



Date:

Project ID: Y4P0432-ST1

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 records¹ 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 <https://strategichs.com/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 <https://strategichs.com/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). Patient authorization is not required to respond to this request.** Providers/suppliers are responsible

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



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 «RecDueDate». A response is still required by the ADR due 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 «RecDueDate».

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

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD>.

Please see the SMRC website at <https://strategichs.com/smrc/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



Date:

Reference ID: Y4P0432-ST1

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

NPI/PROVIDER #:

Phone:

Fax:

Request Type & Purpose: New Request, 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 claims. As part of our effort to accomplish this goal, CMS has retained StrategicHealthSolutions, LLC (Strategic) as the Supplemental Medical Review Contractor (SMRC) to conduct a medical record¹ review of selected Part A and Part B claims. Additional information regarding this contract can be found at: <https://strategichs.com/smrc/>.

Reason for Selection:

In fiscal years 2011 and 2012, CMS introduced new types of Skilled Nursing Facility (SNF) Prospective Payment System (PPS) assessments to capture changes in a beneficiary's level of therapy more quickly during a SNF stay. These assessments capture when beneficiaries start therapy, end therapy, and decrease or increase therapy. However, SNF billing for changes in therapy increased only slightly.

The Office of the Inspector General (OIG) conducted a study based on the above and published a report in June, 2015 entitled "Skilled Nursing Facility Billing for Changes in Therapy: Improvements Are Needed" (OEI-02-13-00611). The OIG report noted that SNFs used assessments very differently when decreasing therapy than when increasing it, costing Medicare \$143 million over 2 years. Furthermore, SNFs frequently used the

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



new start-of-therapy assessment incorrectly. OIG recommendations included oversight of SNF billing for changes in therapy.

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 law 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.

Please submit the following supporting information for each claim requested in the following sequence:

- Copy of the claim bill
- Acute Care Hospital discharge summaries/transfer forms
- Documentation to support each of the **Health Insurance Prospective Payment System (HIPPS)** code(s) billed, including notes related to each of the Assessment Reference Dates (ARD) and the look back period
 - The look back or observation periods to support the ARD may fall outside of the billing period and may include documentation **30-45 days prior** to the dates of service under review
- Minimum Data Set (MDS) documentation to include a hardcopy version of each MDS related to the billing period being reviewed
- Physician documentation to include:
 - Physician certifications and re-certifications for skilled care
 - Including physician signature and date
 - Re-certifications must include the need for continued skilled care
 - Physician orders, including admission orders
 - Physician progress notes
 - Physician History and Physical
- Nursing documentation to include:
 - Nursing notes and admission assessment
 - Patient care plans
 - Vital sign records

- Activity of Daily Living (ADL) charting/logs
- Medication and Intravenous (IV) administration records
- Any nursing treatment sheets such as:
 - Skin care/wound care treatment sheets
 - Respiratory treatments and oxygen therapy records
- Rehabilitation documentation to include:
 - Initial therapy evaluations and re-evaluations that includes objective and measurable prior level of function and current level of function
 - Rehabilitation therapy notes including progress notes
 - Treatment records, grids, or logs
 - Actual therapy minutes provided
- Signatures/credentials of professionals providing services
- Copies of any patient notices given (e.g., Advance Beneficiary Notice of Noncoverage)
- Any abbreviation keys or acronym keys used
- Any other documentation to support services

When:

Please provide the requested documentation by «RecDueDate». A response is still required by «RecDueDate», 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 «RecDueDate».

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. In addition, your claims may be subject to extrapolation in keeping with the Centers for Medicare and Medicaid Services (CMS) Internet-Only Manual (IOM), Publication (Pub.) 100-08, Chapter 8, Section 8.4.1.4 - Determining When Statistical Sampling May Be Used.

Consequences:

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

Instructions:

- Strategic does not reimburse 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.
- Please refer to the Submission Methods section of this letter for additional information on document preparation and available submission methods.

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.
- Strategic 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 or illegible 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:



- Via postal mail to:
StrategicHealthSolutions, LLC
4211 South 102nd Street
Omaha, NE 68127
ATTN: Supplemental Medical Review Contract
Project ID: «Study»
- Via fax to: 855.219.1799
- Via Electronic Submission of Medical Documentation (esMD):
More information on esMD can be found at <https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD>.
When sending records via esMD, please include a CID or Claim ID number and the bar coded cover sheet in your file transmission.
- Via Encrypted CD: Must contain only images in TIFF or PDF format. Prior to sending the CD please contact Customer Service, 888.963.5527, to convey the password.

Questions:

If you have any questions, please contact:

StrategicHealthSolutions, LLC
4211 South 102nd Street
Omaha, NE 68127
Toll Free: 888.963.5527
Fax: 855.219.1799

Sincerely,

Supplemental Medical Review Contractor Program Manager

Attachments / Supplementary Information

1. Point of Contact Information
2. ADR Claim List



Point of Contact Information:

It may be necessary for Strategic to contact your organization regarding the claims provided to Strategic. Please provide a primary and secondary Point of Contact (POC) for your organization in the space provided below.

POC	Name	Telephone	Facsimile
Primary	Not Applicable (N/A)	N/A	N/A
Secondary	N/A	N/A	N/A

ADR Claim List:

- Prepare documents/records in the order of the requested information listed on the enclosed ADR letter.
- Do not staple any pages together in the record. Paper clips and rubber bands are acceptable to keep the records organized, if necessary.
- Ensure all submitted pages are complete, legible, and include both sides of the page and edges where applicable.
- Bundle records for each claim sample separately. Each record should be its own file regardless of the size and/or submission method including faxes.
- Attach a copy of the ADR Claim Sample List to the front of each record. Clearly identify the corresponding sampled claim from the list by circling or marking an (x) next to the Sample ID and beneficiary name.

The following claims have been selected for post-payment review of the skilled nursing facility services. Please send the requested documentation listed on the ADR for each claim.

Case Sample ID	Beneficiary Name	Date of Birth	Claim Number	Claim From Date	Claim To Date
N/A	N/A	N/A	N/A	N/A	N/A