

PERFORMANT



Region [Region #] Recovery Auditor 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: Medical Records Received Too Late

Letter Request ID: [Letter Request ID]

Batch ID: [Batch number – letter sequence number]

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.

This letter is to notify you that Performant received medical records related to the Additional Documentation request letter dated [ADR letter date]. The medical records are considered too late because they have exceeded all the allowed time frames. CMS established a 45 day period for you to provide the requested medical records. A letter was sent notifying you that records had not been received and the claim amount was now considered an overpayment. This letter

Performant Recovery, Inc.

[Address]

[Address 2 (if necessary)]

[City, State zip]

866-201-0580 TOLL FREE

325-224-6710 FAX

www.performantrac.com

also gave an additional 30 calendar days (calculated from the notification letter date) by which to submit the requested records.

The documents submitted were received beyond the additional 30 calendar days. As a result, they are too late for consideration. The applicable Medicare Administrative Contractor has been notified and the claim was forwarded to them for adjustment.

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 Auditor Contractor

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

866-201-0580 TOLL FREE
325-224-6710 FAX
www.performantrac.com