

Region [Region #] Recovery Audit Contractor (RAC)

Date: [Request Date]

[Facility Point of Contact]

[Physician Practice Name]

[Street Address Line 1]

[Street Address Line 2]

[City, State ZIP]

Re: [Provider Name] [Provider NPI]

Subject: Complex Review Underpayment Letter

Letter Request ID: [Letter Request ID]

Batch ID: [Batch number – letter sequence number]

HICN #: [HICN #]

Beneficiary: [Beneficiary Name]

Claim #: [Claim #]

Patient Ctrl #: [Patient Ctrl #]

Date(s) of Service: [mm/dd/yyyy – mm/dd/yyyy]

Medicare Underpayment Amount: [Underpayment Amount]

Case ID: [Case ID]

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.

This letter is to notify you that Medicare has made an underpayment to you for the amount of [Amount]. Our review results letter dated [Results Letter Date] provided the detailed reason(s) for the underpayment determination. In order to correct this underpayment, your MAC will reimburse you [Amount] or apply this amount to any outstanding balance you may have.

Our request for additional medical documentation, detailed in a letter dated [ADR Letter Date], along with the results of our data analysis justified reopening your claim(s) 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(s), if required by 42 CFR 405.980(b) (2).

Performant Recovery, Inc.

[Address 1]

[Address 2 (if necessary)]

[City, State, Zip]

866-201-0580 TOLL FREE

325-224-6710 FAX

www.performantrac.com

The normal appeal process is available for all underpayment determinations. If you feel this determination has been made in error, you may request a redetermination within 120 days of the receipt of this letter with your applicable Medicare Administrative Contractor (MAC). If you have any questions regarding this letter or would like to discuss the underpayment identification, please direct your inquiry to Customer Service at 1-866-201-0580.

Sincerely,

Performant
Region [Region #]
Recovery Audit Contractor

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

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