

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop N1-19-21
Baltimore, Maryland 21244-1850



Follow-up Request for Information Letter

Date of Letter: **FULLDATE**

CONTACTNAME
JOBTITLE
CENAME
ADDRESS1
ADDRESS2
CITY, ST ZIP

Re: Compliance Review Number **XXXXXX**

Dear FIRSTNAME LASTNAME:

In a notice dated (month, day, year), we informed you that **<Covered Entity Name>** was randomly selected for a Health Insurance Portability and Accountability Act of 1996 (HIPAA) and Affordable Care Act (ACA) compliance review. In that notice, we requested specific data and information be provided within 10 business days. To date, this information has not been received by our office. It is the covered entity's responsibility to provide requested information and cooperate with the compliance review process, as outlined in 45 CFR Part 160.310.

Please refer to the *CMS Identity Management (IDM) System and Compliance Review Covered Entity Portal Access Quick Start User Guide* to review instructions for accessing the ASETT Covered Entity Portal. All previously requested artifacts must be uploaded to the ASETT Covered Entity Portal by (month, day, year) so we can begin the compliance review process. Failure to provide this information as requested may warrant further action as described in 45 CFR Part 160.314.

If you have questions regarding this letter, please send an email to HIPAACompliance@cms.hhs.gov. Please include the compliance review number located at the top of this letter.

Sincerely,
Michael Cimmino
Director, National Standards Group
Office of Healthcare Experience and
Interoperability
Centers for Medicare & Medicaid Services