaining to the sampled claim and returning requested documents are shown on the following pages of this letter.
- Please include the bar coded cover sheet with your submission.

Submission Methods

You may submit this documentation in any of the following ways:

- Via postal mail to: CERT Documentation Center,
1510 East Parham Road
Henrico, VA 23228
- Via fax to: 804-261-8100
 - 1) Use the Barcoded coversheet as the only coversheet.
 - 2) Do not add your own coversheet—this slows down the receipt and identification process.
 - 3) Send a separate fax transmission for each individual claim.
- Via Electronic Submission of Medical Documentation (esMD):
 - 1) Include a CID# or Claim number and the barcoded cover sheet in your file transmission.
 - 2) Information on esMD can be found at www.cms.gov/esMD.
- Via CD:
 - 1) The images should be encrypted per HIPAA security rules.
 - 2) If encrypted, the password and CID# must be provided via email to CERTMail@admedcorp.com or via fax to 804-264-9764.
 - 3) Must contain only images in TIFF or PDF format.
- Via Email Attachment:
 - 1) The email attachment(s) should be encrypted per HIPAA security rules.
 - 2) If encrypted, the password and CID# must be provided via phone to 888-779-7477 or via fax to 804-264-9764.
 - 3) Must contain only attachments in TIFF or PDF format.

Questions

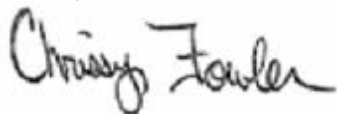
If you have any questions, please contact:

CERT Documentation Center
1510 East Parham Road
Henrico, VA 23228

Office: 443-663-2699 or Toll Free: 888-779-7477

Fax: 804-261-8100

Sincerely,



Chrissy Fowler
Director, Payment Accuracy & Reporting Group
Office of Financial Management
Centers for Medicare & Medicaid Services

Attachments / Supplementary Information

1. Claim Information
2. Bar Coded Cover Sheet



PLACE THIS BARCODED COVER SHEET IN FRONT OF THE RECORD

**Medicare CERT Review Contractor
GS-00F-263CA CERT**



Due Date: 1/1/1900 Medicare Part B Provider
Patient Name: Patient Name
Date of Birth: 1/1/1900 **Date of Service: 1/1/1900 - 1/1/1900**
Claim Control Number: CCN0000000000
Universe Date: 1/1/1900 Request Date: 1/1/1900
Contractor Number: 99999 Contractor Type: B
Billing Provider NPI: 0000000000
Letter Sequence: ADR to Billing Provider (First Request)

Please send documentation to:
Fax #: 804-261-8100 or
Mail: CERT Documentation Office - Attn: CID # 1555555, 1510 East Parham Road, Henrico, VA 23228
Phone #: 888-779-7477 or 443-663-2699

The documents listed below may be required in support of a medical claim review. Please provide all of the **pertinent** medical records/ documentation listed **below and any additional documentation** to support the above listed claim for the specified date(s) of service. Please copy both sides of each page and please DO NOT cut off page edges when copying.

Note: If the medical record documentation is not signed or if the signature is illegible, submit an attestation statement or a signature log for those medical record entries. In order to be considered valid for Medicare medical review purposes, an attestation statement must be signed and dated by the author of the medical record entry and must contain sufficient information to identify the beneficiary. An attestation statement cannot be used when an order is not signed.