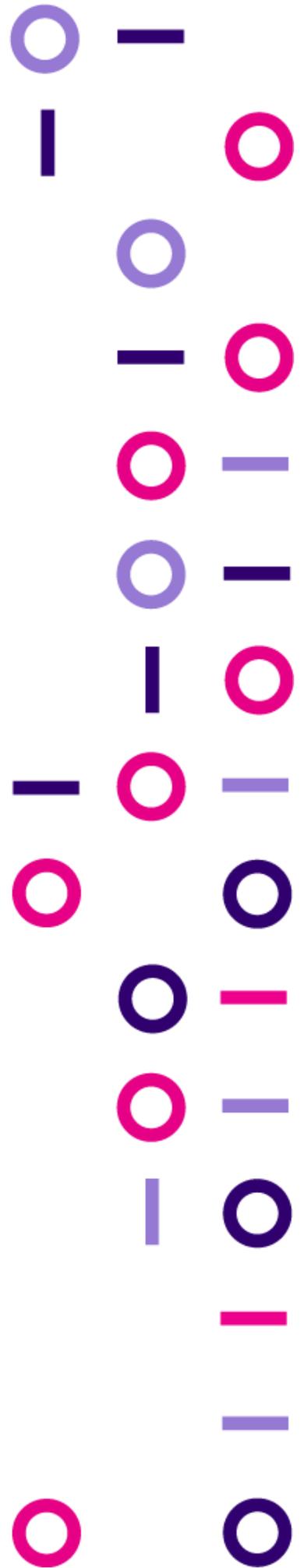# COTIVITI

# Provider Portal User Guide

Prepared for providers with claims under review by Cotiviti for the CMS RAC Program

December 14, 2018

*This guide is designed to provide login instructions and an overview of the functionality for Cotiviti's Provider Portal, which is exclusively for providers with claims under review by Cotiviti for the CMS RAC Program.*
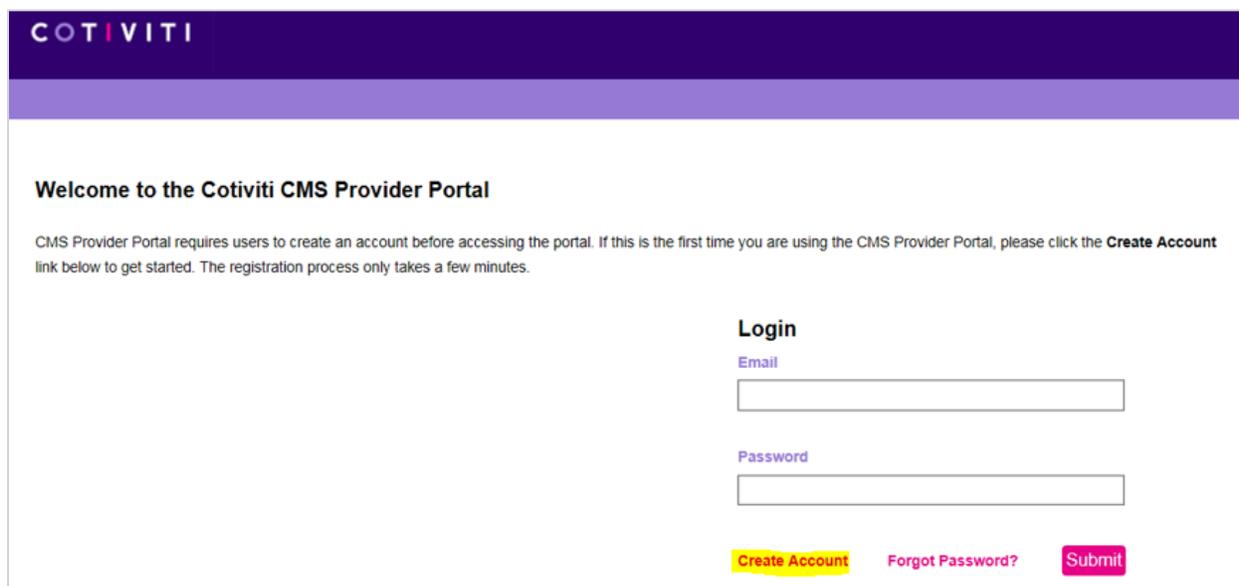
# Overview

Cotiviti's Provider Portal gives an authorized user the current status of any claim that is under review. You will know when a claim is selected even before you receive an Additional Documentation Request (ADR) in the mail, as well as be able to immediately view the results of any claim reviews as soon as they are available. Claim status is updated each night, and you can view information 24/7. You can use the portal to update a provider's contact information and even export all of your RAC data for claims under current or prior review by Cotiviti.

Cotiviti's Provider Portal gives an authorized user access to the status of all claims under RAC review, current or historical. The portal acknowledges receipt of documentation and Discussion Requests, as well as notifies you when automated claims have been identified. A provider can also keep his or her contact information current, view review rationales, and even export review data.

For security purposes, all data within the portal is segmented by Medicare Provider Number. Therefore, if a user is logging in to obtain data associated with multiple provider numbers, they will need to log in separately for each.

# First-time login

1. Go to [www.Cotiviti.com/RAC](www.Cotiviti.com/RAC).

2. Choose Provider Login on the right-hand side.

3. You will need to create an account to log into the portal. If you don't have a portal account, please click on Create Account.

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4.  During the account creation process, the following fields are required:

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**Create Account**

*All fields required*

First Name

[                    ]

Last Name

[                    ]

Email

[                    ]

Confirm Email

[                    ]

Create Password

[                    ]

Password must be at least 8 characters and contain at least one numerical character, one lowercase alphabetical character, one uppercase alphabetical character and one special character $, @, !, %, *, ?, or &

Confirm Password

[                    ]

[ Cancel ]  [ Submit ]

5.  Once your account is created, you will receive an email to confirm your account.

6.  After your account is confirmed, you will be able to enter your email address and password in the login screen.

7.  Once you enter the password, an authentication code will be emailed to you.

8.  The authentication code will be valid for 15 minutes. Once the authentication code is entered, you will be able to access the portal data entry screens. The authentication code is required for every portal login. If the authentication code expires, you may request a new one.

9.  Choose the Provider State to which the Medicare Provider Number is registered.

10. Enter the appropriate NPI number *or* the Medicare Provider Number.

11. You will then be prompted to "Enter the total charge amount listed on claim number (ICN)…." This is a random claim number selected from the National Claims History (NCH) database that was billed by the NPI/Provider Number you entered. It is not necessarily a claim selected by a Recovery Audit review. Only the billing entity for that claim would have access to that information. **Note:** A Cotiviti Provider Service Representative does not have the ability to grant access over the phone.

12. Once you enter the Total Charges amount for that ICN, click NEXT. **Note:** For security purposes, this process needs to be completed for each unique NPI/Provider Number for which you require access. Once you go through it successfully the first time, you will not be prompted again for a Total Charges amount. See the section below for subsequent logins.

# Subsequent login

Follow steps 6-10 above, then:

1. You will be prompted to "Enter a valid Claim Number/DCN." **Note:** This is a Cotiviti RAC-specific ICN. It is not the ICN you used in the first-time login process. You can use an ICN from a current or prior ADR, or other correspondence you received from Cotiviti.

2. Click NEXT.

# Which claims are shown

The portal will display only those claims that have been selected for review by Cotiviti, whether the prior Region C, or the current Regions 2 and 3.

# What you can see

The heading of several columns contain a HELP icon  which will provide additional detail/information about the data found in that column if needed.

| Column Label | Description |
|---|---|
| ICN | The Claim Number associated with the claim under review. |
| Region | Indicates this claim was selected as part of which RAC Region. |
| NPI | The NPI associated with each individual claim. |
| Claim Bill Type | This field contains only the first three characters of the claim's Bill Type followed by an X. CMS calculates Medical Record Request Limits for facility claims by NPI and the first three digits of the Bill Type. |
| Patient Control Number | If your Payer (Medicare Administrative Contractor) provides us with this data, we will display it here. We do not always get this information passed to us. |
| Total Billed Charges | The amount that was billed by the Provider to Medicare for this claim. |
| Amount Paid to Provider | The amount that Medicare reimbursed to the Provider for this claim. |
| Date of Service | The From and To date(s) associated with the services billed to Medicare for this claim. |
| Issue Type | This will reflect the type of review that is being done:<br>• Automated<br>• Semi-automated<br>• Complex<br>A detailed description of each review type and the issue under review can be found under Provider Resources – Approved Issues List at www.Cotiviti.com/RAC or at www.CMS.gov. |
| Approved Issue Number | Before a Recovery Auditor can audit against a specific billing concept, it is approved by CMS—both the audit concept and the type of review (i.e., Complex, Automated, or Semiautomated). All approved concepts are assigned an "Issue Number" and published on our website. For your convenience, the Approved Issue Number |

| Column Label | Description |
|---|---|
|  | associated with each individual claim is displayed below as well as in the Review Rationale itself. This data field is exportable with the rest of this grid. If you click on the link at the header of this column, it will take you to our Approved Issues List, where you can copy and paste in the Issue Number and see its description. |
| **Claim Status** | A general status of where this claim is within the RAC process. You can click on the HELP icon in the column heading to see a description of each status. For example, once a record is received and its image matched to its corresponding claim, you would see the Claim Status change from "Waiting for Medical Record" to "Medical Record Received." This status will continue to change as the claim moves through the audit process. |
| **Status Effective Date** | This is the date the claim moved to its current Status. |
| **Documentation Requested** | For claims that are part of a Complex Review (medical records required), this is the date printed on the ADR letter sent to a provider. |
| **Documentation Received** | Per the above description for "Documentation Requested," this is the date those documents are received by Cotiviti. **Note:** Although it could take 1-4 days for a record to be ingested and its imaged matched to a claim, once it is, this date will reflect the date it was physically received by Cotiviti. |
| **Review Began** | The date Cotiviti began the chart review. |
| **Review Completed & Results Letter Sent** | The date the chart review was completed and the Review Results Letter was mailed. |
| **Review Rationale** | Within the Review Results Letter, there is a description of the outcome of the review. The same rationale found in that letter is also found by clicking on the link in this column. |
| **Discussion Request Received** | In response to a completed RAC review, the provider has an opportunity to provide additional information and/or documentation to be considered by Cotiviti. This is accomplished by completing and submitting the Discussion Request Form found at www.Cotiviti.com/RAC. This column provides the date the Discussion Request Form was received. |
| **Payer Established A/R** | Subsequent to a Cotiviti review that necessitates an adjustment, the information is transmitted to your MAC/payer. Once they setup that adjustment, they send a Demand Letter to the provider. On their records they have established the A/R or Accounts Receivable for that adjustment. They transmit the date they have established that A/R back to Cotiviti, and we display that date in this column. |
| **Appeal Level** **Appeal Outcome** | Pursuant to CMS direction, we are displaying general appeals information. Please note that all appeals data we receive is lagged, so you will likely have more current information on a claim's appeal status than we do. In addition, because we are reliant upon other contractors providing this data, we can only display information we've received from third parties. If the appeals data we are displaying conflicts with information you have, please contact the appropriate contractor regarding the discrepancy |
| **Case Closure Date** | There are various reasons a claim can be closed at any time, pre or post Recovery Auditor review. Regardless of the reason, this field will be valued with a date when the claim is closed and no longer eligible for review. If a claim is closed after an adjustment has been submitted to the appropriate Medicare Administrative Contractor (MAC), we will retract that adjustment. |

# What you can do

## View informational alerts

As soon as you log in, there is an area at the top that provides important RAC-related updates, changes, and reminders to help you stay current. Typically, we will also let you know where you can go on the CMS website to receive additional information relative to those alerts.

## View the medical record request limits

CMS regulates the number and timing of charts that may be requested from any particular provider. Since the new limits have a number of components, the display is no longer a single number associated with a particular Medicare Provider Number. A link will open a separate window with the new information.

## Sort and filter

Just above the claim data grid, there are filters you can use to either locate a specific ICN or perhaps only display a group of claims you want to see. You can also click on the heading of certain columns to sort the grid ascending or descending by the value in that column.

## Export

Export all of your claim data into Excel and sort/pivot/report the data however you choose.

## Update provider contact information

On the second tab, you have the ability to view and update the contact information we have on record for the provider. To avoid unnecessary claim denials due to non-receipt of documentation, it is important to understand the following:

- Cotiviti receives its provider address information from the MAC. However, if the provider makes an address change directly with Cotiviti, that is the address that will prevail in all future Cotiviti correspondence.

- Review the information that Cotiviti has on file and update it right through the portal. The change is reflected the following day.

- There are (3) different contact types. They can all be the same, or have different designated locations/contacts for your convenience:

    – Medical Record: This is where any ADRs are sent.

    – Finance: This is where review results, reimbursement checks, and any other claim-related correspondence are sent.

    – General: This is the provider's physical location and is one of the factors in determining chart limits.

- **Note:** Each contact type can only have one named contact person. For example, you cannot have multiple people setup to receive ADRs.

## Approved issues list

Link to Approved Issues List from the top of the new Issue Number column.

## Help icons

A number of new Help icons within the grid headers have been added to define the contents of that column.

# Questions or difficulty logging in?

We are glad to help. Cotiviti's Provider Service representatives are available Monday through Friday, 8:00 a.m. through 6:30 p.m. Eastern Standard Time. Please contact us at 866-360-2507 or at RACInfo@Cotiviti.com.