

## HDI Provider Portal User Guide for Part B Providers

The HDI Provider Portal is a web based application created by HealthDataInsights, Inc. (HDI), the Centers for Medicare & Medicaid Services (CMS) Recovery Audit Contractor (RAC) for Region D. The purpose of the website is to facilitate communication between the RAC and providers in Region D.

Part B providers may login to the website one of two ways:

- Answering Knowledge Based Authentication (KBA) questions (identity verification process), or
- Entering a username and password previously assigned to you.

This user guide explains the basic functions of the HDI provider portal website. This document is divided into three sections:

- **Section 1: Getting Started:** This section guides the new user through the login process using knowledge based authentication where the **primary facility representative** can designate the facility contact to receive medical record request letters, designate the facility contact to receive improper payment letters, and provide other facility representative(s) access to this website.
- **Section 2: Managing Users:** This section guides you through the process for editing and deleting your contacts to receive letters; as well as adding, editing, and deleting your web user contacts. *Access to this section requires KBA login and should only be accessed by the individual you designate responsibility for keeping your facility's contact information current and accurate.*
- **Section 3: Web Users:** This section explains how to login using a username and password and how to track requests for medical records.

### Section 1: Getting Started

This section explains how to create your provider account.

#### ***Knowledge Based Authentication (KBA) Login***

The first time you access the provider portal, you must login using knowledge based authentication. The responses you provide to the questions presented is a means of identify verification.

Before you begin, be sure you have access to your own claims data. This information is part of the KBA Login process.

1. Launch a web browser such as Microsoft Internet Explorer.

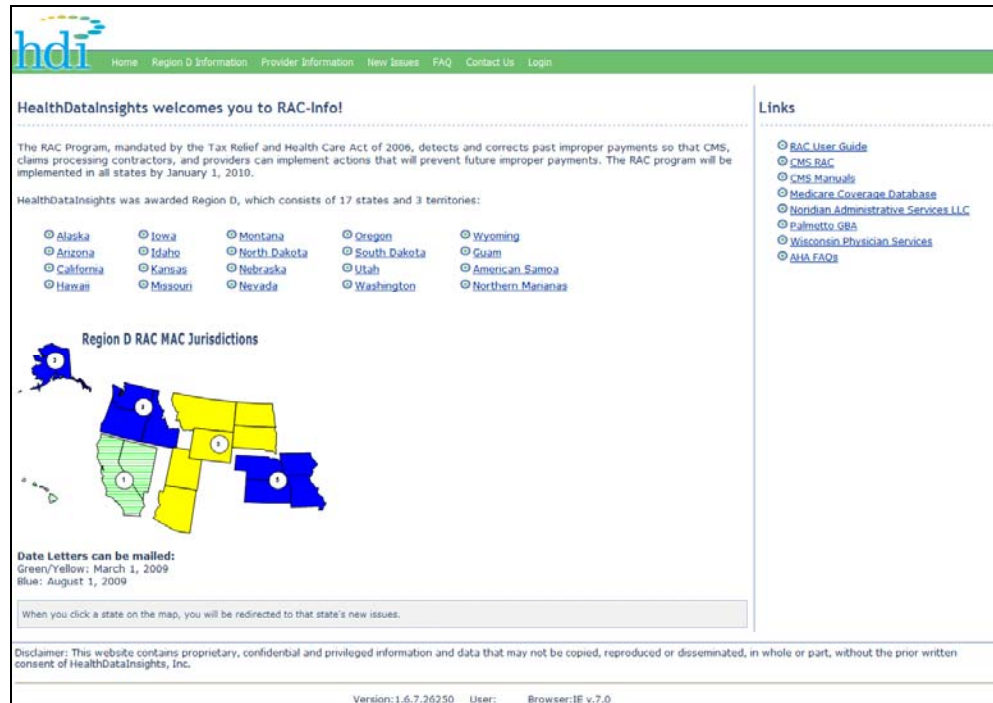
#### Note

The racinfo.com website supports Microsoft Internet Explorer 7.0 and Mozilla Firefox 3.6.

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2. Enter <http://racinfo.healthdatainsights.com/> or <http://racinfo.com> in the address bar.

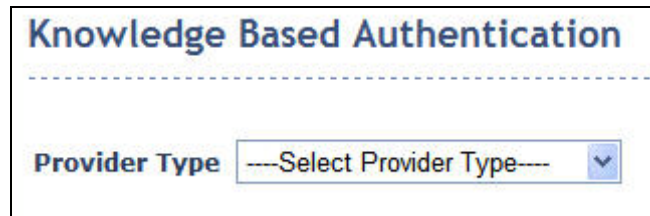
The home page displays.



3. From the top menu, click on **Login**.



The login page displays. The KBA displays on the left side of the screen.



4. Select **Part B Provider** from the Provider Type drop down menu.

The page refreshes to record your selection and displays the question, “What is your NPI Number?”

The screenshot shows a web form titled "Knowledge Based Authentication". Below the title is a dashed line. The form contains a "Provider Type" dropdown menu set to "Part B Provider". Below that is a question "What is your NPI Number?" followed by a yellow text input box. At the bottom are "Back" and "Continue" buttons.

5. Enter your **NPI Number** in the text box.
6. Click on the **Continue** button.

The page refreshes to record your response and displays the page below.

The screenshot shows the same "Knowledge Based Authentication" form. The "Provider Type" dropdown is still "Part B Provider". The "What is your NPI Number?" question is now followed by a blacked-out text box. Below that is a new question "What is your Medicare ID Number?" followed by a yellow text input box. "Back" and "Continue" buttons are at the bottom.

Note

This question is displayed if the NPI Number you enter is associated with multiple Medicare ID numbers.

If the NPI Number you enter is associated with only one Medicare ID number, you will not be asked to enter your Medicare ID number and you may proceed to step number 9 below.

7. Enter your **Medicare ID Number** in the text box.
8. Click on the **Continue** button.

The page refreshes to record your response and displays the page below.

**Knowledge Based Authentication**

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**Provider Type**

**What is your NPI Number?**

**What is your Medicare ID Number?**

**Please type in the box below the allowed amount listed on any claims with date of service: 8/25/2009**

**Allowed Amount**

9. Search your records for any claim matching the date of service listed on the page, and type the **exact dollars and cents amount** (for example, 121.18) in the Allowed Amount text box. *Do not include the dollar sign.*

10. Click on the **Continue** button.

The page refreshes to record your selection and displays the page below.

**Knowledge Based Authentication**

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**Provider Type**

**What is your NPI Number?**

**What is your Medicare ID Number?**

**Please type in the box below the allowed amount listed on any claims with date of service: 8/25/2009**

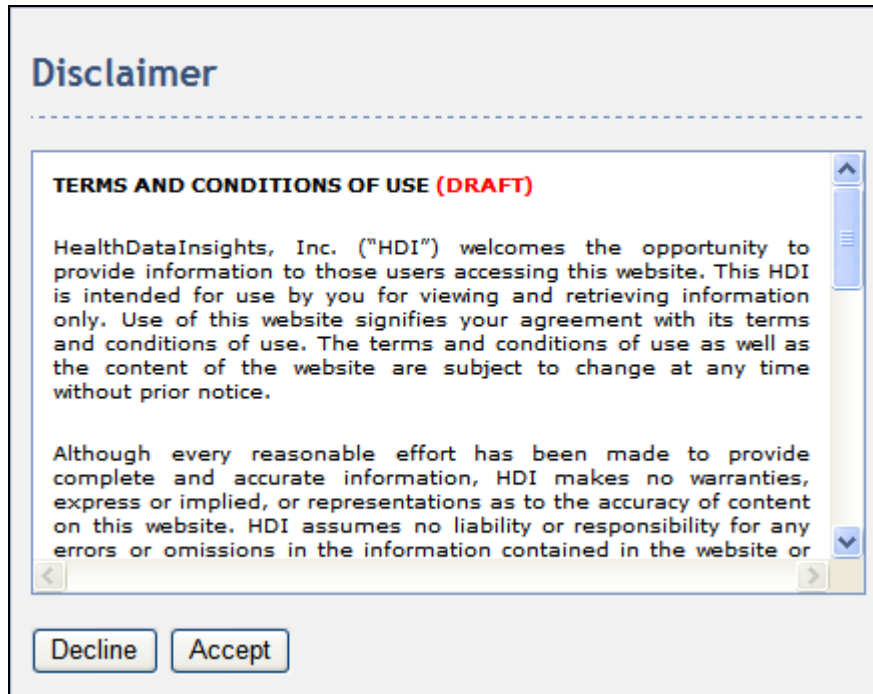
**Allowed Amount**

**Patient Date of Birth**

11. Using the same claim from above, enter the **Patient's Date of Birth** in the text box. (Enter the date in the format MM/DD/YYYY.)

12. Click on the **Continue** button.

A Disclaimer appears.



13. Read the Disclaimer, and if you accept the Terms and Conditions of use, click on the **Accept** button.

Note

If you do not accept the Terms and Conditions of use and click on the Decline button, you will not be permitted to login to the website.

The home page displays. A new menu option is available to you, Account Management.



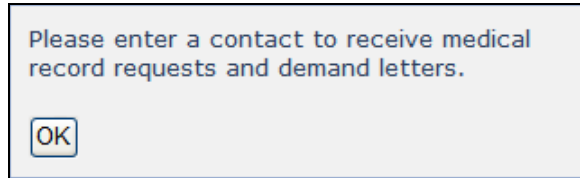
## Account Management

The next steps will guide you through the Account Management menu, where you will:

- Specify a contact to receive medical record request letters,
- Specify a contact to receive improper payment letters, and
- Add up to five additional website users.

1. Hover over the **Account Management** menu option and click on **Contact Information**.

The message below displays.



2. Click on the **OK** button to clear the message.

The page below displays.

Manage Contact Information			
	Address from Claims Processing Contractor	Contact to Receive Medical Record Request Letters	Contact to Receive Improper Payment Letters
Billing Provider #			
Provider Name			
Affiliation/Ownership			
NPI			
Tax ID			
Contact Name			
Title			
Department			
Address 1			
Address 2			
City			
State			
Zip			
FAX			
Phone			
Extension			
Email			
Previous Provider #			
			<input type="checkbox"/> Make both contacts identical
	<a href="#">Edit</a>	<a href="#">Edit</a>	

**Website Users** [Add Web User](#)

We request up to 7 contacts, CEO, CFO, Compliance Officer, CMO, IT contact; including 2 additional staff of your choice listed above.

No records found.

The Manage Contact Information page displays three columns:

- Address from Claims Processing Contractor (the information in this column is provided by your Claims Processing Contractor and cannot be altered),
- Contact to Receive Medical Record Request Letters, and
- Contact to Receive Improper Payment Letters.

You must specify the contact who will receive Medical Record Request Letters and the contact who will receive Improper Payment Letters.

The information you provide is used for all communications for the designated area and must be maintained to ensure accuracy and timely mail delivery.

## Add a Contact to Receive Medical Record Request Letters

Use this feature to designate someone in your facility to receive all medical record request letters.

1. Click on the **Edit** link in the second column, Contact to Receive Medical Record Request Letters.

The page below displays.

**Add Contact**

**Provider Name**

**Contact Name**

**Address 1**

**Title**

Type title or select from the dropdown

**Address 2**

**Department**

Compliance Office

**City**

**State**

**Zip Code**

**Affiliation/Ownership**

**Phone #**

### ## ####

**Extension**

**Email Address:**

Lower case only. e.g: myemail@company.com

**Fax #:**

### ## ####

**Password:**

**Confirm Password:**

Password Requirement: Alpha + Numeric + Symbol and should be at least 8 characters.

[Edit](#)

2. Enter your **Provider Name**.
3. Enter the **Contact Name**.
4. Enter the Contact's **Title**. Alternatively, select an option from the drop down menu.
5. Enter the **Department**.
6. Enter **Affiliation/Ownership**.
7. Enter the Contact's **Email Address**.

8. Enter the Street **Address**.
9. Enter the **City**.
10. Select from the **State** drop down menu.
11. Enter the **ZIP Code**.
12. Enter the Contact's **Phone Number** and their **Extension**, (if applicable).
13. Enter the Contact's **Fax Number**.
14. Enter a **Password** for the contact.

Note

Passwords must contain at least one letter, one number, and one symbol and be at least 8 characters long.

15. Enter the **Password** again in the Confirm Password field.
16. Click on the **Add** button.

A confirmation message displays the text, "Contact has been added successfully. [NAME], please use this username [email address] and password for all future RAC Info logins."

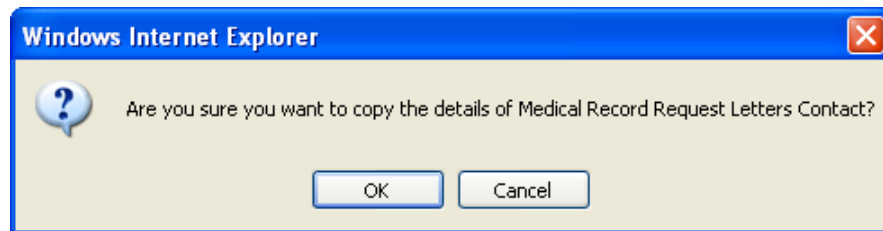
17. Click on the **OK** button.

The message clears. The page refreshes, displaying the Manage Contact Information page. The contact information you enter is recorded and displayed immediately.

Manage Contact Information			
	Address from Claims Processing Contractor	Contact to Receive Medical Record Request Letters	Contact to Receive Improper Payment Letters
Billing Provider #	[Redacted]	[Redacted]	
Provider Name			
Affiliation/Ownership			
NPI			
Tax ID			
Contact Name			
Title			
Department			
Address 1			
Address 2			
City			
State			
Zip			
FAX			
Phone			
Extension			
Email			
Previous Provider #			
			<input type="checkbox"/> Make both contacts identical
		<a href="#">Edit</a>	<a href="#">Edit</a>
		<a href="#">Delete</a>	

18. If you prefer to designate the same contact to receive both the medical record request letters and the improper payment letters, click on the “**Make both contacts identical**” checkbox.

The message below displays.



19. Click on the **OK** button to confirm the message. Alternatively, click on the **Cancel** button if you would like to designate a different contact to receive the improper payment letters.

## Add a Contact to Receive Improper Payment Letters

Use this feature to designate someone in your facility to receive all improper payment letters.

1. Click on the **Edit** link in the third column, Contact to Receive Improper Payment Letters.

The page below displays.

**Add Contact**

**Provider Name**

**Contact Name**

**Address 1**

**Title**  
Type title or select from the dropdown

**Address 2**

**Department**  
Compliance Office

**City** **State** **Zip Code**

**Affiliation/Ownership**

**Phone #** **Extension**

**Email Address:**  
Lower case only. e.g: myemail@company.com

**Fax #:**

**Password Requirement: Alpha + Numeric + Symbol and should be at least 8 characters.**

**Password:**

**Confirm Password:**

[Edit](#)

2. Enter your **Provider Name**.
3. Enter the **Contact Name**.
4. Enter the Contact's **Title**. Alternatively, select an option from the drop down menu.
5. Enter the **Department**.
6. Enter **Affiliation/Ownership**.
7. Enter the Contact's **Email Address**.
8. Enter the Street **Address**.
9. Enter the **City**.
10. Select from the **State** drop down menu.
11. Enter the **ZIP Code**.
12. Enter the Contact's **Phone Number** and their **Extension**, (if applicable).
13. Enter the Contact's **Fax Number**.
14. Enter a **Password** for the contact.

Note

Passwords must contain at least one letter, one number, and one symbol and be at least 8 characters long.

15. Enter the **Password** again in the Confirm Password field.

16. Click on the **Add** button.

A confirmation message displays the text, “Contact has been added successfully. [NAME], please use this username [email address] and password for all future RAC Info logins.”

17. Click on the **OK** button.

The message clears. The page refreshes, displaying the Manage Contact Information page. The contact information you enter is recorded and displayed immediately.

The bottom of the page displays the link, Add Web User, which allows you to add up to five users. You may have a total of seven users: two contacts to receive letters and five additional web users.

### Add a Web User

Use this feature to create a username and password for yourself (if you were not a designed letter recipient) and/or others who also need access to this website.

1. Click on the **Add Web User** link. The page below displays.

The screenshot shows a web form titled "Add Web User". The form is organized into several sections:

- Provider Name:** A single text input field.
- Contact Name:** A single text input field.
- Address 1:** A single text input field.
- Address 2:** A single text input field.
- Title:** A text input field with a placeholder "Type title or select from the dropdown".
- Department:** A single text input field.
- City:** A single text input field.
- State:** A dropdown menu.
- Zip Code:** A single text input field.
- Affiliation/Ownership:** A single text input field.
- Phone #:** A text input field with a mask "### ### ####".
- Extension:** A single text input field.
- Email Address:** A text input field with a placeholder "Lower case only. e.g. myemail@company.com".
- Fax #:** A text input field with a mask "### ### ####".

Below the main form fields, there is a separate box for password creation:

- Password Requirement:** Alpha + Numeric + Symbol and should be at least 8 characters.
- Password:** A text input field.
- Confirm Password:** A text input field.

At the bottom of the form, there are "Delete", "Add", and "Cancel" buttons.

2. Enter your **Provider Name**.

3. Enter the **Contact Name**.

4. Enter the Contact’s **Title**. Alternatively, select an option from the drop down menu.

5. Enter the **Department**.
6. Enter **Affiliation/Ownership**.
7. Enter the Contact's **Email Address**.
8. Enter the Street **Address**.
9. Enter the **City**.
10. Select from the **State** drop down menu.
11. Enter the **ZIP Code**.
12. Enter the Contact's **Phone Number** and their **Extension**, (if applicable).
13. Enter the Contact's **Fax Number**.
14. Enter a **Password** for the contact.

Note

Passwords must contain at least one letter, one number, and one symbol and be at least 8 characters long.

15. Enter the **Password** again in the Confirm Password field.
16. Click on the **Add** button.

A confirmation message displays the text, "Contact has been added successfully. [NAME], please use this username (email address) and password for all future RAC Info logins."

17. Click on the **OK** button.

The message clears. The page refreshes. In the Website Users section of the Manage Contact Information page, the grid displays the website user.

Contact Name	Title	Department	Email	
<a href="#">Delete</a>				<a href="#">Edit</a>

## Section 2: Managing Users

This feature allows the primary provider contact to manage users using the knowledge based authentication login.

As the primary provider contact you can: update your facility's designated medical record request letters contact and designated receive improper payments letters contact; and add, edit, and delete additional web users.

1. Login to the website using knowledge based authentication.
2. Hover over the **Account Management** menu.
3. Click on the **Contact Information** option.

The page below displays.

Manage Contact Information			
	Address from Claims Processing Contractor	Contact to Receive Medical Record Request Letters	Contact to Receive Improper Payment Letters
Billing Provider #	██████	██████	██████
Provider Name	██████████	██████████	██████████
Affiliation/Ownership		██████████	██████████
NPI			
Tax ID			
Contact Name		██████████	██████████
Title		██████████	██████████
Department		██████████	██████████
Address 1	██████████	██████████	██████████
Address 2		██████████	██████████
City	██████	██████	██████
State	██████	██████	██████
Zip	██████	██████	██████
FAX		██████████	██████████
Phone		██████████	██████████
Extension			
Email		██████████	██████████
Previous Provider #			
		<a href="#">Edit</a>	<a href="#">Edit</a>
		<a href="#">Delete</a>	<a href="#">Delete</a>
<b>Website Users</b>			<a href="#">Add Web User</a>
We request up to 7 contacts, CEO, CFO, Compliance Officer, CMO, IT contact; including 2 additional staff of your choice listed above.			

This page displays three columns:

- Address from Claims Processing Contractor (the information in this column is provided by your Claims Processing Contractor and cannot be altered),
- Contact to Receive Medical Record Request Letters, and
- Contact to Receive Improper Payment Letters.

The information you provide is used for all communications for the designated area and must be maintained to ensure accuracy and timely mail delivery.

**To Edit a Contact to Receive Medical Record Request Letters:**

1. Click on the **Edit** link in the second column, Contact to Receive Medical Record Request Letters. The page below displays.

The screenshot shows a form titled "Update Contact" with a dashed line separator. The form is organized into two columns. The left column contains: "Provider Name", "Contact Name", "Title", "Department", "Affiliation/Ownership", and "Email Address:". The right column contains: "Address 1", "Address 2", "City", "State" (a dropdown menu), "Zip Code", "Phone #", "Extension", and "Fax #:". At the bottom center of the form are two buttons: "Update" and "Cancel".

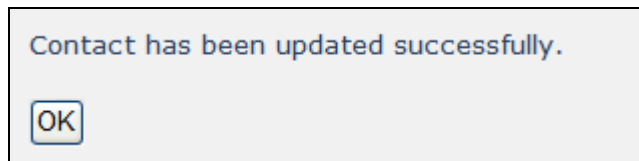
2. Edit any of the fields, except for Email Address.

Note

Once a contact has been added, you cannot change their email address. If the contact's email address changes or was entered incorrectly, the contact must be deleted and entered as a new contact using the correct email address.

3. Click on the **Update** button.

A confirmation message displays the text, "Contact has been updated successfully."



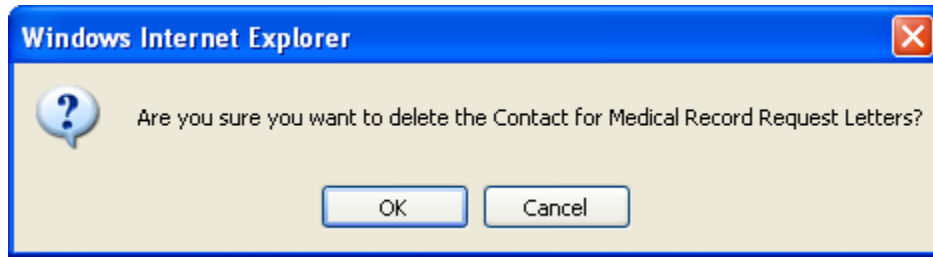
4. Click on the **OK** button.

The message clears. The page refreshes, displaying the Manage Contact Information page. The contact information you entered is recorded and displayed immediately.

**To Delete a Contact to Receive Medical Record Request Letters:**

1. Click on the **Delete** link in the second column, Contact to Receive Medical Record Request Letters.

A confirmation message displays the text, “Are you sure you want to delete the Contact for Medical Record Request Letters?”



2. Click on the **OK** button.

The page refreshes, displaying the Manage Contact Information page.

### ***To Edit Contact to Receive Improper Payment Letters:***

This feature allows you to edit the contact information for the designated contact to receive improper payment letters.

1. Click on the **Edit** link in the third column, Contact to Receive Medical Record Request Letters. The page below displays.

A screenshot of a web form titled "Update Contact". The form is enclosed in a light gray border and has a dashed line at the top. It contains several input fields for contact information, all of which are highlighted in yellow. The fields are: "Provider Name", "Contact Name", "Title", "Department", "Affiliation/Ownership", "Email Address:", "Address 1", "Address 2", "City", "State" (a dropdown menu), "Zip Code", "Phone #", "Extension", and "Fax #". At the bottom of the form, there are two buttons: "Update" and "Cancel".

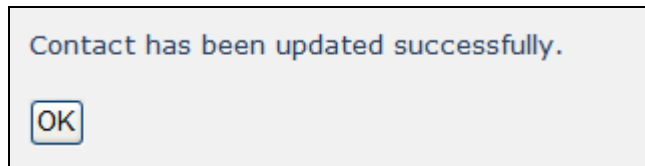
2. Enter any of the fields except for email address.

#### Note

Once a contact has been added, you cannot change their email address. If their email address changes or was entered incorrectly, the contact needs to be deleted and entered as a new contact using the correct email address.

3. Click on the **Update** button.

A confirmation message displays the text, “Contact has been updated successfully.”



4. Click on the **OK** button.

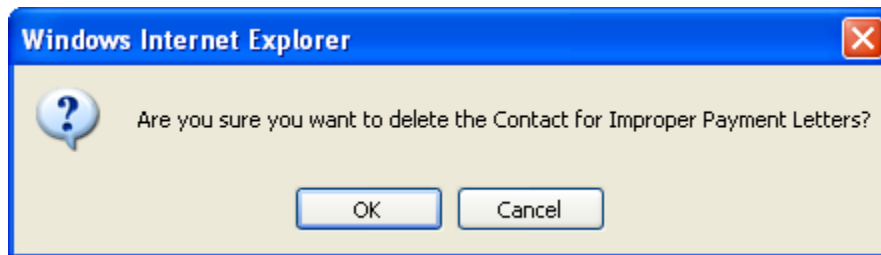
The message clears. The page refreshes, displaying the Manage Contact Information page. The contact information you entered is recorded and displayed immediately.

***To Delete a Contact to Receive Improper Payment Letters:***

This feature allows you to delete the designated contact to receive improper payment letters.

1. Click on the **Delete** link in the third column, Contact to Receive Improper Payment Letters.

A confirmation message displays the text, “Are you sure you want to delete the Contact for Medical Record Request Letters?”



2. Click on the **OK** button.

The page refreshes, displaying the Manage Contact Information page.

***To Add a Web User:***

This feature allows you to add a web user to access the website.

1. Click on the **Add Web User** link. The page below displays.

The screenshot shows a web form titled "Add Web User". The form is organized into several sections. At the top, there is a "Provider Name" field. Below that, "Contact Name" and "Address 1" are on the left and right respectively. "Title" and "Address 2" follow. "Department" is on the left, and "City", "State" (a dropdown menu), and "Zip Code" are on the right. "Affiliation/Ownership" is on the left, and "Phone #" and "Extension" are on the right. "Email Address:" is on the left, and "Fax #:" is on the right. Below these are "Password:" and "Confirm Password:" fields. A note above the password fields states: "Password Requirement: Alpha + Numeric + Symbol and should be at least 8 characters." At the bottom of the form are "Add" and "Cancel" buttons.

2. Enter your **Provider Name**.
3. Enter the **Contact Name**.
4. Enter the Contact's **Title**. Alternatively, select an option from the drop down menu.
5. Enter the **Department**.
6. Enter **Affiliation/Ownership**.
7. Enter the Contact's **Email Address**.
8. Enter the Street **Address**.
9. Enter the **City**.
10. Select from the **State** drop down menu.
11. Enter the **ZIP Code**.
12. Enter the Contact's **Phone Number** and their **Extension**, if applicable.
13. Enter the Contact's **Fax Number**.
14. Enter a **Password** for the user.

Note

Passwords must contain at least one letter, one number, and one symbol and be at least 8 characters long.

15. Enter a **Password** again in the Confirm Password field.
16. Click on the **Add** button.

The page refreshes. In the Website Users section of the Manage Contact Information page, the grid displays the website user.

Website Users				<a href="#">Add Web User</a>
We request up to 7 contacts, CEO, CFO, Compliance Officer, CMO, IT contact; including 2 additional staff of your choice listed above.				
Contact Name	Title	Department	Email	
<a href="#">Delete</a>				<a href="#">Edit</a>

**To Edit a Web User:**

This feature allows you to edit the contact information for a web user. The Edit link is located in the Manage Contact Information page, under the Website Users section.

1. Click on the **Edit** link. The page below displays.

**Update Web User**

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**Provider Name \***

**Contact Name \***  **Address 1 \***

**Title \***  **Address 2**

**Department \***  **City Required**  **State \***  **Zip Code \***

**Affiliation/Ownership**  **Phone # Required**  **Extension**

**Email Address:**  **Fax #:**

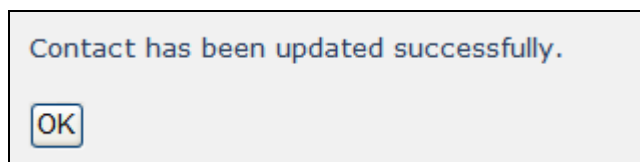
2. Edit any of the fields except for email address.

**Note**

Once a web user has been added, you cannot change their email address. If the web user’s email address changes or was entered incorrectly, the web user needs to be deleted and entered as a new web user using the correct email address.

3. When you are finished, click on the **Update** button.

A confirmation message displays the text, “Contact has been updated successfully.”



4. Click on the **OK** button.

The page refreshes. In the Website Users section of the Manage Contact Information page, the grid displays the updated contact information.

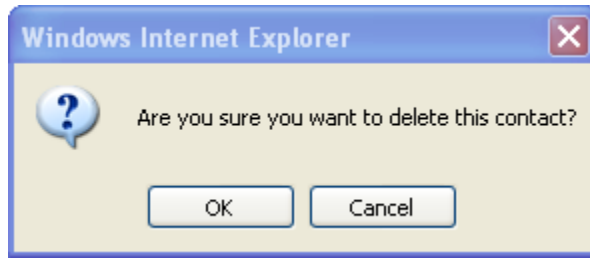
Contact Name	Title	Department	Email
[Redacted]	[Redacted]	[Redacted]	[Redacted]

***To Delete a Web User:***

This feature allows you to delete a web user. The Delete link is located in the Manage Contact Information page, under the Website Users section.

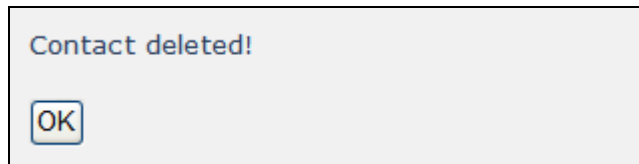
1. Click on the **Delete** link.

A confirmation message displays the text, “Are you sure you want to delete this contact?”



2. Click on the **OK** button.

A confirmation message displays the text, “Contact deleted!”



3. Click on the **OK** button.

The page refreshes. In the Website Users section of the Manage Contact Information page, the deleted website user is removed from the grid.

## Section 3: Web Users

This section explains how to login using a username and password, how to change your password, and how to track requests for medical records.

### Username and Password Login

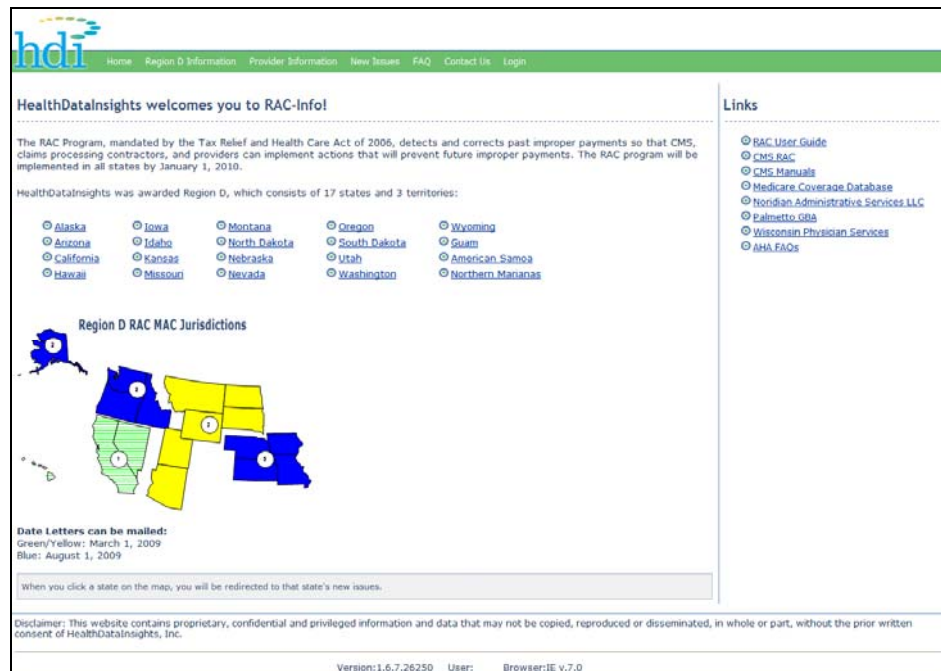
1. Launch a web browser such as Microsoft Internet Explorer.

#### Note

The racinfo.com website supports Microsoft Internet Explorer 7.0 and Mozilla Firefox 3.6.

2. Enter <http://racinfo.healthdatainsights.com/> or <http://racinfo.com> in the address bar.

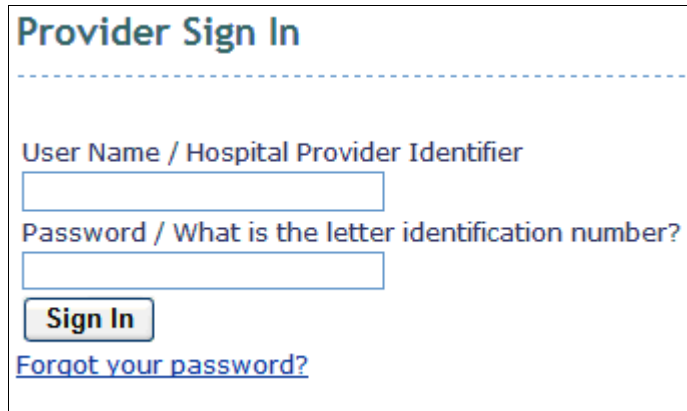
The home page displays.



3. From the top menu, click on **Login**.



The login page displays. The Provider Sign In displays on the right side of the screen.



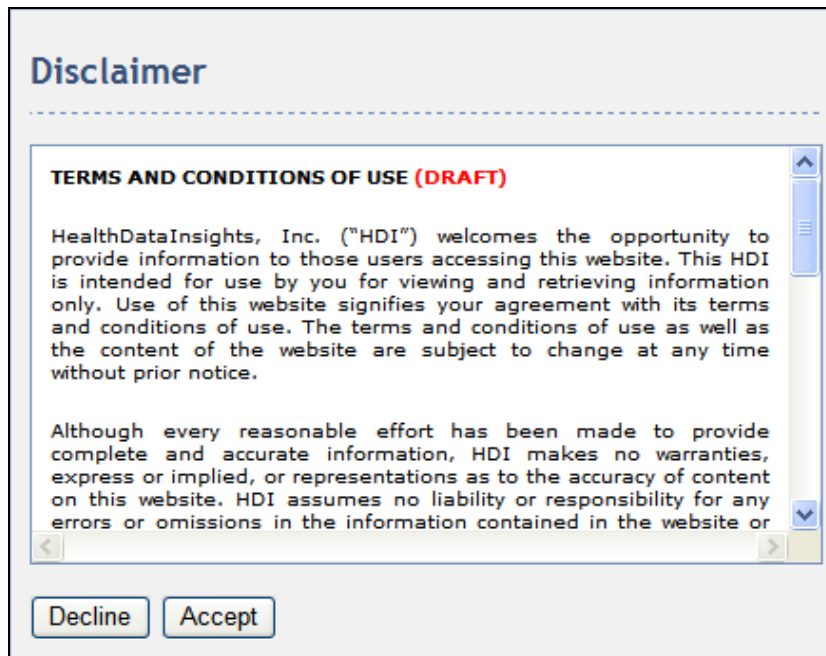
4. Enter your **User Name** in the User Name text box.
5. Enter your **Password** in the Password text box.

Note

If you forget your password, click on the **Forget your password?** link. When the page refreshes, enter your **user name** and click on the **Submit** button. A Provider Services Representative will send you an email with your new password. Alternatively, send an email to [ProviderServices@emailhdi.com](mailto:ProviderServices@emailhdi.com).

6. Click on the **Sign In** button.

If this is your first time signing in using your username and password, a Disclaimer appears.



7. Read the Disclaimer, and if you accept the Terms and Conditions of use, click on the **Accept** button.

Note

If you do not accept the Terms and Conditions of use and click on the Decline button, you will not be permitted to login to the website.

The home page displays. New menu options are available to you.

Home Region D Information Provider Information **Medical Record Tracking** New Issues FAQ Contact Us **Account Management**

## Change Password

Use this feature to change your password.

Note

You must be logged in as the user in order to change the password for the username.

1. From the top menu, scroll over **Account Management** and click on the **Change Password** link. The Change Password page displays.



Form fields and buttons for changing a password:

- Label: Password: [Input Field]
- Label: New Password: [Input Field]
- Label: Confirm New Password: [Input Field]
- Buttons: Change Password, Cancel

2. Enter your current **Password**.
3. Enter a New Password.
4. Enter the **New Password** again.
5. Click on the **Change Password** button.

Passwords must be a minimum of 8 characters long and contain at least one letter, one number, and one symbol. When you have successfully changed your password the Change Password Complete page displays.



Change Password Complete  
Your password has been changed!  
Continue

6. Click on the **Continue** button to return to the Home page.

If you forget your password, send an email to [ProviderServices@emailhdi.com](mailto:ProviderServices@emailhdi.com) and include your user name.

## Medical Record Tracking

Use this feature to track requests for medical records.

From the top menu, click on the **Medical Record Tracking** menu.

If no data is available, the page displays the text, “No records to display.” When data is available, results are displayed in a grid as shown in the page below.



Additional Documentation Request Tracking						
Please allow 7 business days for the receipt of a Medical Record to post. If it has been more than 7 days, please contact our Provider Services Department at (866)-590-5598.						
RAC Case ID	Medical Record Number	DOS From	DOS To	Documentation Requested	Documentation Received	Review Results Letter Sent
		1/5/2008	1/10/2008	1/30/2010	2/12/2010	
		9/20/2008	9/24/2008	1/30/2010	2/12/2010	
		11/8/2007	11/8/2007	3/15/2010		
		10/19/2007	10/22/2007	3/15/2010		
		10/21/2007	10/22/2007	3/15/2010		
		11/24/2007	11/24/2007	3/15/2010		
		9/10/2008	9/13/2008	3/15/2010		
		9/13/2008	9/16/2008	3/15/2010		
		6/18/2008	6/22/2008	3/15/2010		
		7/15/2008	7/15/2008	3/15/2010		

Change page: < >      Displaying page 1 of 7, items 1 to 10 of 68.

The table below defines the column headings displayed in the grid.


Term	Definition
RAC Case ID	This is the same as the Reference ID included in the Additional Documentation Request Letter.
Medical Record Number	The medical record number assigned to the claim.
DOS From	The date of service from (MM/DD/YYYY) on the claim.
DOS To	The date of service to (MM/DD/YYYY) on the claim.
Documentation Requested	The date (MM/DD/YYYY) the additional documentation was requested.
Documentation Received	The date (MM/DD/YYYY) the additional documentation was received.
Review Results Letter Sent	The date (MM/DD/YYYY) the review results letter was sent.

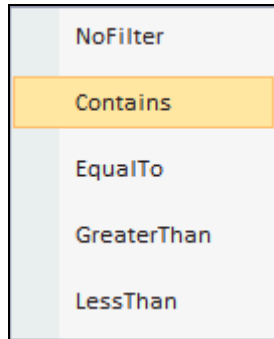
### ***To View Results***

- Click on the right arrow  to advance to the next page in the search results (if search results exceed one page).
- Click on the left arrow  to advance to the previous page in the search results (if search results exceed one page).
- Click on the column heading once to sort in ascending order.
- Click on the column heading again to sort in descending order.

### ***To Filter Results***

If you receive an Additional Documentation Request (ADR) letter, you may use the filter feature to search specifically for a certain claim using the RAC Case ID, Medical Record Number, DOS To, DOS From, Date Documentation Requested, Date Documentation Received, or Date Review Results Letter Sent.

7. Enter the **Reference ID** included in the Additional Documentation Request Letter in the **RAC Case ID** text box. (Alternatively, enter the Medical Record Number in the corresponding text box, or a valid date in DOS From or DOS To text boxes.)
8. Click on the filter icon .
9. Select **Contains** from the choices displayed.



The page refreshes. The grid displays search results matching the criteria entered in the filter.