

Region [Region #] Recovery Audit Contractor (RAC)

Date: [Current 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: Discussion Period Closed Without Review - Timeframe Exceeded  
Letter Request ID: [Letter Request ID]  
Batch ID:

HICN/MBI #: [HICN/MBI #]  
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 CT, IN, KY, MA, ME, MI, NH, NY, OH, RI, and VT] (Select for Region 2) [2 which includes AR, CO, IA, IL, KS, LA, MN, MO, MS, NE, NM, OK, TX, and WI] (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 into the discussion period; however, your request has come at or after [DP Days] days from the date of the Review Results Letter thus exceeding the deadline. As a result, 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](http://www.performantrac.com)