

PERFORMANT

Recovery Audit Contractor (RAC)
Region 5 Outreach Presentation
February 2017

Agenda



- Introduce the Performant team and provide important contact information
- Explain the key characteristics of the new RAC contracts and the scope of RAC Regions
- Highlight some key timeframes and RAC processes that every Medicare provider should become familiar with
- Review the RAC resources available to all Medicare providers
- Answer questions from the provider community

Performant At-a-Glance

Founded in
1976

KEY MARKETS SERVED:



Healthcare



Government



1 of 3

Medicare Recovery
Audit Contractors



Nationwide Service



Customer
Service
driven



Integrity-focused



1,500
employees

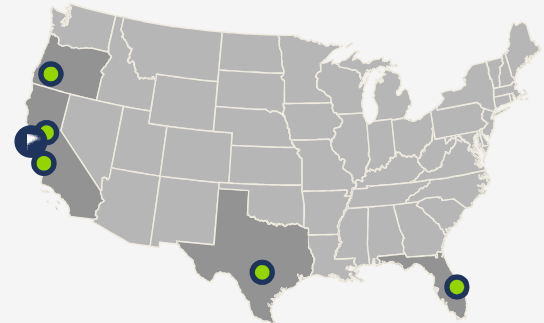


Long-term
provider relationships



Publicly traded
under PFMT (NASDAQ)

Headquartered
in Bay Area (Livermore, CA)



Performant Recovery Locations

Livermore, CA

- Corporate Office
- IT and Data Analytics



San Angelo, TX

- RAC Management Team
- Audit Team
- Appeals and Discussion team
- RAC Operation Unit
 - Customer Service team
 - Medical Record intake team
 - Appeals and Discussion team



Remote Auditors and Staff

- Performant Recovery & RAC Leadership Team
- Contractor Medical Director (CMD)
- New Issue Team
- Nurse Auditors
- Certified Coder Auditors



Our Customer Service Staff



- Average years of experience range from 10-12 years
- All staff are in the United States and US Citizens
- We are here to HELP

Our Audit Staff



Performant Nurse Audit Team

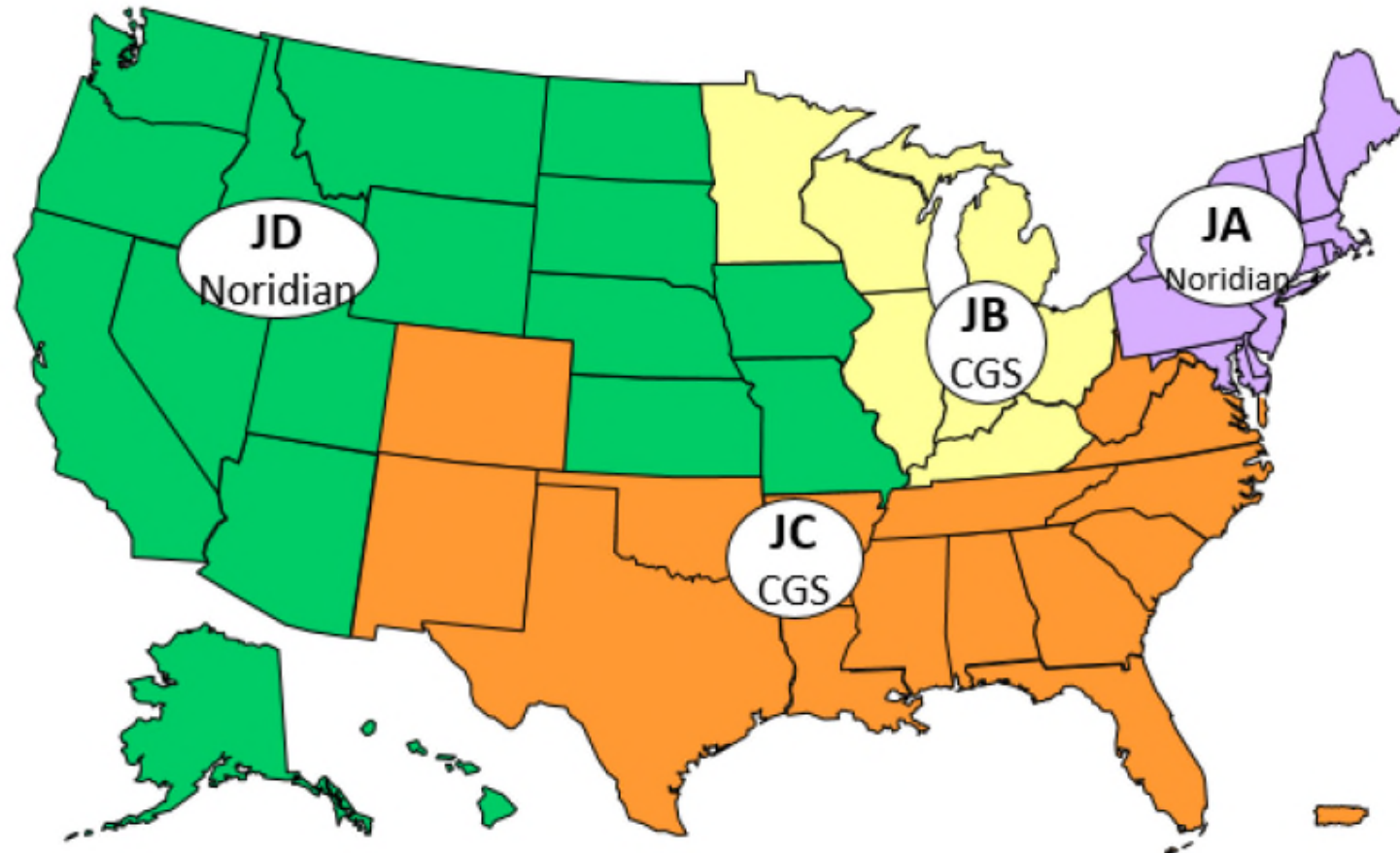
- A mix of talent from Utilization Review, ER, CCU/ICU, Med-Surg, Case Management, etc.
- All nurses are registered nurses with active unrestricted licenses
- Average combined years of experience 17+ years and range from 3-38 years
- All staff are in the United States and US Citizens

Performant Coding Audit Team

- A mix of talent with predominately inpatient coding experience and have certifications as RHIA/RHIT, CCS & CPC. Some have multiple certifications and a number are nurses.
- All coders are certified coders with current certifications
- Average combined years of experience 15+ years and range from 3-30 years
- All staff are in the United States and US Citizens

Region 5 – All States and all DME MAC Jurisdictions

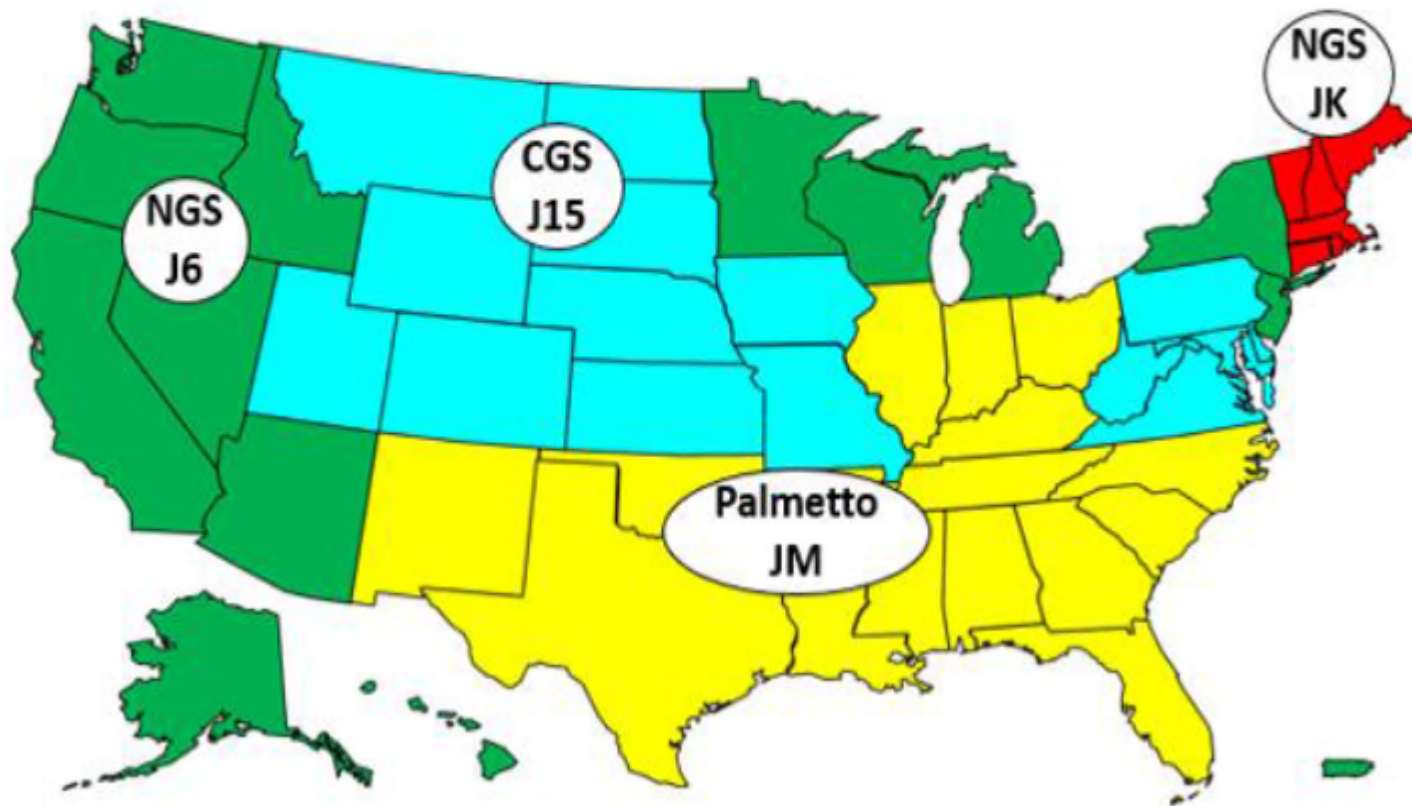
DME Jurisdiction Map as of July 2016



Region 5 – All States and all HH/H MAC Jurisdictions

Home Health & Hospice MAC Areas

as of December 2015



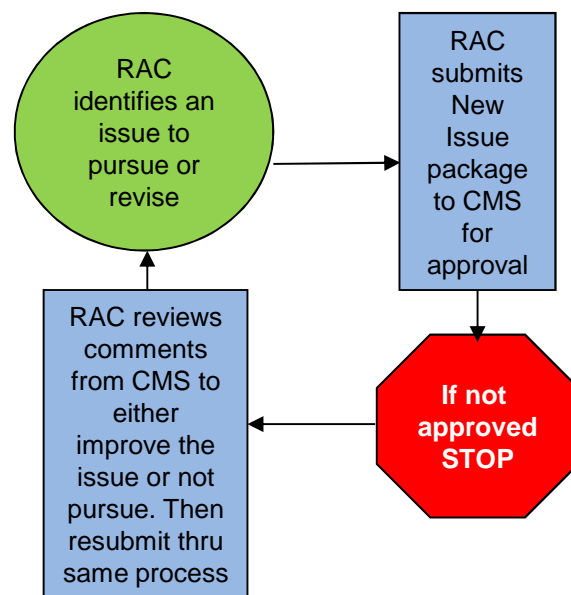
CMS RAC Program Enhancements

- RACs are required to maintain an overturn rate of less than 10% at the first level of appeal, excluding claims that were denied due to no or insufficient documentation or claims that were corrected during the appeal process.
- RACs are required to maintain an accuracy rate of at least 95%. Failure to maintain an accuracy rate of 95% will result in a progressive reduction in ADR limits.
- RACs are required to have a Contractor Medical Director and are encouraged to have a panel of specialists available for consultation. In addition, physicians are afforded the opportunity to discuss the improper payment identification with the Contractor Medical Director, who is a physician.
- CMS required the RACs to provide consistent and more detailed review information concerning new issues to their websites as well as broaden their review topics to include all claim/provider types, and will be required to review certain topics based on a referral, such as an OIG report.
- CMS instructed the RACs to incrementally apply the additional documentation request (ADR) limits to new providers under review and revised the ADR limits for facility claims. The limits are diversified across all claim types of a facility (e.g., inpatient, outpatient).
- RACs will have 30 days to complete complex reviews and notify providers of their findings.
- RACs must wait 30 days to allow for a discussion request before sending the claim to the MAC for adjustment.

Process for Approval of New Issues

To ensure that the RAC is making accurate claim determinations all reviews must receive CMS approval prior to proceeding with widespread reviews.

- Performant compiles required information supporting improper payment concepts to CMS for review and approval.
- “New Issue” packets are reviewed by CMS to verify audit concepts and ensure all supporting documentation is relevant and accurate prior to approving. Incomplete or incorrect new issue submissions are returned for correction or outright rejected.
- Information submitted may include and is not limited to the following elements.
 - Issue description
 - Provider type
 - Error type
 - CMS policy references
 - Codes for review
 - Edit parameters
 - Dates and states requested for review
 - Good cause for claim reopening
 - Improper payment rationale
 - Claim samples



Approved New Issues are posted to Performant Recovery’s Provider Portal as well as CMS.gov.

Approved Issues – Region 5



Please see Performant's website for a current list of Approved Issues
<https://www.dcsrac.com/IssuesUnderReview.aspx>



Approved Issues

NOTE: The below list of CMS Approved Issues is as of February 7, 2017. This “list” will be updated on a regular basis, so please be sure to regularly check this website for updates.

[View All](#)

<u>Issue Num</u>	<u>Issue Name</u>	<u>Type of Review</u>	<u>Provider Type</u>	<u>State(s) Impacted</u>	<u>Date Posted</u>	<u>Details</u>
0025	Automated Nebulizers Not in Accordance with Billing Requirements	Automated	DME by Supplier, DME by Physician	Region 5	2/2/2017	Details
0016	Automated CPM Billed without Total Knee Replacement	Automated	DME by Supplier, DME by Physician	Region 5	2/2/2017	Details

Medical Record Request (ADR) Limits for Institutional Providers

Additional Documentation Limits for Institutional Providers can be found at

<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>

- CMS will calculate each provider's ADR limit and will provide the limits to the RAC's. Examples of how the ADR limits are calculated can be found in the link above.
- The annual ADR Limit will be **one-half of one percent** (0.5%) of the provider's total number of paid Medicare claims from the previous year. The number of paid claims is determined by the 6-digit **CMS Certification Number (CNN)** and the provider's **National Provider Identifier (NPI)** number.
- For Institutional claims, ADR limits will be diversified across all claim types based on type of bill (TOB) and limited to no more than a 3-year look-back period from claim paid date based on using the .5% non adjusted baseline criteria.
- ADR letters are sent on a 45-day cycle. The annual ADR Limit will be divided by 8 to establish the ADR cycle limit, which is the maximum number of claims that can be included in a single 45-day period. Although the Recovery Auditors may go more than 45 days between record requests, in no case shall they make requests more frequently than every 45 days.

Medical Record Request (ADR) Limits

Additional Documentation Limits for Physician/Non-Physician Practitioner can be found at:

<https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Downloads/PhyADR.pdf>

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.

Additionally, 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.

Group/Office Size	Maximum number of requests per 45 days
50 or more	50 records
25-49	40 records
6-24	25 records
Less than 5	10 records

Recovery Auditors look-back period is not to exceed a 3-year look-back period. Examples of how the ADR limits are calculated can be found in the link above.

- **Durable Medical Equipment (DME) Suppliers (*as of April 4, 2013*)**
 - uses Tax Identification Number (TIN)
 - set at 10% of all claims submitted for the previous full calendar year
 - cap set at 250 ADRs per 45 days; no minimum
- **Prosthetists/Orthotists (*as of April 4, 2013*)**
 - Uses TIN
 - specialty codes 51, 52, 53, 55, 56 or 57 only
 - Cap set at 10 ADRs per 45 days; no minimum

Current Additional Documentation Limits for DME Suppliers (as of 4/3/13)

[Additional Documentation Limits for Durable Medical Equipment \(DME\) Suppliers \(https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Downloads/April-2013-Supplier-ADR-Limit-Update2.pdf\)](https://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Downloads/April-2013-Supplier-ADR-Limit-Update2.pdf)

Record Limits may change at CMS' direction

Send requested documentation to support review of claim(s)

- Performant will request both specific items and the complete record for review. To avoid unnecessary delays and potentially incorrect findings submit ALL documentation to support the billing and coding of the claims under review.
- You may submit records via esMD, CD/DVD, or paper. It is important that providers **send one, complete submission** of records as the audit timeframe begins upon receipt of any record related to the review. Do NOT send multiple submission of records.
- To avoid unnecessary delays, if there are questions or problems with locating the complete record set please contact Customer Service for assistance.



Medical Record Submissions

You may submit requested documentation via:

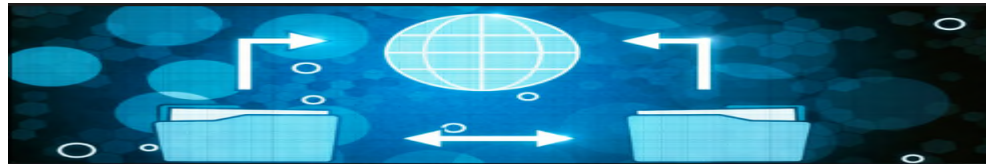
- **esMD**

or

- **by postal mail**
 - either as images on CD/DVD or
 - on paper



Electronic Submission of Medical Documentation (esMD) – preferred method



CMS offers Providers an automated mechanism for submitting medical documentation via an Health Information Handler (HIH)




- The esMD system allows providers and HIHs to electronically send their responses to Additional Documentation Request (ADR) letters to review contractors during the claims review process.
- One of the benefits of using esMD is that it can help mitigate late submissions and potential technical denials.
- Performant cannot recommend a HIH, however there are several HIH's available to offer esMD gateway services to Providers.
- More information is available at this CMS.gov link. It includes list of HIH vendors and how to contact them (see related links within the website):

[https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Which HIHs Plan to Offer Gateway Services to Providers.html](https://www.cms.gov/Research-Statistics-Data-and-Systems/Computer-Data-and-Systems/ESMD/Which_HIHs_Plan_to_Offer_Gateway_Services_to_Providers.html)


Medical Record Submission via CD/DVD or Paper:




- If submitting via paper or CD/DVD a copy of the Bar Code Sheet(s) must be affixed to the requested documentation.
- **Please bundle documents for each claim separately to enable us to confirm receipt of documents.**


Example of Bar Code request sheet




Beneficiary Information		DOB & DOS		RA Case #	
Name:	DOB:	Check Box	 90033321614		
Claim#:	HIC:				
PT Cntrl:	DOS: 9/17/2014 - 9/23/2014				
Amount:					
Name:	DOB:	Check Box	 90033319824		
Claim#:	HIC:				
PT Cntrl:	DOS: 11/17/2014 - 11/25/2014				
Amount:					
Name:	DOB:	Check Box	 90033322414		
Claim#:	HIC:				
PT Cntrl:	DOS: 4/17/2013 - 4/19/2013				
Amount:					


Medical Record Submission




1. In the example to the right there are 3 distinct record requests. Copy the Bar Code Sheet(s) as the first page for each corresponding set of documents. 

Beneficiary Information	DOB & DOS	Check Box	RA Case #
Name:	DOB:	<input checked="" type="checkbox"/>	 90033321614
Claim#:	HIC:		
PT Cntrl:	DOS: 9/17/2014 - 9/23/2014		
Amount:			
Name:	DOB:	<input type="checkbox"/>	 90033319824
Claim#:	HIC:		
PT Cntrl:	DOS: 11/17/2014 - 11/25/2014		
Amount:			
Name:	DOB:	<input type="checkbox"/>	 90033322414
Claim#:	HIC:		
PT Cntrl:	DOS: 4/17/2013 - 4/19/2013		
Amount:			

2. Place a check mark where indicated to associate the claim # with the corresponding set of documents (the records for each claim should be a separate and distinct bundle). 

Beneficiary Information	DOB & DOS	Check Box	RA Case #
Name:	DOB:	<input type="checkbox"/>	 90033321614
Claim#:	HIC:		
PT Cntrl:	DOS: 9/17/2014 - 9/23/2014		
Amount:			
Name:	DOB:	<input checked="" type="checkbox"/>	 90033319824
Claim#:	HIC:		
PT Cntrl:	DOS: 11/17/2014 - 11/25/2014		
Amount:			
Name:	DOB:	<input type="checkbox"/>	 90033322414
Claim#:	HIC:		
PT Cntrl:	DOS: 4/17/2013 - 4/19/2013		
Amount:			

3. Documentation submitted without the barcode identifier will be rejected. 

Beneficiary Information	DOB & DOS	Check Box	RA Case #
Name:	DOB:	<input type="checkbox"/>	 90033321614
Claim#:	HIC:		
PT Cntrl:	DOS: 9/17/2014 - 9/23/2014		
Amount:			
Name:	DOB:	<input type="checkbox"/>	 90033319824
Claim#:	HIC:		
PT Cntrl:	DOS: 11/17/2014 - 11/25/2014		
Amount:			
Name:	DOB:	<input checked="" type="checkbox"/>	 90033322414
Claim#:	HIC:		
PT Cntrl:	DOS: 4/17/2013 - 4/19/2013		
Amount:			

Medical Record Submission via CD/DVD:

Include a copy of the Bar Code Sheet(s) with CD/DVD package

- Multiple charts can be sent on one CD/DVD but each chart request must be a separate PDF/TIFF file and named appropriately.
- Naming Convention for each claim submitted is: NPI#-Claim#
Example:
 - Claim number is 123456
 - NPI is 654321
 - file name is 654321-123456
- Scanned image resolution must be clear & legible - 300 dpi and in black and white Image format must be in either PDF or TIFF format (PDF is preferred)
 - For PDF format, DO NOT password protect the INDIVIDUAL PDF files.
 - Instead, zip all PDFs into a WinZip file and encrypt it.
- CD/DVDs do not require encryption but it is recommended for security purposes. If encryption/password protection is desired, the following common WinZip options are accepted:
 - Zip 2.0 compatible encryption
 - 256-Bit AES encryption
- If a password is required to open a zipped CD/DVD please submit that password to Performant Recovery, prior to shipment, via the method below.
 - E-mail password to: info@performantRAC.com
 - Email must include letter request id and claim number for identification.






Medical Record Submission via Paper:

- **Include a copy of the Bar Code Request Sheet(s)**
- Use standard 8 ½ X 11 paper
- 3 hole punched paper will not be accepted
- No staples or staple holes
- Each chart should be individually secured with a rubber band or paper clip
- Photocopy must be of good quality and legible
- Records must be copied on only one side
- Pages should be top faced and face up



□

Example of Bar Code request sheet

Beneficiary Information		DOB & DOS		RA Case #	
Name:	DOB:	Check Box	 90033321614		
Claim#:	HIC:				
PT Cntrl:	DOS: 9/17/2014 - 9/23/2014				
Amount:					
Name:	DOB:	Check Box	 90033319824		
Claim#:	HIC:				
PT Cntrl:	DOS: 11/17/2014 - 11/25/2014				
Amount:					
Name:	DOB:	Check Box	 90033322414		
Claim#:	HIC:				
PT Cntrl:	DOS: 4/17/2013 - 4/19/2013				
Amount:					

Mailing Records

Documentation may be mailed to:
Performant Recovery, Inc.
Records Department
2751 Southwest Boulevard
San Angelo, TX 76904



If mailed, it is strongly recommended all medical records be sent to via a traceable carrier such as FedEx, UPS, DHL, registered USPS mail, in a tamper-proof, padded package.

The CMS Program Integrity Manual (PIM) section 3.2.3.6. provides guidance to the RACs on the reimbursement for Medical Records

- Per guidance from CMS, PIM section 3.2.3.6 does not apply to DMEPOS Suppliers, therefore Performant is not required to reimburse DMEPOS Suppliers for Medical Records.
- For Home Health and Hospice Providers reimbursement for medical records submission costs is defined as follows:
 - 0.12 cents per page, plus first class postage, for reproduction of PPS provider records
 - 0.15 cents per page, plus first class postage, for reproduction of non-PPS institutions and practitioner records
 - Providers (such as critical access hospitals) under a Medicare reimbursement system receive no photocopy reimbursement
 - An additional \$2 is added for esMD submissions per case in lieu of postage
 - **The maximum payment to a provider per medical record shall not exceed \$25.**
- Performant will track record submissions and issue a check within 45 days of the record submission. There is no requirement to invoice.



RAC Audit Guidelines

The RAC shall comply with all NCDs, national coverage/coding articles, LCDs, local coverage/coding articles, and provisions in Internet Only Manuals, such as the Claims Processing Manual and the PIM. NCDs, LCDs, and coverage/coding articles can be found in the Medicare Coverage Database at <http://www.cms.gov/medicare-coverage-database/>.

Internet Only Manuals can be found at <http://www.cms.gov/Regulations-and-Guidance/Guidance/Manuals/Internet-Only-Manuals-IOMs.html>. In addition, the RAC shall comply with all applicable change requests and Technical Direction Letters forwarded to the RAC by the CMS COR.

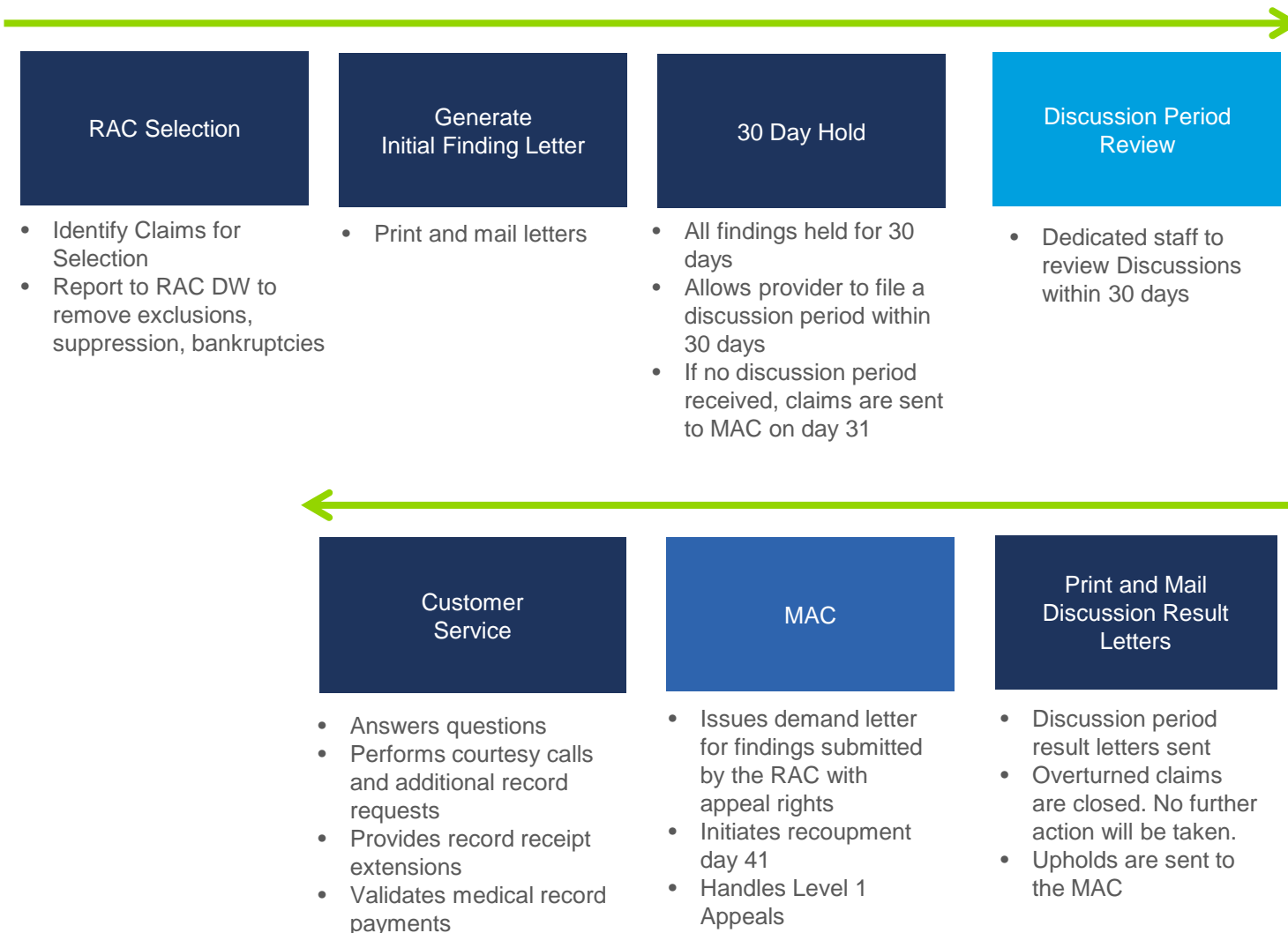
The RAC shall not apply any policy retroactively to claims processed prior to the effective date of the policy. The RAC shall ensure that policies utilized in making a review determination are applicable at the time the service was rendered.

The RAC shall clearly document the rationale for the review determination. This rationale shall include a detailed description of the Medicare policy or rule that was violated and a statement as to whether the violation resulted in an improper payment. The RAC shall ensure they are identifying pertinent facts contained in the medical record/documentation to support the review determination. Each rationale shall be specific to the individual claim under review and shall be included in the review results letter sent to the provider.

RAC Automated Audit Workflow

Operations

Audit



RAC Complex Audit Workflow

- Operations
- Audit

RAC Selection

- Identify Claims for Selection
- Report to RAC DW to remove exclusions, suppression, bankruptcies

Generate Medical Record Requests

- Print and mail letters
- Provider has 45 to send records

Records Received

- Via CD, paper, or esMD, scanned into system

Distribute Records and Perform Audits

- Distribution of records to Nurses and Coders audit staff
- Follow CMS Guidelines, MR, LCD, NDC, InterQual, Coding guidelines
- Customized rationale
- Complete review within 30 days

Quality Assurance

- 100% for new auditors and new concepts; monthly random selection thereafter
- All findings are reviewed
- CMD oversight

Customer Service

- Answers questions
- Performs courtesy calls and additional record requests
- Provides record receipt extensions
- Validates medical record payments

MAC

- Issues demand letter for findings submitted by the RAC with appeal rights
- Initiates recoupment day 41
- Handles Level 1 Appeals

Discussion Period Review

- Dedicated staff to review Discussions within 30 days
- Discussion period result letters sent
- Overturned claims are closed. No further action will be taken.
- Upholds are sent to the MAC

30 Day Hold

- All findings held for 30 days
- Allows provider to file a discussion period within 30 days
- If no discussion period received, claims are sent to MAC on day 31

Print and Mail Review Results Letters

- Finding and No Finding letter generated

Discussion Period

Purpose:

- Provides an opportunity for the Provider to submit additional information if you disagree with the review determination.
- RAC takes into consideration additional information, re-Audits the account, and either upholds or overturns the original decision.
- One benefit of filing a Discussion period is that if the decision is overturned, the RAC will not send an adjustment to the MAC. No further action will be required on your part.

Timeframe:

- Provider has 30-calendar days to submit a request for a Discussion Period.
- The 30-day period begins from the date of the Review Results letter.
 - For Automated reviews it's the Initial Findings Letter ("IFL")
 - For Complex review it's the Review Results Letter ("RRL")
- The Discussion Period request is acknowledged via the provider portal within 1 day.
- The RAC has 30-days from receipt of the Discussion Period request to respond to the provider.
- Providers will be notified of the Discussion period review outcome via a letter and the provider portal will be updated to reflect the date and outcome of the Discussion review decision.
 - If the audit is overturned in the providers favor, the audit is closed and no further action will be required on your part. If the audit decision is upheld, the MAC is notified and a demand letter will be mailed by the MAC.
 - If you disagree with the Discussion decision, you can file an appeal to the MAC for Reconsideration. You have 120 days from the date of Demand letter to file an appeal.

Discussion Request Form:

Request to Open Discussion Period
Region 5 Recovery Auditor Contractor (RAC)

- The Discussion Period request form is posted on the Performant Recovery website.
- Fill out the form and include the reason that you would like to discuss the case.
- There must be one Discussion form submitted per claim (no bundling claims on one form due to scanning processes).
- Attach supporting documentation for reconsideration.
- Indicate on the form if a physician-to-physician review is requested. If so, you will receive a call from the Discussion team to schedule the conference. A physician employed by the provider does not include those providers employed as consultants.
- Mail or fax the form to Performant.
- Acknowledgment of the Discussion request occurs when the form is scanned into the Performant system. This acknowledgement is viewable via your provider portal login. We strongly recommend you check for this verification of receipt.

Provider/Supplier Name: _____

NPI: _____

TAX-ID: _____

CLAIM #: _____

If you do not wish to discuss a specific claim or claim numbers, please leave blank.

Type of Audit: Automated – Automated Review Initial Finding Notification Letter:

Complex – Date of RAC Review Results Letter:

Additional Documentation Attached: Yes No

Physician-to-Physician discussion requested: Yes No

I do not agree with the RAC's decision for the following reason(s):

Please submit additional page(s), if necessary.

Signature: _____ Date: _____

Printed Name: _____ Phone: _____

E-mail: _____

Process Overview

- Providers do not always have to file an Appeal. You are encouraged to file a Discussion prior to an Appeal.
 - This gives the RAC the opportunity to evaluate the original determination
 - If the review determination is to overturn the finding, no further action will be taken
 - It lessens the administrative burden for both you and your Medicare Administrative Contractor
- If the Provider feels the RAC determination to uphold a decision during the Discussion period was not sufficient, the Provider has the right within the specified timeframe to file an Appeal.
- MAC's manage the Appeals process. The timeframes are clearly defined in the Demand Letter a Provider receives from the MAC.



Provider Portal

Website communications: <https://www.performantrac.com/>

- Provider Portal tab
<https://www.performantrac.com/ContentPages.aspx?Page=ProviderPortal>
 - Approved Issues
 - Frequently asked questions (FAQs)
 - Forms and sample documents
 - Additional documentation submission requirements
 - Review claims audit status
 - Update provider contact information



For all payers of healthcare claims, protecting against lost revenues is crucial. With the industry's premier audit and recovery capability, Performant Recovery is the answer. [Learn more](#).





The Provider Portal is a secure web-based application that will allow all provider types to view up-to-date information regarding the status of the claim reviews and ADR limits.



[\[Go to Bottom\]](#)

PROVIDER INFORMATION

- FAQs
- Approved Issues
- Forms and Sample Documents
- Revised CMS Additional Documentation Request Limits
- Additional Documentation Submission Requirements
- Provider Contact Information
- Claim Status**

RELATED SITES

- CMS RAC Website
- CMS Manuals
- American Hospital Association

Effective January 30, 2017

Below is a list of upcoming Webinars / Provider Outreach for **Region 5**. As the registration links become available on the MAC Websites, we will add them to our announcement.

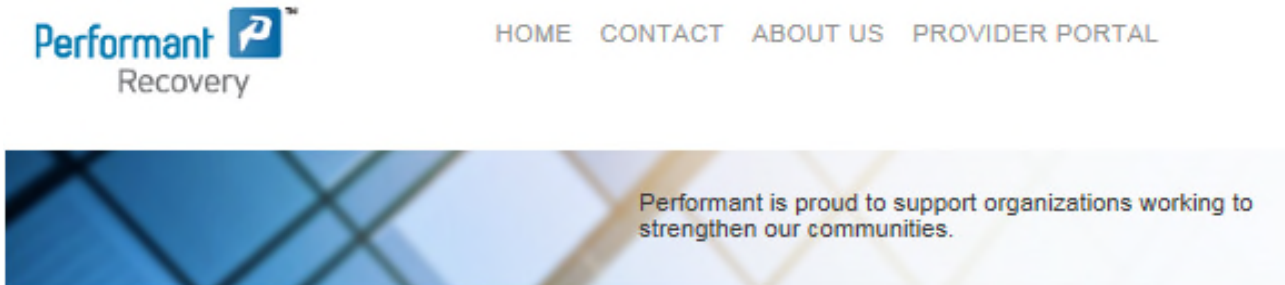
- WebEx with [NGS for Region 5 Home Health & Hospice Providers](#) - 02/16/2017, 3-5:00pm EST.
- WebEx with [Noridian for Region 5 DMEPOS Suppliers](#) 02/21/2017, 2-4:00pm EST.
- WebEx with [CGS for Region 5 DMEPOS Suppliers](#) - 02/23/2017, 2-4:00pm EST.
- WebEx with [CGS for Region 5 Home Health and Hospice Providers](#) - 03/21/2017 3-5:00pm EST. Website link for registration to be announced.
- WebEx with [Palmetto for Region 5 Home Health & Hospice Providers](#) - 03/23/2017 2-4:00pm EST.

Below is a list of upcoming Webinars / Provider Outreach for **Region 1**. As the registration links become available on the MAC Websites, we will add them to our announcement.

- WebEx with [NGS for Region 1 Outreach](#) 02/16/2017, 12-2:00pm EST - **This session is full**
- WebEx with [NGS for Region 1 Outreach](#) 02/17/2017, 12:30-2:30pm EST
- WebEx with [WPS for Region 1 Outreach](#) 02/22/2017, 1-2:30pm EST
- WebEx with [CGS for Region 1 Outreach](#) 02/23/2017, 11-1:00pm EST.
 - Part A registration link: <http://cgsmedicare.com/parta/pubs/news/2017/02/cope1999.html>
 - Part B registration link: <http://cgsmedicare.com/partb/pubs/news/2017/02/cope1999.html>

Provider Portal – login

After you accept the terms of usage, this log-in screen will appear. The information to log onto the website is provided to you in writing via a “Welcome” letter from Performant. If you cannot locate this information, contact Customer Service and they will assist you.




PROVIDER LOGIN

User ID:

Password:

[Forgot Password](#)



In the space below type the word appearing in the picture.

Welcome to the "Claims Status" page

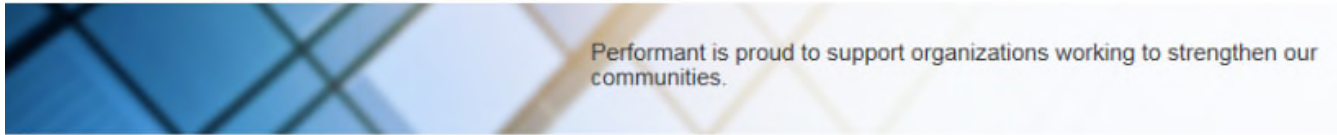
This page is for users that have received an Additional Documentation Request (ADR)/medical record request letter. The user id and password for access to this page will be sent to you with the 1st ADR letter you receive. Only providers who have received an ADR letter will have a user id and password assigned. If you have received an ADR letter, but not received a user name and password please contact customer service at 866-201-0580.

Provider Portal – What’s Inside



What’s Inside:

- The provider’s overall ADR limit
- ADR letter mailed date
- Medical documentation received date
- Medical review completed date
- The outcome of the review (overpayment, underpayment, no finding)
- Discussion period information
- Appeals outcomes
- Case closure date
- Update Contact Info



Welcome

[Update Contact Info](#)

Choose a region: Region 1 Region 5 Region A All Regions

[Click here for ADR limits](#)

[Complex](#)

[Automated](#)

[Semi-Automated](#)

** Note: From Jan 03, 2012, Demand Letters will be printed by the MAC.*

Please contact the MAC for Demand Letter details for claims after Jan 03, 2012.

* Click on the label to sort by

RAC Case Id	Status	Service Date		Claim Paid Amt	ADR Letter			Audit		Review Results Letter		Discussion Period	
		From	To		Mailed On	ID	Addl Docs Rec'd on	Completed Date	Outcome	Mailed On	ID	Request Rec'd Date	Review Comp Date
90031003032	Active	10/23/2012	10/31/2012	\$32,733.83	01/29/2015	1547591	02/17/2015			04/16/2015	1581681		
90031005656	Active	11/10/2012	11/14/2012	\$18,182.51	01/29/2015	1547591	02/17/2015			04/14/2015	1581230		
90031020747	Active	03/27/2013	04/02/2013	\$30,729.78	01/29/2015	1547591	03/02/2015			04/29/2015	1585149		
90031022750	Active	09/14/2014	09/17/2014	\$7,600.65	01/29/2015	1547591	02/17/2015			04/13/2015	1581038		
90031694301	Active	10/02/2013	10/04/2013	\$9,293.58	03/23/2015	1568176	04/15/2015			06/12/2015	1601676		
90031694533	Cancelled	09/28/2013	10/04/2013	\$11,406.65	03/23/2015	1568176	04/27/2015						
90031694806	Cancelled	09/11/2012	09/19/2012	\$16,912.24	03/23/2015	1568176	04/20/2015						
90031694954	Active	02/11/2014	02/14/2014	\$18,945.19	03/23/2015	1568176	04/10/2015			06/09/2015	1598269		
90031700199	Active	09/06/2013	09/17/2013	\$31,289.93	03/23/2015	1568176	04/27/2015			06/24/2015	1603798		
90031705081	Active	07/09/2013	07/16/2013	\$11,542.97	03/23/2015	1568176	04/20/2015			06/18/2015	1602951		
90031715486	Active	06/14/2014	06/20/2014	\$19,147.65	03/23/2015	1568176	04/17/2015			06/16/2015	1602604		
90031719157	Cancelled	11/30/2014	12/07/2014	\$21,251.64	03/23/2015	1568176	04/22/2015						
90032178239	Active	02/25/2014	03/08/2014	\$20,537.91	05/15/2015	1593819	06/17/2015			08/11/2015	1623882		

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Note: The portal is updated nightly

Provider Contact Information

Basic Tips:

- Always update the contact information as soon as a change occurs; address, point of contact person/department, phone, email, etc.
- Incorrect contact information could result in misrouting of RAC-related letters (ADR, Review Results, Initial Finding Letters, etc.)
- Make sure your organization agrees on and communicates internally who the contact person should be for the Provider Portal login and ensure this person registers as your single Point of Contact.
- Contact information should only be sent in writing via the web site, e-mail or fax. We do not accept verbal address changes.
- MAC sends the Demand Letter (*and any related documents*) to the address they utilize for all MAC correspondence, which may be different than the RAC customized address you provided to Performant. Please work with your MAC to keep your addresses updated.



Provider Contact Information Webpage



HOME **PROVIDER PORTAL** CONTACT ABOUT US

[\[Go to Bottom\]](#)

PROVIDER INFORMATION

- FAQs
- Approved Issues
- Forms and Sample Documents
- Revised CMS Additional Documentation Request Limits
- Additional Documentation Submission Requirements
- Provider Contact Information**
- Claim Status

RELATED SITES

- CMS RAC Website
- CMS Manuals
- American Hospital Association

Effective January 30, 2017

Below is a list of upcoming Webinars / Provider Outreach for **Region 5**. As the registration links become available on the MAC Websites, we will add them to our announcement.

- WebEx with [NGS for Region 5 Home Health & Hospice Providers](#) - 02/16/2017, 3-5:00pm EST.
- WebEx with [Noridian for Region 5 DMEPOS Suppliers](#) 02/21/2017, 2-4:00pm EST.
- WebEx with [CGS for Region 5 DMEPOS Suppliers](#) - 02/23/2017, 2-4:00pm EST.
- WebEx with CGS for Region 5 Home Health and Hospice Providers - 03/21/2017 3-5:00pm EST. Website link for registration to be announced.
- WebEx with [Palmetto for Region 5 Home Health & Hospice](#) Providers - 03/23/2017 2-4:00pm EST.

Below is a list of upcoming Webinars / Provider Outreach for **Region 1**. As the registration links become available on the MAC Websites, we will add them to our announcement.

- WebEx with [NGS for Region 1](#) Outreach 02/16/2017, 12-2:00pm EST - **This session is full**
- WebEx with [NGS for Region 1](#) Outreach 02/17/2017, 12:30-2:30pm EST
- WebEx with [WPS for Region 1](#) Outreach 02/22/2017, 1-2:30pm EST
- WebEx with CGS for Region 1 Outreach 02/23/2017, 11-1:00pm EST.
 - Part A registration link: <http://cgsmedicare.com/parta/pubs/news/2017/02/cope1999.html>
 - Part B registration link: <http://cgsmedicare.com/partb/pubs/news/2017/02/cope1999.html>

Provider Contact Information Form

RA Request for Provider Contact Information

Performant Recovery is the Recovery Auditor (RA) for Regions 1 and 5. Please provide your contact information for both Review Results Letters/Demand Letters and Medical Record Requests below. If you represent multiple facilities/providers, please complete this form for each facility/provider.

If you would like to fill out a spreadsheet instead of an online submission form, please fill out the spreadsheet linked below and email the completed spreadsheet to our [RA Customer Service Liaison](#).



[Provider Contact Information Spreadsheet.xls](#)

* Please indicate your state

* Provider Name * NPI #

* Hospital/Physician Group Name Same as NPI

* Tax Identification # * Group NPI #

Does your facility/office bill under any other NPIs? Yes No

If you checked yes, please fill out a form for each NPI.

Contact for Review Results Letters/Demand Letters

* Contact Person * Telephone # - - Ext.

Title Fax # - -

* Mailing Address * City * State * Zip Code

Alternate Contact Person Telephone # - - Ext.

CHECK HERE IF YOU WANT ALL CORRESPONDENCE, INCLUDING MEDICAL RECORD REQUESTS, TO BE DIRECTED TO THE ABOVE INDIVIDUAL OTHERWISE, COMPLETE THE NEXT SECTION.

Contact for Performant Recovery Medical Record Requests

* Contact Person * Telephone # - - Ext.

Title Fax # - -

* Mailing Address * City * State * Zip Code

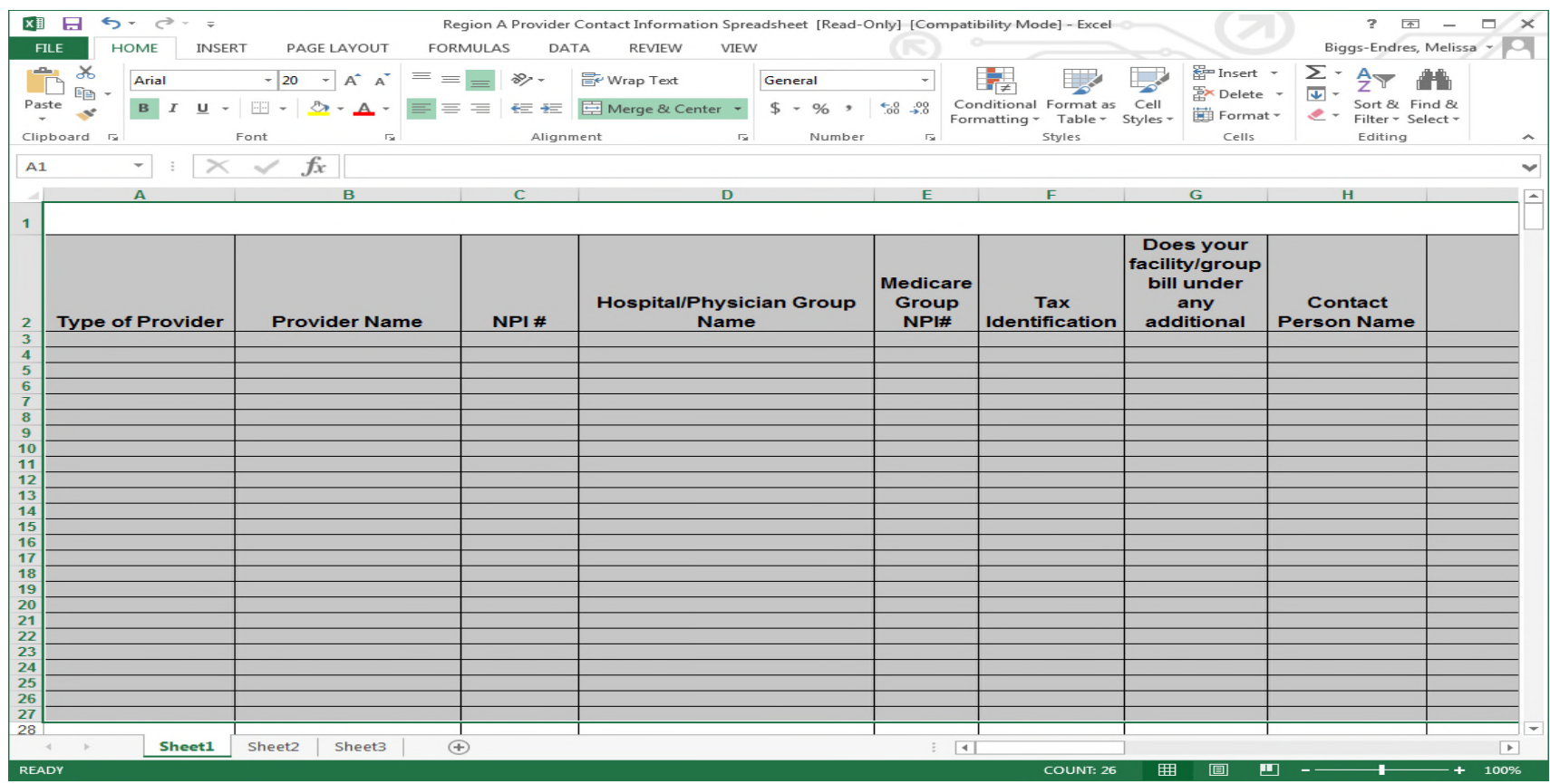
Alternate Contact Person Telephone # - - Ext.

You can send this information by clicking the submit button or by faxing it to Performant Recovery RA Customer Service at 325-224-6710.

- The Request for Provider Contact Information will appear as shown below.
- Complete all information requested and click the **submit** button at the bottom of the page.
- Should you have a group clinic or billing locations for multiple physicians/suppliers, you will want to complete the “Provider Contact information spreadsheet” located at the top of the form. Click on the **Excel** spreadsheet to open the form.

Provider Contact Information for Multiple Providers

This is how the spreadsheet will appear. Fill out the requested information as you see it below, save the file (naming convention is your preference), and email the spreadsheet to Customer Service at Info@Performantrac.com. Customer Service will acknowledge receipt of the file and upload the file on your behalf.



Contact Information

- **Performant Recovery:**

- Toll free number: 1-866-201-0580
- Fax number: 1-325-224-6710
- Web site address: <https://www.performantrac.com>
- E-mail address: info@performantRAC.com
- Hours of operation: 8:00 AM – 4:30 PM EST

- **The MAC is your Primary Contact for Payment and Level 1 Appeal Inquiries**

- The MAC will handle all processes related to recoupments, appeals, and refunds.
 - CGS - Jurisdiction 15 (J15) – Home Health & Hospice Providers
 - CGS - Jurisdictions B & C (JB & JC) – DMEPOS Suppliers
 - NGS - Jurisdictions 6 & k (J6 & JK) – Home Health & Hospice Providers
 - Noridian – Jurisdictions A & D (JA & JD) – DMEPOS Suppliers
 - Palmetto – Jurisdiction M (JM) – Home Health & Hospice Providers

	CGS	NGS	Palmetto	Noridian
Region 5 HH/Hospice	X	X	X	
Region 5 DMEPOS	X			X

- **CMS**

- CMS Web site: <https://www.cms.gov/research-statistics-data-and-systems/monitoring-programs/medicare-ffs-compliance-programs/recovery-audit-program/>

Question & Answer

