



Recovery Audit Contractor (RAC) Discussion Period Process

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, an Informational Letter for an automated review or a Review Results Letter for a complex review 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, HMS 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://racinfo.hms.com>. You will also find instructions on how a physician or a physician who is employed by your facility, not a consultant, may request to speak with HMS' Medical Director. You may also track the status of your Discussion Period Request via the Provider Portal.

What is a Discussion Period?

The Discussion Period begins with the date of the Informational Letter for an automated review, or the date of the Review Results Letter for a complex review, and continues for 30 days from the date of the letter. The Discussion Period offers Providers the opportunity to review the improper payment findings, and provide HMS with additional information and/or documentation to support the original payment, prior to the claim being submitted for adjustment.

How do I open a Discussion with the RAC?

Once an Informational (for an automated review) or a Review Results Letter (for a complex review) is received, a Provider may file a Discussion Period request with the RAC. In order to do so, complete and submit a copy of the attached Discussion Period Submission Form to HMS along with any additional documentation and/or information that support your original billing. The discussion form is also located on the Provider Information section of the HMS Provider Portal at <https://racinfo.hms.com>. Please submit one form per claim. If you did not receive an Informational Letter or a Review Results Letter, but have concerns or questions, please contact our Provider Relations area at the appropriate number below:

Part A Providers, including Hospital, and SNF

Telephone: (877) 350-7992

Fax: (702) 240-5595

Part B Providers

Telephone: (877) 350-7993

Fax: (702) 240-5510



Can a Physician request to discuss an improper payment finding with HMS' Contractor Medical Director?

A physician may submit a request to discuss an improper payment finding with HMS' Contractor Medical Director within 30 days from the Informational Letter date for an automated review or the Review Results Letter date for a complex review. The request may be submitted via fax at (702) 240-5595 for Part A Providers and (702) 240-5510 for Part B Providers. A physician may also contact our Provider Relations area at the appropriate number below to schedule a Peer-to-Peer teleconference.

Part A Providers, including Hospital, and SNF

Telephone: (877) 350-7992

Fax: (702) 240-5595

Part B Providers

Telephone: (877) 350-7993

Fax: (702) 240-5510

What happens to the documentation and information that is submitted with the Discussion form?

The documentation and information is reviewed by a separate, independent reviewer at HMS who then makes a determination on the improper payment finding. A determination letter is sent to the Provider advising them of the results of the discussion review. If the HMS reviewer makes the determination that the improper payment finding should be closed after the review of the discussion information, no improper payment findings will be identified and the claim will not be submitted to the MAC for adjustment. If the reviewer makes the determination that the improper payment finding is valid, the claim will be submitted to the MAC for adjustment.

What happens if I do not submit Discussion Documentation to the RAC within 30 days from the Informational or Review Results Letter Date?

If you do not submit Discussion Documentation or request for a Peer-to-Peer review discussion to the RAC within 30 days from the Informational or Review Results Letter date, the claim will be submitted to the Medicare Administrative Contractor (MAC) for adjustment. The RAC is not required to accept discussion requests after the 31st day from the date on the Informational or Review Results letter. If the claim has already been forwarded to the MAC for adjustment, and the RAC receives a discussion request, the RAC shall immediately notify the Provider in writing that the discussion request is invalid.

How may I track the status of my Discussion or Correspondence?

Log into the Provider Portal at <https://racinfo.hms.com>. After the login process, you access the Discussion and Correspondence header. You are then directed to the Discussion and Correspondence Tracking screen which provides the RAC Case ID, Claim Number, Date of Service From, Date of Service To, Discussion Received Date (which indicates the date HMS received the Discussion Documentation), Discussion Determination (which indicates the outcome of the review) Discussion Determination Date (which indicates the date the review was completed).



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

To: HMS 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

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

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

HMS 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://racinfo.hms.com>.
- HMS will perform an independent review of the materials you have submitted and provide you with a written response.

CMS RAC Part A Discussion Period Review
9275 W Russell Road, Suite 300 - MS 12M, Las Vegas, NV 89148
Part A Provider Relations: (877) 350-7992
Fax: 702-240-5595

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

To: HMS Part B Discussion Period Review Fax: 702-240-5510

From: _____ Date: _____

Phone Number: _____ Fax Number: _____

Email Address: _____ Pages: _____

Is this a Peer-to-Peer Discussion Request?

☐

YES

☐

NO

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

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

HMS Audit Number: _____

Claim Number _____

Provider Name: _____

Provider Number: _____

Comments: _____

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CMS RAC Part B Discussion Period Review
9275 W Russell Road, Suite 300 - MS 12M, Las Vegas, NV 89148
Part B Provider Relations: (877) 350-7993

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Fax: (702)-240-5510