DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-17
Baltimore, Maryland 21244-185

Follow-up Request Letter

Date of Notice: FULL DATE

CONTACTNAME
JOBTITLE
CENAME
ADDRESS1
ADDRESS2
CITY, ST ZIP

Re: Assessment Number **XXXXX**

Dear TITLE LASTNAME:

In a letter dated (month, day, year), we informed you that **<Covered Entity Name>** was randomly selected for an assessment of the HIPAA mandated transactions, unique identifiers, code sets and operating rules. In that letter, we requested specific data and information be provided within 10 business days in order for DNS to conduct the assessment. To date, this requested information has not been received by our office. It is the covered entity's responsibility to provide requested information, as well as cooperate with compliance assessment reviews, as per 45 CFR Part 160.310.

Using the previously provided login information, please upload all requested artifacts in this letter to your secure portal site by (month, day, year) so that the assessment can be conducted.

Failure to provide this information as requested may warrant further action, as described in 45 CFR 160.314, by DNS.

If you have questions regarding your assessment, please send an email to: hipaacomplaint@cms.hhs.gov.

Sincerely,
Madhu Annadata, Director
Division of National Standards
Office of Information Technology

In accordance with the Paperwork Reduction Act (1995), no persons are required to respond to a collection of information, unless it displays a valid Office of Management and Budget (OMB) control number. The valid OMB control number for this information collection is **0938-XXXX (Expires XX/XX/XXXX)**. The time required to complete this information collection is estimated to average **[10 hours]** per response (4 forms x 60 minutes/form), including the time to review instructions, search existing data resources,

gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to:

Centers for Medicare & Medicaid Services
Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Please do not send applications, claims, payments, medical records or any documents containing sensitive information to the PRA Reports Clearance Office. Any correspondence not pertaining to the information collection burden approved under the associated OMB control number listed on this form will not be reviewed, forwarded, or retained. If you have questions or concerns regarding where to submit your documents, please contact: Cecily Austin at cecily.austin@cms.hhs.gov or Kevin Stewart at kevin.stewart@cms.hhs.gov .