

## Request to Open Written or Oral Discussion

(Updated 8/25/11)



Our experience indicates that many of the discussions can be resolved more quickly and efficiently without the need for a teleconference, particularly when additional documentation is submitted to support the claim. **Upon receipt of your request, the auditor and, if needed, the Medical Director will determine if a telephone discussion is necessary or if a complete and appropriate response can be provided in writing based on the submitted documentation only. If a teleconference is necessary, you will be contacted to arrange a time. A letter will be sent detailing the outcome of each written or oral discussion.**

### Instructions

Please submit a separate form for each issue to be discussed. Multiple claims reviewed for the same issue may be included on a single request. It is helpful to attach a copy of the pertinent Review Results or Demand letter with the documentation.

**To ensure that your request is addressed as quickly as possible, please be sure to send the documents to the appropriate location listed below.**

### **Mailing Address**

- **For Illinois, Indiana, Kentucky, Michigan and Ohio the address is:**  
**PLEASE NOTE THE NEW FAX NUMBER AS OF 8/25/11**

You may submit this form and additional documentation by mail as below, or fax to **216-687-4278**

CGI Federal Inc.  
Attn: RACB  
1001 Lakeside Ave., Suite 800, Cleveland, OH 44114

- **For DME, Home Health, Minnesota and Wisconsin the address is:**

You may submit this form and additional documentation by mail as below, or fax to 866-340-0626

Medicare Recovery Audit Subcontractor - Region B  
PO BOX 724888, Atlanta, GA 31139-9998

Questions regarding this request should be directed to the RACB Call Center at 877-316-RACB (7222).

**Discussion Request Form**

Provider/Supplier Name: \_\_\_\_\_

Provider Medicare Number: \_\_\_\_\_

Provider Representative:

    Name: \_\_\_\_\_

    Phone: \_\_\_\_\_

    Fax: \_\_\_\_\_

    Email: \_\_\_\_\_

RAC Letter:

    Demand Letter #: \_\_\_\_\_ Date: \_\_\_\_\_

    Review Results Letter #: \_\_\_\_\_ Date: \_\_\_\_\_

Claim Number(s): \_\_\_\_\_

Additional Documentation Attached:  Yes       No

I am contacting the RAC for the following reason(s):

\_\_ I am submitting additional documentation to support the claim. (Written Discussion)

\_\_ I am submitting Regulation or Direction from CMS or the AC to support the claim. (Written Discussion)

\_\_ I do not have additional documentation to support the claim but wish to discuss the RAC determination for the following reason:

\_\_\_\_\_

\_\_\_\_\_

\_\_ Other:

\_\_\_\_\_

\_\_\_\_\_

*Please submit additional page(s), if necessary*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_