



**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: _____

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 do not select "yes" if a physician employed with your facility is not requesting to hold discussions 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:

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
3. You may track the status of your Discussion Period Request at www.racinfo.hms.com.
4. HMS will carefully review the materials you have submitted and provider you with a written response.

CMSRAC 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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