COTIVITI

Provider Portal User Guide

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

September 20, 2026



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.

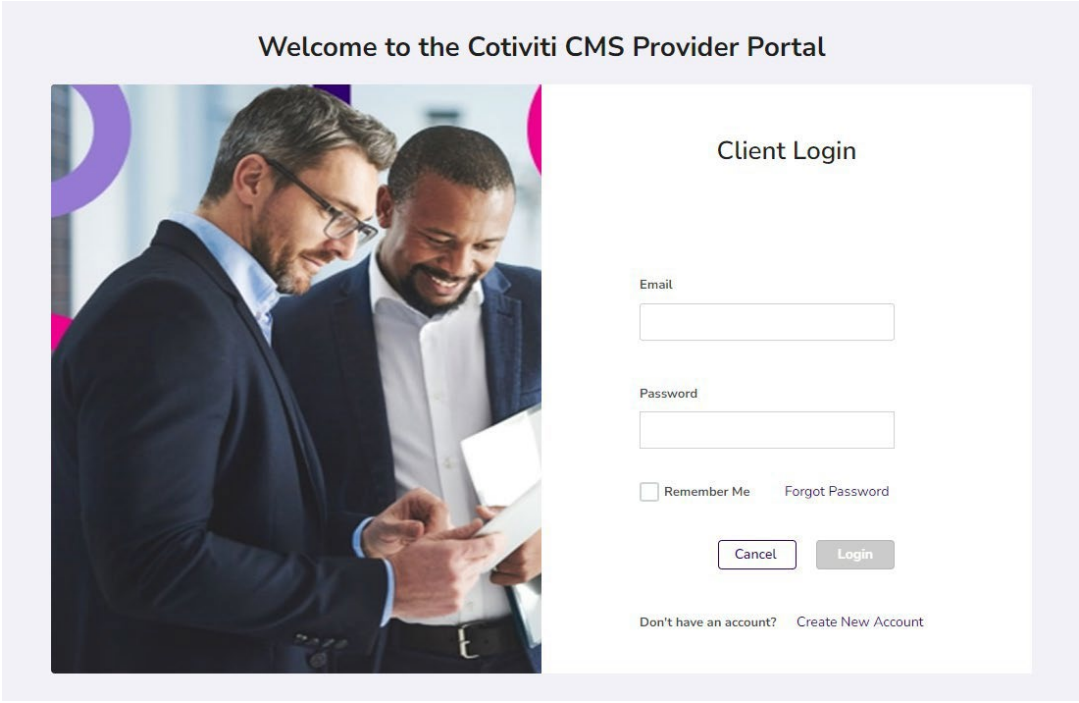
Overview

Cotiviti's Provider Portal gives an authorized user the current status of any claim that is under review. You can instantly view and download your RAC letters, as well as upload medical records through the Provider Portal to respond to an audit.

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 current or historical RAC data for claims under current or prior review by Cotiviti. The portal acknowledges receipt of documentation and Discussion Requests. A provider can also view his or her contact information and make changes as necessary.

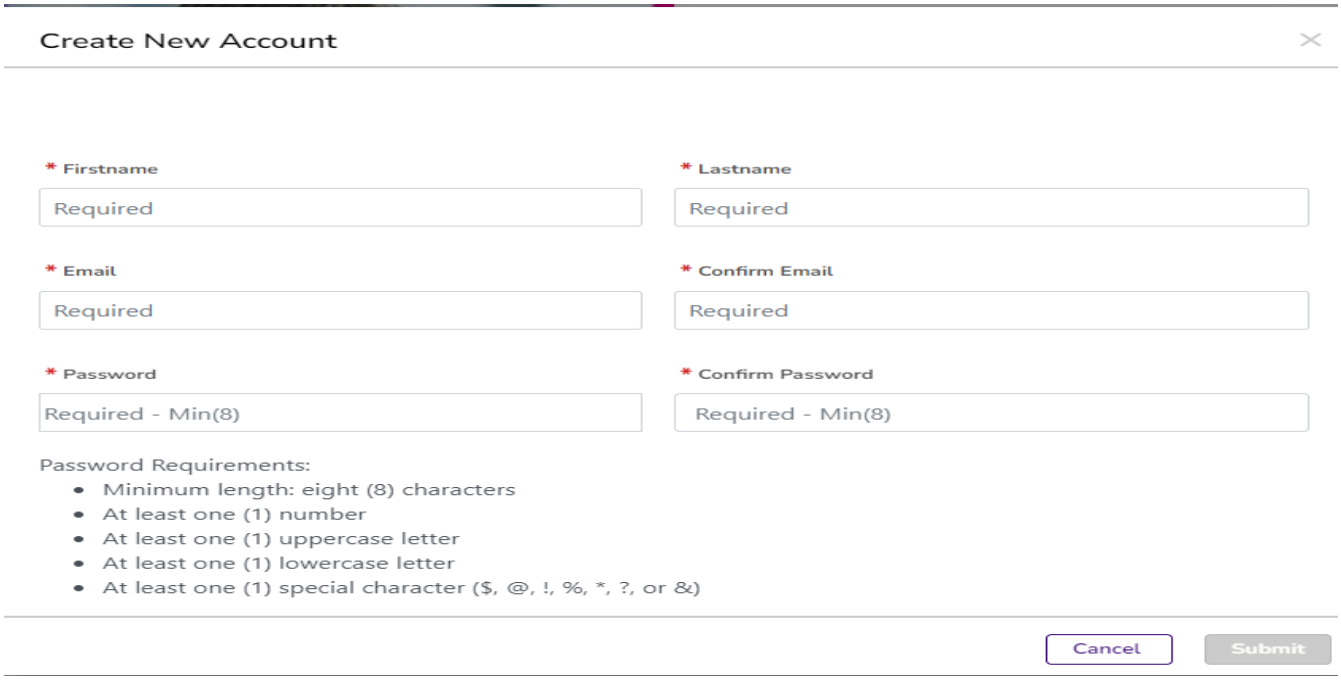
First-time login

1. Go to www.Cotiviti.com/RAC.
2. Click Provider Portal Login button.
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 New Account at the bottom of the screen.



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



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 Medicare Provider Number *and* NPI number.

11. You will then be prompted to enter a claim number (ICN) that has been audited by Cotiviti and click Next to enter the Portal.

12. If you do not have a claim number (ICN) that has been audited by Cotiviti, click on- click here for an alternative login method and you will 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 bythe 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. Once you enter the Total Charges amount for that ICN, click NEXT. If the portal displays the "object" message, it means it cannot locate a claim in the NCH data based on the provider number/NPI combination entered into the portal. **Note:** A Cotiviti Provider Service Representative does not have the ability to grant access over the phone.

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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. 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 in the last twelve months.

What you can see

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: • Automated • Complex 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 or Automated). All approved concepts are assigned an “Issue Number” and published on our website. For your convenience, the Approved Issue Number

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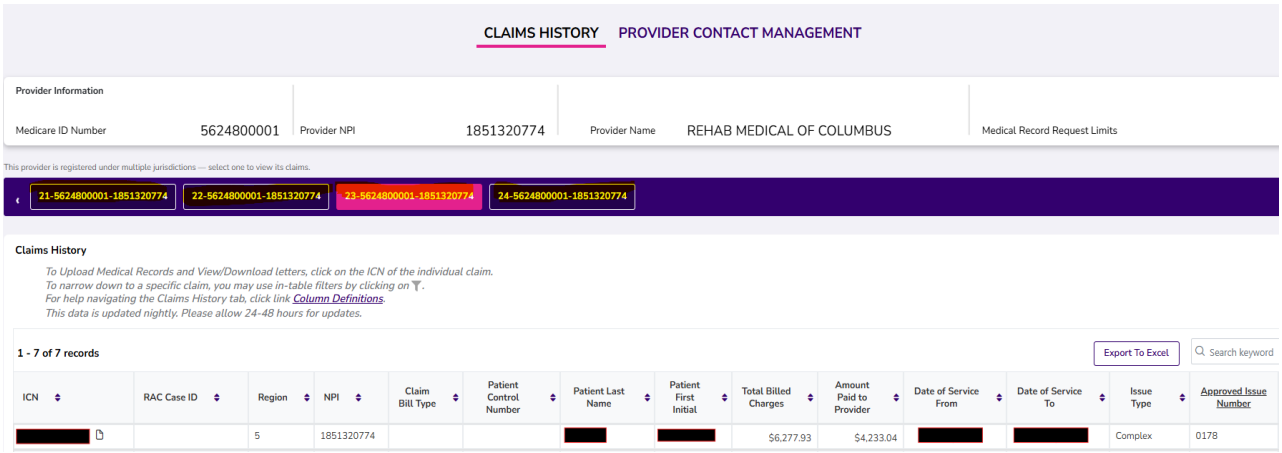
Column Label	Description
	associated with each individual claim is displayed below as well as in the Review Rationale itself. This data field is exportable with the rest of this grid. If you click on the link at the header of this column, it will take you to our Approved Issues List, where you can copy and paste in the Issue Number and see its description.
Claim Status	A general status of where this claim is within the RAC process. To see a description of each status, go towards the top of the Claims History tab and click on Click Here:  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 paper/CD 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. Medical records uploaded via the portal will be displayed as received within 1-2 days.
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	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
Appeal Outcome	
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.

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Navigation

Multiple MAC Jurisdictions

If your provider has multiple MAC jurisdictions, you will be able to view claims across all jurisdictions within the portal. Any updates or changes made in the portal will apply to all associated jurisdictions. To view all claims, select the provider numbers highlighted in yellow below. The same highlighted section will also be available on the Provider Contact Management tab.



What you can do

View informational alerts

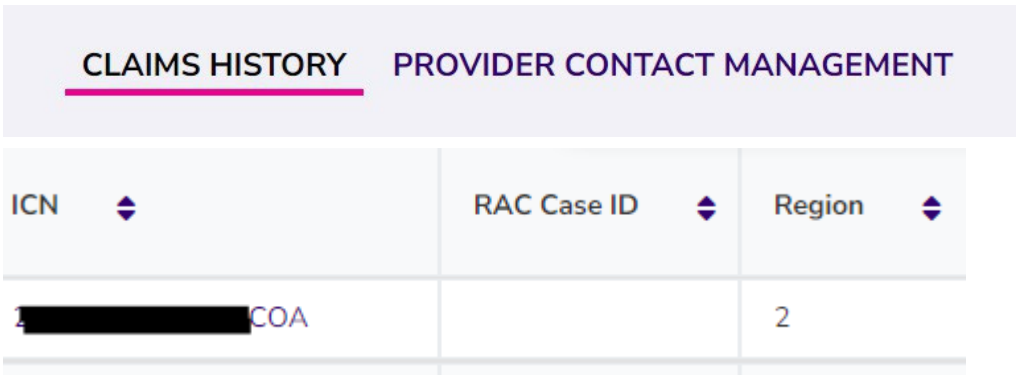
As soon as you log in, there is an area at the top that provides important RAC-related updates, changes, and reminders to help you stay current. Typically, we will also let you know where you can go on the CMS website to receive additional information relative to those alerts.

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.

View and download letters

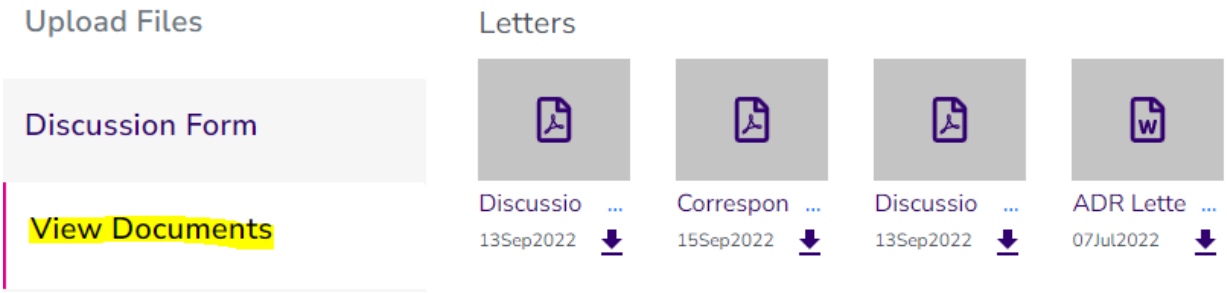
In the Claims History view you will see your claim data. To view the RAC letters associated with a specific claim, click on the ICN number. Click on View Documents to see the letter icons. Click on the down arrow to download and view the desired letter.



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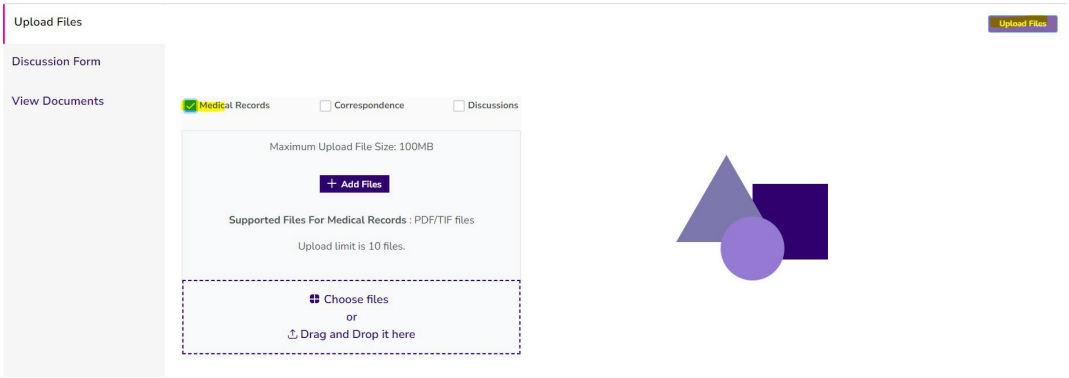
Upload medical records

To upload a medical record in response to a RAC audit, click on the ICN in the Claims History tab that corresponds with the medical record you would like to submit. Click the Medical Records checkbox (see



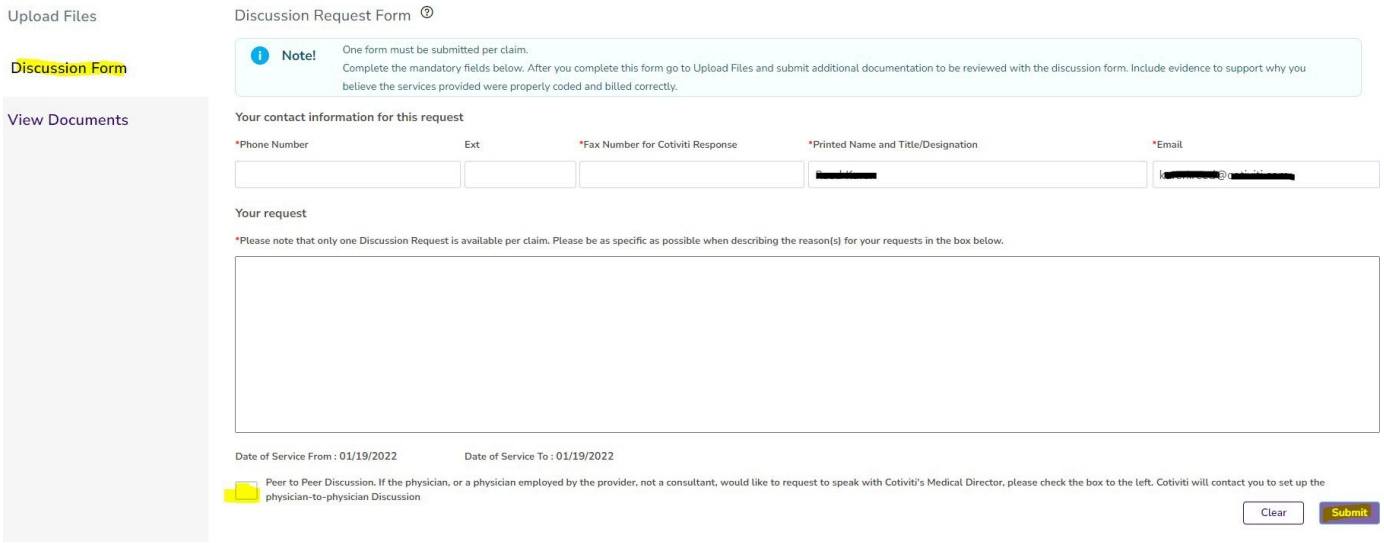
screenshot on the top of the next page). You may click on the Add Files button to browse to your document or drag and drop the medical record to the upload box. Once you have added the file or dropped it into the upload box, click on the Upload button. If you have an additional document(s) to upload, follow these same steps clicking on the Upload button after each one. Maximum upload file size is 100MB and the Portal will accept 10 PDF files per ICN.

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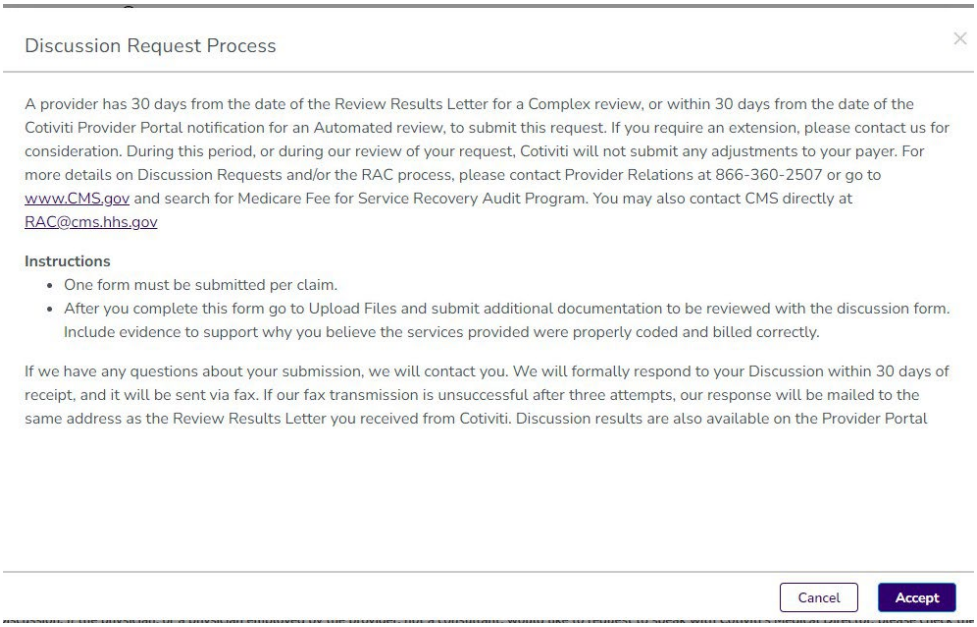
Upload discussions

To upload a discussion request in response to a RAC audit, click on the ICN in the Claims History tab that corresponds with the discussion you would like to submit. Click on Discussion Form and complete the online form. If you would like to request a Peer to Peer Discussion, please check the box at the bottom of the form. Once the form is complete, click on the submit button.

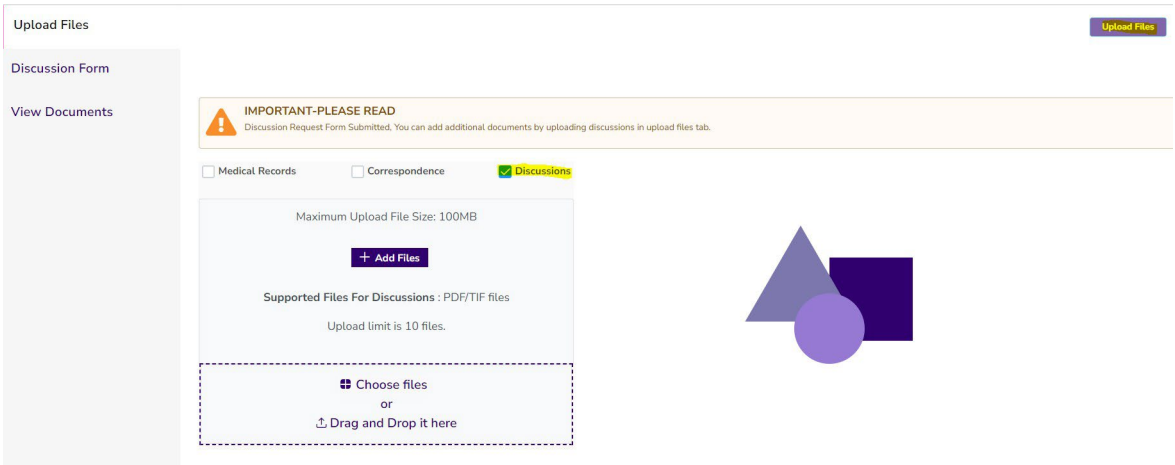


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After submitting the electronic discussion form, review and accept the following disclosure:



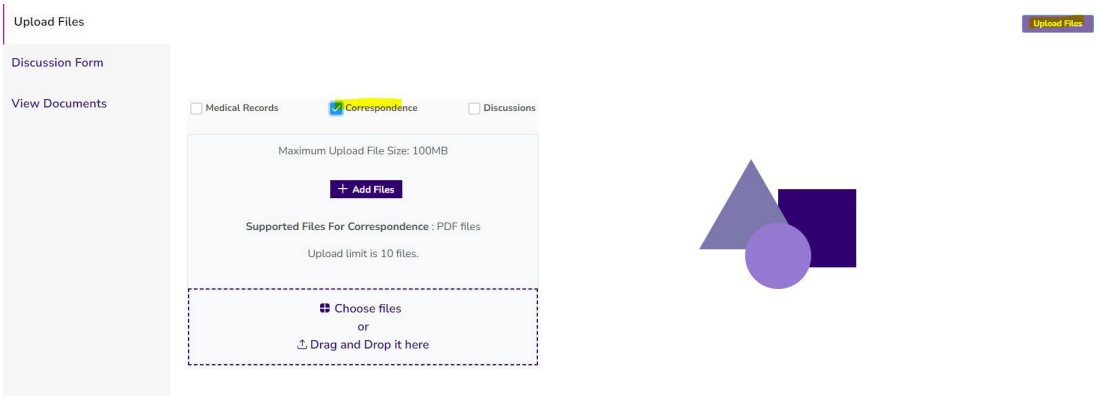
Once the disclosure is accepted, the portal will take you to Upload Files. The discussion box will be pre-checked. Here, upload additional documentation you would like to include in your discussion request. Additional documentation for a discussion is not required. You may click on the Add Files button to browse to your document or drag and drop the documentation to the upload box. Once you have added the file or dropped it into the upload box, click on the Upload button. If you have an additional document(s) to upload, follow these same steps clicking on the Upload button after each one. Maximum upload file size is 100MB and the Portal will accept 10 PDF files per ICN.



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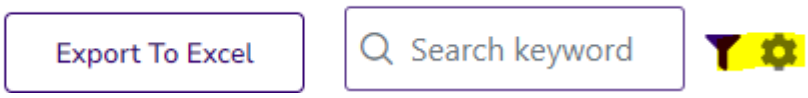
Upload Correspondence

To upload a correspondence document, click on the ICN in the Claims History tab that corresponds with the correspondence document you would like to submit. You may click on the Add Files button to browse to your document or drag and drop the medical record to the upload box. Once you have added the file or dropped it into the upload box, click on the Upload button. If you have an additional document(s) to upload, follow these same steps clicking on the Upload button after each one.



Sort and filter

Every column in the Claims History tab may be sorted and filtered. You will find the icons on the far left of the page. The flashlight icon will allow you to filter on a specific column and the wheel will allow you to limit the amount of viewable claims.



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.
  - Discussion: This is where the discussion responses are sent.
- **Note:** Each contact type can only have one named contact person. For example, you cannot have multiple people setup to receive ADRs.

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Approved issues list

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

Provider Lookup

Easily change to another provider by clicking on Provider Lookup in the upper right-hand corner. Once a provider information is entered it may be saved for future lookups.

Help icons

Each tab of the Portal has its own Help Section and click on the question mark (?) at the top right hand corner of each tab to view it.

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Questions or difficulty logging in?

We are glad to help. Cotiviti's Provider Service representatives are available Monday through Friday.

Our contact information is as follows:

CMS RAC Region 3 -

Phone: 866-360-2507

Fax: 203-529-2995

Email: Rac3info@Cotiviti.com

CMS RAC Region 4 -

Phone: 833-510-9689

Fax: 203-529-2995

Email: Rac4info@Cotiviti.com

CMS RAC Region 5 -

Phone: 833-510-9690

Fax: 203-529-2995

Email: Rac5info@Cotiviti.com

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