



**Date:**

**Project ID:**

**ATTENTION:** COMPLIANCE  
PROVIDER NAME  
PROVIDER ADDRESS  
CITY, STATE ZIP CODE

**NPI/PROVIDER #:**

**Phone:**

**Fax:**

**Request Type & Purpose: Initial Request**  
**Subject: Additional Documentation Required**

Dear Medicare Physician/Provider/Supplier:

The Centers for Medicare & Medicaid Services (CMS) through the Medicare fee-for-service (FFS) Medical Review program, carries out the task of requesting, receiving and reviewing medical records<sup>1</sup> through its Medicare Contractors. The Supplemental Medical Review Contractor (SMRC), StrategicHealthSolutions, LLC (Strategic), is a specialty review contractor for CMS. The SMRC reviews selected Medicare A, B and DME claims to identify possible improperly paid claims. For more information regarding the SMRC, please visit <http://www.strategichs.com/wpcms/home-smrc/>.

### **Reason for Selection**

CMS has directed this review. The SMRC is conducting medical review based on the analysis of national claims data and one or more of your Medicare claims has been selected for review. Additional information about this project can be found on the website at <http://www.strategichs.com/wpcms/home-smrc/>.

### **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 SMRC. **Providing medical records of Medicare patients to the SMRC does not violate the Health Insurance Portability and Accountability Act (HIPAA).**

<sup>1</sup> Social Security Act Sections 1833 [42 USC §13951(e)] and 1815 [42 USC § 1395g(a)]; 42 CFR 405.980-986



**Patient authorization is not required to respond to this request.** Providers/suppliers are responsible for obtaining and providing the documentation as identified in the SMRC Additional Request for

Documentation (ADR) letter. 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 be sure that the service does not invoice the SMRC or CMS.

### **When: Medical Record Submission Due Date**

Please provide the requested information by «Due Date». A response is still required by the ADR due date even if you are unable to locate the requested information.

### **Consequences**

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

### **Instructions**

Please see the ADR letter on the following pages for specific information and instructions relating to returning requested documents for the claims selected for review.

### **Submission Methods**

Documentation may be submitted via postal mail, fax, encrypted CD or via the Electronic Submission of Medical Documentation (esMD) mechanism. Please notify the SMRC if you intend to submit via esMD. For more information about esMD, see [www.cms.gov/esMD](http://www.cms.gov/esMD).

Please see the SMRC website at <http://strategichs.com/smr/documentation-requests/> for specific information and instructions relating to returning requested documents for the claims selected for review.

### **Questions**

If you have any questions, please contact Customer Service at **888.963.5527**.

Sincerely,

Jill Nicolaisen  
Director, Division of Medical Review and Education  
Provider Compliance Group  
Center for Program Integrity

### **Attachments/Supplementary Information**

SMRC ADR Letter