

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: Original Decision Upheld

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, is 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, after considering the additional information provided, a decision to uphold the original improper payment determination has been made. The claim will be sent to the applicable MAC for adjustment. A demand letter will follow identifying the overpayment amount, repayment options and appeal rights.

NOTE: If the improper payment is for services that are not medically reasonable and necessary per Medicare standards, and you collected the amount of the overpayment from the beneficiary, the beneficiary has the right to request payment from Medicare. Any such indemnification will be recovered from you.

Thank you for your cooperation and prompt attention to this overpayment. 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](http://www.performantrac.com)