



**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.

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**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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**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 <https://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, Ste 100 - MS 12M, Las Vegas NV 89148  
**Part A Provider Relations: (877) 350-7992 Fax: (702) 240-5595**

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