



# Provider Portal Submissions

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# Agenda

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- ▶ Portal Benefits
- ▶ Gaining Access
- ▶ SPOT/Novitasphere Portal Features
- ▶ Document Types for Portal Submissions
- ▶ CR Submission Walkthrough
- ▶ Misc Docs/Requests Submissions Walkthrough
- ▶ Future Enhancements
- ▶ Userguides & Help Links (See Attached)
- ▶ Q & A



# Portal Benefits

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- ▶ Time
- ▶ Security
- ▶ Cost Reduction
- ▶ Process Streamlining



# Gaining Access

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- ▶ **Step 1**

- ▶ Create an EIDM account

- ▶ **Step 2**

- ▶ Request additional access to SPOT/Novitasphere via your EIDM profile



# SPOT/Novitasphere Portal Features

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## SPOT

- ▶ Cost Report Submissions
- ▶ Claim Submissions
- ▶ EDI Enrollment Changes
- ▶ Obtain Beneficiary Eligibility
- ▶ Claim Reopenings
- ▶ Data Reports
- ▶ Live Chat

## Novitasphere

- ▶ Cost Report Submissions
- ▶ Med Record Submissions
- ▶ Claim Submissions
- ▶ Obtain Beneficiary Eligibility
- ▶ Live Chat



# SPOT Secure Messaging

The screenshot shows the SPOT web application interface. At the top right, there are links for "New Messages(4)", "Help", "Site Map", and "Log Off". Below this is a navigation bar with "Claims", "Check Eligibility", "Search Payments", "Access Reports", and "Secure Messaging" (all with dropdown arrows). The main content area features a "Check Eligibility & Benefits" section with a "Verify a beneficiary's Medicare Part A and Part B eligibility during a specified period and access active data related to:" section, listing: Deductibles/Caps, Preventive Services, Inpatient (SNF/Hospital), Home Health/Hospice, MSP – Medicare Secondary Payer, and Plan Coverage. To the left is an "Account Information" section for "Abbey Road Clinic" with fields for NPI, PTAN, TIN, Line of business, and Location, and a "Go" button. Below these are four feature tiles: "Claims" (Check Claims Status, Reopen a Claim), "Search Payments" (Use Date, Check Number), "Access Reports" (Comparative Billing Report, Provider Data Summary), and "Secure Messaging" (Select Form, Check Status, View Messages). A background image of a smiling couple is visible on the right side of the main content area.

**SPOT**

New Messages(4) Help Site Map Log Off

Claims ▾ Check Eligibility Search Payments Access Reports ▾ Secure Messaging ▾

**Account Information**

Abbey Road Clinic  
NPI: 999999999  
PTAN: 999999999  
TIN: 999999999  
Line of business: Part A  
Location: FL  
Abbey Road Clinic ▾ Go

**Check Eligibility & Benefits**

Verify a beneficiary's Medicare Part A and Part B eligibility during a specified period and access active data related to:

- Deductibles/Caps
- Preventive Services
- Inpatient (SNF/Hospital)
- Home Health/Hospice
- MSP – Medicare Secondary Payer
- Plan Coverage

**Claims**

- ▶ Check Claims Status
- ▶ Reopen a Claim

**Search Payments**

- ▶ Use Date, Check Number


**Access Reports**

- ▶ Comparative Billing Report
- ▶ Provider Data Summary


**Secure Messaging**

- ▶ Select Form
- ▶ Check Status
- ▶ View Messages

# Novitasphere Secure Messaging



Your link to online Medicare information.




LOGOUT


Welcome


Organization :  
Provider :

Home   Reference   Comments   Contact Us

 **Secure Message**

- ▶ Medical Review Records
- ▶ **Audit & Reimbursement**
- ▶ Submission History

 MailBox ▾

 My Account ▾

## Provider Audit and Reimbursement Form

Monday, March 28, 2016 10:18 AM

To begin, select the type of e-Documentation request you wish to submit, and click the Next button to access the form.

Note: \* Indicates a required field.

Document Type:\*

Select One

- Submit A Cost Report
- Reopening
- Appeals
- SSI Realignment Request (DSH)
- Provider-Based Determination
- Wage Index/Occupational Mix Submissions
- Desk Review/Audit Additional Documentation
- Submit FOIA Request
- Submit PS R Request
- General Correspondence (not defined in other doctypes)

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# Document Types for Portal Submissions

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- ▶ **Submit A Cost Report**
  - ▶ Used for submitting As-Filed, Amended, and Low/No Utilization Cost Reports
- ▶ **Reopening**
  - ▶ Used for Submission of reopening Requests for a cost report after it has been settled
- ▶ **Appeals**
  - ▶ Used for the submission of supporting documents for cost reposts that are under appeal
- ▶ **SSI Realignment Request (DSH)**
  - ▶ Used to request an update to a provider's disproportionate share statistics
- ▶ **Provider-Based Determination**
  - ▶ Used to request initial setup or change in a unit's provider-based status
- ▶ **Wage Index/Occupational Mix**
  - ▶ Used to upload documentation for the yearly wage index and occupational mix audits
- ▶ **Desk Review/Audit Additional Documentation**
  - ▶ Used to upload documentation requested by the Novitas audit staff during the time of a desk review and/or audit
- ▶ **Submit FOIA Request**
  - ▶ Used to submit a Freedom of Information Act request for Medicare cost reports
- ▶ **Submit PS&R Request**
  - ▶ Used to submit a Provider Statistical & Reimbursement report request for fiscal years not covered on the CMS PS&R online system. Providers may utilize this selection if they are currently experiencing PS&R access issues as well.
- ▶ **General Correspondence**
  - ▶ Used to submit documentation for items not covered in the above-mentioned table selections; such items include:
    - ▶ Request for Interim Rate Change
    - ▶ Request for Tentative Settlement Change
    - ▶ TEFRA Exception Request
    - ▶ SCH Low Volume Request
    - ▶ Request for Change in Statistical Basis
    - ▶ CMS Tie-In-Notice
    - ▶ Bankruptcy
    - ▶ Other Supporting Documentation
    - ▶ 50%Reduction Request





# CR Submission Walkthrough

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1. Login to SPOT/Novitasphere
2. Navigate to Secure Messaging
3. Select “Audit & Reimbursement”
4. Select “Submit A Cost Report”
5. Answer Questions To Classify Your C/R Submission
6. Select Fiscal Period and Upload Documents
7. Add Comments if Necessary and Submit



# Selecting a Document Type

Check Eligibility Search Payments Access Reports Secure Messaging

## Provider Audit & Reimbursement Request

*\* Required*

Document Type:

- Please select one
- Submit a Cost Report
- Reopening
- Appeals
- SSI Realignment Request (DSH)
- Provider-Based Determination
- Wage Index/Occupational Mix Submissions
- Desk Review/Audit Additional Documentation
- Submit FOIA Request
- Submit PS&R Request
- General Correspondence



# Classify Cost Report Submission

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Check Eligibility Search Payments Access Reports Secure Messaging

## Provider Audit & Reimbursement Request

*\* Required*

\* Document Type:

\* Are you submitting additional documentation for an existing Medicare cost report?  
**Note:** If you are filing an amended cost report please select "No" in the following dropdown.

\* Are you filing a Low or No Medicare utilization cost report:   
Yes  
No



# Selecting Fiscal Period & Upload

[Check Eligibility](#)   [Search Payments](#)   [Access Reports](#) ▾   [Secure Messaging](#) ▾

## Cost Reports Submission Form

Please enter the required information in the fields below. Cost reports are processed within 30 business days of receipt.  
**Note:** You will be alerted if your submission exceeds the size limit of 200MB.

\* Required

NPI:    PTAN:    Location:

\* Fiscal Period:

If you cannot locate the provider fiscal period you are searching for, please email [PARDSupport@fcso.com](mailto:PARDSupport@fcso.com)

\* ECR File:  [Browse...](#) [Clear](#)

\* PI File:  [Browse...](#) [Clear](#)

Supporting Documentation:

▾  [Browse...](#) [Clear](#)

[Add More Documentation](#)

Comment:

\* Requester Name:

I certify the information I provided on and in connection with this submission is true, accurate, and correct.

[Upload File](#)   [Reset Form](#)

# Selecting Sub Document Types

Check Eligibility Search Payments Access Reports Secure Messaging

## Cost Reports Submission Form

Please enter the required information in the fields below. Cost reports are processed within 30 business days of receipt.  
**Note:** You will be alerted if your submission exceeds the size limit of 200MB.

\* Required

NPI:  PTAN:  Location:

\* Fiscal Period:

If you cannot locate the provider fiscal period you are searching for, please email [PARDSupport@fcso.com](mailto:PARDSupport@fcso.com)

Supporting Documentation:

Please Select a Sub Document Type

- Cover Letter
- Worksheet S with Signature
- CMS 339 with Signature
- Bad Debt Listing(s)
- Financial Documents
- Protested Items
- PS&R Information
- Wage Index
- A-6 Reclass
- A-8 Adjustments
- DSH Information
- GME/IME
- Organ Acquisition
- Para-Medical/Nursing School
- Low Volume ESRD Adjustments
- CMS Tie-In Notice
- Other Supporting Documentation
- Check
- IRIS Files

in connection with this submission is true, accurate, and correct.

# Adding Comments & Submitting

Check Eligibility Search Payments Access Reports Secure Messaging

### Cost Reports Submission Form

Please enter the required information in the fields below. Cost reports are processed within 30 business days of receipt.  
**Note:** You will be alerted if your submission exceeds the size limit of 200MB.

*\* Required*

NPI:  PTAN:  Location:

Fiscal Period:

If you cannot locate the provider fiscal period you are searching for, please email [PARDSupport@fcso.com](mailto:PARDSupport@fcso.com)

Supporting Documentation:

<input type="text" value="Financial Documents"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Clear"/>
<input type="text" value="Please Select a Sub Document Type"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Delete"/>
<input type="text" value="Please Select a Sub Document Type"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Delete"/>
<input type="text" value="Please Select a Sub Document Type"/>	<input type="text"/>	<input type="button" value="Browse..."/>	<input type="button" value="Delete"/>

Comment:

Requester Name:

I certify the information I provided on and in connection with this submission is true, accurate, and correct.

# Confirmation Page

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**Thank you for your submission**

Thank you for using SPOT to submit your secure message to First Coast Service Options Inc. The confirmation number of your submission is: **D492412B-B883-4189-9789-C36A7B8F1769**.

Remember, you can track the status of your submission using this confirmation number. If you have an inquiry about anything SPOT, be sure to use the feedback form located under the Help tab at the top of every page.

Please use the First Coast PARD [contact page](#) for information about where to submit your Worksheet S certification page with the original signature. Use the same [contact page](#) for information as to where to send your hardcopy check if you're filing your cost report as an overpayment.



# Trailer Page Example

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Submission Trailer  
Page





# Misc Docs/Requests Submissions

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## Provider Audit and Reimbursement Form

Monday, March 28, 2016 10:18 AM

To begin, select the type of e-Documentation request you wish to submit, and click the Next button to access the form.

Note: \* Indicates a required field.

Document Type:\*


Next

### Select One


- Submit A Cost Report
- Reopening
- Appeals
- SSI Realignment Request (DSH)
- Provider-Based Determination
- Wage Index/Occupational Mix Submissions
- Desk Review/Audit Additional Documentation
- Submit FOIA Request
- Submit PS R Request
- General Correspondence (not defined in other doctypes)




# Misc Document Upload

 **Secure Message**

- ▶ Medical Review Records
- ▶ **Audit & Reimbursement**
- ▶ Submission History

 **MailBox** ▾

 **My Account** ▾

## Provider Audit and Reimbursement Form

Please enter the required information in the fields below. Cost reports are processed within 30 business days of receipt.  
**Note:** You will be alerted if your submission exceeds the size limit of 200MB.

\*Indicates a required field.

\*Fiscal Period:

If you cannot locate the provider fiscal period you are searching for, please email the following contact:

- **JL Providers:** [settlement@novitas-solutions.com](mailto:settlement@novitas-solutions.com)
- **JH Providers:** [JHsettlement@novitas-solutions.com](mailto:JHsettlement@novitas-solutions.com)

\*Supporting Documentation:

**Add More Documentation**

Comment:

\*Requester Name:

I certify the information I provided on and in connection with this submission is true, accurate, and correct.

[Reset Form](#)

# Other Items - SPOT

The screenshot displays the SPOT web application interface. At the top left is the SPOT logo. The top right corner contains links for "New Messages(4)", "Help", "Site Map", and "Log Off". A horizontal navigation bar below the logo includes "Claims", "Check Eligibility", "Search Payments", "Access Reports", and "Secure Messaging", each with a dropdown arrow. The main content area features a large banner with a couple in a field. On the left of the banner is a "Check Eligibility & Benefits" section with a list of services. To the left of the banner is an "Account Information" section with a form. Below the banner are four service tiles: "Claims", "Search Payments", "Access Reports", and "Secure Messaging", each with an icon and a list of actions.

**SPOT**

New Messages(4) Help Site Map Log Off

Claims ▾ Check Eligibility Search Payments Access Reports ▾ Secure Messaging ▾

**Account Information**

Abbey Road Clinic  
NPI: 99999999  
PTAN: 99999999  
TIN: 99999999  
Line of business: Part A  
Location: FL  
Abbey Road Clinic ▾ Go

**Check Eligibility & Benefits**

Verify a beneficiary's Medicare Part A and Part B eligibility during a specified period and access active data related to:

- Deductibles/Caps
- Preventive Services
- Inpatient (SNF/Hospital)
- Home Health/Hospice
- MSP – Medicare Secondary Payer
- Plan Coverage

**Claims**

▶ Check Claims Status  
▶ Reopen a Claim

**Search Payments**

▶ Use Date, Check Number

**Access Reports**

▶ Comparative Billing Report  
▶ Provider Data Summary

**Secure Messaging**

▶ Select Form  
▶ Check Status  
▶ View Messages

# Other Items -SPOT

New Messages(7) Help Site Map Log Off

Check Eligibility Search Payments Access Reports Secure Messaging

Submit e-Documentation Request  
Check Status  
View Messages

### Messages

Messages 1-10 of 39

	<u>From</u>	<u>Subject</u>	<u>Received</u>	<u>PDF</u>
	Medicare	Confirmation	04/04/2016	
	Audit & Reimbursement	Cost Report Reminder Letter	03/31/2016	
	Medicare	Correspondence	03/29/2016	
	Medicare	Correspondence	03/28/2016	
	Medicare	Correspondence	03/24/2016	
	Medicare	Correspondence	03/24/2016	
	Medicare	Correspondence	03/24/2016	
	Medicare	Correspondence	03/24/2016	
	Medicare	Correspondence	03/23/2016	
	Medicare	Correspondence	03/23/2016	

Secure Messaging

Page 1 of 4

# Other Items - Novitasphere

## Secure Message Submission History

Submission Type:  Search Criterion:

Please select a Date Range below, to view your documentation submission history:  
Note: \* Indicates a required field. All dates must be entered in the MM/DD/YYYY format and include forward slashes.

Date(s) of Submission: \*  To:











Confirmation ID	Form	Status	Submission Date
Confirmation IDs	Cost Report (07/01/2014:06/30/2015)	Upload fail*	2016-03-24 12:17:07.153
	General Correspondence (07/01/2014:06/30/2015)	Upload fail*	2016-03-24 12:26:50.93
	FOIA Request	Received	2016-03-28 15:13:36.177
	Cost Report (07/01/2014:06/30/2015)	Received	2016-03-28 16:56:25.197

\*For failed uploads, please resubmit your file.

# Other Items - Novitasphere

- ✓ Eligibility
- Secure Message ▾
- ✓ MailBox
  - Medicare Communications
  - Secure Message Notices(23)**
- My Account ▾

## Secure Message Communications

From	Subject	Creation Date ▾	Attachment
Medicare	Confirmation	2016-06-17 14:30:50.087	
Medical Review	Pre-Pay Probe – Initial Letter	2016-06-17 14:30:49.78	
Medicare	Confirmation	2016-06-17 14:10:48.193	
Medicare	Confirmation	2016-06-17 10:55:44.777	
Medicare	Confirmation	2016-06-17 09:20:42.457	
Medicare	Confirmation	2016-06-17 09:20:42.027	
Medicare	Confirmation	2016-06-17 09:15:40.88	
Medicare	Confirmation	2016-06-17 09:15:40.617	
Medicare	Confirmation	2016-06-17 09:15:40.34	
Medicare	Confirmation	2016-04-01 17:18:13.003	

Navigation: [K] [←] [1] [2] [3] [4] [5] [6] [7] [→] [X]

# Other Items - Novitasphere

Home Reference Comments **Contact Us** Live Chat

Friday, June 24, 2016 9:35 AM

## Contact Information

If you have questions related specifically to the Novitasphere Portal, for registration, connectivity or password issues, call **1-855-880-8424**.

Day	Monday	Tuesday	Wednesday	Thursday	Friday
Novitasphere Help Desk Hours (EST)	8:00 AM- 5:00 PM	8:00 AM- 5:00 PM	8:00 AM- 5:00 PM	8:00 AM- 5:00 PM	8:00 AM- 5:00 PM

If your question is directly regarding how a claim has processed, you should continue to contact:

- For Jurisdiction L (JL): Delaware, Maryland, New Jersey, Pennsylvania, Washington, D.C., call **1-877-235-8073**.  
For additional contact information, please refer to our website at: [https://www.novitas-solutions.com/contact\\_JL/index.html](https://www.novitas-solutions.com/contact_JL/index.html)
- For Jurisdiction H (JH): Arkansas, Colorado, Louisiana, Mississippi, New Mexico, Oklahoma, Texas, Indian Health Service(IHS)/Tribal/Urban Indian Providers and Veterans Affairs Providers, call **1-855-252-8782**.  
For additional contact information, please refer to our website at: [https://www.novitas-solutions.com/contact\\_JH/index.html](https://www.novitas-solutions.com/contact_JH/index.html)

NOTE: When clicking the above links, you may need to change your Part A/Part B selection in the upper left corner of the Novitas-solutions.com website to access your line of business-specific information.

# Userguides & Helplinks

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Portal Quick  
Reference Links





# Future Enhancements

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- ▶ **Full Two Way Communication**
  - ▶ Letters from PAR arrive in portal inbox (PDF)
  - ▶ Other file types uploaded to provider inbox
    - ▶ Detail PS&Rs
    - ▶ Excel, PDF, Word, etc. files
    - ▶ Audit/Desk Review/Reopening/Wage Index Documents
- ▶ **Email Notifications of Incoming Documents**
- ▶ **New Document Type for CRNA Submissions**



# Questions

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## Portal Quick Reference Links

### **SPOT (Secure Provider Online Portal)**

Login – <http://thespot.fcso.com/portal>

Website Home Page - <http://medicare.fcso.com/Landing/256747.asp>

User Guide - <http://medicare.fcso.com/Help/256025.pdf>

Frequently Asked Questions - <http://medicare.fcso.com/landing/241525.asp>

How to Create an EIDM Account - <http://medicare.fcso.com/faqs/answers/262002.asp>

How to Request SPOT Access - <http://medicare.fcso.com/faqs/answers/273878.asp>

EIDM Multifactor Authentication Help - <http://medicare.fcso.com/FAQs/Answers/0337930.asp>

SPOT Help Desk – 855-416-4199 or [FCSOSPOTHelp@fcso.com](mailto:FCSOSPOTHelp@fcso.com)

Provider Audit Contact - [PARDSupport@fcso.com](mailto:PARDSupport@fcso.com)

### **Novitasphere**

Login – <https://www.novitasphere.com/>

Website Home Page JH - [http://www.novitas-solutions.com/webcenter/portal/Novitasphere\\_JH](http://www.novitas-solutions.com/webcenter/portal/Novitasphere_JH)

Website Home Page JL - [http://www.novitas-solutions.com/webcenter/portal/Novitasphere\\_JL](http://www.novitas-solutions.com/webcenter/portal/Novitasphere_JL)

User Guide - [http://www.novitas-solutions.com/webcenter/content/conn/UCM\\_Repository/uuid/dDocName:00126973](http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00126973)

Frequently Asked Questions - [http://www.novitas-solutions.com/webcenter/content/conn/UCM\\_Repository/uuid/dDocName:00126974](http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00126974)

Cost Report Quick Steps - [http://www.novitas-solutions.com/webcenter/content/conn/UCM\\_Repository/uuid/dDocName:00134848](http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00134848)

Eligibility Guide - [http://www.novitas-solutions.com/webcenter/content/conn/UCM\\_Repository/uuid/dDocName:00098576](http://www.novitas-solutions.com/webcenter/content/conn/UCM_Repository/uuid/dDocName:00098576)

Provider Audit Contact: JH – [JHsettlement@novitas-solutions.com](mailto:JHsettlement@novitas-solutions.com) JL – [settlement@novitas-solutions.com](mailto:settlement@novitas-solutions.com)

#	DocType (Mail Selection)	Sub-DocType (Shown in Upload Dropdown)	SubdocType Description
1	Submit A Cost Report	Cover Letter	Cover letter stating what is being filed with this cost report submission
		ECR File	ECR file (file beginning with EC, RD, SN, RF, CM, etc.) that is generated from cost report vendor software
		PI File	Print Image (PI) file that corresponds to the ECR that is generated from cost report vendor software
		Worksheet S with Signature	The certification page (Worksheet S) of the ECR file with the original signature (not a facsimile or stamped copy of the signature) of an officer (administrator or chief financial officer)
		CMS 339 with Signature	A completed Form CMS-339 with an original signature of an officer or administrator.
		Bad Debt Listing(s)	Bad Debt Information pertaining to the cost report being filed
		Financial Documents	Documents including financial statements, trial balances, revenue & expense, etc.
		Protested Items	List of protested items being filed with the cost report
		PS&R Information	PS&R information such as crosswalks, allocations, etc.
		Wage Index	Documents supporting wage related costs on the cost report
		A-6 Reclass	Reclassification information pertaining to the cost report being filed
		A-8 Adjustments	Adjustment information pertaining to the cost report being filed
		DSH Information	DSH calculations/reports pertaining to the cost report being filed
		GME/IME	Medical Education information pertaining to the cost report being filed
		Organ Acquisition	Supporting documentation for Organ Acquisition being filed on the cost report
		Para-Medical/Nursing School	Supporting documentation for Para-Med/Nursing School
		Low Volume ESRD Adjustments	Supporting documentation for Low Volume ESRD Adjustments
		CMS Tie-In Notice	Official CMS Tie-In notice for new, terminating, or change of ownership providers
		Other Supporting Documentation	General identifier for additional items that do not fall in other categories
		Check	If your cost report is being filed as an overpayment, please utilize this category for an image of the check.
IRIS Files	DBF files (A&M) for teaching hospitals		
Low Utilization Cost Report	Please utilize this document category if you are submitting a Low Utilization Cost Report		
No Utilization Cost Report	Please utilize this document category if you are submitting a No Utilization Cost Report (no activity during fiscal period)		
2	Reopening	Cover Letter	Cover letter stating what documentation is being submitted
		Documentation	Documentation related to the document type being selected
3	Appeals	Cover Letter	Cover letter stating what documentation is being submitted
		Documentation	Documentation related to the document type being selected
4	SSI Realignment Request (DSH)	Cover Letter	Cover letter stating what documentation is being submitted
		Documentation	Documentation related to the document type being selected
5	Provider-Based Determination	Cover Letter	Cover letter stating what documentation is being submitted
		Documentation	Documentation related to the document type being selected
6	Wage Index/Occupational Mix Submissions	Cover Letter	Cover letter stating what documentation is being submitted
		Documentation	Documentation related to the document type being selected
7	Desk Review/Audit Additional Documentation	Cover Letter	Cover letter stating what documentation is being submitted
		Bad Debt Listing(s)	Bad Debt Information pertaining to the cost report being filed
		Financial Documents	Documents including financial statements, trial balances, revenue & expense, etc.
		Protested Items	List of protested items being filed with the cost report
		PS&R Information	PS&R information such as crosswalks, allocations, etc.
		Wage Index	Documents supporting wage related costs on the cost report
		A-6 Reclass	Reclassification information pertaining to the cost report being filed
		A-8 Adjustments	Adjustment information pertaining to the cost report being filed
		DSH Information	DSH calculations/reports pertaining to the cost report being filed
		GME/IME	Medical Education information pertaining to the cost report being filed
		Organ Acquisition	Supporting documentation for Organ Acquisition being filed on the cost report
		Para-Medical/Nursing School	Supporting documentation for Para-Med/Nursing School
		Low Volume ESRD Adjustments	Supporting documentation for Low Volume ESRD Adjustments
Bankruptcy	Bankruptcy information for providers in bankruptcy		
Other Supporting Documentation	General identifier for additional items that do not fall in other categories		
8	Submit FOIA Request	Cover Letter	Cover letter stating what documentation is being submitted
		Documentation	Documentation related to the document type being selected
9	Submit PS&R Request	Cover Letter	Cover letter stating what documentation is being submitted
		Documentation	Documentation related to the document type being selected
10	General Correspondence (not defined in other doctypes)	Request for Interim Rate Change	N/A
		Request for Tentative Settlement Change	N/A
		TEFRA Exception Request	N/A
		SCH Low Volume Request	N/A
		Request for Change in Statistical Basis	N/A
		CMS Tie-In Notice	Official CMS Tie-In notice for new, terminating, or change of ownership providers
		Bankruptcy	Bankruptcy information for providers in bankruptcy
		Other Supporting Documentation	General identifier for additional items that do not fall in other categories
50% Reduction Request	Reduction Request for providers who are at risk of filing their cost report late		