

Date: [Request Date]

[Point of Contact]

[Physician Practice Name]

[Street Address Line 1]

[Street Address Line 2]

[City, State ZIP]

Re: [Provider Name] [Provider NPI]

Subject: Automated Review Initial Finding Notification

Letter Request ID: [Letter Request ID]

Batch ID: [Batch number – letter sequence number]

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) has retained Performant Recovery, Inc. (Performant) to carry out the Recovery Audit Contractor (RAC) program in Region (Select for Region 1) [1 which includes MI, IN, CT, OH, NY, VT, NH, ME, MA, RI, and KY] (Select for Region 5) [5 which is Nationwide]. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments. Improper payments include overpayments and underpayments. Improper payments may occur because of incorrect coding, lack of sufficient documentation or no documentation, use of an outdated fee schedule, or billing for services that do not meet Medicare's coverage and/or medical necessity criteria etc.

This improper payment was identified through data analysis. It shows an aberrant billing pattern exists or the service does not meet national or local coverage criteria. Based upon this data analysis there is a high probability this claim has been paid in error. The data analysis identifying the improper claims paid and the detailed explanation regarding the policy in violation can be found on the attached enclosure. The results of our data analysis justified reopening your claim under §1869 (b)(1)(G) of the Social Security Act and 42 CFR 405.980(a) (1). These results also serve as good cause to reopen the claim, if required, by 42 CFR 405.980(b) (2).

Disagree with the Findings? Your Right to a Discussion

If you disagree with the findings and wish to discuss this matter:

- Please complete the **Discussion Period Request Form** at <https://performantrac.com/sample-documents/> and fax to 833-366-6118
- Please submit within **30 days** from the date of this letter. The Recovery Auditor will wait this mandatory period before forwarding the claim to the Medicare Administrator Contractor (MAC) for adjustment.
- For Denied Claims- Your request to discuss this matter must include:

Performant Recovery, Inc.

[Address 1]

[Address 2 (if necessary)]

[City, State, Zip]

[RAC call in #] TOLL FREE

[RAC fax number] FAX

www.performantrac.com

- Evidence to support why your services provided are covered by Medicare were properly coded and correctly billed.
- You may also request a physician-to-physician discussion at the time the discussion form is submitted.
- Physicians should use the discussion period to determine if there is other information relevant to supporting the payment of the claim that could be sent to the Recovery Auditor.
- Please include a detailed narrative of the ***physician-to-physician** request describing additional information relevant to the payment of the claim.
- A physician who is employed by the provider as a consultant cannot take part in the physician-to-physician discussion as per the RAC statement of work.

*Please note: The term “physician”, when used in connection with the performance of any function or action, means (1) a Doctor of Medicine or Osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action or (2) a Doctor of Podiatric Medicine legally authorized to perform as such by the State (Social Security Act-Sec. 1861(r))

Please call Performant’s Customer Service at **[RAC Call in #]** if you have any questions. Thank you for your prompt attention to this matter.




Sincerely,

Performant
Region **[Region #]**
Recovery Audit-Contractor
Enclosure

Issue: [CMS Issue Number] [Concept Name], [Code Type (blank if not applicable)] [List of Codes (blank if not applicable)]

Rationale: If you believe determination was made in error, you have an opportunity to enter into a Discussion Period with Performant. Providers should use the discussion period to determine if there is other information, relevant to supporting the payment of the claim that could be sent to the Recovery Auditor. Please complete the “Discussion Period Request Form” posted on Performant’s RAC Forms and Samples page (<https://performantrac.com/sample-documents/>) and submit it within 30 days from the date of this letter.

[Required paragraph 1.] – Vulnrabilitycodes.demandtext
 [Optional paragraph 2] - Vulnrabilitycodes.demandtext1
 [Optional paragraph 3] - Vulnrabilitycodes.demandtext2

Beneficiary Information/ Date of Service		Medical Record / Patient Control /Claim #/ Estimated Amount		Case #
Name:	Smith, John	MR#:	ABC1234567	 9 0 0 0 5 4 6 8 3 2 4 5
DOB:	11/11/1931	Control#:	XY1234567NN	
HIC#:	1234567890A	Claim#:	501234567890	
DoS	01/06/08 to 01/08/08	Amount	\$12,2345.00	
Line # [.] DOS MM/DD/YYYY-MM/DD/YYYY Provider Billed: HCPCS: xxxxxx Modifiers: xx xx xx xx Units: ### POS: ### RAC Suggested: HCPCS: xxxxxx Modifiers: xx xx xx xx Units: ### POS: ### Reference Claim: [Claim Number or N/A] Line Number : xx Paid On: mm/dd/yy				
Name:	Smith, John	MR#:	ABC1234567	 9 0 0 0 5 4 6 8 3 2 4 5
DOB:	11/11/1931	Control#:	XY1234567NN	
HIC#:	1234567890A	Claim#:	501234567890	
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HIC#:	1234567890A	Claim#:	501234567890	
DoS	01/06/08 to 01/08/08	Amount	\$12,2345.00	

Performant Recovery, Inc.
 [Address 1]
 [Address 2 (if necessary)]
 [City, State, Zip]

[RAC call in #] TOLL FREE
 [RAC fax number] FAX
www.performantrac.com

Discussion Period

- If you disagree with our decision, you can request a Discussion Period.
- To request a Discussion Period, complete form at <https://performantrac.com/sample-documents/> and send by mail/fax to Performant.
- You may request a ***physician-to-physician** discussion and clearly indicate so on the Discussion Period Form.
- Providers can submit additional information or documentation during the 30 day Discussion Period to support why their claim was paid correctly.
- Please include a detailed narrative of the ***physician-to-physician** request describing additional information relevant to the payment of the claim.
- After waiting the mandatory 30 days, the Recovery Auditor will forward the claim to the MAC for adjustment.

***Please note**, a physician who is employed by the provider as a consultant cannot take part in the physician-to-physician discussion as per the RAC statement of work. The term “physician”, when used in connection with the performance of any function or action, means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action or (2) a doctor of podiatric medicine legally authorized to perform as such by the State. (Social Security Act- Sec. 1861(r)).