



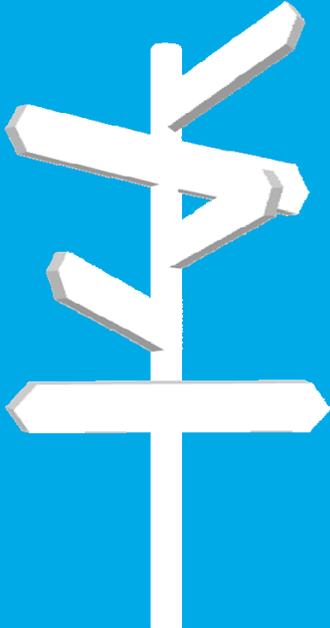
Recovery Auditor for CMS

-RAC Provider Resources-

Welcome – and thank you for taking the time to allow us to walk you through the resources we provide in support of the RAC Program and the service we commit to you.

Who is Cotiviti?

Where do we provide services?



What are key timeframes in the audit process?



What resources does Cotiviti use to help you, the provider community?



In this brief presentation we will:

- Explain who Cotiviti is and what RAC regions of the country we service.
- Review some key timeframes within the overall RAC auditing process.
- Detail resources we offer you.

We want to be easy to work with, and provide support that is helpful. So let's get started.

Cotiviti is a healthcare financial services company that provides payment integrity solutions to its government and commercial health plan clients.

Connolly



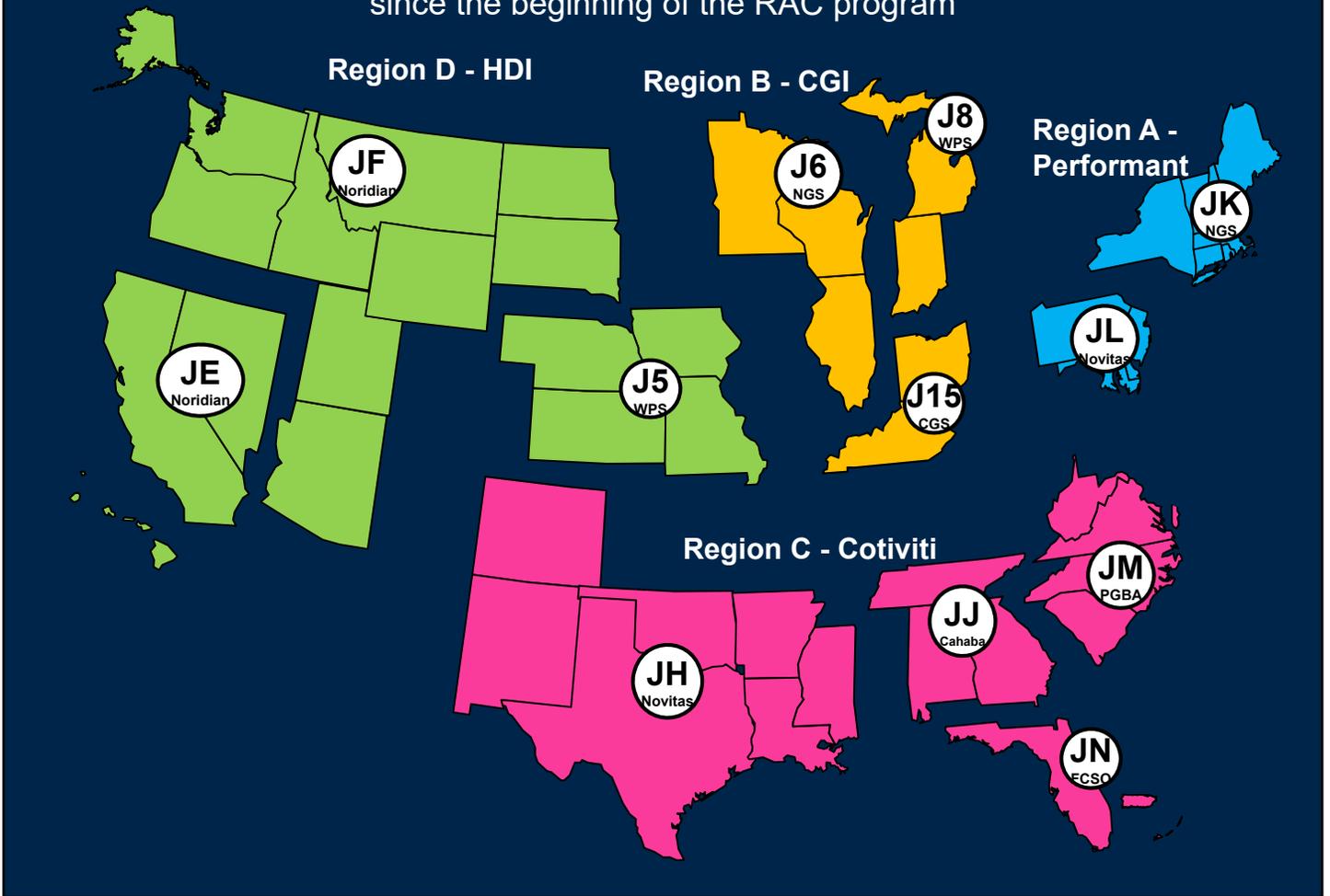
iHealth
Technologies



Cotiviti
Healthcare

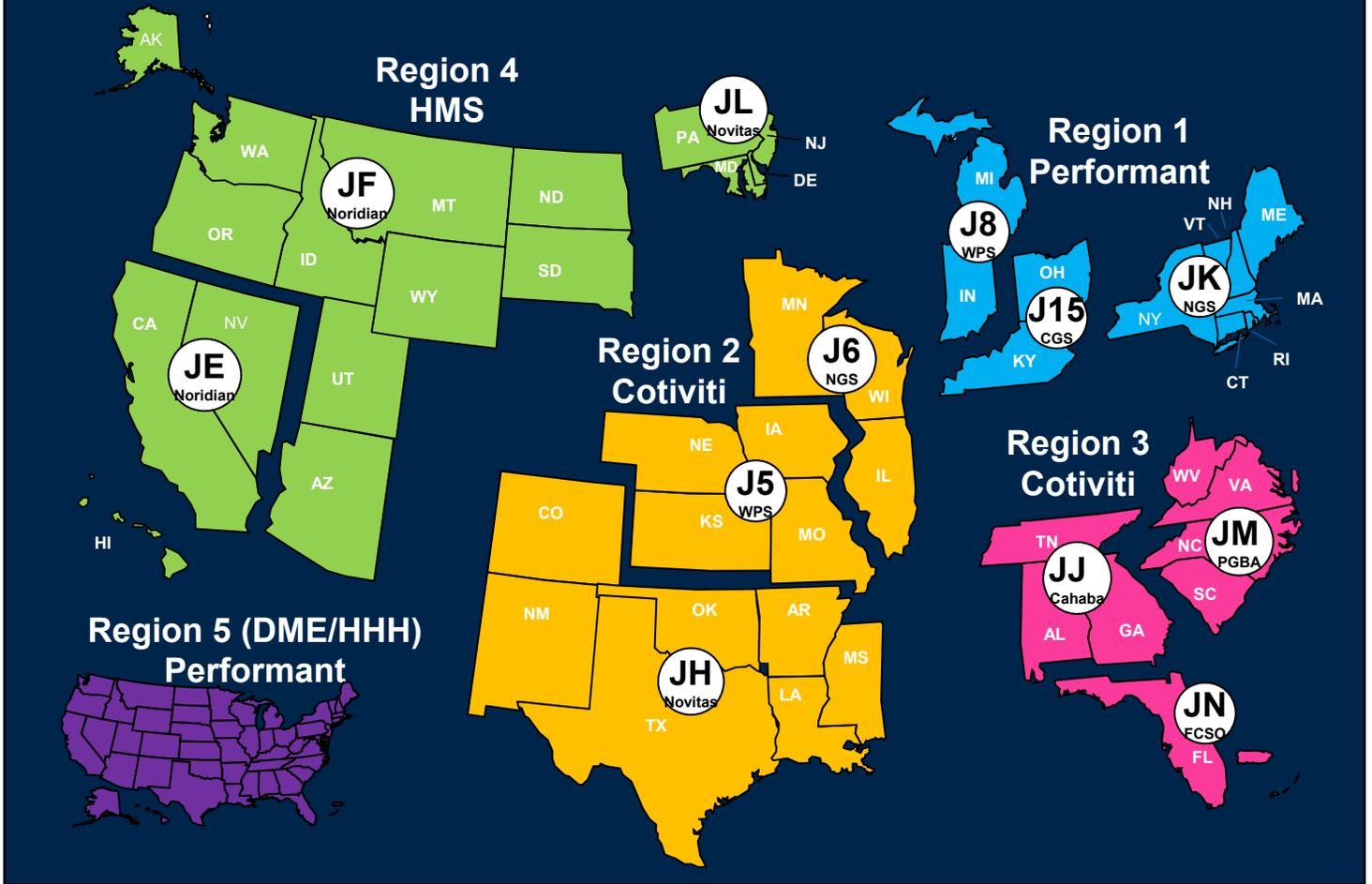
Cotiviti is a healthcare financial services company that provides payment integrity solutions to its government and commercial health plan clients. You may remember us as Connolly. Connolly merged with iHealth Technologies then rebranded as Cotiviti Healthcare in September of 2015.

Partnering with CMS
since the beginning of the RAC program



We have been partnering with CMS since the beginning of the RAC program, and previously serviced what was referred to as Region C. Here you can see which Recovery Auditor and which Medicare contractors were aligned with each region in the prior contract.

New Regions



With the new contract awards, the regions have been re-defined and re-named. Instead of letters, each region has been defined by a number. The difference is that DME, Home health, and Hospice have been carved out and assigned as its own numbered Region 5.

This visual shows you the coverage for Regions 1 thru 5, and Cotiviti is the recovery auditor servicing regions 2 and 3. This means we are partnering with some new Medicare payers as well as providers that we have not previously partnered with.

Program Enhancements

- Complex review timeframe reduced to 30 days.
- 30 day waiting period before sending the claim for adjustment.
- Confirm receipt of Discussion Request or other correspondence within 3 days.
- Broaden review topics to all provider types.
- Required review on CMS referrals.
- RACs required to maintain:
 - Accuracy rate of at least 95%
 - Appeal overturn rate of less than 10% at the first level
 - Includes incentive fee options

Throughout the program, CMS has been continually evaluating ways to reduce provider burden, enhance CMS program oversight, and increase program transparency. So before we jump into some Cotiviti-specific information, the following are highlights of key process differences between this RAC contract and the prior.

- **Complex review timeframe reduced to 30 days.** The prior review timeframe was 60 days. This is 30 days from the day your documentation arrives at Cotiviti till the date of the Review Results Letter from Cotiviti and the Portal notification. We will show you a little later where you can see that notification on the Provider Portal and what that is.
- **30 day waiting period before sending the claim for adjustment.** This means that if a claim adjustment is warranted subsequent to our review, Cotiviti is not going to send that adjustment to your payer for 30 days.

This gives the provider time to submit a Discussion Request, should they disagree with the findings. We will talk more about Discussion Requests in just a few minutes.

- **Confirm receipt of Discussion Request or other correspondence within 3 days.** In this presentation we will show you how you can confirm Cotiviti received your request using the Provider Portal.
- **Broaden review topics to all provider types.** In other words, there may be few review topics that are solely specific to facilities or physician claims.
- **Required review on CMS referrals.** This means that if CMS wants the RACs to do a particular review or issue type, that they are obligated to do so.
- **RACs required to maintain:**
 - Accuracy rate of at least 95%. CMS regularly samples the reviews we have done, and our accuracy score must remain at 95% or higher.
 - Appeal overturn rate of less than 10% at the first level.
 - Includes incentive fee options – which means there is financial incentive for RACs to perform at this level.

Program Enhancements

(continued)

Request Limits

- Revised Additional Documentation Request (ADR) Limits for institutional providers.
- CMS calculates the limits – not the RACs.
- Diversified proportionally across all claim types of a facility (e.g., inpatient, outpatient).
- Incrementally applied limits for providers new to RAC reviews.

- CMS made revisions to how the Additional Documentation Request (ADR) limits are calculated and applied for institutional providers. Most notably, it is CMS that now calculates these limits – not the RACs.
- We receive the ADR limit data from CMS, and that governs the maximum number of medical records that can be requested for each individual provider by NPI number.
- The limits are applied proportionally across all claim types of a facility – for example, inpatient, outpatient, etc. So if the limit was 100, all 100 requests would not be for inpatient..
- The limits are applied incrementally for providers new to RAC reviews. In other words, if claims for a particular provider have not been selected for prior RAC reviews, the first selection will not be at the maximum allowable limits.

Program Enhancements

(continued)

- Adjusted based on a provider's compliance with Medicare rules.
- Low denial rates = lower ADR limits; High denial rates = higher ADR limits.
- Denial rate is reset with new contracts; CMS may grant exceptions.
- RACs can choose limited or extended look-back period.

- The request limits will be adjusted based on a provider's compliance with Medicare rules. As review experience is aggregated over time, then low denial rates will equal lower ADR limits; Similarly, higher denial rates will equal higher ADR limits.
- Denial rate is reset with new contracts. This means that the new RAC contracts starts with a clean slate as it relates to denial rates, unless CMS applies an exception.
- We mentioned previously that the maximum limits are calculated by CMS and are not discretionary for the RACs. With that being said, the RACs can choose the limited or extended look-back period if the limits are increased. So let's say based on high denial rates for a particular NPI that limits are raised; the RAC then has the choice to accept that higher limit. However, if they do, the claim selection look-back period is limited to 6-months. If the RAC does not choose the higher limit, then the existing 3-year look-back period remains in effect.

New Contract Implementation

Administrative

- Joint Operating Agreements, Security testing, Data transmission.

CMS Issue Approval

- More comprehensive approvals across RACs.
- CMS and RACs will post an approval list.

Provider Outreach

- Ongoing.

Review timeline will vary

- RACs will provide notice.

The following are some of those key activities – all of which are at various stages of completion.

Cotiviti has to secure Joint Operating Agreements with each of the Medicare payers which includes security testing and data transmission connectivity. All review types (or Issues) need to be approved by CMS, and CMS will be doing a more comprehensive look at those issues across all the RACs to promote greater consistency and alignment.

As each Issue (both underpayments and overpayments) are approved, both CMS and the RACs will post them online. In just a moment I will show you where you can see those on our website.

Cotiviti has done and continues to do presentations for the provider community. Our website continues to list any upcoming sessions a provider can register for. It is the content of this document that is presented, but these live sessions also afford the opportunity for Q&A.

While there is much focused effort on these activities, the exact date that the first ADRs for any given region is not yet known. When that information is available, CMS, the Medicare contractors, and Cotiviti will all be publicizing that announcement through various means to reach the Provider community.

Additional Program Detail

RAC Program website:

[Go.cms.gov/RAC](https://www.cms.gov/RAC)

RAC Program email:

RAC@cms.hhs.gov

Cotiviti Provider Service:

[Cotiviti.com/RAC](https://www.cotiviti.com/RAC)

RACInfo@Cotiviti.com

866-360-2507

Should you need any additional detail about the RAC program itself, listed here are some resources, as well as some contacts that are glad to help.

Cotiviti
Healthcare



CMS RAC Provider Resources

So, for some of you, working with Cotiviti may be new. Again, our goal is to make it easy for you to interact with us – so here are some helpful insights...



CMS RAC Provider Resources

Provider Portal Login

With the provider portal you can:

- Check your claim review status 24/7
- View results
- Update Contact Information
- Export data



NEW TO WORKING WITH COTIVITI?

Visit our [Welcome page](#).

HOW TO

[Use the Provider Portal](#)

[Logging in & navigation](#)

[Submit Documentation](#)

[Methods & formatting requirements](#)

[Submit a Discussion Request or Peer-to-Peer Review](#)

[Fillable Discussion Request Form](#)

CONTRACT UPDATES

Most recent update: 11/18/2016

CMS has awarded the new Recovery Audit Contractor (RAC) contracts.

Cotiviti was awarded 2 regions - Region 2 which includes the following states: IL, MN, WI, NE, IA, KS, MO, CO, NM, TX, OK, AR, LA, and MS; and Region 3 which includes the states of AL, FL, GA, NC, SC, TN, VA, WV, Puerto Rico and U.S. Virgin Islands.

[Click here](#) to see the actual CMS publication. Cotiviti will perform post-payment review to identify and

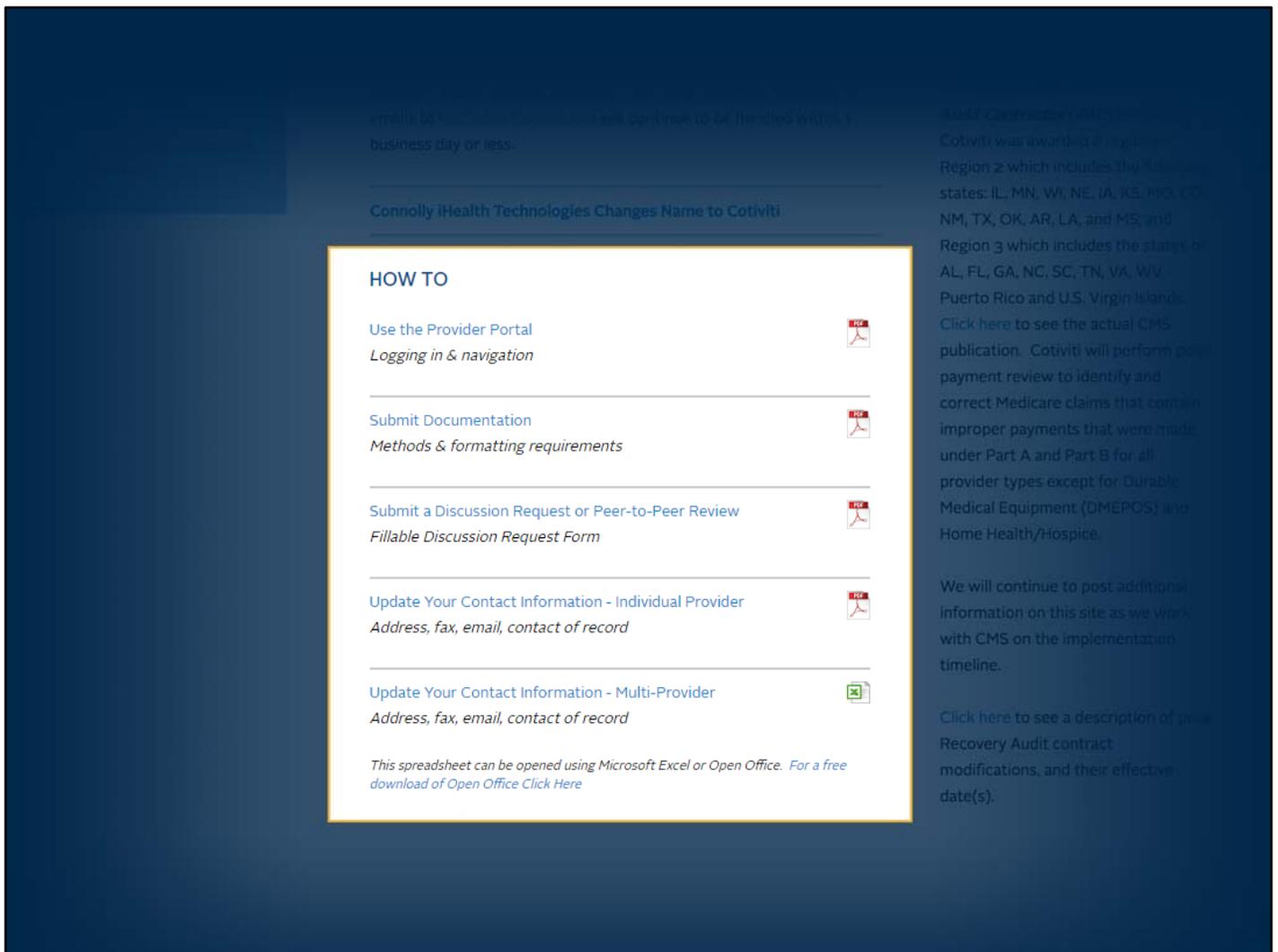
www.Cotiviti.com/RAC is your “go to” place for information including alerts, forms, access to the Provider Portal, information on how to contact us, how to submit documentation, and for any updates on the Recovery Audit Contracts. We recommend you bookmark it in your browser.

This page is part of the overall Cotiviti website, but its easier for you if you bookmark it directly. On this provider resource page there is no maze of sub-menus – just your resources – easy to find – easy to use – easy to navigate. We will show you some things you may need on this page, then show you the Provider Portal which we believe will be your most significant resource for managing your RAC reviews.

When you first come to the CMS RAC Provider Resource page, right in the middle, you will see any information or alerts we believe you will find helpful. Right now there is a link to a Welcome Page with information if you are new to working with Cotiviti where you will also find a copy of this presentation. To the right, you can see “Contract Updates” which reflects changes to the CMS RAC contract that may or may not impact you. This could be a change in how a part of the process works, or

a new scope to reviews.

We provide you with a brief summary and a link to the actual publication found on the CMS website which you may pursue if you choose. Lower in that column is a link that will let you view any prior contract updates we have already published. Any time you follow a link, just use the back button on your browser, and you will return to where you were.



The next section of your resource page is right at the center of your screen – in the column just below “Alerts & News”. These resources are designed to help you answer the most common “How To” questions.

First, here is a User Guide for the Provider Portal. In just a minute we will give you a quick tour of the Portal, but at any time you can access a detailed guide here.

Next are the instructions for submitting documentation to Cotiviti. Detailed instructions are found on the Additional Documentation Request letter you would receive from us, but should you ever need those instructions again, or want to download them, they are here. Documentation can be sent via the mail carrier of your choice, on CD/DVD or USB; fax – there are specific protocols for each. The preferred method of submission, however, is electronically through esMD – which is CMS’s platform for the electronic submission of medical documentation. More information about esMD is found on this document as well as the CMS website.

Next is the Discussion Request Form. We’ve made this a fillable form – which means you can download and complete it electronically. If you give us your fax number on the form, we will fax our response. Instructions for completing the form are on the form itself.

So, let me explain more about the Discussion process. If a provider disagrees with our findings, they have the option to complete the Discussion Request Form I just mentioned. The request must include evidence to support why the Provider believes the services provided are covered by Medicare and were properly coded and correctly billed - perhaps it is in the form of additional documentation that was not submitted originally.

You have 30 days from the date of your Review Results Letter from Cotiviti, which is also the date of the Provider Portal notification, to submit the Discussion Request. The notification on the provider portal is for both complex and automated reviews. During this period, or during our review of your Discussion Request, Cotiviti will not submit any adjustments to your payer. After that period expires, the claim(s) identified as improper will be shared with your Payer and they will issue a Demand Letter which will also describe your formal appeal rights. Cotiviti has 30 days to review your discussion request from the date it is received. As you will see later, the date we receive your discussion request is shown on the portal as well so you can confirm we received it. When you go to complete the discussion request form, you will see directions on the form on how to initiate what is referred to as a Physician-to-Physician Review. That is the opportunity for the physician or a physician employed by the provider, not a consultant, to speak directly with Cotiviti's Medical Director.

You'll always find the most updated Discussion form right on this site.

We highly encourage Providers to take advantage of the Discussion process. It is an opportunity to submit additional information and/or documentation that may cause the Recovery Auditor to overturn the original audit determination which can make the formal appeal process with the Medicare payer unnecessary. Again, the provider's opportunity to submit a Discussion Request is within 30 days of the date of the Review Results letter.

These last two documents are convenient ways for the provider to ensure that Cotiviti has their accurate contact information. We get your address from your payer, but not even they may have your current or complete contact information – let alone where you would prefer to receive a medical record request vs. where you would like audit results or discussion results to be sent.

To avoid unnecessary denials based on non-receipt of documentation, it is crucial that you ensure we have your accurate contact information. These two forms can help you do that.

As you know, it is the Medicare Provider Number or "PTAN" that is the official identifier of an individual claim to the entity that billed for it. Each Provider Number is associated with an address. So, if your facility bills Medicare under a single Provider Number, then you can use the Individual Contact Change Form. It too is an electronically fillable form and directions are on the form itself.

However, if you manage the Medicare billing across many different Provider Numbers, then you will want to utilize the multi-provider spreadsheet. This allows you to easily submit one form that can facilitate the changes across literally hundreds of Provider Numbers if needed. Again, instructions are on the form itself.

The screenshot shows a website interface with a dark blue background. A white box with a yellow border highlights the 'KNOWLEDGE BASE' section. A green arrow points from the left towards the 'Approved Issues' link. The 'Approved Issues' link is followed by the text 'All CMS-approved reviews by type & state'. Below it are links for 'RAC Frequently Asked Questions' and 'Sample ADR', each with a PDF icon. To the right of the highlighted section, there is a 'CONTACT US' section with 'Provider Service' information, including a phone number (866) 360-2507, an email address RACInfo@Cotiviti.com, and a fax number (203) 529-2995. There is also a 'Mailing Address' section with the address: Cotiviti - CMS Recovery Audit, Spring Mill Corporate Center, Suite 6125, 555 E. North Lane, Conshohocken, PA 19348.

Just below the HOW TO section is our KNOWLEDGE BASE. These informational resources will help as you navigate the review process itself. First is the link to the Approved Issues list. Once CMS approves a specific type of review, it is assigned an 'Issue Number' and published here. You will see the Issue Number on request letters, and on review results letters.

There is also a link to this list from the claim listing inside the Provider Portal which we will show you in just a minute.

Click on Approved Issues....

THIS LIST INCLUDES ALL CMS-APPROVED AUDIT ISSUES.

Cotiviti RAC Approved

Issues as of 05 19 2016 (PDF Version)

PAGE < 1 2 3 4 5 6 7 ... 86 >

▲
▼ Issue Name

▼ Review Type

▲
▼ Claim Type

▲
▼ Region and
States

▲
▼ Date
Approved

Details

...and you are taken to the Approved Issues List. You can sort each column ascending or descending by clicking the arrows at the top of the column. You can search on a particular issue number, and you can also export a PDF of the full listing. Please note, though, Issues can be added or revised at any time – so any export is only complete at the time the export is done.

When done, just use the Back button on your browser to return to the resource page.

Update your contract information - Multi-provider
Address, fax, email, contact of record

This spreadsheet can be opened using Microsoft Excel or Open Office. For a free download of Open Office [Click Here](#)

Click here to see a list of Recovery Audit contract modifications, and their effective date(s).

KNOWLEDGE BASE

[Approved Issues](#) All CMS-approved reviews by type & state

[RAC Frequently Asked Questions](#) 
Thorough answers to quick questions

[Sample ADR](#) 
Additional Documentation Request from Cotiviti Healthcare

[PIP Frequently Asked Questions](#) 
For Periodic Interim Payment providers

Additional Information

- [CMS Manuals](#)
- [Council for Medicare Integrity](#)
- [Medicare Coverage Database](#)
- [Medicare PAQ](#)
- [Medicare Audit Program Overview](#)

CONTACT US

Provider Service
(866) 360-2507
RACInfo@Cotiviti.com
(inquiries only, no medical documentation)

Provider Service Specialists are available Monday through Friday from 8:00am to 6:30pm EST excluding Federal Holidays

Fax: (203) 529-2995

Mailing Address

Cotiviti - CMS Recovery Audit
Spring Mill Corporate Center
Suite 6125
555 E. North Lane
Conshohocken, PA 19348

Program Oversight

Cotiviti CMS Recovery Audit
Program Director: [John...](#)

Two other things we would like to highlight in the knowledge base section. Should you ever need it, there is Frequently Asked Questions resource. For detailed information regarding the RAC program you can always visit the CMS website at www.CMS.gov, but after years of our Provider Service Specialists speaking with providers like yourself, we captured the most commonly asked service questions here, and provide you with thorough responses. You can view and/or download it.

Lastly, here is a sample copy of an Additional Documentation Request – or ADR, from Cotiviti.



Recovery Auditor for CMS



Month DD, YYYY

Additional Documentation Request

A B C Provider
Attn: Contact
Medical Center Drive
Po Box 999999
Somewhere, WV 26505



Re: A B C Provider – PROV#

Dear Medicare Provider,

The Centers for Medicare & Medicaid Services (CMS) has retained Cotiviti Healthcare to carry out the Recovery Audit Contractor (RAC) program. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments.

This notice is to request documentation for the claim(s) shown in the enclosure.

In accordance with 42 USC 1320(c) (5) (A) (3) and §1833 of the Social Security Act, you must provide documentation upon request to support claims for Medicare services. This request is in compliance with the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule, which allows release of information without explicit patient consent for treatment, payment and health care operations.

All documentation should be submitted to Cotiviti according to the enclosed instructions **within 45 days of the date of this request**. Your response is required even if you are unable to locate the requested documentation.

You will be reimbursed for the cost of providing copies of the additional documentation for inpatient hospital claims only. Payment will be issued to you within 45 days of Cotiviti receiving the requested documentation. It will be in the amount of

The ADR describes the nature of the review, specific rationale, the deadline for submission of the documentation and how to request an extension if needed.

SUBMISSION INSTRUCTIONS

Please submit the following applicable components of the medical record and/or other documentation you deem appropriate to support payment of the claim(s) listed below.

- Face sheet
- Discharge summary
- History & Physical
- Emergency Room records
- All nursing notes
- ER nursing notes
- Consultations
- Physician orders
- Therapy Treatment Plan and Notes
- Physician progress notes
- Laboratory reports
- Radiology reports
- Operative reports
- Pathology reports
- ICD-9-CM codes submitted
- Physician query
- Medication Administration Records

SAMPLE

MAIL

Cotiviti recommends the use of a trackable method of mail submission, and accepts deliveries from all carrier services. To avoid unnecessary denials based on non-receipt of documentation, please follow these instructions:

- No staples. However, you may use paperclips and/or rubber bands to organize the record(s).
- A copy of this letter should be the first document in your submission.
- If there are multiple claims in the request, a separator must be used in between the documentation for each. The following are the instructions for that separator:
 - ~ Use the appropriate page from the claim listing as a separator.
 - ~ Simply copy the page, place an 'X' in the empty box in the left margin that corresponds with the claim number, and use that as a coversheet for that claim's documentation.
 - ~ If you are submitting one record that applies to multiple claims in this request, you may place an 'X' in multiple boxes for the corresponding claim numbers.

The next page details the documentation that needs to be submitted, and all your options for how to submit those records. To avoid any unnecessary denials based on non-submission of documentation, it will be important that the Provider follow the instructions. You can always contact Cotiviti Provider Service if you have any questions. Our 800# is provided on the ADR itself.

Provider Name: Provider ABC
Request #: 000000000000000000-000000
Request Date: 0000-00-00 00:00:00

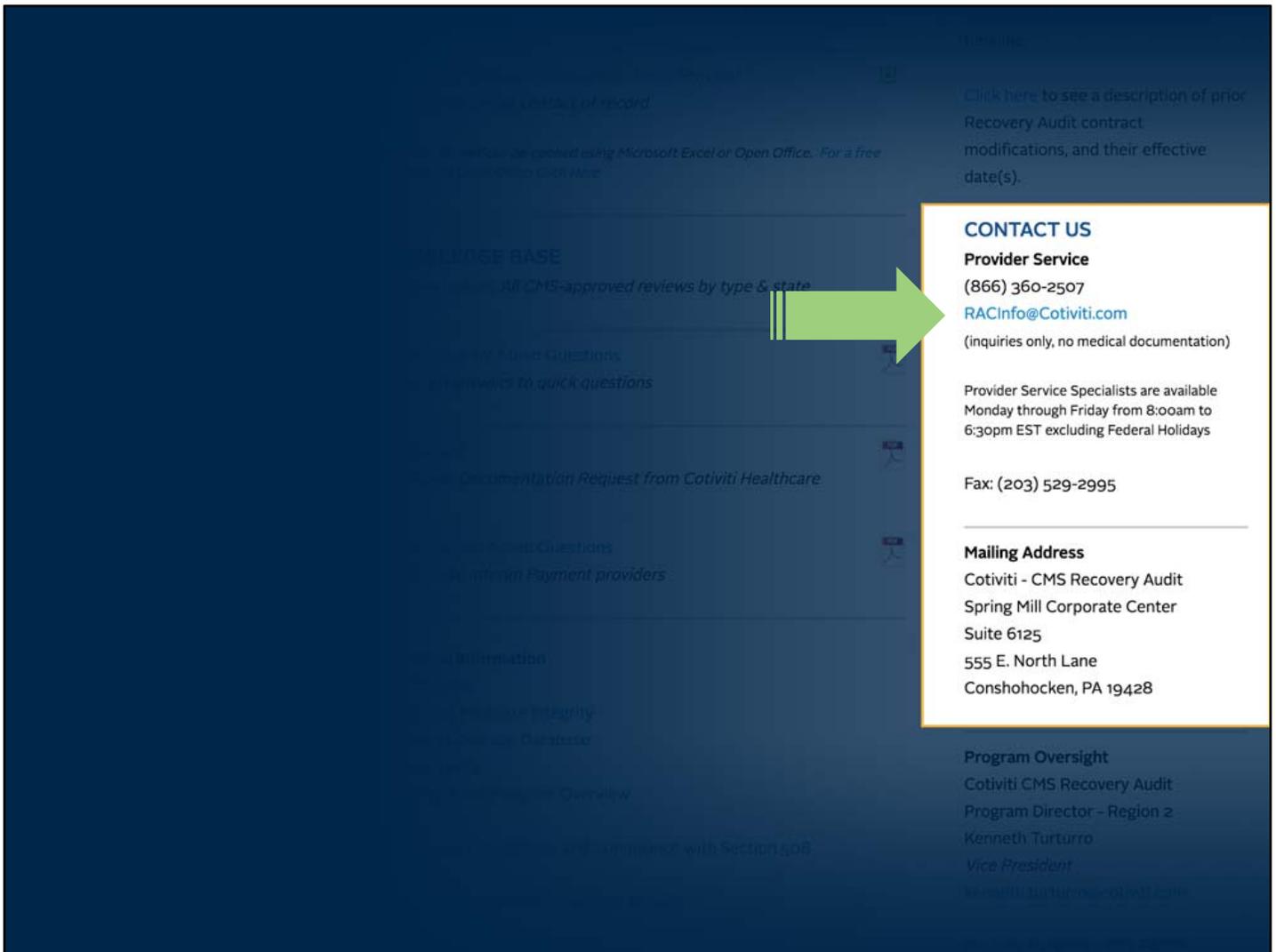


RATIONALE: #####

Claim / Ref#	Med Rec #	Begin	End DOS	Mem	DOB	Member	Patient Ctl #	Mem Last
#####	#####	##/##/###	##/##/###	###/###/##	#####	#####	XXXXXXXXXX	XXXXXXX

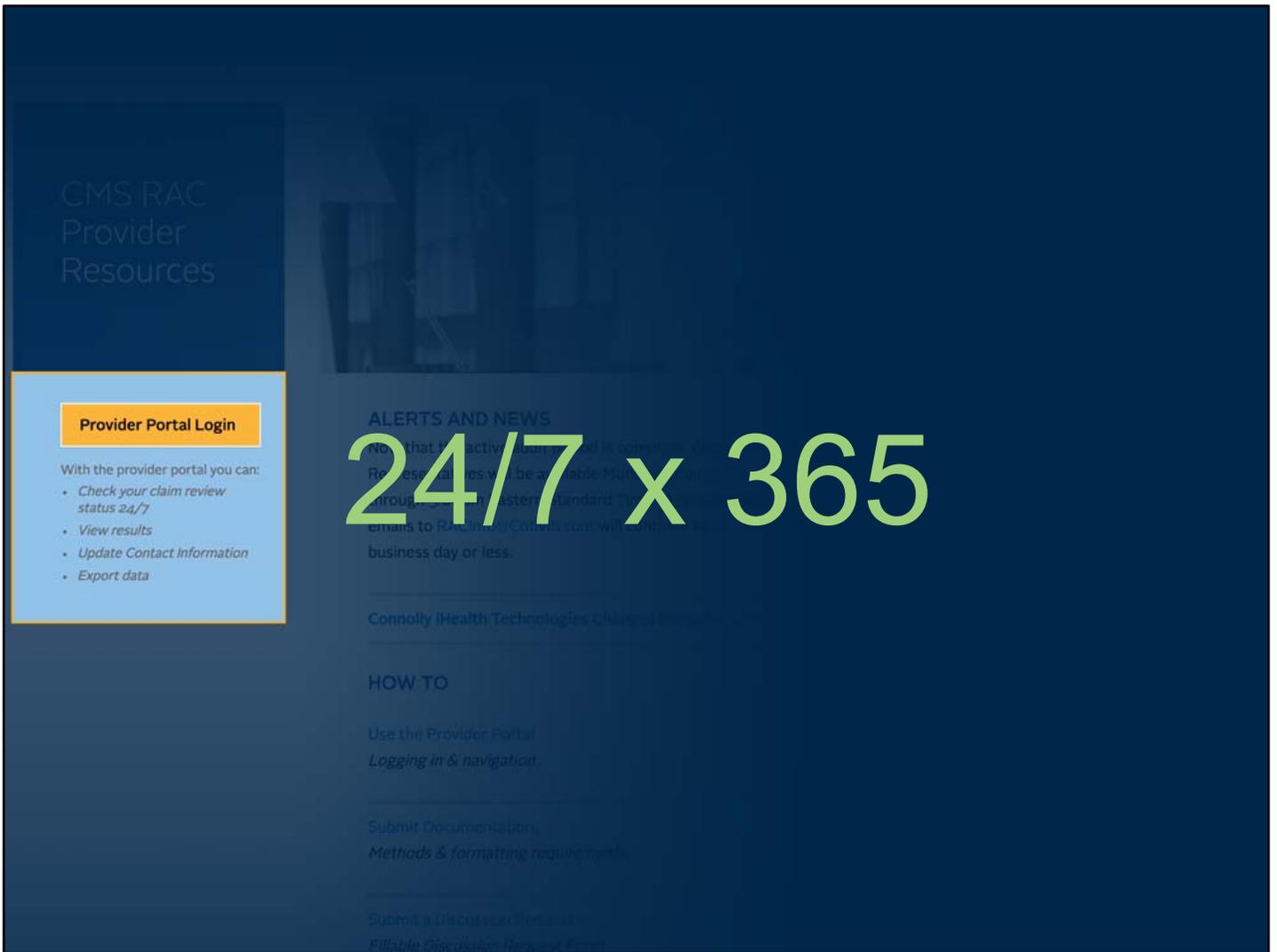
Claim / Ref#	Med Rec #	Begin	End DOS	Mem	DOB	Member	Patient Ctl #	Mem Last
#####	#####	##/##/###	##/##/###	###/###/##	#####	#####	XXXXXXXXXX	XXXXXXX

The next section of the letter lists the specific claims being reviewed. The 2D barcode beneath each claim helps avoid unnecessary denials by ensuring your documentation is matched to the claim you intend. Instructions on how to organize your submission are on detailed on the ADR.



Back to the CMS RAC Provider Resources page. The final section we wanted to call your attention to is in the second part of the right column on your screen – how to contact us – phone, email, and fax. You can actually just click on the email address, and it will launch Outlook email with our email address already pre-populated for you.

If you do call, you will also find our phone menu easy to use – the option to reach a specialist is not buried under layers of other prompts – it's right on top.

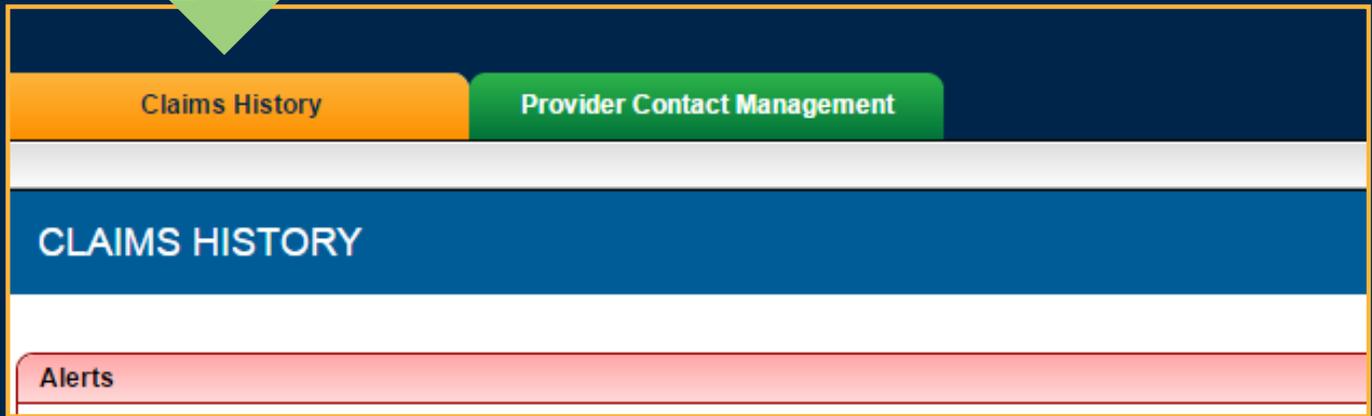


Ok, so we saved the best resource for last – the Provider Portal. This portal is supplied by Cotiviti, and it shows the status of every claim that has been selected by Cotiviti for review associated with your particular Medicare Provider number. Its available 24x7 x365

As we mentioned earlier, Medicare claims are associated with the Provider Number that was paid. The data and your login to the Portal is also segmented the same way. If you have not used Cotiviti's portal before for a particular Medicare Provider Number, you will need to go through an initial login process to ensure the user is authorized to access claim data on behalf of that provider. However, if you have already authenticated against a particular provider number as part of the RAC region C contract, you will not need to go through that initial login process again. Also, if you do not have any claims that have ever been selected for RAC review, you will not see any data in the portal. The portal will display claims selected for a particular provider number whether they were for the prior Cotiviti Region C contract, or the current Region 2 or 3.

So lets take a look inside.

Cotiviti Provider Portal



Once you log in, you will see two tabs. Lets look at the first tab you will see by default – Claims History.

Claims History **Provider Contact Management**

CLAIMS HISTORY

Alerts

11/18/2016 - CMS has awarded the new Recovery Audit Contractor (RAC) contracts. Cotiviti was awarded 2 regions - Region 2 which includes perform post-payment review to identify and correct Medicare claims that contain improper payments that were made under Part A and Part B for

8/24/2016 - The active auditing period of the Recovery Auditor (RA) contracts will end on August 29, 2016. Pursuant to CMS directive we will no you might file. Should you have claim processing or appeal-related questions, please direct them to your Medicare Administrative Contractor (M

Provider Information

Medicare ID Number	Provider Name	Medical Record Request Limits
		View Chart Limits

Filter Claims History Results

Filter on column where search term [Add Filter](#)

Claims History (3016 records)

Page 1 of 302 Page Size: 10 [Export to Excel](#) [Download Excel Viewer](#)

ICN	Region	NPI	Claim Bill Type ?	Patient Control Number	Total Billed Charges	Amount Paid to Provider	Date of Service From	Date of Service To	Issue Type
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At the top you will see confirmation of the particular provider name and provider number you are viewing. In the next column, you see a link to view the chart limits (maximum number of charts that can be requested every 45 days) associated with this particular provider number. The limits are calculated by CMS and supplied to the Recovery Auditors. For more details on chart limits and how they are calculated and how audit results may alter them over time, please refer to the CMS.gov website.

Above the grid where the claims are listed is a search filter. You can use this to find or filter the data however you choose. By default, claims are listed in descending order by the claims' most recent status update at the top. To do a quick ascending or descending sort on any column, just click on the column label itself. You can also decide how many claims you want to see in your view by clicking this drop-down arrow.

The entire grid is too large for this screen, so lets look at the columns all the way across from left to right.

Claims History **Provider Contact Management**

CLAIMS HISTORY

Alerts

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Provider Information		
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Filter Claims History Results

Filter on column where search term [Add Filter](#)

Claims History (3016 records)

Page 1 of 302 Page Size: 10 [Export to Excel](#) [Download Excel Viewer](#)

ICN	Region	NPI	Claim Bill Type ?	Patient Control Number	Total Billed Charges	Amount Paid to Provider	Date of Service From	Date of Service To	Issue Type

The first set of columns help you to identify the claim in your records and also to match it with the ADR we sent to you. We only have the data that is passed to us by your payer, so we do not always have data such as Patient Control Number. The second column is new for the Provider Portal – it gives you the option to sort your claims by which region in which it was selected. For example, if you had prior claims that were part of the former Region C, as well as Region 2, and/or Region 3, you would be able to sort by them if you chose to.

Any place you see a yellow question icon, you can click on it and see the definition of the field.

Remember the Approved Issues List we showed you earlier? The next column in this view is where you see the issue number associated with the review of each claim. You can easily right-click to copy the issue number, then click on the column label and you will be taken to the issues list, then right-click and paste that number into the search box. You'll be taken right to the description of that approved audit issue.

* You will be logged out automati

s: IL, MN, WI, NE, IA, KS, MO, CO, NM, TX, OK, AR, LA, and MS; and Region 3 which includes the states of AL, FL, GA, NC, SC, TN, VA, WV, Puerto Rico and U.S. V
except for Durable Medical Equipment (DMEPOS) and Home Health/Hospice. See www.CMS.gov for the actual CMS publication.
ng medical records or accepting discussion requests on or after this date. Any documentation submitted to Cotiviti after this date will be included in the case file for

ata is updated nightly. Please allow 24 - 48 hours for updates to Claim Status.

?	Claim Status ?	Status Effective Date	Documentation Requested	Documentation Received	Review Began	Review Completed & Results Letter Sent	Review Rationale	Discussion Request Received ?	Payer Established A/R
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To the right, *Claim Status* is a dynamic field and so is the *Status Effective Date* – that means it changes as the claim moves through the review process.

The screenshot shows a web interface for claims history. At the top, there is a 'Claim Status' section with a table of columns. Below this is a 'Claims History (3016 records)' section with a navigation bar. A green bracket highlights the frozen header area, and another green bracket highlights the navigation bar.

Documentation Requested	Documentation Received	Review Began	Review Completed & Results Letter Sent	Review Rationale	Discussion Request Received	Payer Established A/R	Appeal Level	Appeal Outcome	Case Closure Date
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Claims History (3016 records)

Page 1 Of 302 Page Size: 10 Export to Excel Download Excel Viewer This data

Scrolling to the right, you can see the rest of the claim review data. To help you, there are a number of dates to the right that remain frozen in time – that way you will always know when documentation was received, our review was completed, etc.

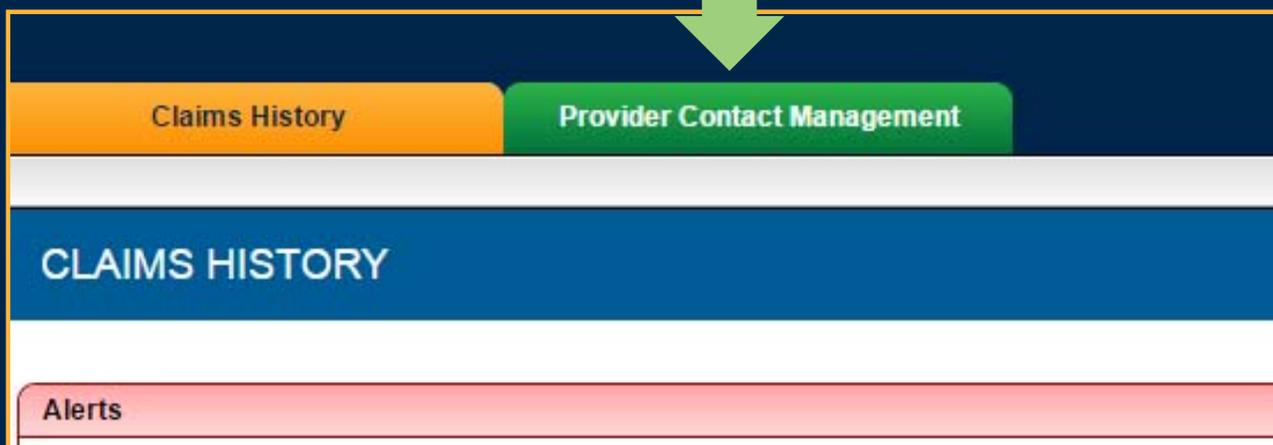
For claims that Cotiviti has completed the review, a Review Results Letter will be mailed to the provider. However, in the column labeled Review Rationale, you can click a link to see the review rationale itself immediately – meaning you can see not only the result of the review, but its rationale even before the letter even gets to you.

You will see a few other columns that refer to Appeal activity. Remember, a Discussion Request is not an Appeal. The Discussion period is the opportunity for the provider to supply additional documentation to Cotiviti, that had Cotiviti had originally, would have perhaps yielded a different review determination. An appeal is done with your Medicare payer. Should you choose to file an appeal, your payer periodically provides Cotiviti with updates on that appeal activity. Since we are only able to display the information your

payer sends us, you should always contact your Medicare payer for any questions and/or confirm the status of your appeal activity.

Finally, you have the option of exporting all of the data in this grid to Excel – enabling you to utilize it how you choose.

Cotiviti Provider Portal



The second tab inside the Portal shows you what contact information we have on record, and allows you to customize it. Again, we initially only have the data your payer sends us, which would not necessarily include any RAC-customized contacts you would prefer. You can do that here.

Claims History | **Provider Contact Management**

PROVIDER CONTACT MANAGEMENT

Provider Information

Medicare ID Number	Provider Name	Medical Record Request Limits
		View Chart Limits

Address Information

Medical Records: This is where the initial Additional Documentation Request (ADR) is mailed, and the specific contact (if you choose) for that correspondence.

Finance: This is where review results, reimbursement checks, and any other review-related correspondence is mailed.

Discussion Response: This is where the discussion results will be faxed (unless you indicate otherwise on the Discussion Request Form). If a fax transmission fails three times, our Response will be mailed to the Finance address.

Provider Contact Information

Type	Name	Title	Address	City	State	Zip Code	Telephone	Fax	Email	Change Status	
Medical Record											Add
Finance											Edit
Discussion Response											Edit

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The “Medical Record” address is where you want your ADR to be sent.

The “Finance” address is where all other review correspondence will be sent – audit results, closure letters, etc.

The “Discussion Response” will let you designate the fax number we should automatically utilize for any response to a Discussion Request. All three could be different or they may be the same. However, there can only be one specific contact name per address type. Meaning, we cannot send ADRs to more than one person.

Documents Cotiviti sends contain Protected Health Information – PHI – so please ensure all addresses are exact, any fax numbers are secure, and if you direct any of these letters to a 3rd party that you understand it is your responsibility to keep this contact information current should your relationship with those parties ever change.



CMS RAC Provider Resources

Provider Portal Login

With the provider portal you can:

- *Check your claim review status 24/7*
- *View results*
- *Update Contact Information*
- *Export data*

So to sum it up, what are the key benefits of frequently utilizing the Provider Portal?

- Here is where you will see the notification date of automated reviews.
- You can see the details of Complex reviews before the ADR is even received at your facility.
- See your Review Results before any letter is received at your facility – therefore knowing when your 30-day Discussion Period begins.
- Confirm that your Discussion Request is received by Cotiviti.
- Ability to export all data.

Finally, please note that the portal is updated nightly. So, for example, just because FedEx indicates your package has been received by Cotiviti, does not mean you will instantly see that reflected on the portal. When we receive a package, we do not yet know its contents until the contents are extracted, assembled, and ingested into our document management system and matched by an associate to its intended claim – then that evening the portal will be updated accordingly. That is why you will see the messages to allow 24-48 hours for the appropriate claim status updates to appear.

The Provider Portal User Guide, available on the Resource Page we looked at, can help you

should you need additional detail about logging in or navigating inside it. You may also call us, and we are glad to walk you through it.



Provider Service
www.Cotiviti.com/RAC
866-360-2507

We appreciate you taking the time to watch this presentation. Our contact information, as well as a copy of this presentation, is found on our Resource Page.

If you have any questions, please reach out to us – we are glad to help.