



# Disclaimer

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All processes and guidelines are undergoing continuous improvement and modification by Cotiviti RAC 4 and CMS. The most current edition of the information contained in this release can be found on the [Region 4 Website](#) and the [CMS website](#).

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# Agenda

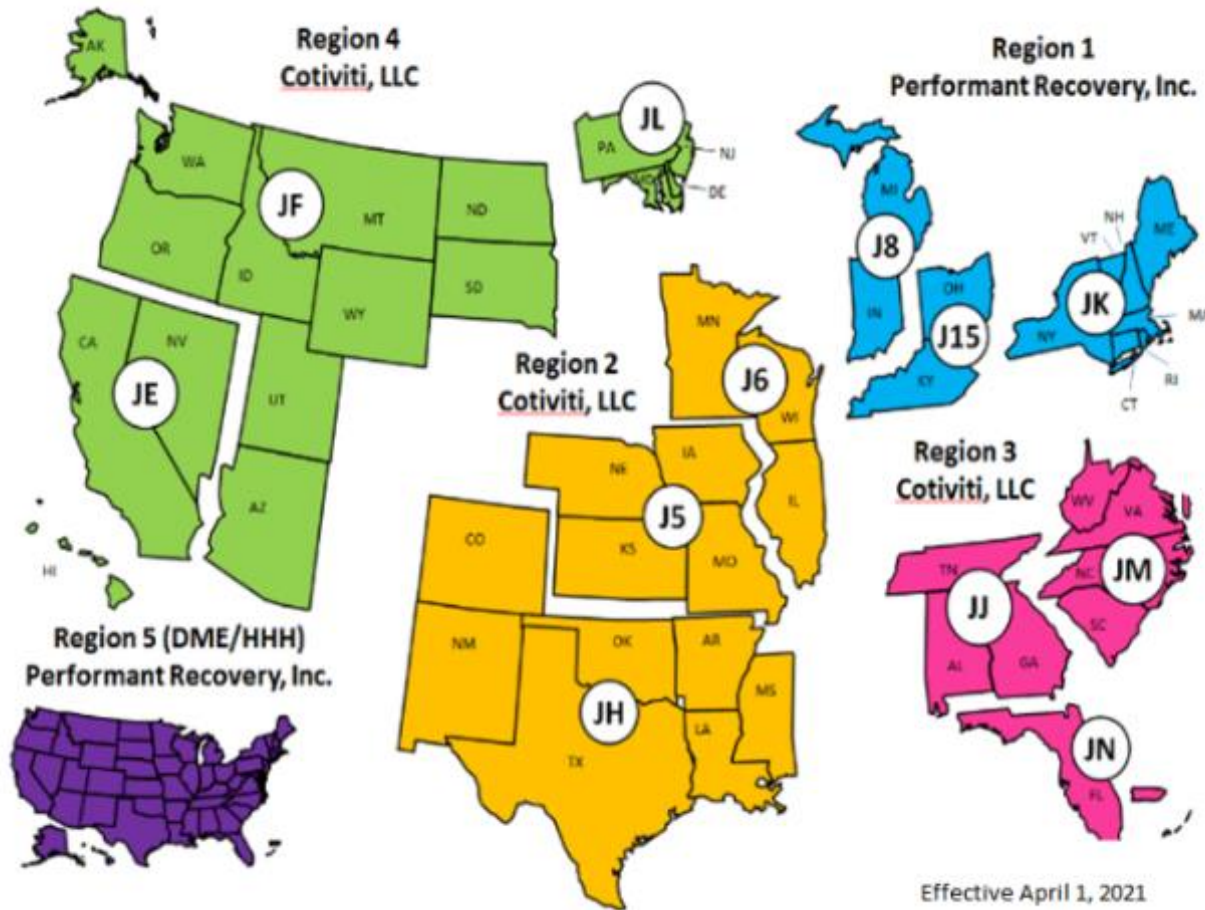
- Review Types
- Additional Documentation Requests
- Approved New Issues
- Discussion Process
- Provider Portal Overview & Demo
- Region 4 Contact Information
- Open Q&A

# RAC Mission Statement

**The RAC Program's mission is to reduce Medicare improper payments through the efficient detection and correction of improper payments.**

[CMS' Recovery Auditor Page](#)

# Medicare Fee for Service RAC Regions



# RAC Review Types

What are the different types of RAC Review and how can I tell which my office has received a letter for?



# RAC Post-Payment Review Types

Complex	CMS Required/Referred (Complex)	Automated
Medical records for claim determination	CMS Approved, Referred to RACs for review.	System identified based on Medicare Regulations, Policies, and Billing Guidelines.
Additional Documentation Request (ADR) issued to provider.	Medical records required for claim determination.	Does not require review of medical documentation for claim determination.
ADR applicable to CMS Approved ADR Limits.	<b>NOT</b> subject to/counted towards CMS Approved ADR Limits.	Informational Letter is issued to the provider as notification of Improper Payment.
Provider has 45-days to submit documentation to RAC.	Provider has 45-days to submit documentation to RAC.	30-Day Discussion Window based on Informational Letter date.
Review completed within 30-days of receipt of records.	Clinical review completed within 30 days of receipt of documentation.	Claim eligible for adjustment on Day - 31
30-Day Discussion Window based on Review Results Letter date.	30-Day Discussion Window based on Review Results Letter date.	
Claim eligible for adjustment on Day - 31	Claim eligible for adjustment on Day - 31	

# Additional Documentation Request (ADR) Letter Sample



*Region \_X\_ Recovery Audit Contractor (RAC)*

***Date:***

***Reference ID:***

***Attention:***

***Address:***

***NPI:***

***PTAN:***

***Phone:***

***Fax:***

***Request Type & Purpose:*** *Additional Documentation Required and Request for Medical Records*

*Dear Medicare Provider/Supplier,*

*The Centers for Medicare & Medicaid Services (CMS) continually strives to reduce improper payment of Medicare claims. The Recovery Audit Program, mandated by Congress, and supported by SSA §1893(f)(7) and SSA §1893(h)(1) and (3), has been developed to assist in accomplishing this goal. Additional information on the RAC Program may be found at: RAC website link or <https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program>.*

***Reason for Selection***

***1) Complex review(s) approved by CMS:***

# Review Results – Informational Letter (Automated Improper Payment Finding)



## **Review Results - Informational Letter**

5/14/2021

HospitalName  
Address1  
Address2  
City, State Zip

Dear Medicare Provider,

The Centers for Medicare & Medicaid Services (CMS) has retained **Cotiviti GOV Services (Cotiviti RAC 4)**, formerly HMS Federal (HMS) to carry out the Recovery Audit Contracting (RAC) program in Region 4. The RAC program is mandated by Congress and supported by SSA §1893(f)(7) and SSA §1893(h)(1) and (3), has a primary goal of identifying Medicare improper payments. Improper payments include overpayments and underpayments. Improper payments may occur because of incorrect coding, lack of sufficient documentation or no documentation, use of an outdated fee schedule or billing for services that do not meet Medicare's coverage and/or medical necessity criteria etc.

### **Your Right to Disagree**

If you disagree with our findings, you have the option to submit our Discussion Request Form, which must include evidence to support why you believe the services you provided are covered by Medicare and were properly coded and correctly billed.

- If the additional documentation you provide substantiates a change in our original finding, a review outcome letter will be sent providing the outcome of our review.
- You have thirty (30) days from the date of this Review Results Letter, which is also the date of the Provider Portal notification, to submit the Discussion Period Request in writing. If you require an extension, for submission of the Discussion Period Request please contact us.
- During this period, or during our review of your Discussion Period Request, Cotiviti RAC 4 will not submit the claim(s) for adjustments to your Medicare Administrative Contractor (MAC). After that period expires, the claim(s) identified as improper will be shared with your MAC and they will issue a Demand Letter outlining your appeal rights and repayment options.
- You can find the updated Discussion Request Form including submission instructions at <https://rac4info.cotiviti.com> – including how a Physician or a Physician who is employed by your facility, not a consultant, may request to speak with Cotiviti RAC 4's Medical Director. You may also track the status of your Discussion Period Request via the Provider Portal.

# Additional Documentation Request (ADR) Limits

How ADR limits are determined?

How RACs use limits within the program?

Where can you find your office's current ADR limit?



# Institutional (Facility) ADR Limits

- Baseline annual ADR limit is one-half of one percent (0.5%) of the provider's paid Medicare claims from a previous 12-month period for **Non-SNF and Non-IRF** claims.
- For **SNF and IRF** providers, the baseline annual ADR limit is one percent (1%) of the provider's total number of paid Medicare claims from a previous 12-month period.
- Separate ADR limits for each Type of Bill (TOB).
- ADRs are sent on a 45-day cycle.
- CMS calculates (or recalculates) Provider Denial Rates, after three 45-day ADR cycles which will then be used to identify a provider's corresponding "Adjusted" ADR Limit.
- Unless otherwise 3 directed by CMS, RAC has a 3-year look-back period based on the claim paid date.
- **For more information visit:** [Institutional Provider Additional Documentation Request Limits](#)

# ADR Limits: Physician/Non-Physician Practitioner

The limits will be based on the servicing physician or non-physician practitioner's billing Tax Identification Number (TIN), as well as the first three positions of the ZIP code where that physician/non-physician practitioner is physically located.

Group/Office Size	Max # of Requests per 45-days
50+	50
25-49	40
6-24	25
Less than 5	10

ADR limits will be based on the number of individual rendering physicians/non-physician practitioners reported under each TIN/ZIP combination in the previous calendar year.

Additional information regarding limits can be found at:

[Physician/Non-Physician Practitioner ADR Limits](#)

# What are my options for submitting documentation?



## **NEW! Direct Upload**

- Via Cotiviti's Secure Provider Portal
- Authorized Users Only



## **esMD**

- Information for submitting records via esMD can be found on CMS' website
  - [Get Started with esMD](#)



## **Postal Mail**

- Images on CD/DVD
- Paper
- Passwords should be communicated to Provider Services upon submission.



## **Fax**

- Part A Fax: (702) 240-5517
- Part B Fax: (702) 240-5510

# Does the RAC reimburse Medical Record Copy Fees?

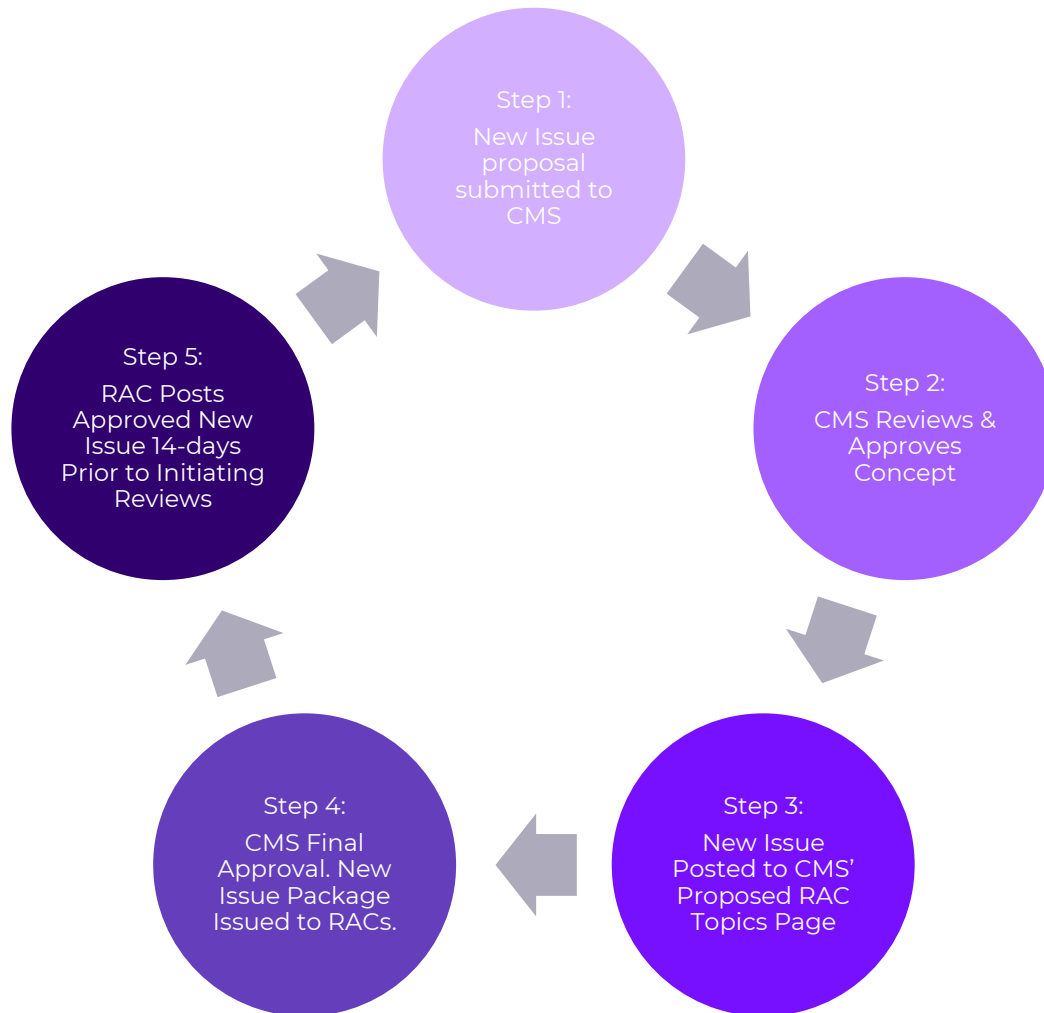
- \$.12 per page for reproduction of PPS provider records, plus first class postage.
- \$.15 per page for reproduction of non-PPS institutions and practitioner records, plus first class postage.
- Providers (such as critical access hospitals) under a Medicare reimbursement system receive no photocopy reimbursement.
- The maximum reimbursement amount per claim for records received via esMD will not exceed \$25.00.
- The maximum reimbursement amount per claim for records **not** received via esMD will not exceed \$15.00.

# Region 4 Approved New Issues

What is the process for a new issue to be approved for RAC review and how can I identify what new issues Region 4 is actively auditing?



# New Issue Concept Approvals



# Top 3 Active & Recently Approved Complex Edits

Top 3 Active Edits	Recently Approved for RAC Review
Excessive or Insufficient Drugs and Biologicals Units Billed	Skilled Nursing Facility with Patient-Driven Payment Model: Medical Necessity and Documentation Requirements
Ambulatory Payment Classification Coding Validation	Hypoglossal Nerve Stimulation
Inpatient Hospital MS-DRG Coding Validation	

For a full listing of approved new issues and additional information regarding approved new issues including supporting Medicare Regulation references please visit Region 4's website at: [Region 4 New Issue Page](#)

# Top 5 Active Automated Edits

## Region 4 Top 5 Active Automated New Issues

Laboratory Services for End-Stage Renal Disease Subject to Part B Consolidated Billing : Unbundling

Positron Emission Tomography Scans Paid without Tracer Codes-Independent Diagnostic Testing Facility: Non-Allowable Service

Visits to Patients in Swing Beds: Incorrect Coding

Facility vs Non-Facility Reimbursement: Incorrect Coding

Ophthalmology Codes for New Patient: Incorrect Coding

For a full listing of approved new issues and additional information regarding approved new issues including supporting Medicare Regulation references please visit Region 4's website at: [Region 4 New Issue Page](#)

# Discussion Period Process

What are my options if I don't agree with the RAC decision?



# Discussion Period Requests: Standard Process

## When does my discussion period window start?

- Automated Reviews – Informational Letter Date
- Complex Reviews – Review Results Letter Date

## How do I initiate a discussion period request?

- Submit Discussion Form and supporting documentation to Cotiviti RAC 4 via:
  - Fax: Part A (702) 240-5595 or Part B (702) 240-5510
  - **Secure Provider Portal Upload**

## Key Considerations for Discussion Requests

- Do not bundle discussion period requests
- Reviews completed by separate independent reviewers.
- Discussion outcomes issued within 30-days from date of receipt.
- Acknowledged in provider portal within 1-business day of receipt.
- Extensions are available upon request.

# Discussion Period Request: Peer-To-Peer (P2P) Process

## What is a Peer-To-Peer Discussion?

Provides an opportunity for the rendering physician to discuss the review findings with the Contractor Medical Director (CMD) & Review Staff.

## Who can participate in a P2P discussion period?

Peer-to-Peer discussion requests can be submitted by a physician or staff employed by the provider; participating physician cannot be a consultant.

## How do I request a P2P discussion period?

- Submit completed discussion form and supporting documentation to Cotiviti RAC 4 via:
  - Fax: Part A (702) 240-5595 or Part B (702) 240-5510
  - ***Secure Provider Portal Upload***

## Key Considerations for Discussion Requests

- Clearly mark P2P box on discussion form.
- Provide point of contact for scheduling.
- 30-day review timeframe must be adhered to.
- Discussion submission extensions are available upon request.

# Discussion Fax Form



**REGION 4 RECOVERY AUDIT CONTRACTOR (RAC)  
DISCUSSION PERIOD SUBMISSION FORM  
PART B: PHYSICIAN/NON-PHYSICIAN PRACTITIONERS**

To: RAC 4 Part Discussion Period Review Fax: \_\_\_\_\_  
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 a physician employed by the Provider, **not a consultant**, may request to hold discussions with the RAC 4 Contractor Medical Director (CMD). Please **do not** select "yes" if a physician employed with your facility is **not** requesting to schedule a teleconference with the Contractor Medical Director and Review Staff.

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

Audit Number: \_\_\_\_\_

Claim Number \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Number: \_\_\_\_\_

Comments: \_\_\_\_\_

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# Region 4 Provider Portal

What are the features & benefits of the Region 4 Website and Portal?



# The Region 4 Provider Portal Features:

- ✓ **NEW!** Upload Medical and Discussion Documentation
- ✓ Customize mailing address for ADRs and letters
- ✓ Review all CMS approved new issues
- ✓ View ADR limit by Bill Type
- ✓ Track Additional Documentation Requests
- ✓ Confirm receipt of medical documentation
- ✓ Track review status and outcome
- ✓ Confirm receipt of discussion and correspondence submissions
- ✓ View discussion period outcome
- ✓ View appeal status
- ✓ Track claim closures
- ✓ Obtain copies of ADR, Review Results, Informational and Closure Letters

# Secure Document Uploads

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GOV SERVICES

Home Region 4 Info Provider Info Medical Record Tracking Informational Letter Tracking Discussion/Correspondence Tracking Documents Appeal Tracking

Provider Number:  Search

## 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"/>

No Records Found.

# Customize Your Contact Information

- Home
- Region 4 Info
- Provider Info
- Medical Record Tracking
- Informational Letter Tracking
- Discussion/Correspondence Tracking
- Documents
- Appeal Tracking

Provider Number:

## Manage Contact Information

Provider Table

Address from Claims Processing Contractor	Contact to Receive Medical Record Request Letters	Contact to Receive Improper Payment Letters
No Provider Selected.		

## Website Users

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

Provider Contact Table

Contact Name	Title	Department	Email
No records found.			

# Track ADR & Review Status

- 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:  [Search](#)

## 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) 350-7992.


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

Medical Records Table

<u>RAC Case ID</u>	<u>Medical Record Number</u>	<u>Claim Number</u>	<u>Date Of Service From</u>	<u>Date Of Service To</u>	<u>Patient Control Number</u>	<u>Documentation Requested</u>	<u>Documentation Received</u>	<u>Medical Review Start Date</u>	<u>Review Letter / Review Completed Date</u>	<u>Review Outcome</u>	<u>Claim Closure Date</u>	<u>Reviewed By</u>

No Records Requested.

# Track Automated Reviews



Home
Region 4 Info
Provider Info
Medical Record Tracking
Informational Letter Tracking
Discussion/Correspondence Tracking
Documents

Provider Number:  Search

## Informational Letter Request Tracking

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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 for more information.

Informational Letters Table					
Claim Number	Date Of Service From	Date Of Service To	Patient Control Number	Informational Letter Date	Claim Closure Date
<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 100px;" type="text"/>	<input style="width: 80px;" type="text"/>	<input style="width: 80px;" type="text"/>
No Records Requested.					

# View CMS Approved New Issues

## New Issues Approved by CMS

All new issues that are identified by Cotiviti RAC 4 must first be approved by CMS.

Number of Records per Page  10  20  50  100

New Issues Table

[Next Page](#) [Last Page](#)

Name	Description	Number	Provider Type	Review Type	Date Approved	Posted On	Region 4 States	Region 4 MACS	Dates of Service	Additional Information
Inpatient Hospital MS-DRG Coding Validation	MS-DRG Coding requires that diagnostic and procedural information and the discharge status of the beneficiary, as coded and reported by the hospital on its claim, matches both the attending physician description and the information contained in the beneficiary's medical record. Reviewers will code MS-DRGs for principal and secondary diagnosis and procedures affecting or potentially affecting the MS-DRG assignment.	0001	Inpatient Acute Care Hospital	Complex	11/23/2016	04/13/2017	All Region 4 states	AB MACS	claims that have a "claim paid date" which is less than 3 years prior to the Medical Record Request date (complex review).	1. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1862(a)(1)(A)- Exclusions from Coverage and Medicare as a Secondary Payer 2. Social Security Act (SSA), Title XVIII- Health Insurance for the Aged and Disabled, Section 1833(e)- Payment of Benefits 3. 42 CFR §405.980- Reopening of Initial Determinations, Redeterminations, Reconsiderations, Decisions, and Reviews, (b)- Timeframes and Requirements for Reopening Initial Determinations and Redeterminations Initiated by a Contractor; and (c)- Timeframes and Requirements for Reopening Initial Determinations and Redeterminations Requested by a Party 4. 42 CFR §405.986- Good Cause for Reopening 5. 42 CFR §405.929- Post-Payment Review 6. 42 CFR §405.930- Failure to Respond to Additional Documentation Request 7. Medicare Program Integrity Manual, Chapter 3- Verifying Potential Errors and Taking Corrective Actions, §§3.1- 3.6 8. Medicare Program Integrity Manual, CMS Publication 100-08; Chapter 6- Medicare Contractor Medical Review Guidelines for Specific

# RAC Process Review & Helpful Hints



# Region 4 Contact Information

**Provider Relations is the first line of Provider Communication**

## Toll-Free Numbers:

- Part A: 877-350-7992
- Part B: 877-350-7993

## Fax Numbers:

- Part A: 702-240-5595
- Part B: 702-240-5510

## Address:

Cotiviti RAC 4  
C/O Cotiviti-8000  
10701 S. Riverfront Pwky  
P O Box 12005  
South Jordan, Utah 84095

## Hours of Operations:

6:00am – 5:00pm (Pacific)

## Email Address:

[rac4info@cotiviti.com](mailto:rac4info@cotiviti.com)

## Provider Portal:

<https://rac4info.cotiviti.com>

## CMS:

[Recovery Audit Program Page](#)

[CMS Approved RAC Topics](#)

[Recovery Audit Program Resource Page](#)

[Email: RAC@cms.hhs.gov](mailto:RAC@cms.hhs.gov)

# What can I do to prepare for a RAC Audit?

- **Get Registered!** Create user profile on Region 4 Provider Portal
- Customize your Contacts for ADR & Review Results Letters
- Stay up-to-date on new CMS Approved New Issues
- Regularly visit the CMS page for proposed RAC Audits
- Monitor Region 4's Portal Homepage for Important Announcements and Region 4 Updates

# RAC Process Highlights & Reminders

- Additional Documentation Requests (ADRs) are sent on a 45-day cycle.
- Providers have 45-days to submit medical documentation.
- Providers have 30-days to open a discussion period.
- ADR & Discussion deadline extensions are available upon request.
- Demand letters are issued by the MAC; **Do not send refund checks to Cotiviti.**
- Most RAC closures are completed prior to claim adjustment at the MAC.

