

Region [Region #] Recovery Audit Contractor (RAC)

Date: [Current Date]

[RA Point of Contact]

[Physician Practice Name]

[Street Address Line 1]

[Street Address Line 2]

[City, State ZIP]

Re: [Provider Name] [Provider NPI]

Subject: Discussion Period Closed Due To Appeal Request

Letter Request ID: [Letter Request ID]

Batch ID: [0000567890 – 1]

HICN #: [HICN #]

Beneficiary: [Beneficiary Name]

Claim #: [Claim #]

Patient Ctrl #: [Patient Ctrl #]

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

Medicare Original Payment Amount: [Payment 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. Upon notification of identification of an improper payment, providers have the option to request a ‘discussion’ of the review determination.

This letter is to notify you that Performant has received your request to enter the discussion period; however, your Medicare Administrative Contractor (MAC) has notified Performant Recovery that this payment determination has also been appealed. As a result of the appeal request, Performant must close the discussion period without action.

If you have any questions regarding this letter, 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]

866-201-0580 TOLL FREE

325-224-6710 FAX

www.performantrac.com