

[Date]

[Provider Name]

[Provider Address]

[City, State, Zip Code]

RE: Notice of Medical Records Request - Medicaid Integrity Program Audit

Provider ID: [Insert Provider ID]

Audit Control Number: [Insert Control Number]

Dear [Contact Person or Provider Name],

Pursuant to Section 1902(a)(27) of the Social Security Act and 42 CFR § 455.106, the Medicaid Integrity Program (MIP) is conducting an audit of claims submitted by your facility for services provided to Medicaid beneficiaries. The purpose of this audit is to ensure that healthcare services were provided as billed and that payments were made in accordance with federal and state regulations.

As part of this audit, you are required to submit **complete medical chart records** for the list of beneficiaries and dates of service provided in the attached "Claim Selection List."

A complete medical chart must include, but is not limited to:

- Physician orders and progress notes
- Diagnostic test results and laboratory reports
- Treatment plans and clinical evaluations
- Medication administration records (MAR)
- Admission and discharge summaries
- Billing and coding documentation supporting the level of service

Please ensure that all copies are legible and include both sides of any two-sided documents. If electronic health records (EHR) are used, please provide the certified electronic printouts including audit trails where applicable.

**Submission Deadline:** All requested documentation must be received no later than [Insert Number of Days, e.g., 30] calendar days from the date of this letter.

Please send the records to the following address:

[Auditing Agency Name]

Attn: [Department/Auditor Name]

[Mailing Address]

[City, State, Zip Code]

Failure to provide the requested documentation within the specified timeframe may result in the denial of claims, recovery of overpayments, or further administrative action.

If you have any questions regarding this request, please contact [Auditor Name] at [Phone Number] or via email at [Email Address].

Sincerely,

[Signature]

[Printed Name]

[Title]

[Agency/Organization Name]

Enclosure: Claim Selection List