MEDICARE AUDIT THIRD-PARTY AUTHORIZATION FORM

Overview

During the course of audit work, the Medicare Audit staff at Noridian may need to interact directly with Medicare providers. These communications typically involve requests for additional information or clarification and may include transmitting important details, such as adjustments or rates. It is essential to understand that the operating agreement for Medicare providers is established between CMS and the provider. Additionally, Medicare Administrative Contractors (MACs) have their own separate operating agreement with CMS. Both agreements require strict compliance with HIPAA and other privacy laws, which are designed to safeguard confidential information. Consequently, communication regarding provider- or beneficiary-specific information is generally restricted to the Medicare provider only.

Outsourcing and Third-Party Involvement

Many Medicare providers choose to outsource portions of their Medicare cost reporting responsibilities to consulting firms or other external entities. However, Noridian Audit staff cannot discuss provider-specific information with these external parties unless the Medicare provider grants written authorization. This approval must explicitly permit communication with the third party and be signed by the provider.

Methods of Approval

To authorize communication with third parties, the Medicare provider should complete the designated form provided below. Approvals are valid only for the specific fiscal year to which they apply.

Provider Number (CMS Certification Number):

Provider Name:

FYE this authorization is effective for:

Please fill out the information below regarding this third party that you are requesting we work with on your behalf.

Contact Name:

Contact Address:

Contact Phone Number:

Contact Email Address:

Contact Type

Type(s) of Reviews to Contact this Third Party for:

Authorization Statement

I hereby authorize Noridian and its employees to contact the above-listed individual(s) and share any information, adjustments, requests, or other communications related to the review or audit described above. This authorization will be in effect only for the specific fiscal year identified above. This authorization may be terminated earlier by providing Noridian written notification requesting that any previous authorization be cancelled and identifying a new contact, if applicable.

Signature of Authorized Administrator of Medicare Provider:

Title of Authorized Administrator of Medicare Provider:

Date: