

# Cotiviti – Region 5

## Recovery Audit Contractor

Provider Outreach

July 2025

COTIVITI

# Agenda

- Cotiviti At A Glance
- Recovery Audit Contract
- Approved Review Topics
- Additional Documentation Request Letter and Informational Letter
- Discussion Process
- Provider Portal
- Recovery Audit Process and Reminders

# At A Glance

## About Us

- Cotiviti is a leading data and analytics company, offering software and technology-enabled services that leverage unparalleled clinical and financial datasets to deliver deep insights into the performance of the healthcare system.

## Why Cotiviti

- Our organizational scale enhances the breadth and depth of our experience, enabling Cotiviti to serve both commercial healthcare and Government markets with unmatched expertise.

## Our Vision

- Through advanced technology, data analytics, and specialized expertise we improve the healthcare system.

## Our Mission

- We enable a high-quality and viable healthcare system.

## What We Do

- Cotiviti focuses on improving outcomes and reducing costs for healthcare.
- We support the financial strength of commercial health plans and government payers (CMS, VA and DHA) as they migrate to a value-based system.

# New Contract Timeline

- April 28, 2025-CMS awarded Cotiviti GOV Services LLC the Recovery Audit Contractor (RAC) contracts for Regions 3, 4 and 5
- Region 5 is Nationwide for Durable Medical Equipment, Prosthetic Devices, Prosthetics, Orthotics, & Supplies (DMEPOS), Home Health Agencies (HHAs), and Hospice
- Region 5 covers Durable Medical Equipment (DME) Medicare Administrative Contractor (MAC) jurisdictions
  - Noridian – JA, JD
  - CGS – JB, JC
- Region 5 Home Health & Hospice (HH+H) MAC jurisdictions
  - CGS – J15
  - NGS – J6, JK
  - Palmetto – JM



# Medicare Fee for Service RAC Regions



# The Medicare Fee for Service Recovery Audit Program's Mission

To identify and correct Medicare improper payments through the efficient detection and collection of overpayments made on claims of health care services provided to Medicare beneficiaries, and the identification of underpayments to providers so that the CMS can implement actions that will prevent future improper payments in all 50 states. <sup>1</sup>



<sup>1</sup> <https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/medicare-fee-service-recovery-audit-program>

# Recovery Auditor Contractor (RAC)

- **The RAC performs post-payment complex and automated reviews**
  - Automated reviews: performed via data mining
  - Complex reviews: require an appropriately licensed person to review the medical record
- **If an improper payment is identified**
  - Cotiviti will provide a detailed description of the Medicare policy or rule that was violated
- **If no improper payment is found**
  - The provider will receive a no findings letter



# What does the RAC review?

Approved Review Topics

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# Approved Review Topics-[www.cotiviti.com/RAC](http://www.cotiviti.com/RAC)

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ABOUTMARKETSSOLUTIONSKNOWLEDGE BANKCAREERSCONTACT

CLIENT CENTER

Search within issue name

| Issue Number – Name   | Review Type | Claim Type   | Region and States         | Date Approved | Details                 |
|---|-------------|--|---------------------------|---------------|-------------------------|
| 0223 - Drugs and Biologicals in Multi-Dose Vials: Billed with JW Modifier   | Automated   | Outpatient Hospital, Professional Services   | 3 - all applicable states | 11/04/2024    | <a href="#">Details</a> |
| 0222- Non-Physician Billed Without Correct Assistant at Surgery Modifier: Incorrect Coding                                | Automated   | Professional Services (Physician/Non-Physician Practitioner)   | 3 - all applicable states | 06/24/2024    | <a href="#">Details</a> |
| 0219 - Minimally-Invasive Surgical (MIS) Fusion of the Sacroiliac Joint: Medical Necessity and Documentation Requirements | Complex     | Outpatient Hospital, Ambulatory Surgery Center (ASC), and Professional Services (Physician/Non-Physician Practitioner) | 3 – all applicable states | 06/06/2023    | <a href="#">Details</a> |
| 0217 - Muscle Flap with Breast Reconstruction or Breast Prosthesis Insertion: Unbundling                                  | Complex     | Physician/Non-physician Practitioner (NPP)   | 3 - all applicable states | 06/06/2023    | <a href="#">Details</a> |

# Approved Review Topics-CMS.gov

Medicare Fee-for-Service Compliance Programs

Medical Review and Education

Medicare Fee for Service Recovery Audit Program

Approved RAC Topics

Proposed RAC Topics

Resources

Review Reason Codes and Statements

Simplifying Documentation Requirements

Documentation Requirement Lookup Service Initiative

Review Contractor Directory - Interactive Map

Prior Authorization and Pre-Claim Review Initiatives

## Approved RAC Topics

Do you have questions or concerns about the Recovery Audit Program? Please e-mail us at [RAC@cms.hhs.gov](mailto:RAC@cms.hhs.gov). Please Do Not send Personal Health Information to this e-mail address.

**Note:** CMS often receives referrals of potential improper payments from the MACs, UPICs, and Federal investigative agencies (e.g., OIG, DOJ). At CMS discretion, CMS may require the RAC to review claims, based on these referrals. These CMS-Required RAC reviews are conducted outside of the established ADR limits.

RAC Topic

Showing 1-10 of 151 entries

Show entries: 10 per page

Filter On

Apply

| Issue Name   | Review Type | Provider Type   | MAC Jurisdiction  | Date Approved |
|--|-------------|---|---|---------------|
| <a href="#">0001-Inpatient Hospital MS-DRG Coding Validation</a>                               | Complex     | Inpatient Hospital  | All A/B MACs  | 2017-02-01    |
| <a href="#">0002-Cataract Removal: Medical Necessity and Documentation Requirements</a>        | Complex     | Ambulatory Surgical Center (ASC); Outpatient Hospital                                   | J6, J15, JE, JF, JH, JJ, JK, JL, JM, JN                         | 2017-02-01    |
| <a href="#">0003-Sacral Neurostimulation: Medical Necessity and Documentation Requirements</a> | Complex     | Ambulatory Surgical Center (ASC); Inpatient Hospital; Outpatient Hospital; Professional | Urinary incontinence- All A/B MACs; Fecal incontinence- JE, JF, | 2017-02-01    |

<sup>1</sup> <https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/medicare-fee-service-recovery-audit-program>

# Proposed Review Topics-CMS.gov

Medicare Fee-for-Service Compliance Programs

Medical Review and Education

Medicare Fee for Service Recovery Audit Program

Approved RAC Topics

Proposed RAC Topics

Resources

Review Reason Codes and Statements

Simplifying Documentation Requirements

Documentation Requirement Lookup Service Initiative

Review Contractor Directory - Interactive Map

## Proposed RAC Topics

Do you have questions or concerns about the Recovery Audit Program? CMS welcomes feedback on RAC Topics from both the RAC Proposed Topics list and the RAC Approved Topics list, at any time. Please e-mail us at [RAC@cms.hhs.gov](mailto:RAC@cms.hhs.gov). Please Do Not send Personal Health Information to this e-mail address.

Showing 1-4 of 4 entries

Show entries: 10 per page Filter On

Apply

| Issue Name   | Review Type | Provider Type   | MAC Jurisdiction | Date Proposed |
|--|-------------|---|------------------|---------------|
| <a href="#">3A325-Wireless Capsule Endoscopy: Medical Necessity and Documentation Review.</a>  | Complex     | Outpatient Hospital (OP), Ambulatory Surgical Center (ASC), Professional Services | JN, JJ, JH, JL   | 2024-11-12    |
| <a href="#">3A330-External Counterpulsation (ECP) Therapy for Severe Angina: Coverage Determination and Documentation Requirements</a> | Complex     | Professional Services   | All A/B MACs     | 2024-06-18    |

<sup>1</sup> <https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/medicare-fee-service-recovery-audit-program>

# How do I know if I have been selected for review?

Additional Documentation Request  
Letter and Informational Letter

# Additional Documentation Request (ADR) Letter Sample (Complex Review)

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Recovery Auditor for CMS



August 5, 2024

**Reference ID:**

**Attention:** Provider Name

**Address:** Provider Address

**Your Response is Required By:**

September 19, 2024

**NPI:**

**PTAN:**

**Provider Phone:**

**Provider Fax:** |



**Request Type & Purpose:** Additional Documentation Required and Request for Medical Records

Dear Medicare Provider,

# Complex Review Life Cycle

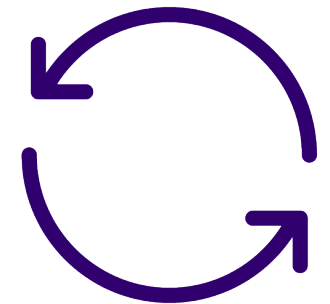
- An ADR Letter is sent to the provider requesting the medical record(s)
- The provider has 45 days from the date of the letter to submit the documentation. Extensions are available by calling or emailing Provider Relations
- Reimbursement for medical records
  - 12 cents per page, plus postage, up to \$15 per record for mail, fax, or CD/DVD, and 12 cents per page plus a \$2 transaction fee, up to \$27 per record for electronic submissions (esMD)
- Once the medical record(s) is received, the RAC has 30 days to review the documentation and issue a Review Results Letter or No Findings Letter to the provider
- If the provider disagrees with the findings, the provider has 30 days from the date of the Review Results Letter, to submit a discussion request and additional documentation. Extensions are available by calling or sending an email to Provider Relations
- Starting on Day 31, the findings may be sent to the MAC for adjustment if a discussion request has not been received

# Informational Results Letter Sample (Automated Review)

|   |   |
|---|---|
|    |  |
| Recovery Auditor for CMS  | <div>January 4, 2024</div>  |
| <b>Informational Results Letter – Time Sensitive</b>  |   |
| Provider Name<br>Provider Address<br>City, State ZIP  |   |
| Re: Provider Name – Provider Number   |   |
| <p>The Centers for Medicare and Medicaid Services (CMS) has retained Cotiviti Healthcare to carry out the Recovery Audit Contracting (RAC) program in RAC Region 3. The RAC program is mandated by Congress and tasked, under the Social Security Act (the Act) § 1893 (h) (1) and (3), with reducing improper payment of Medicare claims nationwide. Improper payments include overpayments and underpayments. Improper payments may occur because of incorrect coding, lack of sufficient documentation or no documentation, use of an outdated fee schedule or billing for services that do not meet Medicare's coverage and/or medical necessity criteria, etc.</p> <p>This Informational Results Letter serves as notification of improper payment as required by 42 CFR § 405.982 and § 1893 (f) (7) of the Act. Detailed information regarding each claim and the findings identified during the review are attached to this letter.</p> <p>Cotiviti found that some of the services you submitted were not reasonable and necessary as required by § 1861 of the Act, did not meet the conditions of payment for services as required by § 1814 of the Act, did not meet the procedure for payment as required by § 1835 of the Act, or did not meet the Medicare coverage requirements as required in § 1862 of the Act. The results of our analysis constituted reopening under § 1869 (b) (1) (G) of the Act, 42 Code of Federal Regulations (CFR) 405.980 (a) (1), Chapter 3, § 3.5.1 of the Medicare Program Integrity Manual, and Chapter 34, § 10.6.1 of the Medicare Claims Processing Manual. Our good cause to reopen the claim, as required by 42 CFR §§ 405.980 (b) (2) and 405.986, was due to the results of data analysis.</p> |   |

# Automated Review Life Cycle

- The Informational Results Letter is sent to the provider with the results of the review(s). The medical record is not required for the initial review.
- The results are identified through data mining which utilizes Medicare regulations, policies and billing guidelines to identify improper payments.
- If the provider disagrees with the findings, the provider has 30 days from the date of the Informational Results Letter, to submit a discussion request with any documentation. Extensions are available by calling or sending an email to Provider Relations.
- Starting on Day 31, the findings may be sent to the MAC for adjustment if a discussion request has not been received.





# How to submit documentation



## Portal Direct Upload

Via Cotiviti's  
Secure Provider  
Portal



## esMD

Information for  
submitting  
records via esMD  
can be found on  
CMS' website



## Postal Mail

Images on CD/DVD  
Paper

Passwords should be  
emailed to Provider  
Relations.  
[RAC5info@cotiviti.com](mailto:RAC5info@cotiviti.com)



## Fax

Fax: 203-529-2995

# What if I disagree with the results?

Discussion Process

# Discussion Period Requests

## What?

- When a provider disagrees with the results of the initial review, they may submit a Discussion Request which provides a second review.

## When?

- The provider has 30 days from the date of the Review Results Letter or Informational Letter to submit a Discussion Request (extensions are available). Cotiviti has 30 days from receipt of the request to provide a written response.

## How?

- Submit the discussion form with any additional documentation to be reviewed. Send the documents via mail, fax or the Portal.



# Two Types of Discussion Period Requests

## Discussion

- The form and any additional documentation received are reviewed by a different auditor and a response is sent to the provider

## Peer to Peer (Physician to Physician)\*

- An opportunity for the provider's physician to discuss the review findings with the Contractor Medical Director (CMD) and Review Staff. The provider's physician is to be employed by the provider and not a consultant. After the meeting, a written response is sent to the provider

\*Indicate the Peer-to-Peer request and provide contact information for scheduling on the Discussion Request Form or via the Portal discussion submission



# Discussion Form (not required for Portal upload)

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Recovery Auditor for CMS



## Discussion Request Form

### Description

A provider has 30 days from the date of the Review Results Letter for a Complex review, or within 30 days from the date of the Cotiviti Provider Portal notification for an Automated review, to submit this request. If you require an extension, please contact us for consideration. During this period, or during our review of your request, Cotiviti will not submit any adjustments to your payer.

Additionally, if the physician, or a physician employed by the provider, not a consultant, would like to request to speak with Cotiviti's Medical Director, please (1) click the box to the right; (2) follow the instructions to complete and submit this form. Cotiviti will contact you to set up the physician-to-physician Discussion.

For more details on Discussion Requests and/or the RAC process, please contact Cotiviti Provider Service at 866-360-2507 or go to [www.CMS.gov](http://www.CMS.gov) and search for Medicare Fee for Service Recovery Audit Program. You may also contact CMS directly at [RAC@cms.hhs.gov](mailto:RAC@cms.hhs.gov).

### Instructions

# Discussion Period Requests-Items of Note

- If the original finding is overturned, the MAC will not be notified.
- If the original finding is upheld, the findings will then be sent to the MAC, who will process the adjustment.
- If we received a discussion request after the findings have been sent to the MAC, we are not allowed to review. The provider will receive notification of the late discussion.
- If the provider disagrees with the results of the discussion, they may file a Redetermination with the MAC. Directions on how to file a redetermination is included on the Demand Letter which is sent by the MAC.



# Where do I find the portal?

[www.cotiviti.com/rac](http://www.cotiviti.com/rac)

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Provider Portal Login

**Your NPI number is now required to log into the Provider Portal.**

With the provider portal, you can:

- Upload discussions and correspondence
- Download, view and print RAC letters
- Upload medical records
- Check your claim review status 24/7
- Update contact information
- Export data



## How-to materials

### Use the Provider Portal

Logging in and navigation

[Learn more](#)

### Submit Documentation

Methods and formatting requirements

[Learn more](#)

### Submit a Discussion Request or Physician-to-Physician Review

Fillable Discussion Request Form  
Please download and enter your request in Adobe Acrobat.

[Learn more](#)

### Update Your Contact Information - Individual Provider

Address, fax, email, contact of record

[Learn more](#)

### Update Your Contact Information - Multi-Provider

Address, fax, email, contact of record

[Learn more](#)

## Knowledge Base

Approved Issues

RAC Frequently Asked Questions

Sample ADR

# What can I see and do in the Provider Portal?

[www.cotiviti.com/RAC](http://www.cotiviti.com/RAC)

Provider Portal Login

**Your NPI number is now required to log into the Provider Portal.**

With the provider portal, you can:

- Upload discussions and correspondence
- Download, view and print RAC letters
- Upload medical records
- Check your claim review status 24/7
- Update contact information
- Export data

# Provider Portal-Claims History Tab

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Sep 19, 2022? Provider Lookup

Note!

5/11/22 - Upload medical records and view/download letters in the portal. Click on the ICN of the individual claim to get started  
7/29/20 - For the latest Discussion Request Form, use the following link: Discussion Request Form  
3/26/20 - Coronavirus Disease 2019 (COVID-19) Provider Burden Relief Frequently Asked Questions (FAQ): Provider Burden Relief FAQ

CLAIMS HISTORY

PROVIDER CONTACT MANAGEMENT

Claims History

To Upload Medical Records and View/Download letters, click on the ICN of the individual claim.  
To narrow down to a specific claim, you may use in-table filters by clicking on .  
For help navigating the Claims History tab [Click Here](#).  
This data is updated nightly. Please allow 24-48 hours for updates.

1 - 1 of 1 records

Export To Excel

Q Search keyword





| ICN  | RAC Case ID  | Region  | NPI  | Claim Bill Type  | Patient Control Number  | Patient Last Name  | Patient First Initial  | Total Billed Charges  | Amount Paid To Provider  | Date of Service From  | Date of Service To  | Issue Type  | Approved Issue Number  | Claim Status     |
|---|---|--|---|---|--|---|---|--|---|--|--|--|---|------------------|
| ██████████  |   | 3  | ██████████  |   |  | ██████  | ██  | \$5,578.00   | \$1,948.00  | ██████   | ██████   | Complex  | 0151  | No medical recor |

Scroll right for more details

# Provider Portal

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Sep 19, 2022 ? Provider Lookup

Note!

5/11/22 - Upload medical records and view/download letters in the portal. Click on the ICN of the individual claim to get started  
7/29/20 - For the latest Discussion Request Form, use the following link Discussion Request Form  
3/26/20 - Coronavirus Disease 2019 (COVID-19) Provider Burden Relief Frequently Asked Questions (FAQ): Provider Burden Relief FAQ

CLAIMS HISTORY

PROVIDER CONTACT MANAGEMENT

Export To Excel

Search keyword

| Claim Status               | Status Effective Date | Documentation Requested | Documentation Received | Review Began | Review Completed & Result Letters Sent | Review Rationale | Discussion Request Received | Discussion Outcome | Payer Established A/R | Appeal Level | Appeal |
|----------------------------|-----------------------|-------------------------|------------------------|--------------|--|------------------|-----------------------------|--------------------|-----------------------|--------------|--------|
| No medical record received | 03Sep2022             | 11Jul2022               |                        |              |  | View             |                             |                    |                       |              |        |

Scroll right for more details

# Provider Portal-View/Download Letters

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Sep 19, 2022 ? Provider Lookup

Note!

5/11/22 - Upload medical records and view/download letters in the portal. Click on the ICN of the individual claim to get started

7/29/20 - For the latest Discussion Request Form, use the following link: Discussion Request Form

3/26/20 - Coronavirus Disease 2019 (COVID-19) Provider Burden Relief Frequently Asked Questions (FAQ): Provider Burden Relief FAQ

CLAIMS HISTORY

PROVIDER CONTACT MANAGEMENT

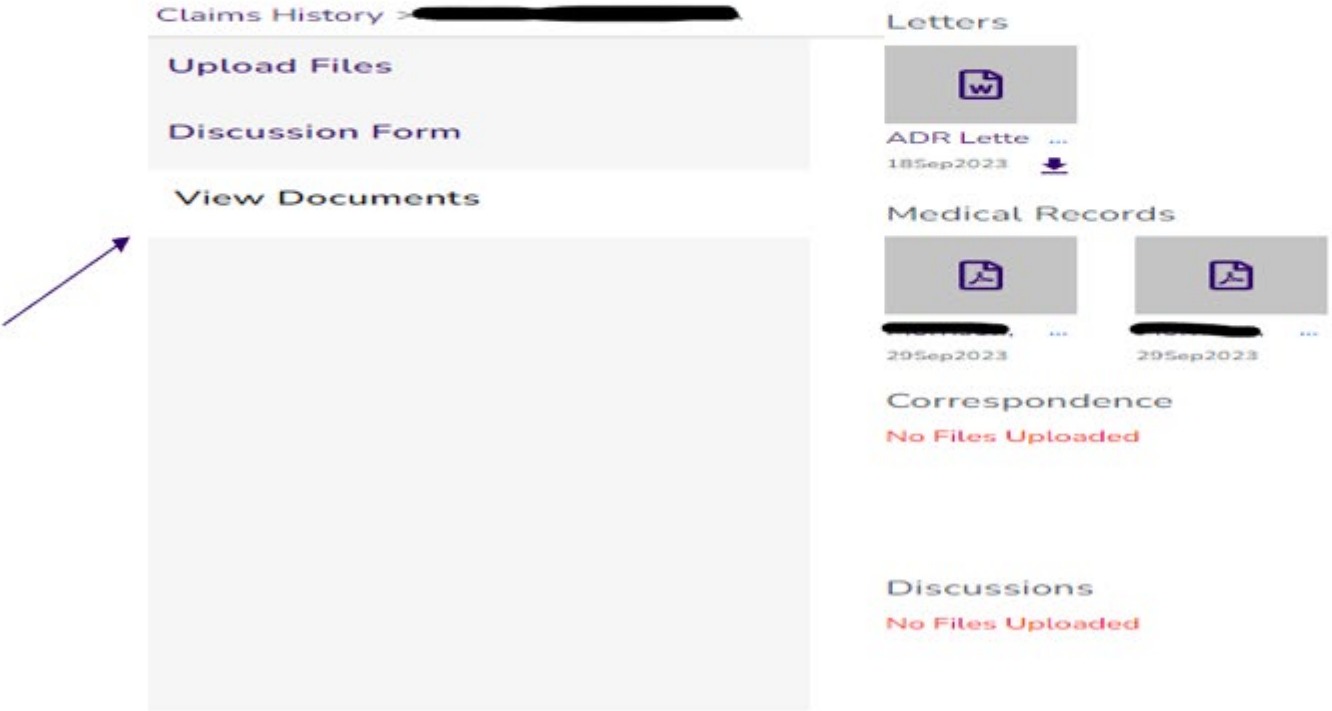
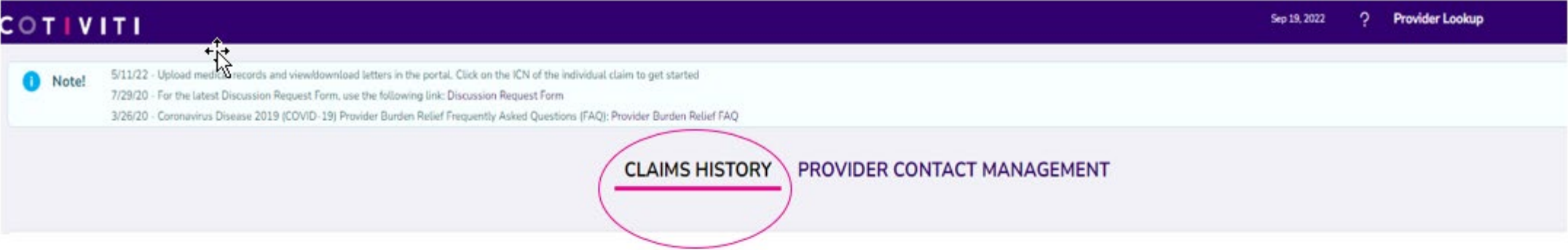
## Claims History

To Upload Medical Records and View/Download letters, click on the ICN of the individual claim.  
To narrow down to a specific claim, you may use in-table filters by clicking on .  
For help navigating the Claims History tab [Click Here](#).  
This data is updated nightly. Please allow 24-48 hours for updates.

1 - 1 of 1 records

| ICN  | RAC Case ID  | Region  | NPI  | Claim Bill Type  | Patient Control Number  |
|---|--|--|---|---|--|
|      |  | 3  |      |   |  |

# Provider Portal-View/Download Letters (cont'd)



# Provider Portal-Medical Record, Discussion, Peer-to-Peer and Correspondence Upload

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Sep 19, 2022 ? Provider Lookup


Note!

5/11/22 - Upload medical records and view/download letters in the portal. Click on the ICN of the individual claim to get started  
7/29/20 - For the latest Discussion Request Form, use the following link Discussion Request Form  
3/26/20 - Coronavirus Disease 2019 (COVID-19) Provider Burden Relief Frequently Asked Questions (FAQ): Provider Burden Relief FAQ









CLAIMS HISTORY

PROVIDER CONTACT MANAGEMENT

Claims History

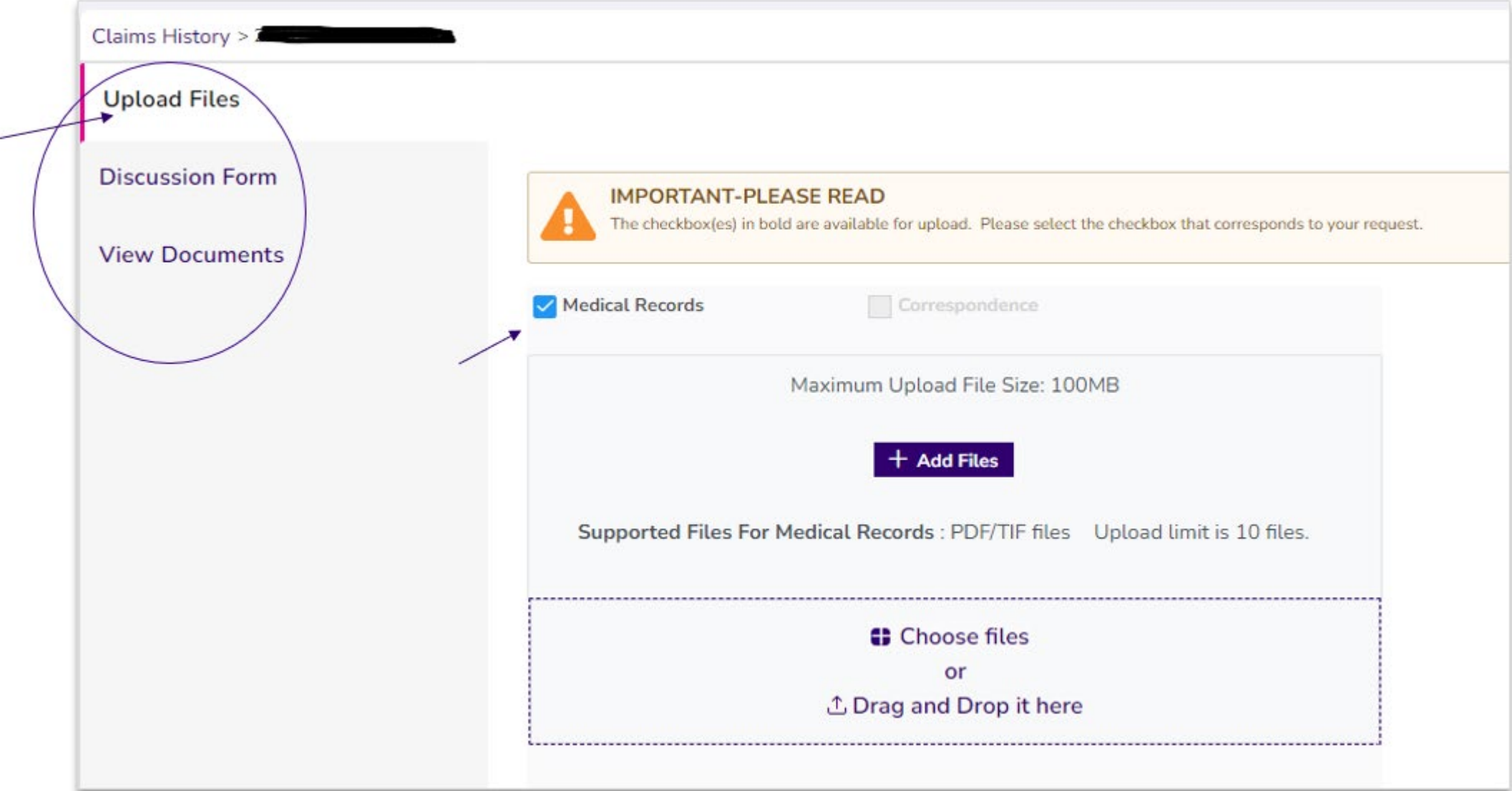
To Upload Medical Records and View/Download letters, click on the ICN of the individual claim.  
To narrow down to a specific claim, you may use in-table filters by clicking on .  
For help navigating the Claims History tab [Click Here](#).  
This data is updated nightly. Please allow 24-48 hours for updates.

1 - 1 of 1 records

| ICN  | RAC Case ID  | Region  | NPI  | Claim Bill Type  | Patient Control Number  |
|---|---|--|---|---|--|
|      |   | 3  |      |   |  |



# Provider Portal-Medical Record Upload



# Provider Portal-Discussion/Peer to Peer Upload

Claims History > [REDACTED]

Discussion Request Form ?

Upload Files

Discussion Form

View Documents

Note!

One form must be submitted per claim.  
Complete the mandatory fields below. After you complete this form go to Upload Files and submit additional documentation to be reviewed with the discussion form. Include evidence to support why you believe the services provided were properly coded and billed correctly.

Your contact information for this request

\*Phone Number

Ext

\*Fax Number for Cotiviti Response

\*Printed Name and Title/Designation

\*Email

Reed Karen

karen.reed@cotiviti.com

Your request

\*Please note that only one Discussion Request is available per claim. Please be as specific as possible when describing the reason(s) for your requests in the box below.

Date of Service From : 06/01/2023

Date of Service To : 06/29/2023

☐

Peer to Peer Discussion. If the physician, or a physician employed by the provider, not a consultant, would like to request to speak with Cotiviti's Medical Director, please check the box to the left. Cotiviti will contact you to set up the physician-to-physician Discussion

Clear

Submit


# Provider Portal-Discussion/Peer to Peer Upload (cont'd)

Claims History > [REDACTED]

Upload Files

Discussion Form

View Documents

 **IMPORTANT-PLEASE READ**  
The checkbox(es) in bold are available for upload. Please select the checkbox that corresponds to your request.

☒ **Medical Records** ☐ Correspondence

Maximum Upload File Size: 100MB

+ Add Files

Supported Files For Medical Records : PDF/TIF files Upload limit is 10 files.

Choose files

or

Drag and Drop it here

Upload discussion/peer to peer documents with the discussion checkbox.

# Provider Portal-Correspondence Upload

Upload Files

Discussion Form

View Documents

! IMPORTANT-PLEASE READ

The checkbox(es) in bold are available for upload. Please select the checkbox that corresponds to your request.

☐ Medical Records

☒ **Correspondence**

Maximum Upload File Size: 100MB

+ Add Files

Supported Files For Correspondence : PDF files    Upload limit is 10 files.

📁 Choose files

or

📁 Drag and Drop it here

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# Provider Portal-Provider Contact Management

Note!

9/6/22 - Submit Discussion Form, Upload and View Correspondence, Submit and View Additional Documents in the portal.  
5/11/22 - Upload medical records and view/download letters in the portal. Click on the ICN of the individual claim to get started  
3/26/20 - Coronavirus Disease 2019 (COVID-19) Provider Burden Relief Frequently Asked Questions (FAQ): Provider Burden Relief FAQ

See Less

CLAIMS HISTORY

PROVIDER CONTACT MANAGEMENT

Provider Information

Medicare ID Number

Provider Name

Regional Health System

Medical Record Request Limits

View

Provider Contact Infomation

| Type                | Name                        | Address   | Telephone     | Fax        | Email                     | Change Status | Add |
|---------------------|-----------------------------|---|---------------|------------|---------------------------|---------------|-----|
| Discussion Response | Appeals Sue X Jones         | N/A   | N/A           | 2151234455 | N/A                       | Pending       |     |
| Medical Record      | Medical Records Joe X Smith | 123 Main St XXXXXXXXXXX XXXXXXXXXXX<br>Philadelphia, PA 19173 | 2151231144 14 | 2151231111 | joe.smith@cotiviti.com    | Pending       |     |
| Finance             | Manager Kelly Thomas        | 455 Main St XXXXXXXXXXX XXXXXXXXXXX<br>Philadelphia, XX 19713 | 2152334455 22 | 2152224455 | kelly.thomas@cotiviti.com | Pending       |     |

Medical Records:

This is where the initial Additional Documentation Request (ADR) is mailed, and the specific contact (if you choose) for that correspondence.

Finance:

This is where review results, reimbursement checks, and any other review-related correspondence is mailed.

Discussion Response:

This is where the discussion results will be faxed (unless you indicate otherwise on the Discussion Request Form). If a fax transmission fails three times, our Response will be mailed to the Finance address.

Provider Lookup

CMS RAC Program

Instructions

Cotiviti Provider Service: (866) 360-2507

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# RAC Process Highlights and Reminders

# What can I do to prepare for a RAC Review?

- Access Cotiviti's Provider Portal at [www.cotiviti.com/rac](http://www.cotiviti.com/rac) and confirm your Contact Information.
- Stay up-to-date on new CMS Approved Review Topics and regularly visit the CMS page for proposed RAC Reviews
- Monitor the RAC Landing Page for Announcements and Updates
- Respond timely to ADR requests and include all documentation to support billed services
- Become familiar with the Discussion Request process



# Region 5 Contact Information

Toll Free Number (8am to 4:30pm in each applicable time zone)  
833-510-9690

Fax Number  
203-529-2995

**\*\*RAC Email Address\*\***  
[rac5info@cotiviti.com](mailto:rac5info@cotiviti.com)

Cotiviti RAC website  
[www.Cotiviti.com/rac](http://www.Cotiviti.com/rac)

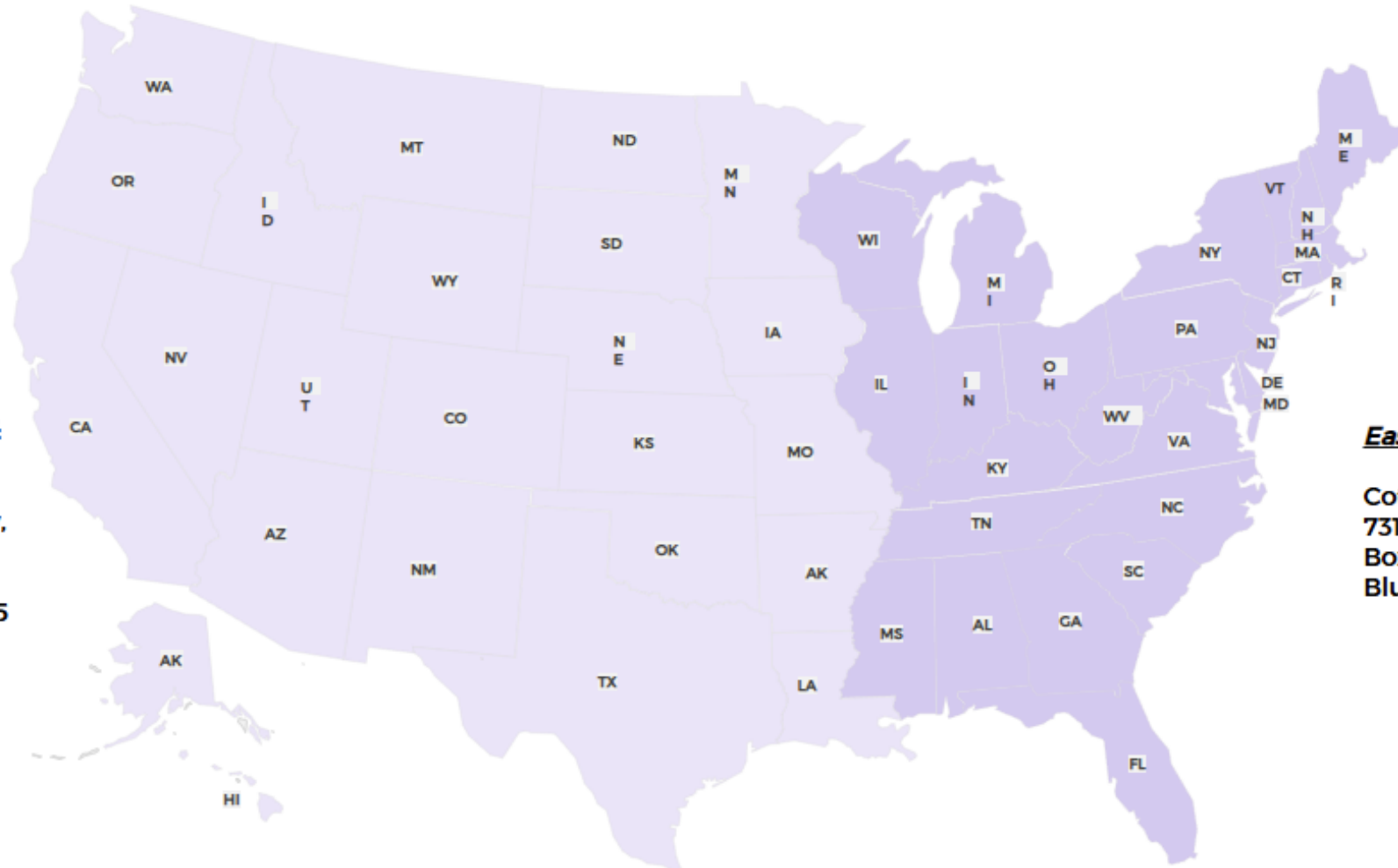
CMS  
<https://www.cms.gov/data-research/monitoring-programs/medicare-fee-service-compliance-programs/medicare-fee-service-recovery-audit-program>



# Cotiviti's Addresses

## **West of the Mississippi:**

Cotiviti – CMS RAC  
10701 River Front Pkwy,  
Suite 110  
Box 12005  
South Jordan UT 84095



## **East of the Mississippi:**

Cotiviti – CMS RAC  
731 Arbor Way, Suite 150  
Box 12005  
Blue Bell PA 19422

# Thank You

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# Disclaimer

This information is provided “as is” without any expressed or implied warranty. While all information in this document is believed to be correct at the time of writing, this document is for informative purposes only and does not purport to provide legal advice.

All processes and guidelines are undergoing continuous improvement and modification by Cotiviti and the Centers for Medicare & Medicaid Services (CMS).