

# COTIVITI GOV Services

Region 4 Recovery Audit Contractor (RAC 4)

Provider Portal User Guide for Part B Facility Providers



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## RAC 4 Provider Portal User Guide for Part B Providers

The RAC 4 Provider Portal is a web-based application created by Cotiviti GOV Services (Cotiviti RAC 4), the Centers for Medicare & Medicaid Services (CMS) Region 4 Recovery Audit Contractor (RAC). The purpose of the website is to facilitate communication between the RAC and the providers in Region 4.

Part B Providers may login to the website one of two ways:

- Answering Knowledge Based Authentication (KBA) questions (identity verification process), or
- Entering a username and password previously assigned to you.

This user guide explains the basic functions of the RAC 4 provider portal website. It is divided into ten (10) sections:

- Section 1: Getting Started - Knowledge Based Authentication: This section guides the new user through the login process using knowledge-based authentication where the **primary facility representative** can designate the facility contact to receive medical record request letters, designate the facility contact to receive improper payment letters, and provide other facility representative(s) access to this website.
- Section 2: Two Factor Authentication: This section guides the user through the Two Factor Authentication Login process which requires for all users who log into the Region 4 provider Portal. The new login process will require each user to validate their identity through a one-time security code which will be sent to the email address the user registered online when they created their user account.
- Section 3: Account Management: This section guides the primary Point of Contact through the process for creating contacts to receive letters; as well as adding up to five (5) web users. ***Access to this section requires KBA login and should only be accessed by the individual you designate responsibility for keeping your facility's contact information current and accurate.***
- Section 4: Managing Users: This section guides the primary provider Point of Contact through the process of updating web users and updating designed contact information.
- Section 5: Web Users: This section explains how to login using a username and password and changing passwords.
- Section 6: Medical Record Tracking: This section guides registered users through the steps to confirm receipt of Medical Documentation submitted to RAC 4 in response to an Additional Documentation Request. Users may also track the outcome of Medical Reviews and obtain copies of the Additional Documentation Request (ADR) and Review Outcome Letter.

- Section 7: Informational Letter Tracking: This section guides registered users through the steps to view and print copies of Informational – Review Result Letters for Automated Reviews.
- Section 8: Discussion and Correspondence: This section guides registered users through the steps to confirm receipt of Discussion Period Request or Correspondence submitted to RAC 4. User may also track the outcome of Discussion Period Request.
- Section 9: Appeals Tracking: This section guides registered users through the steps to review the most current appeal status RAC 4 has on file. The status reflected on the RAC 4 Portal may not reflect the most current status of the appeal. Users are encouraged to contact the Medicare Administrative Contractor (MAC) to confirm the process status of any appeal.
- Section 10: Direct Upload Documentation: This section guides registered users through the steps to upload Medical Records, Discussion Period Request documentation and Correspondence.

## Section 1: Getting Started

This section explains how to create your facility's account.

### ***Knowledge Based Authentication (KBA) Login***

The first time you access the provider portal, you must login using knowledge based authentication. The responses you provide to the questions presented is a means of identity verification.

Before you begin, be sure you have access to your own claims data. This information is part of the KBA Login process.

Step 1. Launch a web browser such as Google Chrome.

#### **Note:**

The rac4info.cotiviti.com website supports Google Chrome, Microsoft Edge and Mozilla Firefox

Step 2. Enter <https://rac4info.cotiviti.com> in the address bar. The home page displays.



Step 3. A CPT Disclaimer appears.

Read the Disclaimer, and if you accept the Terms and Conditions of use, click on the **Accept** button.

#### **Note:**

If you do not accept the Terms and Conditions of use and click on the Decline button, you will not be permitted to login to the website.

Step 4. From the top menu, click on **Login**.



The login page displays. The Knowledge Based Authentication (KBA) displays on the left side of the screen.

The image is a screenshot of the 'Knowledge Based Authentication' page. At the top, there are two links: 'Portal Guide For Part A Providers' and 'Portal Guide For Part B Providers'. Below these links is a section titled 'Please note:' which contains a disclaimer about the use of the U.S. Government information system. The disclaimer states that the system is provided for U.S. Government authorized use only and that unauthorized use may result in disciplinary action. It also mentions that the Government may monitor, intercept, and search and seize any communication or data transmitted or stored on the system. Below the disclaimer is a checkbox labeled '(Please click box to agree)'. At the bottom, there is a 'Provider Type' dropdown menu with a placeholder text 'Select Provider Type'.

Step 5. Click on the “Please Note:” button and read the disclaimer.

### Note:

If you do not click on the Please Note: button you will not be able to complete the KBA process.

Step 6. Select **Part A Facility type** from the Provider Type drop down menu.

The page refreshes to record your selection and displays the question, “What is your NPI Number?”

The image is a screenshot of the 'Knowledge Based Authentication' page after the user has selected 'Part A Facility type' from the 'Provider Type' dropdown menu. The dropdown menu now displays 'Part A Facility type'. Below the dropdown menu, the question 'What is your NPI Number?' is displayed, followed by a yellow text box for input.

Step 7. Enter your NPI Number in the text box

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\*Note: If NPI entered is associated with more than one Medicare Provider ID number the KBA will also ask for your Medicare ID Number (PTAN)

A screenshot of a web form for provider registration. At the top, there is a checkbox labeled "Please click box to agree" which is checked. Below this are three input fields: "Provider Type" (a dropdown menu), "What is your NPI Number?" (a text box), and "What is your Medicare ID Number?" (a text box with a yellow highlight). At the bottom of the form are two buttons: "Continue" (highlighted in light blue) and "Back" (highlighted in light grey).

Step 8. Click on the **Continue** button.  
The page refreshes to display the page below.

A screenshot of the web form after clicking "Continue". The "Please click box to agree" checkbox is now unchecked. The "Provider Type" dropdown and "What is your NPI Number?" text box remain. A new instruction appears: "Please type in the box below the allowed amount listed on any claims with date of service: 9/21/2015". Below this is a "Paid Amount" text box with a yellow highlight.

Step 9. Search your records for any claim matching the billed from date listed on the page, and type the **exact dollars and cents amount** (for example: 121.18) in the Paid Amount text box. *Do not include the dollar sign*

Step 10. Click on the **Continue** button.

The page refreshes to display the page below.

A screenshot of the web form after clicking "Continue" again. The "Please click box to agree" checkbox is now checked. The "Provider Type" dropdown and "What is your NPI Number?" text box remain. The instruction "Please type in the box below the allowed amount listed on any claims with date of service: 9/21/2015" is still present. Below it are two text boxes: "Paid Amount" (highlighted in light grey) and "Patient Date of Birth" (highlighted in yellow). At the bottom are two buttons: "Back" (highlighted in light grey) and "Continue" (highlighted in light blue).

Step 11. Using the same claim from above, enter the **Patient's Date of Birth** in the text box. (Enter the date in the format MM/DD/YYYY.)

Step 12. Click on the **Continue** button.

The page refreshes to display the page below.

The screenshot shows a web form for provider registration. At the top, it says "(Please click box to agree)". Below this is a "Provider Type" dropdown menu. Then, there is a text input field labeled "What is your NPI Number?". A section header reads "Please type in the box below the allowed amount listed on any claims with date of service:". This is followed by two text input fields: "Allowed Amount" and "Patient Date of Birth". Below these is a message: "We require an Email Address to be associated with the account for all system notifications. Please provide below". This is followed by a yellow text input field labeled "Email Address". At the bottom of the form are two buttons: "Back" and "Continue".

Step 13. Enter your email address in the text box and click the Continue button.

**Note:**

Please enter a valid email address. The email for the security code from the two factor authentication will be sent to the email address.

Step 14. You will receive an email containing the username. This username will be used as the login going forward.

Welcome to Cotiviti - RAC4.

Your Username is: 11111NPI999999999



## Section 2: Two Factor Authentication

This section guides you through the two factor authentication process, where you can:

- Request a secure user access code

Instructions to obtain a temporary security code are displayed. Click “Next” to continue with the process of obtaining the identification code. If you already have the code, click on “Already have an Identification Code?” link and go to Step 15.

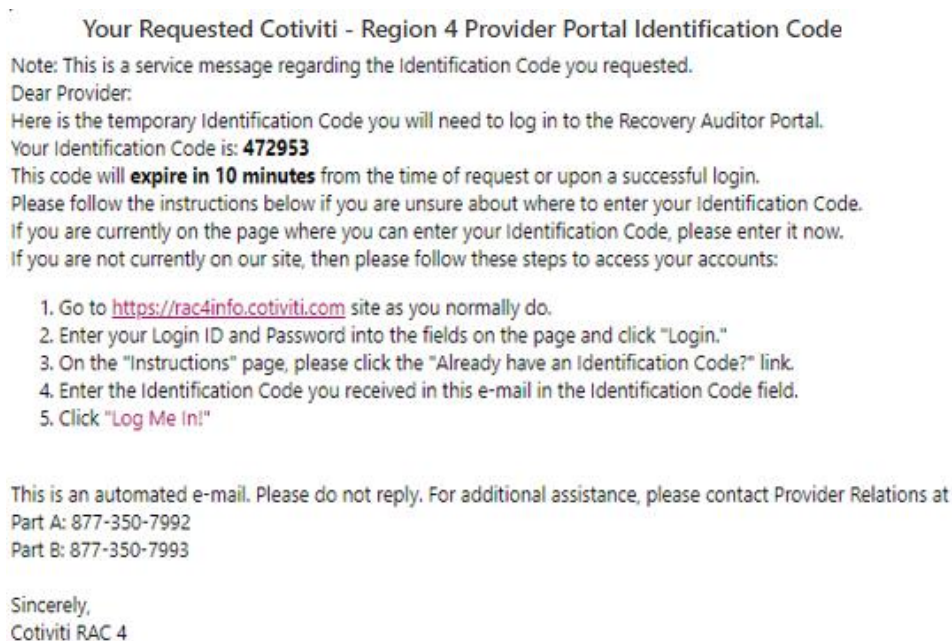
The screenshot shows the COTIVITI GOV SERVICES interface. At the top is the COTIVITI logo with 'GOV SERVICES' underneath. Below the logo is a progress bar with three steps: 'Instructions', 'Get Identification Code' (which is highlighted in dark blue), and 'Enter Identification Code'. The main content area contains the text: 'We will need to confirm your identity before you can access your account. We will send it to your email address you have already provided us. Please note that the code is valid for 10 minutes from the time of request. Click "Next" to verify the email address.' Below this text is a link: '[Already have an Identification Code?](#)'. At the bottom of the main content area are two buttons: 'Next' and 'Cancel'. Below the buttons is a link: '[Please contact us if you have any questions or concerns.](#)'.

Step 14 Confirm the email address to receive the code and click “Generate code” to obtain the identification code. If you already have the code, then click on “Already have an Identification Code?” link and go to Step 15.

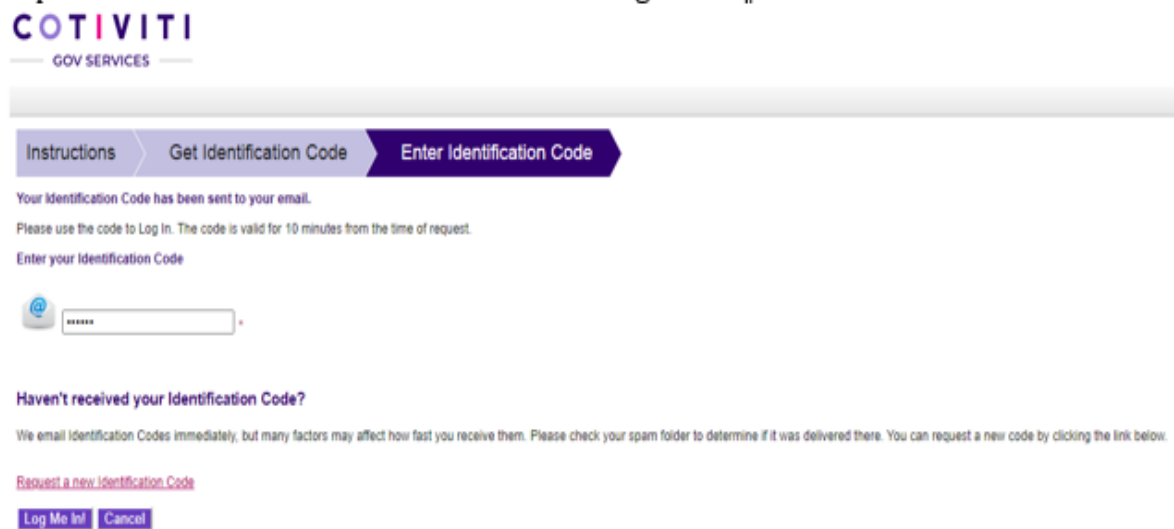
The screenshot shows the COTIVITI GOV SERVICES interface. At the top is the COTIVITI logo with 'GOV SERVICES' underneath. Below the logo is a progress bar with three steps: 'Instructions', 'Get Identification Code' (which is highlighted in dark blue), and 'Enter Identification Code'. The main content area contains the text: 'We need to send you an identification Code to confirm your identity before you can access your account. Please note that the code is valid for 10 minutes from the time of request.' Below this text is an email icon and the text: 'An email will be sent to m\*\*\*\*\*a@cotiviti.com when you click "Generate Code".' Below this text is a link: '[Already have an Identification Code?](#)'. At the bottom of the main content area are three buttons: 'Previous', 'Generate Code' (which is highlighted in dark blue), and 'Cancel'. Below the buttons is a link: '[Please contact us if you have any questions or concerns.](#)'.

Step 15. Locate the email from “DoNotReply@RAC4info.cotiviti.com” in your inbox. Retrieve “Your Identification Code”.

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Step 16. Enter the Identification Code and click "Log Me In"



Step 17. Once the security code is authenticated, you are redirected to the Change Password screen to create a password.

- Enter the password in the New Password field
- Enter it again in the Confirm Password field
- Click the Change Password button

**COTIVITI**  
GOV SERVICES

User111111NP1999999999 [Logout](#)

[Home](#) [Region 4 Info](#) [Provider Info](#) [Medical Record Tracking](#) [Informational Letter Tracking](#) [Discussion/Correspondence Tracking](#) [Documents](#) [Appeal Tracking](#) [New Issues](#) [FAQ](#) [Contact Us](#) [Account Mgmt](#) [Customer Svc](#)

### Change Password

Welcome!

Your username is 111111NP1999999999

Please change your password to successfully complete the login process.

New Password

Confirm Password

[Change Password](#) [Cancel](#)

**Note:**

Passwords must contain at least one letter, one number, and one symbol and be at least 8 characters long.

Step 18. Once the password is created, you will receive a message the password was updated successfully and logged out of the portal.



Step 19. You may click either the “Login” menu at the top or the “login” link. A popup appears recommending you close your browser. Click “OK” to close the popup.

Step 20. Navigate back to the Login page. Locate the email from “DoNotReply@RAC4info.cotiviti.com” in your inbox. Retrieve “Username”. Enter the username and the password you entered on the “Change Password” page. Click the box to agree to the terms and click the “Sign In” button.

## Provider Sign In

User Name

111111NPI9999999999

Password

\*\*\*\*\*

☒ Please note:

- You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
- By using this information system, you understand and consent to the following:
- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

(Please click box to agree)

**Sign In**

[Forgot or need to Reset your password?](#)

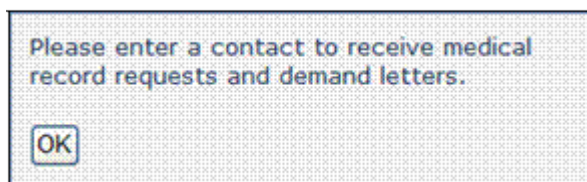
Step 21. Now you must repeat the Two Factor Authentication process again to complete the login.

## Section 3 Account Management

This section guides you through the Account Management menu, where you can:

- Specify a contact to receive medical record request letters,
- Specify a contact to receive improper payment letters, and
- Add up to five additional website users.

1. Hover over the **Account Management** menu option and click on **Contact Information**. The message below displays.



2. Click on the **OK** button to clear the message. The page below displays.

Manage Contact Information			
	Address from Claims Processing Contractor	Contact to Receive Medical Record Request Letters	Contact to Receive Improper Payment Letters
Billing Provider #			
Provider Name			
Affiliation/Ownership			
NPI			
Tax ID			
Contact Name			
Title			
Department			
Address 1			
Address 2			
City			
State			
Zip			
FAX			
Phone			
Extension			
Email			
Previous Provider #			
			<input type="checkbox"/> Make both contacts identical
	<a href="#">Edit</a>	<a href="#">Edit</a>	

**Website Users**
[Add Web User](#)

We request up to 7 contacts, CEO, CFO, Compliance Officer, CMO, IT contact; including 2 additional staff of your choice listed above.

No records found.

The Manage Contact Information page displays three columns:

- Address from Claims Processing Contractor (the information in this column is provided by your Claims Processing Contractor and cannot be altered),
- Contact to Receive Medical Record Request Letters, and
- Contact to Receive Improper Payment Letters.

You must specify the contact who will receive Medical Record Request Letters and the contact who will receive Improper Payment Letters.

The information you provide is used for all communications for the designated area and must be maintained to ensure accuracy and timely mail delivery.

## Add a Contact to Receive Medical Record Request Letters

Use this feature to designate someone in your facility to receive all medical record request letters.

1. Click on the **Edit** link in the second column, Contact to Receive Medical Record Request Letters.

The page below displays.

**Add Contact**

**Provider Name**

**Contact Name**

**Title**  
Type title or select from the dropdown

**Department**  
Compliance Office

**Affiliation/Ownership**

**Email Address:**  
Lower case only. e.g. myemail@company.com

**Address 1**

**Address 2**

**City** **State** **Zip Code**

**Phone #** **Extension**

**Fax #:**

**Password Requirement:** Alpha + Numeric + Symbol and should be at least 8 characters.

**Password:**

**Confirm Password:**

[Edit](#) [Add](#) [Cancel](#)

2. Enter your **Provider Name**.
3. Enter the **Contact Name**.
4. Enter the Contact's **Title**. Alternatively, select an option from the drop down menu.

5. Enter the **Department**.
6. Enter **Affiliation/Ownership**.
7. Enter the Contact's **Email Address**.
8. Enter the Street **Address**.
9. Enter the **City**.
10. Select from the **State** drop down menu.
11. Enter the **ZIP Code**.
12. Enter the Contact's **Phone Number** and their **Extension**, (if applicable).
13. Enter the Contact's **Fax Number**.
14. Enter a Password for the contact.

**Note:**

Passwords must contain at least one letter, one number, and one symbol and be at least 8 characters long.

15. Enter the **Password** again in the Confirm Password field.
16. Click on the **Add** button.

A confirmation message displays the text, "Contact has been added successfully. [NAME], please use this username [email address] and password for all future RAC Info logins."

17. Click on the **OK** button.

The message clears. The page refreshes, displaying the Manage Contact Information page. The contact information you enter is recorded and displayed immediately.

### Manage Contact Information

Provider Table			
Billing Provider #	Address from Claims Processing Contractor	Contact to Receive Medical Record Request Letters	Contact to Receive Improper Payment Letters
NPI	ABC DR. Clinic	ABC DR. Clinic	ABC DR. Clinic
Affiliation/Ownership			
NPI	1234567891	1234567891	1234567891
Tax ID			
Contact Name		Jane Doe	John Doe
Title		HIM Manager	RNIS ANALYST/AUDITOR
Department		HEALTH INFORMATION MANAGEMENT	COMPLIANCE OFFICE
Address 1	PO Box 12345	PO Box 45678	PO Box 45678
Address 2			
City	BILLINGS	BILLINGS	BILLINGS
State	MT	MT	MT
Zip	591071315	59107-1598	59107-1598
FAX		406-248-1234	406-248-1234
Phone		406-123-4567	406-123-8910
Extension			
Email		email@abcdclinic.org	email2@abcdclinic.org
Previous Provider #			
		Edit Delete	Edit Delete

#### Website Users

We request up to 7 contacts, CEO, CFO, Compliance Officer, CMO, IT contact; including 2 additional staff of your choice listed above.

[Add Web User](#)

Provider Contact Table					
	Contact Name	Title	Department	Email	
<a href="#">Delete</a>	John Doe	RN CLINICAL CODING SPECIALIST	CODING DEPARTMENT	email@abcdclinic.org	<a href="#">Edit</a>
<a href="#">Delete</a>	Jane Doe	RNIS ANALYST/AUDITOR	COMPLIANCE OFFICE	email2@abcdclinic.org	<a href="#">Edit</a>

18. If you prefer to designate the same contact to receive both the medical record request letters and the improper payment letters, click on the “**Make both contacts identical**” checkbox.

The message below displays.



19. Click on the **OK** button to confirm the message. Alternatively, click on the **Cancel** button if you would like to designate a different contact to receive the improper payment letters.

## Add a Contact to Receive Improper Payment Letters

Use this feature to designate someone in your facility to receive all improper payment letters.

1. Click on the **Edit** link in the third column, Contact to Receive Improper Payment Letters. The page below displays



2. Enter your **Provider Name**.
3. Enter the **Contact Name**.
4. Enter the Contact's **Title**. Alternatively, select an option from the drop down menu.
5. Enter the **Department**.
6. Enter **Affiliation/Ownership**
7. Enter the Contact's **Email Address**.
8. Enter the Street **Address**.
9. Enter the **City**.
10. Select from the **State** drop down menu.
11. Enter the **ZIP Code**.
12. Enter the Contact's **Phone Number** and their **Extension**, (if applicable)
13. Enter the Contact's **Fax Number**.
14. Enter a **Password** for the contact.

**Note:**

Passwords must contain at least one letter, one number, and one symbol and be at least 8 characters long.

15. Enter the **Password** again in the Confirm Password field.

16. Click on the **Add** button.

A confirmation message displays the text, "Contact has been added successfully. [NAME], please use this username [email address] and password for all future RAC Info logins."

17. Click on the **OK** button.

The message clears. The page refreshes, displaying the Manage Contact Information page. The contact information you enter is recorded and displayed immediately.

The bottom of the page displays the link, Add Web User, which allows you to add up to five users. You may have a total of seven users: two contacts to receive letters and five additional web users.

## Add a Web User

Use this feature to create a username and password for yourself (if you were not a designed letter recipient) and/or others who also need access to this website.

1. Click on the **Add Web User** link. The page below displays.

**Add Web User**

Provider Name:

Contact Name:  Address 1:

Title:  (Type title or select from the dropdown) Address 2:

Department:  City:  State:  Zip Code:

Affiliation/Ownership:  Phone #:  Extension:

Email Address:  (Lower case only, e.g. myemail@company.com) Fax #:

Password Requirement: Alpha + Numeric + Symbol and should be at least 8 characters.

Password:

Confirm Password:

2. Enter your **Provider Name**.
3. Enter the **Contact Name**.
4. Enter the Contact's **Title**. Alternatively, select an option from the drop down menu.
5. Enter the **Department**.
6. Enter **Affiliation/Ownership**.

7. Enter the Contact's **Email Address**.
8. Enter the Street **Address**.
9. Enter the **City**.
10. Select from the **State** drop down menu.
11. Enter the **ZIP Code**.
12. Enter the Contact's **Phone Number** and their **Extension**, (if applicable).
13. Enter the Contact's **Fax Number**.
14. Enter a **Password** for the contact.

**Note:**

Passwords must contain at least one letter, one number, and one symbol and be at least 8 characters long.

15. Enter the **Password** again in the Confirm Password field.
16. Click on the **Add** button.

A confirmation message displays the text, "Contact has been added successfully. [NAME], please use this username (email address) and password for all future RAC Info logins."

17. Click on the **OK** button.

The message clears. The page refreshes. In the Website Users section of the Manage Contact

Information page, the grid displays the website user.

**Manage Contact Information**

	Provider Table		
	Billing Provider #	Address from Claims Processing Contractor	Contact to Receive Medical Record Request Letters
<b>NP1</b>	ABC DR. Clinic	ABC DR. Clinic	ABC DR. Clinic
<b>Affiliation/Ownership</b>			
<b>NP2</b>	1234567891	1234567891	1234567891
<b>Tax ID</b>			
<b>Contact Name</b>		Jane Doe	John Doe
<b>Title</b>		IHM Manager	RNIS ANALYST/AUDITOR
<b>Department</b>		HEALTH INFORMATION MANAGEMENT	COMPLIANCE OFFICE
<b>Address 1</b>	PO Box 12345	PO Box 45678	PO Box 45678
<b>Address 2</b>			
<b>City</b>	BILLINGS	BILLINGS	BILLINGS
<b>State</b>	MT	MT	MT
<b>Zip</b>	591071315	59107-1508	59107-1508
<b>FAX</b>		406-248-1234	406-248-1234
<b>Phone</b>		406-123-4567	406-123-8910
<b>Extension</b>			
<b>Email</b>		email@abcdclinic.org	email2@abcdclinic.org
<b>Previous Provider #</b>			
		<a href="#">Edit</a>	<a href="#">Edit</a>
		<a href="#">Delete</a>	<a href="#">Delete</a>

**Website Users**

We request up to 7 contacts, CEO, CFO, Compliance Officer, CHD, IT contact; including 2 additional staff of your choice listed above.

[Add Web User](#)

	Contact Name	Title	Department	Email	
<a href="#">Delete</a>	John Doe	RN CLINICAL CODING SPECIALIST	CODING DEPARTMENT	email@abcdclinic.org	<a href="#">Edit</a>
<a href="#">Delete</a>	Jane Doe	RNIS ANALYST/AUDITOR	COMPLIANCE OFFICE	email2@abcdclinic.org	<a href="#">Edit</a>

## Section 4: Managing Users

This feature allows the primary provider contact to manage users using the knowledge based authentication login.

As the primary provider contact you can: update your facility's designated medical record request letters contact and designated receive improper payments letters contact; and add, edit, and delete additional web users.

1. Login to the website using knowledge based authentication.

	Address from Claims Processing Contractor	Contact to Receive Medical Record Request Letters	Contact to Receive Improper Payment Letters
Billing Provider #			
Provider Name			
Affiliation/Ownership			
NPI			
Tax ID			
Contact Name			
Title			
Department			
Address 1			
Address 2			
City			
State			
Zip			
FAX			
Phone			
Extension			
Email			
Previous Provider #			
	<a href="#">Edit</a>	<a href="#">Edit</a>	
	<a href="#">Delete</a>	<a href="#">Delete</a>	

**Website Users** [Add Web User](#)

We request up to 7 contacts, CEO, CFO, Compliance Officer, CMO, IT contact, including 2 additional staff of your choice listed above.

2. Hover over the **Account Management** menu.
3. Click on the **Contact Information** option. The page below displays.

This page displays three columns:

- Address from Claims Processing Contractor (the information in this column is provided by your Claims Processing Contractor and cannot be altered),
- Contact to Receive Medical Record Request Letters, and
- Contact to Receive Improper Payment Letters.

The information you provide is used for all communications for the designated area and must be maintained to ensure accuracy and timely mail delivery.

***To Edit a Contact to Receive Medical Record Request Letters:***

1. Click on the **Edit** link in the second column, Contact to Receive Medical Record Request Letters. The page below displays.

The screenshot shows a web form titled "Update Contact". It has the following fields and controls:

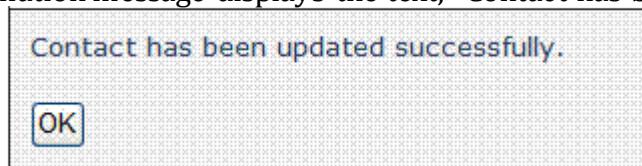
- Provider Name: A single-line text input field.
- Contact Name: A single-line text input field.
- Address 1: A single-line text input field.
- Address 2: A single-line text input field.
- Title: A single-line text input field.
- Department: A single-line text input field.
- City: A single-line text input field.
- State: A dropdown menu with a downward arrow.
- Zip Code: A single-line text input field.
- Affiliation/Ownership: A single-line text input field.
- Phone #: A single-line text input field.
- Extension: A single-line text input field.
- Email Address: A single-line text input field.
- Fax #: A single-line text input field.
- At the bottom right, there are two buttons: "Update" and "Cancel".

2. Edit any of the fields, except for Email Address.

**Note:**

Once a contact has been added, you cannot change their email address. If the contact's email address changes or was entered incorrectly, the contact must be deleted and entered as a new contact using the correct email address.

3. Click on the **Update** button  
A confirmation message displays the text, "Contact has been updated successfully."



4. Click on the **OK** button.

The message clears. The page refreshes, displaying the Manage Contact Information page. The contact information you entered is recorded and displayed immediately.

***To Delete a Contact to Receive Medical Record Request Letters:***

1. Click on the **Delete** link in the second column, Contact to Receive Medical Record Request Letters.

A confirmation message displays the text, “Are you sure you want to delete the Contact for Medical Record Request Letters?”



2. Click on the **OK** button.

The page refreshes, displaying the Manage Contact Information page.

***To Edit Contact to Receive Improper Payment Letters:***

This feature allows you to edit the contact information for the designated contact to receive improper payment letters.

1. Click on the **Edit** link in the third column, Contact to Receive Medical Record Request Letters. The page below displays

2. Enter any of the fields except for email address.

**Note:**

Once a contact has been added, you cannot change their email address. If their email address changes or was entered incorrectly, the contact needs to be deleted and entered as a new contact using the correct email address.



3. Click on the **Update** button.

A confirmation message displays the text, "Contact has been updated successfully."



4. Click on the **OK** button.

The message clears. The page refreshes, displaying the Manage Contact Information page. The contact information you entered is recorded and displayed immediately.

### ***To Delete a Contact to Receive Improper Payment Letters:***

This feature allows you to delete the designated contact to receive improper payment letters.

1. Click on the **Delete** link in the third column, Contact to Receive Improper Payment Letters.

A confirmation message displays the text, "Are you sure you want to delete the Contact for Medical Record Request Letters?"



2. Click on the **OK** button.

The page refreshes, displaying the Manage Contact Information page.

### ***To Add a Web User:***

This feature allows you to add a web user to access the website.

1. Click on the **Add Web User** link. The page below displays.

**Add Web User**

**Provider Name**

**Contact Name**

**Title**  
Type title or select from the dropdown

**Department**

**Affiliation/Ownership**

**Email Address:**  
Lower case only, e.g. myemail@company.com

**Address 1**

**Address 2**

**City**

**State**

**Zip Code**

**Phone #**  
###-###-####

**Extension**

**Fax #:**  
###-###-####

**Password Requirement:** Alpha + Numeric + Symbol and should be at least 8 characters.

**Password:**

**Confirm Password:**

**Add** **Cancel**

2. Enter your **Provider Name**.
3. Enter the **Contact Name**.
4. Enter the Contact's **Title**. Alternatively, select an option from the drop down menu.
5. Enter the **Department**.
6. Enter **Affiliation/Ownership**.
7. Enter the Contact's **Email Address**.
8. Enter the Street **Address**.
9. Enter the **City**.
10. Select from the **State** drop down menu.
11. Enter the **ZIP Code**.
12. Enter the Contact's **Phone Number** and their **Extension**, if applicable.
13. Enter the Contact's **Fax Number**.
14. Enter a **Password** for the user.

**Note:**

Passwords must contain at least one letter, one number, and one symbol and be at least 8 characters long.



15. Enter a **Password** again in the Confirm Password field.
16. Click on the **Add** button.

The page refreshes. In the Website Users section of the Manage Contact Information page, the grid displays the website user.

Website Users				<a href="#">Add Web User</a>
We request up to 7 contacts, CEO, CFO, Compliance Officer, CMO, IT contact; including 2 additional staff of your choice listed above.				
Contact Name	Title	Department	Email	
<a href="#">Delete</a>				<a href="#">Edit</a>

### ***To Edit a Web User:***

This feature allows you to edit the contact information for a web user. The Edit link is located in the Manage Contact Information page, under the Website Users section.

1. Click on the **Edit** link. The page below displays.

#### Update Web User

Provider Name \*

Contact Name \*

Title \*

Department \*

Affiliation/Ownership

Email Address:

Address 1 \*

Address 2

City Required

State \*

Zip Code \*

Phone # Required

Extension

Fax #:

2. Edit any of the fields except for email address.

#### **Note:**

Once a web user has been added, you cannot change their email address. If the web user's email address changes or was entered incorrectly, the web user needs to be deleted and entered as a new web user using the correct email address.

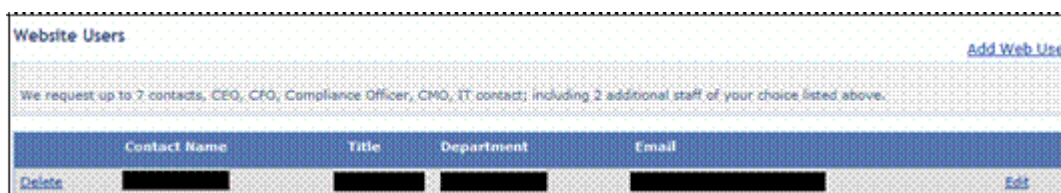
3. When you are finished, click on the **Update** button.

A confirmation message displays the text, "Contact has been updated successfully."



4. Click on the **OK** button.

The page refreshes. In the Website Users section of the Manage Contact Information page, the grid displays the updated contact information.



### ***To Delete a Web User:***

This feature allows you to delete a web user. The Delete link is located in the Manage Contact Information page, under the Website Users section.

1. Click on the **Delete** link.

A confirmation message displays the text, "Are you sure you want to delete this contact?"



2. Click on the **OK** button.

A confirmation message displays the text, "Contact deleted!"



3. Click on the **OK** button.

The page refreshes. In the Website Users section of the Manage Contact Information page, the deleted website user is removed from the grid.

## Section 5: Web Users

This section explains how to login using a username and password, how to change your password, and how to track requests for medical records.

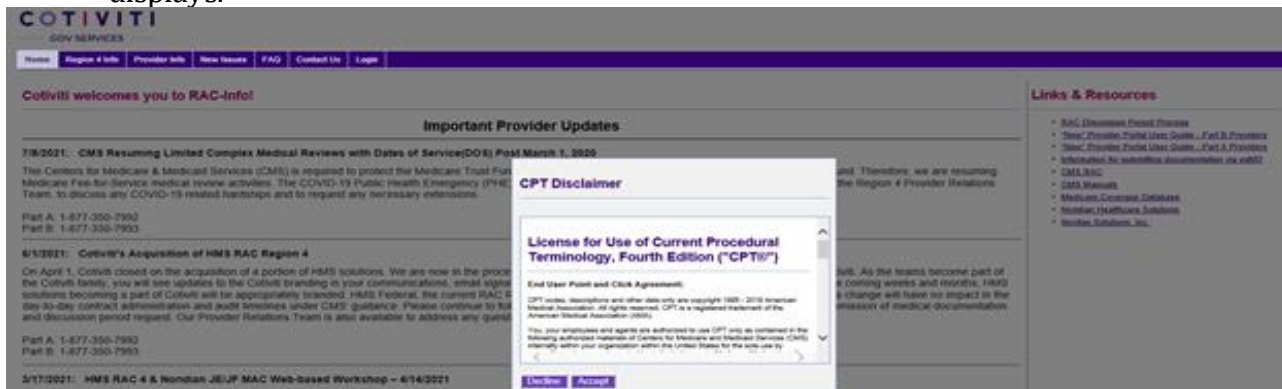
### *Username and Password Login*

1. Launch a web browser such as Google Chrome.

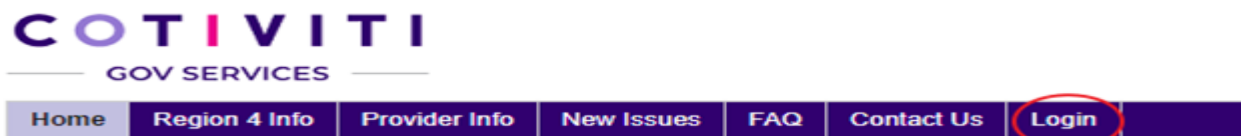
#### **Note:**

The rac4info.cotiviti.com website supports Google Chrome, Microsoft Edge and Mozilla Firefox

2. Enter <https://rac4info.cotiviti.com/> in the address bar. The home page displays.



3. Read the CPT Disclaimer and select Accept. From the top menu, click on **Login**.



The login page displays. The Provider Sign In displays on the right side of the screen.

## Provider Sign In

User Name / Hospital Provider Identifier

Password / What is the letter identification number?

☐ Please note:

4. Enter your **User Name** in the User Name text box.
5. Enter your **Password** in the Password text box.

### Note:

If you forget your password, click on the **Forget your password?** link. When the page refreshes, enter your **user name** and click on the **Submit** button. A Provider Services Representative will send you an email with your new password. Alternatively, send an email to [rac4info@cotiviti.com](mailto:rac4info@cotiviti.com).

6. Click on the Please Note: box and read the disclaimer. Click on the **Sign In** button.

### Note:

By Clicking on the Please Note: box and Sign In you are agreeing to the Terms and Conditions of use. If you do not accept the terms and conditions you will not be permitted to login to the website.

☒ Please note:

- You are accessing a U.S. Government information system, which includes: (1) this computer, (2) this computer network, (3) all computers connected to this network, and (4) all devices and storage media attached to this network or to a computer on this network. This information system is provided for U.S. Government-authorized use only.
- Unauthorized or improper use of this system may result in disciplinary action, as well as civil and criminal penalties.
- By using this information system, you understand and consent to the following:
- You have no reasonable expectation of privacy regarding any communication or data transiting or stored on this information system. At any time, and for any lawful Government purpose, the Government may monitor, intercept, and search and seize any communication or data transiting or stored on this information system.
- Any communication or data transiting or stored on this information system may be disclosed or used for any lawful Government purpose.

(Please click box to agree)

**Sign In**

The home page displays. New menu options are available to you.



## ***Change Password***

Use this feature to change your password.

### **Note:**

You must be logged in as the user in order to change the password for the username.

1. From the top menu, scroll over **Account Management** and click on the **Change Password** link. The Change Password page displays

A screenshot of the "Change Password" form. It has three input fields labeled "Password:", "New Password:", and "Confirm New Password:". Below the fields are two buttons: "Change Password" and "Cancel". The form is enclosed in a dashed border.

2. Enter your current **Password**.
3. Enter a New Password.
4. Enter the **New Password** again.
5. Click on the **Change Password** button.

Passwords must be a minimum of 8 characters long and contain at least one letter, one number, and one symbol. When you have successfully changed your password the Change Password Complete page displays.

A screenshot of the "Change Password Complete" message box. It contains the text "Change Password Complete" and "Your password has been changed!" in blue. Below the text is a "Continue" button. The message box is enclosed in a dashed border.

- 6 Click on the **Continue** button to return to the Home page.

If you forget your password, send an email to [rac4info@cotiviti.com](mailto:rac4info@cotiviti.com) and include your user name.

## Section 6: Medical Record Tracking

Use this feature to track requests for medical records.

From the top menu, click on the **Medical Record Tracking** menu.

If no data is available, the page displays the text, “No records to display.” When data is available, results are displayed in a grid as shown in the page below.

Provider Number:

### Additional Documentation Request Tracking

Please allow 5 business days for the receipt of a Medical Record to post. If it has been more than 5 days, please contact a Provider Relations Representative at (877) 350-7912.



Additional Documentation Requests are available for viewing on the Provider Portal for 180 days from the date of the request per CMS guidelines.

RAC Case ID	Medical Record Number	Claim Number	Date Of Service From	Date Of Service To	Patient Control Number	Documentation Requested	Documentation Received	Medical Review Start Date	Review Letter / Review Completed Date	Review Outcome	Claim Closure Date	Reviewed By
No Records Requested												

The table below defines the column headings displayed in the grid.


Term	Definition
RAC Case ID	This is the same as the Reference ID included in the Additional Documentation Request Letter.
Medical Record Number	The medical record number assigned to the claim.
DOS From	The date of service from (MM/DD/YYYY) on the claim.
DOS To	The date of service to (MM/DD/YYYY) on the claim.
Documentation Requested	The date (MM/DD/YYYY) the additional documentation was requested.
Documentation Received	The date (MM/DD/YYYY) the additional documentation was received.
Review Results Letter Sent	The date (MM/DD/YYYY) the review results letter was sent.

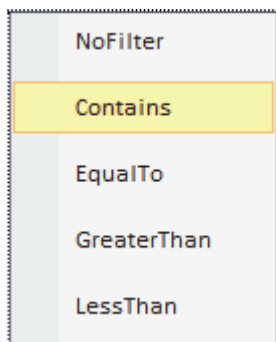
### ***To View Results***

- Click on the right arrow  to advance to the next page in the search results (if search results exceed one page).
- Click on the left arrow  to advance to the previous page in the search results (if search results exceed one page).
- Click on the column heading once to sort in ascending order.
- Click on the column heading again to sort in descending order.

### ***To Filter Results***

If you receive an Additional Documentation Request (ADR) letter, you may use the filter feature to search specifically for a certain claim using the RAC Case ID, Medical Record Number, DOS To, DOS From, Date Documentation Requested, Date Documentation Received, or Date Review Results Letter Sent.

1. Enter the **Reference ID** included in the Additional Documentation Request Letter in the **RAC Case ID** text box. (Alternatively, enter the Medical Record Number in the corresponding text box, or a valid date in DOS From or DOS To text boxes.)
2. Click on the filter icon 
3. Select **Contains** from the choices displayed.



The page refreshes. The grid displays search results matching the criteria entered in the filter.



## Section 7: Informational Letter Tracking

Use this feature to track Informational – Review Result Letters for Automated Reviews.

From the top menu, click on the **Informational Letter Tracking** Tab

If no data is available, the page displays the text, “No records to display.” When data is available, results are displayed in a grid as shown in the page below.



GOV SERVICES

Home	Region 4 Info	Provider Info	Medical Record Tracking	Informational Letter Tracking	Discussion/Correspondence Tracking	Documents	Appeal Tracking	New Issues	FAQ	Contact Us	Account Mgmt	Customer Svc
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Provider Number:

### Informational Letter Request Tracking

Informational Letter Requests are available for viewing on the Provider Portal for 180 days from the date of the request, per CMS guidelines. Please contact a Provider Relations Representative at Part A: 877-350-7992 or Part B: 877-350-7993 with any questions.



Informational Letters Table					
Claim Number	Date Of Service From	Date Of Service To	Patient Control Number	Informational Letter Date	Claim Closure Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No Records Requested.					

The table below defines the column headings displayed in the grid.

Term	Definition
Patient Control Number	Unique account number assigned by the provider to identifier a patients account.
Dates of Service From	The date of service from (MM/DD/YYYY) on the claim.
Dates of Service To	The date of service to (MM/DD/YYYY) on the claim.
Informational Letter Date	The date (MM/DD/YYYY) the Informational-Review Results letter was released
Claim Closure Date	The date (MM/DD/YYYY) the audit was closed.




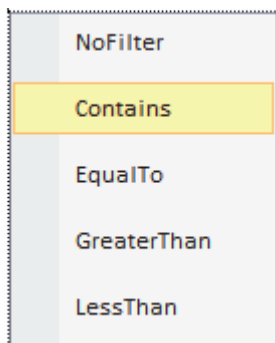
### To View Results

- Click on the right arrow  to advance to the next page in the search results (if search results exceed one page).
- Click on the left arrow  to advance to the previous page in the search results (if search results exceed one page).
- Click on the column heading once to sort in ascending order.
- Click on the column heading again to sort in descending order.

### To Filter Results

You may use the filter feature to search specifically for a certain claim using the Claim Number by entering a value in the search field under each column heading

1. Enter the **Claim Number** on the Informational Letter in the **Claim Number** text box. (Alternatively a valid date in Date of Service From or Date of Service To text boxes.)
2. Click on the filter icon 
3. Select **Contains** from the choices displayed.



The page refreshes. The grid displays search results matching the criteria entered in the filter.

To view and print a copy of the Informational review results letter select the PDF Icon.

Claim Number	Date Of Service From	Date Of Service To	Patient Control Number	Informational Letter Date	Claim Closure Date
					
217202	5/1/2017	5/1/2017	522457	 8/31/2020	
217247	8/4/2017	8/4/2017	523381	 8/31/2020	
217289	7/23/2017	7/23/2017	524181	 8/31/2020	
217304	9/19/2017	9/19/2017	524352	 8/31/2020	



## Section 8: Discussion and Correspondence

Use this feature to track the discussion period and correspondence status on file at RAC 4.

From the top menu, click on the **Discussion and Correspondence**

If no data is available, the page displays the text, “No records to display.” When data is available, results are displayed in a grid as shown in the page below.



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Home	Region 4 Info	Provider Info	Medical Record Tracking	Informational Letter Tracking	Discussion/Correspondence Tracking	Documents	Appeal Tracking	New Issues	FAQ	Contact Us	Account Mgmt	Customer Svc
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Provider Number:

### Discussion and Correspondence Tracking

Please allow 1 business day for the receipt of a Discussion or Correspondence to post. If it has been more than 1 day, please contact a Provider Relations Representative at (877) 350-7992.

Discussion and Correspondence requests are available for reviewing on the Portal for 180 days from the date of receipt, per CMS guidelines.

### Discussion Tracking

Discussion Table							
<u>RAC Case ID</u>	<u>Claim Number</u>	<u>Date Of Service From</u>	<u>Date Of Service To</u>	<u>Patient Control Number</u>	<u>Discussion Received Date</u>	<u>Discussion Determination *</u>	<u>Discussion Determination Date</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No Discussion Found.

### Correspondence Tracking

Correspondence Table					
<u>RAC Case ID</u>	<u>Claim Number</u>	<u>Date Of Service From</u>	<u>Date Of Service To</u>	<u>Patient Control Number</u>	<u>Correspondence Received Date</u>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

No Correspondence Found.

#### \* Reference

Uphold = Original improper payment finding upheld.

Reclassified = After further review of the documentation received, it has been determined that the documentation was not a request for a discussion period. Cotiviti RAC 4 will respond to your inquiry.



Overturned = Original improper payment finding overturned.

Dismissed = Discussion Documentation Received Late - Per CMS directive, the Auditor cannot review documentation received on or after the 31st date of the review results letter data for complex reviews and the informational letter date for automated reviews.

The table below defines the column headings displayed in the grid.


<b>Term</b>	<b>Definition</b>
RAC Case ID	This is the same as the Reference ID included in the Additional Documentation Request Letter.
Patient Control Number	Unique account number assigned by the provider to identifier a patients account. .
Dates of Service From	The date of service from (MM/DD/YYYY) on the claim.
Dates of Service To	The date of service to (MM/DD/YYYY) on the claim.
Discussion Received Date	The date (MM/DD/YYYY) the discussion period documentation was received
Discussion Determination	The final out of the Discussion Period Review
Discussion Determination Date	The date (MM/DD/YYYY) the discussion period review was completed.
Correspondence Received Date	The date (MM/DD/YYYY) the correspondence documentation was received.

### ***To View Results***

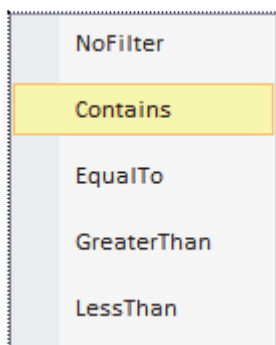
- Click on the right arrow  to advance to the next page in the search results (if search results exceed one page).
- Click on the left arrow  to advance to the previous page in the search results (if search results exceed one page).
- Click on the column heading once to sort in ascending order.
- Click on the column heading again to sort in descending order.

### ***To Filter Results***

If you submitted a written discussion period request, you may use the filter feature to search specifically for a certain claim using the RAC Case ID and Claim Number.

- Enter the **Reference ID** included in the Review Results Letter or Informational Letter in the **RAC Case ID** text box. (Alternatively, enter the claim number in the corresponding text box, or a valid date in DOS From or DOS To text boxes.)
- Click on the filter icon 

Select **Contains** from the choices displayed.



The page refreshes. The grid displays search results matching the criteria entered in the filter.

To view and print a copy of the Discussion Period Determination letter select the PDF Icon.

Discussion Tracking PDF Icon

Discussion Table							
RAC Case ID	Claim Number	Date Of Service From	Date Of Service To	Patient Control Number	Discussion Received Date	Discussion Determination *	Discussion Determination Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
00L	8711193	11/15/2019	11/15/2019	NA	12/16/2020	Overturned	12/21/2020



## Section 9: Appeals Tracking

Use this feature to track the appeal status on file at RAC 4..

From the top menu, click on the **Appeals Tracking**

If no data is available, the page displays the text, “No records to display.” When data is available, results are displayed in a grid as shown in the page below.

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Home	Region 4 Info	Provider Info	Medical Record Tracking	Informational Letter Tracking	Discussion/Correspondence Tracking	Documents	Appeal Tracking	New Issues	FAQ	Contact Us	Account Mgmt	Customer Svc
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Provider Number:

### Appeal Tracking

The appeal status listed below is the most current appeal status on file at Cotiviti RAC 4 and may not reflect the most current status of your appeal with your Medicare Appeal Contractor.

Appeal statuses are available for review on the Portal for 180 days from the Disposition Date.

Appeals Table							
RAC Case ID	Claim Number	Date Of Service From	Date Of Service To	Patient Control Number	Level of Appeal	Disposition	Disposition Date
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No Appeal Found.							

\* Reference

Level of Appeal:

C = Clerical Reopening JR = Judicial Review

R = Redetermination B = DAB

Q = QIC J = ALJ

Disposition:

A = Affirm Recovery Auditor Decision D = Request Dismissed by MAC

P = Partially Favorable to Provider R = Request for Reopening Accepted by the MAC

F = Fully Favorable to Provider S = Determination Pending



W = Request Withdrawn by Provider Z = Remanded Back to Previous Level of Appeal

The table below defines the column headings displayed in the grid.

Term	Definition
RAC Case ID	This is the same as the Reference ID included in the Additional Documentation Request Letter.
Patient Control Number	Unique account number assigned by the provider to identifier a patients account.
Dates of Service From	The date of service from (MM/DD/YYYY) on the claim.


Dates of Service To	The date of service to (MM/DD/YYYY) on the claim.
Level of Appeal	The Medicare Appeal Level.
Disposition	The final ruling or outcome of the appeal.
Disposition Date	The date (MM/DD/YYYY) the appeal outcome was decided.

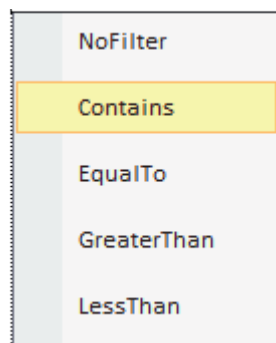
### ***To View Results***

- Click on the right arrow  to advance to the next page in the search results (if search results exceed one page).
- Click on the left arrow  to advance to the previous page in the search results (if search results exceed one page).
- Click on the column heading once to sort in ascending order.
- Click on the column heading again to sort in descending order.

### ***To Filter Results***

If you submitted a written discussion period request, you may use the filter feature to search specifically for a certain claim using the RAC Case ID and Claim Number.

1. Enter the **Reference ID** included in the Review Results Letter or Informational Letter in the **RAC Case ID** text box. (Alternatively, enter the claim number in the corresponding text box, or a valid date in DOS From or DOS To text boxes.)
2. Click on the filter icon .
3. Select **Contains** from the choices displayed.



The page refreshes. The grid displays search results matching the criteria entered in the filter.

## Section 10: Direct Upload Documents

Use this feature to upload Medical Records, Discussion Period Request and Correspondence in response to an Additional Documentation Request or Review Results Letter for a Complex Review OR an Informational Review Results Letter for an Automated Review. Either Google Chrome, Microsoft Edge or Mozilla Firefox is required to utilize the document upload feature.

1. From the top menu, click on the **Documents** Tab



Home	Region 4 Info	Provider Info	Medical Record Tracking	Informational Letter Tracking	Discussion/Correspondence Tracking	Documents	Appeal Tracking	New Issues	FAQ	Contact Us	Account Mgmt	Customer Svc
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Provider Number:

The Documents page will display



Home	Region 4 Info	Provider Info	Medical Record Tracking	Informational Letter Tracking	Discussion/Correspondence Tracking	Documents	Appeal Tracking	New Issues	FAQ	Contact Us	Account Mgmt	Customer Svc
------	---------------	---------------	-------------------------	-------------------------------	------------------------------------	-----------	-----------------	------------	-----	------------	--------------	--------------

Provider Number:

### Documents

Click on the claim number to view/upload documents.

Documents Table								
<u>RAC Case ID</u>	<u>Claim Number</u>	<u>Date Of Service From</u>	<u>Date Of Service To</u>	<u>Patient Control Number</u>	<u>Documents Attached</u>	<u>Documents Uploaded</u>		
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
No Records Found.								

2. Enter your provider number in the Provider Number Field and select the search button.

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All related claims for which a medical record request or informational letter was issued will be displayed

**COTIVITI**  
GOV SERVICES

Home Region 4 Info Provider Info Medical Record Tracking Informational Letter Tracking Discussion/Correspondence Tracking Documents Appeal Tracking New Issues FAQ Contact Us Account Mgmt Customer Svc

Provider Name:  Provider Number:

**Documents**

Click on the claim number to view/upload documents.

RAC Case ID	Claim Number	Date Of Service From	Date Of Service To	Patient Control Number	Documents Attached	Documents Uploaded
00G5AH		12/18/2018	12/20/2018		0	0
00K8BB		4/23/2019	4/25/2019		0	0
00LKMM		2/2019	6/2/2019		0	0

3. Select the desired claim number for which you would like to upload a requested medical record, discussion period request or correspondence.

Documents previously received at RAC 4 will be displayed under **Attached Documents** Section



# RAC 4 Provider Portal User Guide for Providers



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Home	Region 4 Info	Provider Info	Medical Record Tracking	Informational Letter Tracking	Discussion/Correspondence Tracking	Documents	Appeal Tracking	New Issues	FAQ	Contact Us	Account Mgmt	Customer Svc
------	---------------	---------------	-------------------------	-------------------------------	------------------------------------	-----------	-----------------	------------	-----	------------	--------------	--------------

Provider Name: [REDACTED] Provider Number: [REDACTED] [Search](#)

## Documents

Claim Number: [REDACTED] RAC Case ID: 00MY4L

### Attached Documents

Attached Documents			
FileName	Document Type	Received Date	Action
[REDACTED].pdf	Medical Record	4/9/2021	<a href="#">View</a>

### Uploaded Documents

Uploaded Documents			
FileName	Document Type	Received Date	Status
No Records Found.			

Note:  
- You can only upload a file size of 25 MB or smaller.  
- Only PDF files are accepted.  
- Once you upload the document you will not be able to remove it from the claim.  
Please contact Provider Relations for assistance with detaching the claim.  
CMS Part A 877-350-7992  
CMS Part B 877-350-7993

Document Type: **Medical Record** ▼  
[Upload File\(s\)](#)

[Browse](#)

### Preview Area:

- To upload a new document, select the **Browse Button** under the **Upload Documents** Section

**Uploaded Documents**

FileName	Document Type	Received Date	Status
No Records Found.			

**Note:**  
- You can only upload a file size of 25 MB or smaller.  
- Only PDF files are accepted.  
- Once you upload the document you will not be able to remove it from the claim.  
Please contact Provider Relations for assistance with detaching the claim.  
CMS Part A 877-350-7992  
CMS Part B 877-350-7993

Document Type: Medical Record ▼

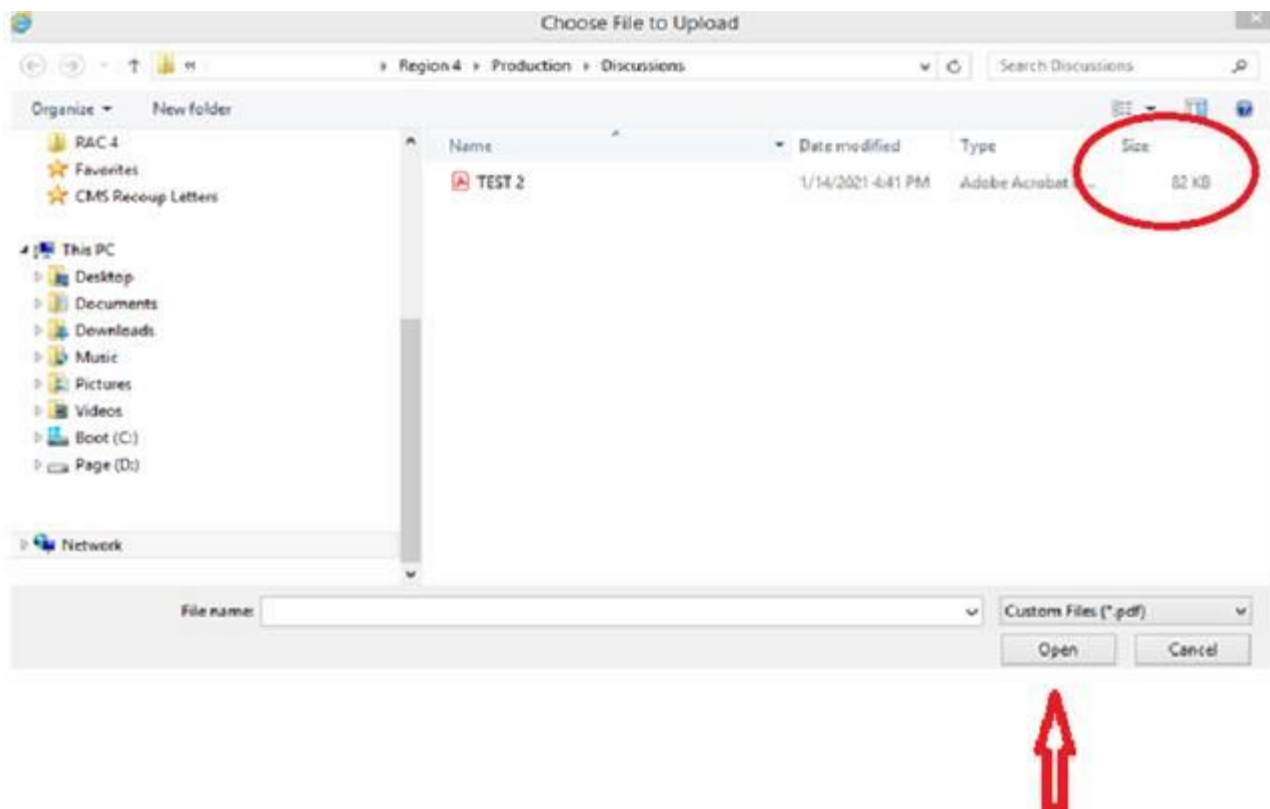
Browse Upload File(s)

**Preview Area:**

Back

5. Navigate to the folder, select the document you would like to upload and select the Open button.

**Note:** All documents must be uploaded in a PDF File format and are limited to 25 megabytes (MB) or smaller. The number of pages in a 25MB document will vary with format, content (document with high resolution images will increase the size of the document and decrease the number of pages) and version of the pdf.



You may select and upload multiple documents at once.

**Reminder:** Each unique document must be uploaded in a PDF File format and are limited to 25 megabytes (MB) or smaller

#### Uploaded Documents

Uploaded Documents				
FileName	Document Type	Received Date	Status	
202101	_TEST 2.pdf	Discussion	1/25/2021	Processing

#### Note:

- You can only upload a file size of 25 MB or smaller.
- Only PDF files are accepted.
- Once you upload the document you will not be able to remove it from the claim. Please contact Provider Relations for assistance with detaching the claim.  
CMS Part A 877-350-7992  
CMS Part B 877-350-7993

● TEST 3.pdf ✕ Remove

● TEST 4.pdf ✕ Remove

Browse

Document Type: Discussion ▼

Upload File(s)

- Each unique document(s) will display in the **Preview Area**. Select each tab to preview each document. Please review and verify this is the document(s) you would like to upload (Please Note: "Preview Area" will display only the first page)

## RAC 4 Provider Portal User Guide for Providers

**Uploaded Documents**

FileName	Document Type	Received Date	Status
20210125121235789_TEST 2.pdf	Discussion	1/25/2021	Processing

Note:  
 - You can only upload a file size of 25 MB or smaller.  
 - Only PDF files are accepted.  
 - Once you upload the document you will not be able to remove it from the claim.  
 Please contact Provider Relations for assistance with detaching the claim.  
 CMS Part A 877-350-7992  
 CMS Part B 877-350-7993

● TEST 3.pdf × Remove  
 ● TEST 4.pdf × Remove

Browse

Document Type: Discussion ▼  
 Upload File(s)

**Preview Area:**

TEST 3.pdf TEST 4.pdf

TEST

- If you selected the incorrect document(s) and would like to upload a new document, select the **"cancel"** button next to your document name. Complete steps 4 through 6 above to select and upload a new document.

**Uploaded Documents**

FileName	Document Type	Received Date	Status
No Records Found.			

Note:  
 - You can only upload a file size of 25 MB or smaller.  
 - Only PDF files are accepted.  
 - Once you upload the document you will not be able to remove it from the claim.  
 Please contact Provider Relations for assistance with detaching the claim.  
 CMS Part A 877-350-7992  
 CMS Part B 877-350-7993

● TEST 2.pdf Cancel

Browse

Document Type: Medical Record ▼  
 Upload File(s)

- Verify the document name and select the document type (i.e. medical records, discussion, correspondence) you would like to upload from the **Document Type** drop down window and select **Upload File(s)**

### Uploaded Documents

Uploaded Documents			
FileName	Document Type	Received Date	Status
No Records Found.			

**Note:**

- You can only upload a file size of 25 MB or smaller.
- Only PDF files are accepted.
- Once you upload the document you will not be able to remove it from the claim.  
Please contact Provider Relations for assistance with detaching the claim.  
CMS Part A 877-350-7992  
CMS Part B 877-350-7993

● TEST 2.pdf Cancel

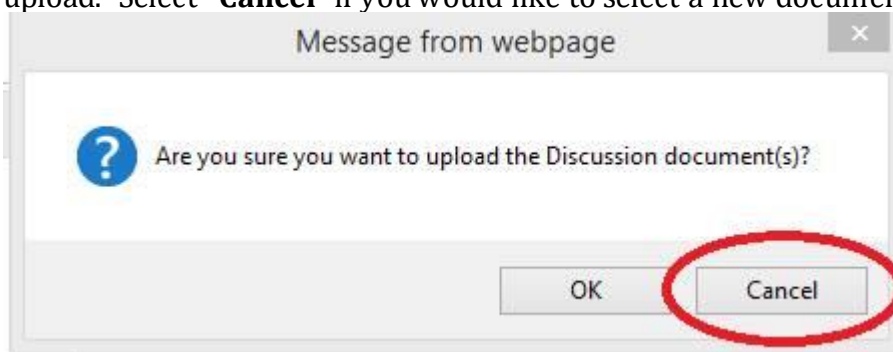
Browse

Document Type: Medical Record ▼

Upload File(s)



9. A validation box will display. Select **Ok** if this is the document type you would like to upload. Select **"Cancel"** if you would like to select a new document type.



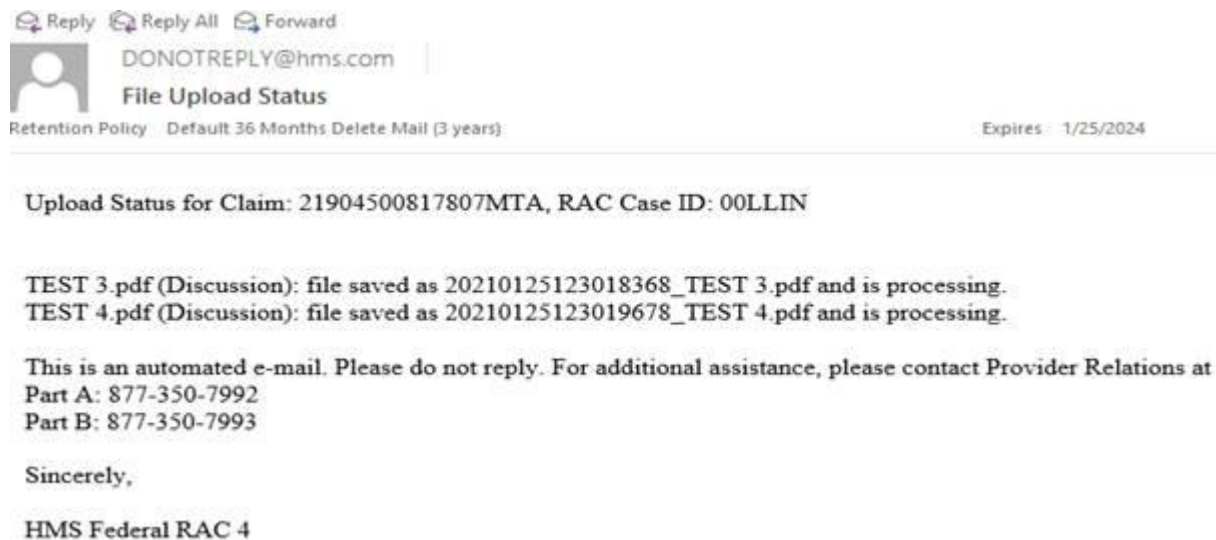
Your document will now display under the **Upload Documents** section with a status of **"Processing"**.

### Uploaded Documents

Uploaded Documents				
FileName	Document Type	Received Date	Status	
202101	.pdf	Discussion	1/25/2021	Processing
202101	.pdf	Discussion	1/25/2021	Processing
202101	.pdf	Discussion	1/25/2021	Processing

10. The Administrator will receive an email notification at the registered email address, confirming the name of each document and document type that has been successfully uploaded and is processing.

**\*\*\*CHANGE THIS PRINT SCREEN**



Upon successful upload and attachment Medical Records will display under the **Attached Documents** section on the **Documents** Page as well as on the **Medical Record Tracking** Page. Allow 24 hours for documents to display on the Medical Record Tracking page.



Upon successful upload and attachment Discussion document types will display under the **Attached Documents** section on the **Documents** Page as well as on the **Discussion/Correspondence Tracking** Page. Allow 24 hours for documents to display on the Medical Record Tracking page.



**Note:**

If at any time during the review process a document is deemed invalid (i.e. not legible, incorrect beneficiary, etc.,) the document will be detached and will not be reviewed. An attempt will be made to contact your office to submit replacement documents. You may contact Provider Relations to request an extension for submission of documents. If multiple documents are submitted/uploaded the review will continue on valid documents.