

CMS Manual System	Department of Health & Human Services (DHHS)
Pub 100-08 Medicare Program Integrity	Centers for Medicare & Medicaid Services (CMS)
Transmittal 884	Date: May 31, 2019
	Change Request 11242

SUBJECT: Update to Exhibit 46.2, 46.3, 46.4, and 46.5 in Publication (Pub.) 100-08

I. SUMMARY OF CHANGES: The purpose of this Change Request (CR) is to update the content and format of the postpayment Additional Documentation Request (ADR) sample letters used by the Durable Medical Equipment Medicare Administrative Contractors (DME MACs), Recovery Audit Contractors (RACs), Comprehensive Error Rate Testing (CERT) contractor, and Supplemental Medical Review Contractor (SMRC).

EFFECTIVE DATE: August 30, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: August 30, 2019

Disclaimer for manual changes only: *The revision date and transmittal number apply only to red italicized material. Any other material was previously published and remains unchanged. However, if this revision contains a table of contents, you will receive the new/revised information only, and not the entire table of contents.*

II. CHANGES IN MANUAL INSTRUCTIONS: (N/A if manual is not updated)

R=REVISED, N=NEW, D=DELETED-*Only One Per Row.*

R/N/D	CHAPTER / SECTION / SUBSECTION / TITLE
R	Table of Contents
R	Exhibit 46/46.2/DME MAC Unified Post-payment ADR Sample Letter
R	Exhibit 46/46.3/ Recovery Audit Contractor (RAC) Unified Postpayment ADR Sample Letter
R	Exhibit 46/46.4/ CERT Unified Post-payment ADR Sample Letter
R	Exhibit 46/46.5/ SMRC Postpayment ADR Sample Letter

III. FUNDING:

For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

IV. ATTACHMENTS:

**Business Requirements
Manual Instruction**

Attachment - Business Requirements

Pub. 100-08	Transmittal: 884	Date: May 31, 2019	Change Request: 11242
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SUBJECT: Update to Exhibit 46.2, 46.3, 46.4, and 46.5 in Publication (Pub.) 100-08

EFFECTIVE DATE: August 30, 2019

**Unless otherwise specified, the effective date is the date of service.*

IMPLEMENTATION DATE: August 30, 2019 I. GENERAL INFORMATION

A. Background: The CMS initiated this CR after consultations with the following contractor types: Durable Medical Equipment Medicare Administrative Contractors (DME MACs), Recovery Audit Contractors (RACs), Comprehensive Error Rate Testing (CERT) contractor, and Supplemental Medical Review Contractor (SMRC). These contractor types provided input regarding the content and format of Additional Documentation Request (ADR) Letters to produce uniformity among the letters. This information was collected for the purpose of delivering more recognizable and understandable ADR letters to providers.

This CR will update Exhibits 46.2, 46.3, 46.4, and 46.5 in Pub. 100-08 to address ADR reporting requirements for the DME MACs, RACs, CERT contractor, and the SMRC. The templates show the format and order the contractors shall use when constructing postpayment ADR letters.

B. Policy: There are no legislative or regulatory policies associated with this CR.

II. BUSINESS REQUIREMENTS TABLE

"Shall" denotes a mandatory requirement, and "should" denotes an optional requirement.

Number	Requirement	Responsibility								
		A/B MAC			DME MAC	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
11242.1	When requesting documentation for postpayment medical review, the DME MACs, CERT contractor, SMRC and RACs shall use the newly revised postpayment ADR letter format applicable to the contractor.				X					CERT, RAC, SMRC
11242.2	Contractors shall maintain the format of the letter but have the discretion to insert case-specific information. In other words, contractors shall				X					CERT, RAC, SMRC

Number	Requirement	Responsibility								
		A/B MAC			DM E MA C	Shared-System Maintainers				Other
		A	B	HH H		FIS S	MC S	VM S	CW F	
	“Instructions”, and “Questions”. See exhibit 46.3 attachment for further details.									
11242.3.3	<p>The CERT contractor shall use the revised sample ADR letter format.</p> <p>NOTE: The content of the following sections has been updated: “Header”, “Action”, “Instructions”, “Submissions Methods”, and “Questions”. See exhibit 46.4 attachment for further details.</p>								CERT	
11242.3.4	<p>The SMRC shall use the revised sample ADR letter format.</p> <p>NOTE: The content of the following sections has been updated: “Header”, “Logo”, “Opening”, “Reason for Selection”, “When”, “Consequences”, “Instructions”, “Submission Methods”, “Questions”, and “Attachments/Supplementary Information”. See exhibit 46.5 attachment for further details.</p>								SMRC	

III. PROVIDER EDUCATION TABLE

Number	Requirement	Responsibility				
		A/B MAC			DME MAC	CEDI
		A	B	HHH		
11242.4	MLN Article: CMS will make available an MLN Matters provider education article that will be marketed through the MLN Connects weekly newsletter shortly after the CR is released. MACs shall follow IOM Pub. No. 100-09 Chapter 6, Section 50.2.4.1, instructions for distributing MLN Connects information to providers, posting the article or a direct link to the article on your website, and including the article or a direct link to the article in your bulletin or newsletter. You may supplement MLN Matters articles with localized information benefiting your provider community in billing and administering the Medicare program correctly. Subscribe to the "MLN Matters" listserv to get article release notifications, or review them in the MLN Connects weekly newsletter.				X	

IV. SUPPORTING INFORMATION

Section A: Recommendations and supporting information associated with listed requirements: N/A

"Should" denotes a recommendation.

X-Ref Requirement Number	Recommendations or other supporting information:

Section B: All other recommendations and supporting information: N/A

V. CONTACTS

Pre-Implementation Contact(s): Oladimeji Ibraheem, 410-786-5560 or Oladimeji.Ibraheem@cms.hhs.gov , Melanie Jones, 410-786-5461 or Melanie.Jones@cms.hhs.gov

Post-Implementation Contact(s): Contact your Contracting Officer's Representative (COR).

VI. FUNDING

Section A: For Medicare Administrative Contractors (MACs):

The Medicare Administrative Contractor is hereby advised that this constitutes technical direction as defined in your contract. CMS does not construe this as a change to the MAC Statement of Work. The contractor is not obligated to incur costs in excess of the amounts allotted in your

contract unless and until specifically authorized by the Contracting Officer. If the contractor considers anything provided, as described above, to be outside the current scope of work, the contractor shall withhold performance on the part(s) in question and immediately notify the Contracting Officer, in writing or by e-mail, and request formal directions regarding continued performance requirements.

ATTACHMENTS: 0

Medicare Program Integrity Manual

Exhibits

Table of Contents

(Rev.: 884; Issued: 05-31-19)

Transmittals for Exhibits

46.2 - DME MAC Unified *Post-Payment* ADR Sample Letter

46.3 – Recovery *Audit Contractor (RAC)* Unified Postpayment ADR Sample Letter

46.4 – CERT Unified *Post-payment* ADR Sample Letter

Exhibit 46.2 - DME MAC Unified *Post-Payment* ADR Sample Letter
(Rev.: 884; Issued: 05-31-19; Effective Date: 08-30-19; Implementation Date: 08-30-19)

Letter Date:

Provider/Supplier

Name

Provider/Supplier

Address City, State Zip

Case ID #:

NPI /Provider #:

PTAN:

Request Type & Purpose: New Request, Post-Payment Claim Review

Subject: Additional Documentation Required

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) continually strives to reduce improper payment of Medicare claims¹. As part of our effort to accomplish this goal, the Medicare Administrative Contractor (MAC) program will conduct a post-payment medical review of selected Medicare DME claims.

Reason for Selection

In the *xx* quarter 20XX, “Supplier’s Name” HCPCS code XXXXX claim volume was two or more standard deviations above the norm when compared to all suppliers billing HCPCS code XXXXX in Jurisdiction X. This high claim volume billed by a new supplier for a high dollar item is of concern to the DME MAC.

When services appear outside the norm, the DME MAC must verify whether the potential error(s) represent an unacceptable practice. The DME MAC is validating this concern by performing a post-payment review on ## randomly selected claims billed by “Supplier’s Name”.

ACTION: MEDICAL RECORDS REQUIRED

Federal law requires that providers/suppliers submit medical record documentation to support claims for Medicare services upon request. The Centers for Medicare & Medicaid Services DME MAC program has randomly selected one or more of your Medicare claims for review, and providers/suppliers are required to send supporting medical records when requested. **Providing medical records of Medicare patients to the MAC program does not violate the Health Insurance Portability and Accountability Act (HIPAA).** Patient authorization is not required to respond to this request. Please refer to the Instructions Section below for a list of supporting documentation required.

¹*Social Security Act Sections 1833 [42 USC 1320c-5 (a) (3)]*

Case ID: **XXXXXXX**

Patient Name	<i>MBI</i>	Date of Service	Claim ID	Procedure Code

When: MM/DD/YYYY

Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy even if you are unable to locate the requested information.

Consequences

If the provider/supplier fails to send the requested documentation or contact CMS by mm/dd/yyyy, the provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

Instructions

- Submit supporting documentation from third parties (hospitals, nursing homes, suppliers etc.). Providers/suppliers are responsible for obtaining and providing the following documentation:
 - o Physician's notes within 30 days of initial date: *mm/dd/yyyy*
 - o Diagnostic Tests
- Submit the bar coded cover sheet with your submission (optional)
- Providers/suppliers must pay the cost of providing this documentation; it cannot be billed to CMS.

Submission Methods

Providers/suppliers may submit this documentation in any of the following ways:

- Via postal mail to:
 - Company Name
 - Company Address
 - City, State Zip Code
- Via fax to: XXX-XXX-XXXX
- Via Electronic Submission of Medical Documentation (esMD):
 - More information on esMD can be found at www.cms.gov/esMD
 - When sending records via esMD, please include a CASE ID number in your file transmission
- Via Encrypted CD: See attachment for detailed instructions.

Questions

If you have any questions, please contact:

Contact Name
Department
Company Name
Contact Address
City, State Zip
Code
Office: XXX-XXX-XXXX
Toll Free: XXX-XXX-XXXX
Fax: XXX-XXX-XXXX
Company Email
Address
Company Website

Sincerely,
DME MAC Jurisdiction X Medical Review

Attachments / Supplementary Information

1. Important Notices
2. Cover Sheet
3. Change of address information
4. Appeals process
5. Comparative Data
6. Encrypted CD Submission Process

Exhibit 46.3 – Recovery *Audit Contractor (RAC)* Unified Postpayment ADR Sample Letter

(Rev.: 884; Issued: 05-31-19; Effective Date: 08-30-19; Implementation Date: 08-30-19)



**Recovery Auditor
logo**

*Region X
RAC*

Date:

Reference ID:

Attention:

Address:

NPI:

PTAN:

Phone:

Fax:

Request Type & Purpose: Additional Documentation Required and Request for Medical Records

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) continually strives to reduce *the* improper payment of Medicare claims⁸ The Recovery Audit Program, mandated by Congress has been developed to assist in accomplishing this goal.

Reason for Selection:

*Your RAC, (insert name of RAC), is requesting additional documentation for **the selected list of** claims as part of a **post-payment complex** review approved by CMS. Providers/suppliers will receive a Review Results Letter after a claim determination has been made. If an **improper payment** (underpayment or overpayment) is identified, these claims will be sent to your **Medicare Administrative Contractor (MAC)** for adjustment.*

Please refer to the enclosed Claims Selected for Review Spreadsheet for a list of selected claims.

Action: Additional Documentation

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 *(insert RAC name)*. **Providing medical records of Medicare patients to *(insert RAC name)* does not violate the Health Insurance Portability and Accountability Act (HIPAA)**. Patient authorization is not required to respond to this request.

When: mm/dd/yyyy

Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy even if you are unable to locate the requested information.

When the review is complete, you will be notified of the results. (Insert RAC name)'s goal is to complete the review and deliver the results to providers/suppliers within 30 days of receipt of all medical records needed for the review.

Consequences

If the provider/supplier fails to send the requested documentation *to (insert RAC's name)* by mm/dd/yyyy, the provider's/supplier's **MAC** will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

Instructions

1. The documentation submitted for this review must be a copy. Do not submit original documentation.
2. A copy of this additional documentation request letter should be affixed to the documentation. Please bundle documents for each claim separately to enable us to ensure receipt of all requested documents.
3. Providers/suppliers are responsible for obtaining supporting documentation from third parties (hospitals, nursing homes, suppliers, etc.).
4. Refer to the 'Supporting Documentation' attachment for a list of required supporting documentation to be submitted.
5. The **RAC** is required to reimburse providers for the submission of *medical records* for the following claim types: Acute Care Inpatient Prospective Payment System Hospital Claims, *Long Term Care Hospital Claims, non-PPS institution, and practitioners*.
6. If you meet the Medicare definition of one of these provider types, you will be reimbursed for the cost of providing copies of the additional documentation. Payment will be issued to you within 45 days of receiving the additional documentation.
7. *For PPS Providers, payment will be in the amount of \$0.12 per page, plus the cost of First Class postage, if mailed via USPS. For non-PPS Providers and practitioners, payment will be in the amount of \$0.15 per page, plus the cost of First Class postage, if mailed via USPS. The amount per page, for the respective providers, will not exceed this quantity, and the maximum payment per medical record, submitted via mail, fax, CD/DVD shall not exceed \$25.00. For medical records submitted electronically (via esMD), the "per page" amount will be the same as those previously noted. However, the maximum payment per medical record shall not exceed \$27.00, including a \$2.00 transaction fee.*

8. Please do not include Powers of Attorney, Living Wills, Correspondence, or Prior Episodes of Care.
9. Requirements for submitting imaged documentation on CD or DVD can be found at (insert RAC web address) or by calling the RAC's Call Center at XXX-XXX-XXXX.

Submission Methods

Providers/suppliers may submit this documentation in any of the following ways:

Via postal mail or Encrypted CD/DVD:

1. Include a copy of the ADR letter with your documents.
2. Mail to the following:

Regular Mail:

Company Name
Medical Review
Mail Code
Post Office Box
City, State Zip

OR

Overnight Mail:

Company Name
Medical Review
Mail Code
Address
City, State Zip

Via fax to:

1. XXX-XXX-XXXX
2. Include a copy of the ADR letter with your documents.

Via Electronic Submission of Medical Documentation (esMD):

1. Include a copy of the ADR letter with your documents.
2. Submit your documentation to your CONNECT-compatible gateway or HIH.
3. More information on esMD can be found at www.cms.gov/esMD

Questions

If you have any questions please contact:

Recovery Auditor *Audit Contractor* Customer Service General Inquiry
XXX-XXX-XXXX
Address
City, State Zip

Sincerely, *RAC* Region X

Attachments / Supplementary Information

1. Claims Selected for Review Spreadsheet

Exhibit 46.4 – CERT Unified *Post-payment* ADR Sample Letter
(Rev.: 884; Issued: 05-31-19; Effective Date: 08-30-19; Implementation Date: 08-30-19)



Provider Name
Address 1
Address 2
City ST 00000

Date:
Reference ID: *CID#*
NPI/ Provider #:
Phone:
Fax:

Request Type & Purpose: New Request, Post-Payment Claim Review
Subject: Additional Documentation Required

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS), through the Comprehensive Error Rate Testing (CERT) program, carries out the task of requesting, receiving, and reviewing medical records¹. The CERT program reviews selected Medicare A, B and DME claims and produces annual improper payment rates. For more information regarding the CERT program, please visit www.cms.gov/CERT.

Reason for Selection

The CMS' CERT program has randomly selected one or more of your Medicare claims for review.

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 CERT program. **Providing medical records of Medicare patients to the CERT program 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 for obtaining and providing the documentation as identified on the attached Bar Coded Cover Sheet. *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 ensure that the service does not invoice the CERT program.*

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

When: mm/dd/yyyy

Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy even if you are unable to locate the requested information.

Consequences

If the provider/supplier fails to send the requested documentation or contact CMS by mm/dd/yyyy, the provider's/supplier's Medicare contractor will initiate claims adjustments or overpayment recoupment actions for these undocumented services.

Instructions

Specific information and instructions pertaining to the sampled claim and returning requested documents are shown on the following pages of this letter.

Please include the bar coded cover sheet with your submission.

Submission Methods

You may submit this documentation in any of the following ways:

- Via postal mail to:
CERT Documentation Center
1510 East Parham Road
Henrico, VA 23228
- Via *Fax* to: *804-261-8100 or 443-663-2698*
 1. *Use the barcoded cover sheet as the only coversheet.*
 2. *Do not add your own cover sheet—this slows down the receipt and identification process*
 3. *Send a separate fax transmission for each individual claim.*
- Via Electronic Submission of Medical Documentation (esMD):
 1. *Include a CID# or Claim number and the barcoded cover sheet in your file transmission.*
 2. *Information on esMD can be found at www.cms.gov/esMD.*
- Via CD:
 1. *The images should be encrypted per HIPAA security rules.*
 2. *If encrypted, the password and CID# must be provided via email to CERTMail@admedcorp.com or via fax to 804-264-9764.*
 3. *Must contain only images in TIFF or PDF format*
- Via *Email Attachment*:
 1. *The email attachment(s) should be encrypted per HIPAA security rules.*
 2. *If encrypted, the password and CID# must be provided via phone to 888-779-7477 or via fax to 804-264-9764.*
 3. *Must contain only attachments in TIFF or PDF format.*

Questions

If you have any questions, please contact:

CERT Documentation Center
1510 East Parham Road
Henrico, VA 23228

Office: 443-663-2699 or Toll Free: 888-779-7477
Fax: *804-261-8100*

Sincerely,
Contact Name
Director, *Payment Accuracy & Reporting Group*
Office of Financial Management
Centers for Medicare & Medicaid Services

Attachments / Supplementary Information

1. Claim Information
2. Bar Coded Cover Sheet

Exhibit 46.5 – SMRC Postpayment ADR Sample Letter

(Rev.: 884; Issued: 05-31-19; Effective Date: 08-30-19; Implementation Date: 08-30-19)

Letter Date:

Provider/Supplier Name
Provider/Supplier Address City,
State Zip

Project ID Number:
NPI/PROVIDER #:
PTAN:

Request Type & Purpose: *Notification of* Post-Payment Claim Review
Subject: *Additional* Documentation Required

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) continually strives to reduce improper payment of Medicare claims.¹⁰ As part of our effort to accomplish this goal, CMS has retained “*Contractor Name*” as the Supplemental Medical Review Contractor (SMRC) to conduct a medical record review of selected Part A and Part B claims. Additional information regarding this contract can be found at: ‘*website URL*’.

Reason for Selection

Reason for Project for XXXX code(s):

- *Service on Review - Short Description*

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*¹⁰ 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.

When: mm/dd/yyyy

Please provide the requested documentation by mm/dd/yyyy. A response is still required by mm/dd/yyyy 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 mm/dd/yyyy.*

¹⁰ Social Security Act Sections [42 USC 1320c-5(a) (3)], 1833 [42 USC 13951 (e)], and 42 CFR 405.980(b)

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.

Consequences

If *you or your facility fail* to send the requested documentation or *request an extension* by mm/dd/yyyy, the “*Contractor Name*” will initiate claims adjustments or overpayment recoupment actions *with your Medicare Administrative Contractor* for these undocumented services.

Instructions

- This agency does not reimburse *providers/suppliers for* 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 below* for additional information on document preparation and available submission methods.
- Refer to the enclosed *SMRC Response Cover Sheet Form(s) for documentation requirements*.
- 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/suppliers* 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.
 - “*Contractor* name” 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, illegible *or electronic* 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:

- *Include a copy of the Post Pay request letter with your documents.*
- *Complete the SMRC Response Cover Sheet Form (enclosed) for each claim number requested and place on top of each set of documents to be submitted.*
- *When submitting Post Pay ADR responses with multiple claims, make a copy of the enclosed SMRC Response Cover Sheet Forms and send each set of documents separately for each claim number.*

- Via fax to: XXX-XXX-XXXX
- Via Electronic Submission of Medical Documentation (esMD):
 - *Convert all documents, including your cover sheets, to PDF.*
 - *Submit your documentation to your CONNECT-compatible gateway or HII.*
 - More information on esMD can be found at www.cms.gov/esMD
- Via *postal mail or Encrypted CD/DVD*
 - *Image(s) must be submitted in PDF or multi-page TIF format.*
 - *If the CD/DVD is password protected, send an email to “Email Address”. Include the Project Number from this letter, the package tracking number and password.*

Contractor Name and Mailing Address:

Questions

Thank you for your participation with this review. If you have any questions, please contact:

Office: XXX-XXX-XXXX

Sincerely,
Supplemental Medical Review Contractor ~~Program Manager~~

Attachments / Supplementary Information

1. *SMRC Point of Contact Information*
2. *SMRC ADR Claim List*
3. *SMRC Response Cover Sheet Form(s)*