



Date Sent

Data Validation Request Identification Number: Request_ID

Recipient Name

Address 1 Address 2

City, State

Zip Code

Re: Notification of Data Validation, Performance Year yyyy

Dear Recipient Name,

The Centers for Medicare and Medicaid Services (CMS) has contracted with Guidehouse to conduct data validation and audits of Merit-based Incentive Payment System (MIPS) eligible clinicians. MIPS eligible clinicians and groups are required to comply with data sharing requests, providing all data as requested by CMS.

This communication is to inform you that you have been selected for data validation of your MIPS yyyy submissions. Your assigned auditor is assigned_auditor. Their contact information is from_email.

Included with this letter is an information request list (Attachment A). This list may not be all-inclusive and additional information may be requested to complete the data validation. You are required to respond to this request and follow up requests within 45 calendar days.

Please supply the requested items by **due_date** utilizing one of the HIPAA compliant methods below (see Attachment B).

- GoAnywhere File Sharing Platform
- Secure Fax

Please note, if you do not provide the requested information, CMS may take further action including the possibility that you will be selected for future audits.

If you have any questions, contact your assigned auditor, who can be found in the body of the email, or the CMS Service Center at 1-866-288-8292.

Sincerely,
Michelle Krause
Guidehouse