

**HMS Federal Solutions  
Region 4  
Recovery Audit Contractor**

*Region 4 RAC Claim Reviews & Recovery Audit Process*

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*Agenda*

- Meet HMS Federal – RAC Region 4
- Review Types Performed
- Additional Documentation Requests
- Approved New Issues
- Discussion Process
- Provider Portal Overview
- HMS Contact Information
- Open Q&A

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<p><i>HMS Federal RAC Region 4</i></p>	<ul style="list-style-type: none"> <li>• The RAC Program’s mission is to reduce Medicare improper payments through the efficient detection and correction of improper payments.</li> <li>• HDI was the RAC for Region D</li> <li>• HDI was acquired by HMS in December of 2011</li> <li>• HMS Federal was awarded the Region 4 RAC Contract on October 31<sup>st</sup>, 2016</li> <li>• HMS Federal is a fully owned subsidiary of HMS</li> </ul>
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<p><i>HMS Federal RAC Region 4</i></p>	<ul style="list-style-type: none"> <li>▪ HMS Federal’s RAC team includes highly qualified individuals that come together to provide you with the best service possible</li> <li>▪ More than nine years of experience with the Medicare Recovery Audit Program</li> <li>▪ A complex review team with expertise in Medicare payment rules and regulations for all provider and claims types</li> <li>▪ Dedicated Account Management and Provider Services teams have relevant Medicare claims or billing experience to ensure top quality processes and customer service</li> </ul>
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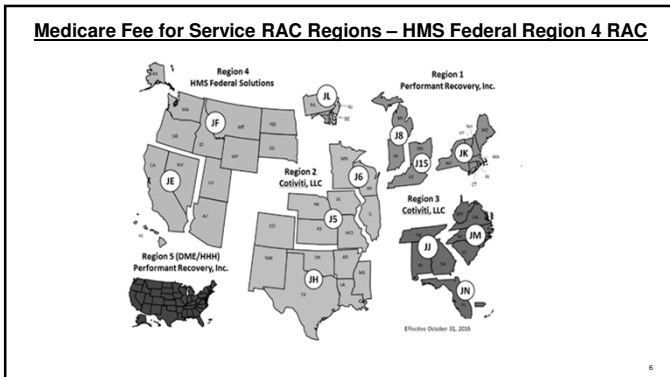
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	<h2 style="margin: 0;"><i>Review Types Performed</i></h2>
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<b>RAC Review Types</b>	
Complex Reviews	Automated Reviews
<ul style="list-style-type: none"> <li>• Medical records required for claim determination</li> <li>• Clinical review completed within 30 days of receipt</li> <li>• Medical Necessity determinations are made by Registered Nurses or Therapists</li> <li>• Coding determinations are made by certified coders.</li> <li>• Review Result letter is issued to provider for notification of review outcome</li> <li>• Claims are held for 30 days from the date of the letter to allow the provider to request a discussion period</li> <li>• Claim may be submitted to MAC for adjustment on day 31</li> </ul>	<ul style="list-style-type: none"> <li>• System identified; Does not require review of medical documentation for claim determination</li> <li>• Informational Letter is issued to the provider for notification of improper payment</li> <li>• Claims are held for 30 days from the date of the letter to allow the provider to request a discussion period</li> <li>• Claim may be submitted to MAC for adjustment on day 31</li> </ul>

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<b>Informational Letter</b>	
	
<div style="border: 1px solid black; padding: 2px; display: inline-block;"><b>Informational Letter</b></div>	
<p>Date</p> <p><i>Attention:</i></p> <p><i>Address Line 1</i></p> <p><i>Address Line 2</i></p> <p>Dear Medicare Provider,</p> <p>The Centers for Medicare &amp; Medicaid Services (CMS) has retained HMS Federal Solutions (HMS Federal) to carry out the Recovery Audit Contract (RAC) program in Region 4. The RAC program is mandated by Congress and 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 outdated fee schedule or billing for services that do not meet Medicare's coverage and/or medical necessity criteria, etc.</p>	

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### Additional Documentation Request (ADR)

Region 4 Recovery Audit Contractor (RAC)

**Date:**  
**Reference ID:**  
**Attention:**  
**Address:**  
**NPI:**  
**TIN:**  
**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, has been developed to assist in accomplishing this goal.

**Reason for Selection**  
 1) Complex review(s) approved by CMS

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## Additional Documentation Requests

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### Additional Documentation Request Limits

Institutional Provider (Facility) Limits	Physician/Non-Physician Practitioner Limits
<ul style="list-style-type: none"> <li>New annual ADR limit baseline is one half of one percent (0.5%) of the provider's total number of paid Medicare claims from a previous 12 month period</li> <li>After three (3) 45-day ADR cycles, CMS will calculate (or recalculate) a provider's Denial Rate, which will then be used to identify a provider's corresponding "Adjusted" ADR Limit</li> <li>Additional information regarding limits can be found at: <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Downloads/Institutional-Provider-Facilities-ADR-Limits-May-2016.pdf">Institutional Provider (Facilities) ADR Limits (https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Downloads/Institutional-Provider-Facilities-ADR-Limits-May-2016.pdf)</a></li> </ul>	<ul style="list-style-type: none"> <li>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.</li> <li>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.</li> <li>Additional information regarding limits can be found at: <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/recovery-audit-program/downloads/PhyADR.pdf">Physician/Non-Physician Practitioner ADR Limits (https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/recovery-audit-program/downloads/PhyADR.pdf)</a></li> </ul>

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<i>Medical Record Submission</i>	<p><b>What are my options for sending medical records?</b></p> <ul style="list-style-type: none"> <li>▪ Part A Fax: (702) 240-5517</li> <li>▪ Part B Fax: (702) 240-5510</li>   <li>▪ Postal Mail <ul style="list-style-type: none"> <li>▪ Images on CD/DVD or</li> <li>▪ Paper</li> </ul> </li>   <li>▪ (esMD): Information for submitting imaged documentation via esMD may be found at:  <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_Providers.html">ESMD Information for Providers (https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_Providers.html)</a>  <a href="https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_Providers.html">https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Information_for_Providers.html</a></li> </ul>
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<i>Medical Record Reimbursement</i>	<p><b>Will I be reimbursed for the cost of producing medical records?</b></p> <ul style="list-style-type: none"> <li>▪ \$.12 per page for reproduction of PPS provider records, plus first class postage.</li> <li>▪ \$.15 per page for reproduction of non-PPS institutions and practitioner records, plus first class postage.</li> <li>▪ Providers (such as critical access hospitals) under a Medicare reimbursement system receive no photocopy reimbursement.</li> <li>▪ The maximum amount per medical record will not exceed \$25.00.</li> </ul>
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	<p><i>Region 4 Approved New Issues</i></p>
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<p><i>New Issue Concept Approvals</i></p>	<ul style="list-style-type: none"> <li>▪ All New Issues must receive CMS approval before the Recovery Auditor may begin initiating reviews; medical records will not be requested prior to CMS authorization.</li> <li>▪ CMS may allow the RAC to request a sample of medical records when developing a test case for CMS to validate.</li> <li>▪ Upon approval of the new issue concept CMS will notify the RAC if/when they may begin issuing ADR letters or any subsequent documentation on the new issue.</li> <li>▪ HMS posts all approved new issues to the provider portal</li> </ul>
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<p><i>Automated New Issues</i></p>	<ul style="list-style-type: none"> <li>▪ Hospital Discharge Day Management Service</li> <li>▪ Not a New Patient</li> <li>▪ Office Visits Billed for Hospital Inpatient</li> <li>▪ Visits to Patients in Swing Beds</li> <li>▪ Inpatient Psych Billed without Source of Admission Equal to "D"</li> <li>▪ Home Services Billed for Hospital Inpatients</li> <li>▪ Global Surgery – Pre- and Post-operative Visits</li> <li>▪ Excessive Units of Hospital Services</li> <li>▪ Automated Cataracts Billed with Unit &gt; 1 or Multiple Claims</li> <li>▪ Drugs &amp; Biologicals – Units exceed the only FDA approved dose</li> <li>▪ Ibandronate sodium (Boniva), 1 mg - Excessive Frequency</li> <li>▪ Trastuzumab (Herceptin), J9355 - Multi-Dose Vial Wastage Billed with JW modifier</li> <li>▪ Regadenoson (Lexiscan) Billed With Units &gt;4</li> <li>▪ Zometa Billed with Units &gt; 5</li> </ul> <p>♦ Approved New Issues may be subject to change</p>
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<p><i>Complex New Issues</i></p>	<ul style="list-style-type: none"> <li>▪ Medical Necessity - Bariatric Surgery</li> <li>▪ Medical Necessity - Cardiac PET Scans</li> <li>▪ Medical Necessity - Sacral Neurostimulation</li> <li>▪ Cataract Removal</li> <li>▪ Inpatient Hospital MS-DRG Coding Validation</li> <li>▪ Trastuzumab (Herceptin), J9355 - Multi-Dose Vial Wastage</li> <li>▪ Complex SNF Review - Documentation and Medical Necessity</li> </ul> <p>▪ Additional information regarding approved new issues including Medicare Regulation references can be found on HMS' website at: <a href="https://racinfo.hms.com/">New Issues (https://racinfo.hms.com/)</a></p> <p>♦ Approved New Issues may be subject to change</p>
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	<h2 style="margin: 0;"><i>Discussion Period Process</i></h2>
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<h2 style="margin: 0;"><i>Discussion Period Request</i></h2>	<ul style="list-style-type: none"> <li>▪ <b>The Discussion Period begins with:</b> <ul style="list-style-type: none"> <li>▪ Automated Reviews – Informational Letter</li> <li>▪ Complex Reviews – Review Results Letter</li> </ul> </li> <li>▪ <b>Discussion Period Process:</b> <ul style="list-style-type: none"> <li>▪ Submit completed Discussion Form and supporting documentation to HMS at:               <ul style="list-style-type: none"> <li>❖ Part A Fax: (702) 240-5595</li> <li>❖ Part B Fax: (702) 240-5510</li> </ul> </li> <li>▪ Confirmation of receipt of discussion material will be posted to HMS' Provider Portal within 1 business day</li> <li>▪ Discussion documentation is reviewed by a separate independent reviewer</li> <li>▪ Written discussion determination is sent to provider within 30 days and outcome is posted to the provider portal</li> <li>▪ Discussion Period requests received more than 30 days from the date of the informational or review results letter date will not be reviewed by the RAC</li> </ul> </li> </ul>
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<h2 style="margin: 0;"><i>Discussion Period Continued</i></h2>	<p style="text-align: center;"><b><u>Peer-To-Peer Discussion Request</u></b></p> <ul style="list-style-type: none"> <li>▪ Allows the opportunity for the rendering physician to discuss the review findings with the Contractor Medical Director (CMD)</li> <li>▪ Peer-to-Peer discussion requests can also be submitted by a physician employed by the provider; requesting physician cannot be a consultant</li> <li>▪ Submit completed Discussion Form and supporting documentation to HMS       <ul style="list-style-type: none"> <li>❖ Part A Fax: (702) 240-5595</li> <li>❖ Part B Fax: (702) 240-5510</li> </ul> </li> <li>▪ Contact HMS' Provider Services Department to schedule a peer-to-peer discussion</li> <li>▪ Discussion Period requests received more than 30 days from the date of the informational or review results letter date will not be scheduled for a physician peer-to-peer discussion by the RAC.</li> <li>▪ Additional information including the Discussion Fax Form can be found on HMS' website at: <a href="https://racinfo.hms.com/">Provider Information (https://racinfo.hms.com/)</a></li> </ul>
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## Discussion Fax Form

REGION 4 RECOVERY AUDIT CONTRACTOR  
DISCUSSION PERIOD SUBMISSION FORM

To: HMS Discussion Period Review      Fax: \_\_\_\_\_  
 From: \_\_\_\_\_      Date: \_\_\_\_\_  
 Phone Number: \_\_\_\_\_      Fax Number: \_\_\_\_\_  
 RE: \_\_\_\_\_      Pages: \_\_\_\_\_

Is this a Peer-to-Peer Discussion Request?     YES     NO

Note: A physician or physician employed by the Provider, not a consultant, may request to hold discussions with HMS' Medical Director.

**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:**  
 You may submit this form and all additional materials by fax or mail.

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# Provider Portal

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## Provider Portal

**The HMS Provider Portal allows providers to:**

- Customize mailing address for ADRs and letters
- Review all approved new issues
- View overall ADR limit
- Track Additional Documentation Requests
- Confirm receipt of medical documentation
- Track the status and outcome of medical reviews
- Confirm receipt of discussion material and correspondence
- View discussion period information
- View appeal status
- Track claim closures

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**Customized  
Contact  
Information**

### How can I customize my mailing address for Region 4 ADRs and correspondence?

- Existing customized contact information has been migrated to the new Region 4 portal
- New providers are initially required complete the Knowledge Based Authentication (KBA) to obtain user credentials
- 2-Factor Authentication required for all established user login attempts
- Portal accepts up to 7 contacts per organization
- Portal User Guides can be found at: <https://racinfo.hms.com/Public1/KnowledgeBase/dAuthentication.aspx>

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### HMS' Provider Portal Sign In Page

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### Customized Contact Information Page

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### Additional Documentation Request Tracking Page

Additional Documentation Request Tracking

Please allow 3 business days for the receipt of a Medical Record to post. If it has been more than 3 days, please contact a Provider Relations Representative at (877) 330-7992.

Additional Documentation Requests are available for viewing on the Provider Portal for 300 days from the date of the request, per CMS guidelines.

SAC 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 Change Date
No Records Requested.											

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### Discussion and Correspondence Tracking Page

Discussion and Correspondence Tracking

Please allow 3 business days for the receipt of a Discussion or Correspondence to post. If it has been more than 3 days, please contact a Provider Relations Representative at (877) 330-7992.

Discussion and Correspondence requests are available for viewing on the Portal for 300 days from the date of receipt, per CMS guidelines.

Discussion Tracking

SAC Case ID	Claim Number	Date Of Service From	Date Of Service To	Patient Control Number	Discussion Received Date	Discussion Determination*	Discussion Determination Date	Discussion Received Date	Discussion Determination Date
No Discussion Found.									

Correspondence Tracking

SAC Case ID	Claim Number	Date Of Service From	Date Of Service To	Patient Control Number	Correspondence Received Date
No Correspondence Found.					

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### Appeals Tracking Page

Appeal Tracking

The appeal status listed below is the most current appeal status on file as of 10/1/15 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 300 days from the Disposition Date.

SAC Case ID	Claim Number	Date Of Service From	Date Of Service To	Patient Control Number	Level of Appeal	Disposition	Disposition Date
No Appeal Found.							

\* Definition:  
Level of Appeal:  
C = Clinical Reopening OR = Judicial Review  
R = Re-determination OR = ORAD  
Q = QIC  
Z = ALJ

Disposition:  
A = Active Recovery Auditor Decision  
D = Request Denied by NRC  
F = Fully Favorable to Provider  
R = Request for Reopening Accepted by the NRC  
P = Determination Pending  
W = Request Withdrawn by Provider  
Z = Remanded Back to Previous Level of Appeal

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**RAC Region 4 CMS Approved New Issues Page**



Provider Number:  [Search]

**New Issues Approved by CMS**

All new issues that are identified by HMS must first be approved by CMS.

Number of Records per Page:

Issue	Last Case	Number	Provider Type	Program Code	Start Effective Date	End Effective Date	Program Review	Review Status	Additional Information
Complex Inpatient Hospital and Ambulatory Settings		0014	Acute Care Hospital	Complex	1/1/10/2014		All Programs 6-Status	All Programs 6-Status	Issue that was approved by HMS and is currently being reviewed by CMS. This issue is subject to the review of the RAC. The RAC will review the issue and provide recommendations and the RAC will submit the recommendation to CMS. The RAC will submit the recommendation to CMS. The RAC will submit the recommendation to CMS. The RAC will submit the recommendation to CMS.
Complex Outpatient Hospital and Ambulatory Settings		0015	Acute Care Hospital, AOC	Complex	1/1/10/2014		All Programs 6-Status	All Programs 6-Status	Issue that was approved by HMS and is currently being reviewed by CMS. This issue is subject to the review of the RAC. The RAC will review the issue and provide recommendations and the RAC will submit the recommendation to CMS. The RAC will submit the recommendation to CMS. The RAC will submit the recommendation to CMS.

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*HMS Contact Information*

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**HMS' Provider Relations Area is the first line of Provider Communication**

*HMS Contact Information*

- Part A Toll Free Number: (877) 350-7992
- Part A Fax Number: (702) 240-5595
  
- Part B Toll Free Number: (877) 350-7993
- Part B Fax Number: (702) 240-5510
  
- E-mail Address: [racinfo@hms.com](mailto:racinfo@hms.com)
- Address: HMS Federal (HMS)  
9275 West Russell Road,  
Suite 100 – MS 12M  
Las Vegas, NV 89148
  
- Hours of Operation: 8:00 AM – 4:30 PM (All Region 4 Time Zones)

**CMS**

- CMS Website: [Recovery Audit Program Page](https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-fis-compliance-programs/recovery-audit-program)  
<https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-fis-compliance-programs/recovery-audit-program>
- CMS E-mail Address: [RAC@cms.hhs.gov](mailto:RAC@cms.hhs.gov)

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<p><i>Helpful Hints</i></p>	<p><b>What can I do to prepare for a RAC Audit?</b></p> <ul style="list-style-type: none"><li>▪ Customize contact information</li><li>▪ Review CMS Approved New Issues posted to the website</li><li>▪ Monitor the website for announcements and updates</li><li>▪ Fax discussion requests</li></ul> <p>34</p>
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<p><i>Key Timeframes</i></p>	<p><b>As a reminder...</b></p> <ul style="list-style-type: none"><li>▪ Additional Documentation Requests (ADRs) are sent on a 45-day cycle</li><li>▪ Providers have 45 days to submit medical documentation</li><li>▪ Reviews are completed within 30 days of receipt of medical documentation</li><li>▪ Discussion Requests must be received no later than 30 days from the date of the letter</li><li>▪ Claims may be sent to the MAC for adjustment on day 31</li></ul> <p>35</p>
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<p><b>Questions?</b></p>  <p>36</p>
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