Recovery Audit Contractor (RAC) Discussion Period Process

What is a Discussion Period?

The Discussion Period begins with the date of the informational letter for automated reviews, or the date of the review results letter for complex reviews, 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 automated reviews) or a review results letter (for complex reviews) is received, a provider may file a discussion period request with the RAC. 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 automated reviews and the findings letter date from complex reviews. 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 discussion:

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 cannot review discussion documentation received on or after the 31st day from the Informational Letter (for automated reviews) or Review Results Letter (for complex reviews) date.

How do I track the status of the Discussion Documentation I have sent to HMS?

Log into the Provider Portal 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).
To: HMS Part A Discussion Period Review  
Fax: (702) 240-5595

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.

NOTES:
1. Please submit one (1) form for each claim.
2. Please enclose a copy of the Audit Detail Page that is attached to the HMS letter.
4. HMS will carefully review the materials you have submitted and provide you with a written response.

The information transmitted in this fax and any file transmitted with it is confidential and may contain legally privileged material. It is intended for the sole use of the addressee. If you are not the intended recipient, any review, retransmission, disclosure, dissemination, reliance upon or other use of, this information is prohibited and may be unlawful. If you received this in error, please contact the sender and destroy the material.
Page Left Blank Intentionally
To:   HMS Part B Discussion Period Review  
Fax:  702-240-5510  

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.  
NOTES:  
1. Please submit one (1) form for each claim.  
2. Please enclose a copy of the Audit Detail from the HMS Letter.  
3. You may track the status of your Discussion Period Request at https://racinfo.hms.com  
4. HMS will carefully review the materials you have submitted and provide you with a written response.  

CMS RAC Part B Discussion Period Review  
9275 W Russell Road, Ste 100 - MS 12M, Las Vegas NV 89148  
Part B Provider Relations: (877) 350-7993  Fax: (702) 240-5510  

The information transmitted in this fax and any file transmitted with it is confidential and may contain legally privileged material. It is intended for the sole use of the addressee. If you are not the intended recipient, any review, retransmission, disclosure, dissemination, reliance upon or other use of, this information is prohibited and may be unlawful. If you received this in error, please contact the sender and destroy the material.