

**REGION 4 RECOVERY AUDIT CONTRACTOR (RAC)
DISCUSSION PERIOD SUBMISSION FORM
PART A: HOSPITALS/SKILLED NURSING FACILITIES**

To: RAC 4 Part A Discussion Period Review Fax: (702) 240-5595

From: _____ Date: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Pages: _____

Is this a Peer-to-Peer Discussion Request? YES NO (I am not requesting a teleconference)

Note: A physician or physician employed by the Provider, **not a consultant**, may request to hold discussions with the RAC 4 Contractor Medical Director. Please **do not** select “yes” if a physician employed with your facility is not requesting to schedule a teleconference with the RAC Contractor Medical Director and Review Staff.

Please review the attached additional materials and re-evaluate the original improper payment determination for:

Audit Number: _____

Claim Number _____

Provider Name: _____

Provider Number: _____

Comments: _____

SUBMISSION INSTRUCTIONS:

- Submit this form and all additional materials via direct upload to the provider portal, fax or mail. Due to the inconsistent quality and reliability of fax transmission we strongly discourage the use of fax when sending more than 50 pages. Please submit records of this size through the provider portal or mail.
- Please submit one (1) form for each claim. **DO NOT** bundle documentation for multiple claims.
- Enclose a copy of the Audit Detail Page that is attached to the Informational Letter for an automated review OR Review Results Letter for a complex review.
- You may track the status of your Discussion Period Request at <https://rac4info.cotiviti.com>.
- Cotiviti will perform an independent review of the materials you have submitted and provide you with a written response.

Mail: CMS RAC 4 Part A Discussion Period Review
C/O Cotiviti - 8000
10701 S Riverfront Pkwy, PO Box 12005
South Jordan, Utah 84095

Phone: Part A Provider Relations: (877) 350-7992

Fax: 702-240-5595

Portal: <https://rac4info.cotiviti.com>

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