

June 2, 2016

Recovery Auditor Contracting Update:

https://www.cos.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Recent_Updates.html

CMS is in an active procurement process for the next round of Medicare Fee-for-Service Recovery Audit Program contracts. In anticipation of this contract transition, CMS must ensure that the current Recovery Auditors complete all outstanding claim reviews by the conclusion of the active recovery auditing phase of their current contracts. Providers should note the important dates below:

- * May 16, 2016 - the last day that a Recovery Auditor could send Additional Documentation Request (ADR) letters or semi-automated notification letters
- * July 29, 2016 - the last date that a Recovery Auditor may send notification of an improper payment to providers. This includes sending a review results letter or no findings letter, and/or providing a portal notification to each provider.
- * August 28, 2016 - Recovery Auditors will complete all discussion periods that are in process by this date. Recovery Auditors continue to be required to hold claims for 30 days starting with the date of the improper payment notification (via letter or portal) to the provider, to allow for discussion period requests.
- * October 1, 2016 - the last day a Recovery Auditor may send claim adjustment files to the MACs.

April 21, 2016

Effective the week of 04/25/2016, Performant Recovery will no longer send provider notification letters to the Servicing Provider Addresses, but will instead send them to your Billing Provider Addresses. Providers belonging to group NPIs will see the biggest impact. If you have any questions regarding this new process please contact our Customer Service Department at 866-201-0580.

Important Provider Notice:**January 1, 2016**

For medical record requests (ADRs) sent after 01/01/16, Performant Recovery has 30 days to complete the review and send a decision letter. Additionally, for all claims resulted after 01/01/16 (Automated and Complex reviews) adjustments will be sent to the MAC after a 30 day waiting period from the date the Review Results Letter. For all claims resulted after 01/01/16 the Discussion Period is now 30 days from the date of the result letter. This allows a 30 day time period to file a Discussion Period with the RAC prior to the Demand Letter being issued. All Discussions must be accompanied by supporting documentation. If a Discussion is filed the adjustment will not be sent until the Discussion has been completed. If the finding is overturned there will be no adjustment sent thus reducing the amount of takebacks and givebacks perviously experienced.

Important Provider Notice:**December 23, 2015**

Effective 01/01/2016 - The Provider Portal is undergoing updates to include new information such as additional claim statuses, appeal statuses, correspondence received notifications, etc. The ADR Limits will be updated as soon as possible. Please use Google Chrome as your web browser to ensure proper website functionality. If you have any questions, please contact customer service at 866-201-0580.

The most current ADR limit calculations can be found at the following CMS website links below:

[Institutional ADR Limits](#)

[DME ADR Limits](#)

[Physician/Non-Physician ADR Limits](#)

Important Provider Notice:**October 07, 2015**

All inquiries regarding any audits processed by PRGX need to be directed to Performant Recovery at 866-201-0580.

Important Provider Notice:**September 07, 2015**

Performant Recovery will be closed on Monday September 07, 2015 to celebrate Labor Day. We will promptly reopen on Tuesday September 08, 2015. Please have a safe holiday.

**Important Provider Notice:
October 15, 2014**

CMS is currently developing additional business processes to facilitate providing all materials and information in an alternative format (e.g., Braille, large print, audio CD, data CD, and qualified reader), if requested by a beneficiary or member of the general public.

For information about the availability of auxiliary aids and services, please visit:

<http://www.medicare.gov/about-us/nondiscrimination/nondiscrimination-notice.html>.

**Important Provider Notice:
September 30, 2014**

Performant Recovery has recently updated all provider ADR limits according to the limits set forth by CMS. For specific information regarding these limits, please refer to CMS's website: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Recovery-Audit-Program/Downloads/April-2013-Provider-ADR-Limit-Update.pdf>

**Important Provider Notice:
September 9, 2014**

CMS has provided additional information on the Offer for Appeals Settlement.

http://cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Medical-Review/Downloads/HospitalAppealsSettlementFAQs_090814_508.pdf

**Important Provider Notice:
September 2, 2014**

A contract modification, allowing Performant Recovery to restart some reviews has been completed. Most reviews will be conducted on an automated basis, however a limited number could be complex reviews of topics selected by CMS (see CMS posting dated August 28, 2014, <http://www.cms.gov/Research-Statistics-Data-and-Systems/Monitoring-Programs/Medicare-FFS-Compliance-Programs/Recovery-Audit-Program/Recent-Updates.html>). As a result, it is estimated that Performant Recovery could begin sending out informational letters for automated reviews as early as this week. If you have any questions or concerns regarding any reviews you may receive, please contact Performant Recovery Customer Service at 866-201-0580.

Important Provider Notice:

May 01, 2014 - The following information is intended to notify providers of current Recovery Auditors' activities after June 1, 2014.

As noted in previous updates, the last day that Recovery Auditors may send adjustment files to the Medicare Administrative Contractors (MAC) is June 1, 2014. As of June 2, 2014, only claim closure files may be sent to the MACs by the Recovery Auditor.

Because no additional reviews will occur under the current contracts, current Recovery Auditors will not be required to update the "New Issue" (Approved Issue) portion of their websites as of June 2, 2014. However, Recovery Auditors shall continue to update the "Claim Status" portion of their provider portal, in a timely manner, until further notice.

Recovery Auditors shall complete all Discussion Periods that are underway as of June 1, 2014. Recovery Auditors shall continue to accept new Discussion Period requests until June 30, 2014. All Discussion Periods initiated during June shall be completed. Recovery Auditors shall not accept new Discussion Period requests after July 1, 2014.

Recovery Auditors shall continue to maintain their customer service areas (telephone lines and appropriately training staff) and process for escalating concerns, until further notice.

Recovery Auditors shall continue to support the appeal process.

Note: Medicare Administrative Contractor (MAC) processes will continue. Therefore, claims sent for adjustment, by a Recovery Auditor, on or before June 1, 2014 may complete the adjustment process on, or after, June 2, 2014. The Medicare Appeals process will also continue. Therefore, recoupments can occur, if a provider does not file a timely appeal (to the 1st or 2nd level of appeal), or receives an "unfavorable" decision at the 2nd level (QIC) of the appeals process.

Important Provider Notice:

March 28, 2014

With the current RA contracts transitioning down, it is imperative that all impacted organizations satisfy their respective responsibilities. Region A providers are urged to pay special attention and adhere to their ADR submission requirements and associated deadline for record submissions. Providers who are in receipt of an ADR letter also have access to the Claim Status portion of our Provider Portal and are encouraged to review for any outstanding record requests prior to contacting the Call Center. Those providers who are not able to commit to the ADR deadline should take appropriate action as needed to obtain a 5 day maximum extension. Please keep in mind that Performant Recovery's normal days of operation are Monday-Friday so there will be no Saturday deliveries accepted.

Important Provider Notice

February 18, 2014

CMS is in the procurement process for the next round of Recovery Audit Program contracts. It is important that CMS transition down the current contracts so that the Recovery Auditors can complete all outstanding claim reviews and other processes by the end date of the current contracts. In addition, a pause in operations will allow CMS to continue to review and refine the process as necessary. For example, CMS is reviewing the Additional Documentation Request (ADR) limits, timeframes for review and communications between Recovery Auditors and providers. CMS has proven it is committed to constantly improving the program and listening to feedback from providers and other stakeholders.

Providers should note the important dates below:

- . February 21 is the last day a Recovery Auditor may send a postpayment Additional Documentation Request (ADR)
- . February 28 is the last day a MAC may send prepayment ADRs for the Recovery Auditor Prepayment Review Demonstration
- . June 1 is the last day a Recovery Auditor may send improper payment files to the MACs for adjustment.

CMS will continue to update their website with more information on the procurement and awards as information is available. **Providers should contact RAC@cms.hhs.gov for additional questions.**

Important Provider Notice November 6, 2013

Attention Provider Community

New Information regarding the Manual Medical Review of Outpatient Therapy Claims.

To prevent unintentional denials for non-receipt of medical records, we ask all Providers to please submit a copy of your original Additional Documentation Request (ADR) with the requested medical record. Thank you in advance for your support.

IMPORTANT PROVIDER NOTICE: January 29, 2014

PRGX's offices are currently shut down due to inclement weather. We do expect to be open tomorrow January 30, 2014. We apologize for any inconvenience this may have caused.

Important Provider Notice January 18, 2014

Performant Recovery will be shutting down our main fax line 325-224-6710 on **Wednesday January 22, 2014 from 6:00AM PST to 11:00AM PST for maintenance**. We encourage you to submit records via alternative available methods during these times. If you have any questions or concerns, you are encouraged to contact our Customer Service Staff at 866-201-0580.

Important Provider Notice November 25, 2013

Performant Recovery is currently experiencing difficulties with the Provider Claim Status portion of our website. We are working to resolve these issues as quickly as possible. If you have urgent Claim Status questions, please contact Customer Service at 866-201-0580.

Important Provider Notice November 18, 2013

Performant Recovery is currently experiencing difficulties with our main fax line, 325-224-6710. Until the 6710 line issue is resolved, providers can utilize other methods of submission or fax to number 325-224-6031.

This issue has now been resolved.

Important Provider Notice November 11, 2013

FAX RECORDS BEST PRACTICES

1. Fill out a clear, complete fax cover sheet with the correct number of pages to be sending. **The ADR barcode sheet MUST be sent as the second page (first page is the coversheet).**
2. Configure your fax machine to send faxes as they are scanned, i.e. do not use a memory send mode.
3. Send faxes at 200x200 dpi resolution with normal quality. Please do not send with 'Fine' or 'Super-Fine'.
4. Please use the highest transmission rate available.
5. Having the fax machine on its own dedicated phone line is always best practice.

6. If your fax machine is capable of taking a phone call, please set your machine to fax only.
7. Please only send 1 fax at a time. Please wait until the previous fax has been fully sent before loading more documents. Just as with any other record submission, each record should be sent separately with the ADR Barcode sheet included.
8. Configure your fax machine to include header information. The Fax number or sender name is generally used.

**Important Provider Notice
November 6, 2013**

Performant Recovery is currently experiencing intermittent difficulties with our Customer Service Phone Lines. If you have an urgent issue, please email it to info@performantract.com. For any non-urgent issues, please call us back in an hour or so. Our most sincere apologies for any inconvenience this may cause.

This issue has now been resolved!

**Important Provider Notice
November 4, 2013**

Performant Recovery is currently experiencing difficulties with our Customer Service Phone lines. If you have an urgent issue, please email it to Info@Performantrac.com. For any non-urgent issues, please call us back on Tuesday Morning. Our most sincere apologies for any inconvenience this may cause.

This issue has now been corrected.

**Important Provider Notice
October 23, 2013**

Performant Recovery is currently experiencing difficulties with our main fax line, 325-224-6710. Until the 6710 line issue is resolved, providers can utilize other methods of submission or fax number 325-224-6031.

UPDATE: This issue has now been corrected!

**Important Provider Notice
August 08, 2013**

Performant Recovery is currently experiencing difficulties with our main fax line. If you have urgent faxes, please contact Customer Service at 866-201-0580 for an alternate fax number.

UPDATE: This issue has now been corrected!

**Important Provider Notice
August 06, 2013**

Attention: Therapy Providers

Please do not submit medical records unless you receive an ADR requesting the records. Performant Recovery is seeing an increase in the number of medical records submitted for therapy claims without an ADR request. Records submitted are not retained for future reference, slow down the process, and are considered a reportable PHI breach.

We appreciate your proactive action. However, we cannot process medical records that are not requested. If you have any questions concerning what to submit, please contact our Customer Service Department at 866-201-0580.

**Important Provider Notice
08/05/2013**

In order to better serve our provider community, Performant Recovery perform maintenance on the primary fax line 325-224-6710. Maintenance will occur on August 7, 2013 from approximately 9:00 PM until 1:00 AM CT. Incoming faxes will not be accepted during this time. If you experience fax problems during regular business hours, please contact Customer Service at 866-201-0580 for an alternate fax number.

**Important Provider Notice
July 23, 2013**

Attention: Physical Therapy Providers

All medical records submitted to Performant Recovery must meet the guidelines for submitting medical records, refer to the link below. Records that do not meet the Additional Documentation Submission Requirements will not be processed, potentially causing delays in payments.

<https://www.performantrac.com/Documentation.aspx>

Please contact our customer service center at 866-201-0580 if you have questions regarding the requirements.

**Important provider notice.
July 12, 2013**

We are experiencing a significant increase in the volume in medical records received via fax. While we work to expand the capacity of the current fax number, we ask that providers use one of the alternative methods to send records to us. For records that need to be sent to us immediately, please contact our customer service center at 866-201-0580.

We apologize for any inconvenience this may cause and are working to resolve the issue as quickly as possible.

**Important Notice to Part B Physical Therapy, Occupational Therapy and Speech Language Pathology Providers.
May 31, 2013**

Additional Documentation Requests (ADR) were recently issued for Pre-payment Therapy Cap Claims submitted to the MAC in Jurisdiction 12 for Part B providers. The ADR's with dates between May 20, 2013 through May 31, 2013 contain the incorrect address for medical record submissions.

All medical records should be submitted to the following address:

Therapy Review
Performant Recovery, Inc.
2819 Southwest Blvd.
San Angelo, TX 76904

Important Provider Notice: May 22, 2013:

The CMS has begun the procurement process for the new Medicare Fee for Service Recovery Audit Program contracts. A Request for Quote (RFQ) was issued through the General Services Administration. The CMS plans to contract with four A/B Recovery Auditors and one national DME and Home Health/Hospice Recovery Auditor. New maps of the jurisdictions are below in the Downloads section.

The CMS has implemented a transition plan to minimize the amount of outstanding work that will transition to the new contracts. The Recovery Audit program will continue during the transition, although there will be some decline in activity.

Providers should be aware of the following:

- *Additional Documentation Requests (ADRs) may begin to decline in Summer 2013
- *All prepayment reviews will continue without decline
- *Post-payment manual therapy reviews will continue without decline

Providers should contact RAC@cms.hhs.gov for questions concerning the transition. CMS will continue to update this website with more information on the procurement and transition as information is available.

Downloads

- * [AB MAP-2014](#)
- * [DMEHHH](#)

Important Provider/Supplier Notice: April 5, 2013

The new 2013 Provider and Supplier ADR limits have been approved by CMS. The ADR calculations are based on 2012 calendar year claim counts. Please note there are slight changes from last year on both limits.

Effective April 15, 2013:

For Providers, the minimum has been reduced from 35 to 20 ADR requests per 45 days.
The maximum from any single claim type is 75% of the campus ADR limit (and the remaining 25% can be requested from any or all other claim types)

Effective April 04, 2013:

For Suppliers, limits will be set to 10% of all claims submitted - the cap for FY 2013 will be 250 ADR requests per 45 days.
*Providers billing with specialty codes 52, 53, 56, or 57 will have an ADR limit not to exceed 10 requests every 45 days.

Questions concerning this update can be directed to RAC@cms.hhs.gov.

Provider ADR Limit Update April 2013

Supplier ADR Limit Update April 2013

Important Provider Notice: November 15, 2012

Several states in Recovery Audit Region A have been hit hard by Hurricane Sandy. In response to the disaster, CMS issued instructions to some of its contractors. In summary, the instructions require Performant Recovery, Inc. to suspend mailing Review Results Letters (RRLs) to providers in the states of New Jersey (NJ), New York (NY), Connecticut (CT), and Rhode Island (RI). The mandate for the four (4) states is for a period of 30 days. Providers in designated disaster areas define by the Federal Emergency Management Agency (FEMA) will not be given Review Results Letters for an additional 30 days, for a total of 60 days.

Additional Guidance for those impacted states and FEMA designated areas:

Performant will not deny or send claims for adjustment to the Medicare Administrative Contractor due to a lack of documentation or insufficient documentation for a period of 30 days.

Performant will not send request for medical records or Additional Documentation Requests (ADRs), deny or send claims to the Medicare Administrative Contractor for adjustment for an additional 30 days (a total of 60 days). This applies only to counties with major disaster declarations (not counties with emergency declarations). Information by state and county is available on the FEMA website at <http://www.fema.gov/disasters>. Providers who find they are unable to return medical records to Performant Recovery, Inc., for ADRs issued prior to November 7, 2012, should contact the Customer Service Department at 866-201-0580 to discuss the need for extensions.

Important Provider Notice: August 24, 2012

On August 15, 2012 we changed the name of Diversified Collection Services, Inc. (DCS) to "Performant Recovery, Inc.," a subsidiary of Performant Financial Corporation.

Please note, *this change will not impact any aspect of our contract or operations* and the following:

1. There are no changes in processes or people.
2. There are no changes to email addresses or phone numbers.

Changes that will occur:

1. Our logo will change on our letters and envelopes.
2. The messages will change on the phones and people will answer the phone with the new name.

Providers can still use the DCSRAC.com website. By the end of the month when providers go there it will direct them to the new website which will hold the same information that DCSRAC.com currently holds, the website will have the new name on it and look slightly different. It will have the same functionality.

As the Region A Recovery Auditor, we remain completely dedicated to partnering with you to carry out the work we are tasked to do for the Medicare Program.

Important Provider Notice: May 30, 2012

Update to all of Region A

As required by the CMS Statement of Work, Performant Recovery is piloting the use of the Semi-Automated review process. A Semi-Automated review is a two-part audit review. The first part is the identification of a billing aberrancy through an automated review using claims data. This aberrancy has a high index of activity to be identified as an improper payment. The second part includes a notification letter sent to the provider explaining the potential billing error identified. The letter also indicates the provider has 45 calendar days to submit documentation, or if the documentation provided does not support the way the claim was billed, the claim will be sent to the Medicare claims processing contractor for adjustment and a demand letter will be issued. However, if the submitted documentation does support the billing of the claim, the claim will not be sent for adjustment and the provider will be notified that the review has been closed.

Please select [FAQs](#) for more information about Semi-Automated reviews.

Please select [Issues Under Review](#) to see details of each issue being reviewed as part of this pilot.

Important Provider Notice: March 28, 2012

Beginning April 1, 2012, CMS will begin instituting a reimbursement cap of \$25 per medical record. Any medical record submitted to a Recovery Auditor after April 1, 2012 (i.e. those records received on or after April 2, 2012) will receive a maximum of \$25 per medical record. This includes both the \$0.12 per-page cost for photocopying, as well as first class postage.

Important Provider Notice: March 2, 2012

Starting March 5, 2012 RA Region A will start sending a revised Additional Documentation Request (ADR) letter. This change is a result of the many requests to reduce the number of letters that the provider receives.

In the past we have sent a separate ADR letter for each posted issue. Going forward, we will send only one letter at a time. This letter will combine all the issues into one letter. We have posted the new template for that letter [here](#). One big change with this new letter is that we will start using different size envelopes based on the number of pages printed on a letter. Shorter letters may be sent in a standard business envelope, larger letters in a 9x5 (half page) envelope. For some larger providers we will use a 9x12 flat, and the largest providers will receive a large 9 1/2 by 12 1/2 inch envelope. All of these envelopes will be white with the Performant Recovery logo in blue so it should be easy to separate from your other mail. From time to time we may send an ADR letter with an alternative common carrier where the carrier may require that we use their envelopes (or shipping boxes), but we do recommend that you inform your mail processing staff to be on the lookout for the white envelope with a blue Performant Recovery logo. We have included a sample of the logo that's printed on the envelopes in the Form and Sample Document section of this website.

We have also improved the formatting and readability of the letter. In this letter we have improved the description for how to format and send medical documentation. Detailed documentation on how to best format medical documentation can be found [here](#). Please follow these instructions since that will insure that your medical documents will be processed quickly and accurately. The letter also includes references to the esMD program as an alternative way to send medical documentation (besides paper and CD). You can find details of the esMD program on the CMS web site [here](#). Performant Recovery is involved in the evolving esMD standard and we look forward to the time where a provider can request to receive the ADR letter electronically over esMD.

Our goal remains to reduce the administrative burden on the provider through improvements in document handling. If you have any questions, please call our customer service organization at: 866-201-0580.

Important Provider Notice: December 30, 2011

Beginning on January 3, 2012 the Recovery Auditor will no longer send Demand letters for any audits they conduct. The claims processing contractors will issue Demand Letters. Performant Recovery, the Recovery Auditor in Region A, will send informational letters for Automated Reviews in order to supply additional information about the reviews. The Recovery Auditor will continue to send Review Results letters for Complex reviews which will be followed by a Demand letter from your claims processing contractor. If you received a Review Results letter and did not receive a corresponding Demand letter within a few weeks of receiving the Review Results letter, please contact your Claims Processing Contractor.

Providers should pay very close attention to the Demand letters they receive from the claims processing contractor as these letters provide the information about the amount of any Recovery Audit overpayment, when the Account Receivable was established and where payments should be sent.

<https://www.cms.gov/Recovery-Audit-Program/Downloads/MLNMattersArticle.pdf>

Important Provider Notice: December 12, 2011*Discussion Periods*

Discussion requests should be in writing. If during the discussion period the provider initiates the appeal process, the discussion period will then immediately be discontinued. Although a request for a discussion may be canceled, under the RA statement of work there are no provisions for amending the request for the discussion period once it's submitted.

Important Provider Notice: October 20, 2011

Performant Recovery has recently implemented a new Discussion Period notice that specifically addresses time frames surrounding the Discussion Period. A sample is provided to you under the "Forms and Sample Documents" section for your review. The RAC discussion period begins with receipt of the review results letter for complex reviews or the demand letter for automated reviews. The discussion period continues until the issue is resolved or recoupment is complete. This period is for the provider to contact Performant Recovery via written inquiry using the discussion form and provide additional information they feel may support their original claim or request clarification from Performant Recovery as to why the denial was issued.

For more information regarding a provider's options, please review the CMS Provider Options chart located on the CMS RAC website at: <http://www.cms.gov/Recovery-Audit-Program/Downloads/ProviderOptionsChart.pdf>

Important Provider Notice: July 27, 2011

Update to Maryland RAC Audits:

Performant Recovery will be auditing Maryland claims based on claims submitted by providers to CMS, through the CMS grouper, translated as MS-DRGs.

WHY:

Performant Recovery initiated a pilot for Maryland RAC audits based on APR-DRGs. The initial audits are currently only for Medical Necessity reviews.

Performant Recovery has determined that Maryland billing departments submit claims to CMS through the CMS Grouper which assigns an MS-DRG for processing and reimbursed based on the Maryland waiver. The CMS grouper MS-DRG's are derived from claim submissions based on the diagnosis submitted; which correspond to the APR - DRG's.

Performant Recovery has determined that it is more beneficial and less impactful to providers to utilize the CMS grouper MS-DRG. This is the same process utilized by the MAC for this region and will allow for clearer resolution if a "like" process is utilized.

Utilizing the CMS generated MS-DRG's will also assist facilitation for provider billing offices in identifying and responding to ADR's, Result letter's and Demand letter's when we send requests with the same MS-DRG's originally processed by the MAC.

Conversion process for existing issues posted to the Performant Recovery website:

Performant Recovery will:

1. Change the current CMS approved issues to MS-DRG's (Associated with the corresponding APR-DRG(s)per the CMS grouper)
2. Modify our existing web postings to reflect the MS-DRG's
3. Send an updated ADR letter to the provider amending the APR-DRG(s) to correspond with MS-DRG 313.(Associated with the APR-DRG per the CMS grouper) Performant Recovery had only sent ADR issue requests at this time for medical necessity review of APR 203 Chest Pain&(and APR-DRG's associated with MS-DRG 313).
4. Post a new letter template to our website reflecting the MS-DRG for future requests

Important Provider Notice: February 16, 2011

Performant Recovery is overturning two automated reviews in RAC Region A that were conducted over the past several months. The two issues are: A000152009 - Untimed Codes and A000112009 NCCI – OPSS. Letters were mailed to affected providers the first week of February 2011 with notification of the incorrect edit resulting in the overturned automated reviews. Performant Recovery is working closely with the MACs to ensure any recouped overpayments are adjusted appropriately. The adjustment may take up to 4 weeks. Providers should receive a remittance advice that will show reason code N432 for the repayment of any related recouped amounts. Please allow time for adjustments. Since the overpayment is being rescinded you may choose not to appeal the overpayment. Thank you for your consideration while we correct this mistake.

CMS RAC Program

The Centers for Medicare & Medicaid Services (CMS) has retained Performant Recovery to carry out the Recovery Audit Contracting (RAC) program for Region A. The RAC program is mandated by Congress aimed at identifying Medicare improper payments. As a RAC, Performant Recovery will assist CMS by working with providers in reducing Medicare improper payments through the efficient detection and recovery of overpayments, the identification and reimbursement of underpayments and the implementation of actions that will prevent future improper payments. For more information please click on the Power Point Outreach Presentation below. This is a slightly updated version of the presentation that was given at some of the Outreach sessions.

[Performant Recovery RAC Region A Outreach Presentation](#)

The RAC Program Mission

The RACs detect and correct past improper payments so that CMS and Medicare Administrative Contractors (MACs) can implement actions that will prevent future improper payments:

- **Providers** can avoid submitting claims that do not comply with Medicare rules
- **CMS** can lower its error rate
- **Taxpayers** and future Medicare beneficiaries are protected

CMS - Performant Recovery Partnership

Performant Recovery places the highest value on its client partners; that value is the heart of everything we do and is the basis of our Mission Statement, “Being the leading provider of business services and solutions that surpass our client expectations and deliver exceptional value.”

Performant Recovery is working in Region A which consists of the following states: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont.

PERFORMANT RECOVERY

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