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: First Letter
Subject: **Additional Documentation Required**

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.

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. **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. Providers/suppliers are responsible for obtaining and providing the documentation as identified on the attached Bar Coded Cover Sheet. 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 requested documentation by 1/1/1900 . A response is still required by 1/1/1900 even if you are unable to locate the requested information.

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.

[1]Social 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.

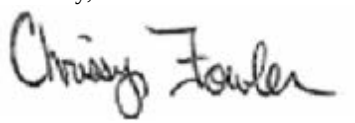
Questions

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

CID: 1555555

Due Date: 1/1/1900 Medicare Part A Provider

Patient Name: Patient Name

Claim Control Number: CCN0000000000

Request Date: 1/1/1900

Date(s) of Service: 1/1/1900 - 1/1/1900

NPI/Provider #: 0000000000

Universe Date: 1/1/1900

Contractor: 99999

Contractor Type: A

Patient Date of Birth: 1/1/1900

Patient Identifier:

Patient Number: PCN0000000000

Medical Record #: MRN0000000000000

Letter Sequence: First Letter

PLEASE SEND THE ENTIRE INPATIENT MEDICAL RECORD FOR THE ENTIRE HOSPITALIZATION, NOT JUST THE SPECIFIED FROM AND TO DATE OF SERVICE OF THIS CLAIM. ALSO INCLUDE:

- **ANY ADVANCED BENEFICIARY NOTICE (ABN) ISSUED TO THE BENEFICIARY DURING THE HOSPITALIZED STAY;**
- **FOR ELECTRONIC HEALTH RECORDS, SEND A COPY OF THE ELECTRONIC SIGNATURE POLICY AND PROCEDURES THAT DESCRIBE HOW NOTES AND ORDERS ARE SIGNED AND DATED. VALIDATING ELECTRONIC SIGNATURES DEPENDS ON OBTAINING THIS INFORMATION;**
- **BEFORE YOU SEND - CHECK FOR SIGNATURES ON OFFICE/PROGRESS NOTES OR OTHER MEDICAL RECORD DOCUMENTATION. IF THE SIGNATURE(S) ARE MISSING OR ILLEGIBLE, SEND A COMPLETED SIGNATURE ATTESTATION (FIND A SAMPLE ATTESTATION AT https://www.certprovider.com/). IF THE SIGNATURE(S) ARE ILLEGIBLE, YOU MAY ALSO SEND A SIGNATURE LOG.**

CERT Documentation Center - Attn: CID #1555555, 1510 East Parham Road, Henrico, VA 23228
FAX 804-261-8100 PH 888-779-7477 or 443-663-2699