



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: Original Decision Overturned

Letter Request ID: [Letter Request ID]

Batch ID: [0000567890 – 1] Note: 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 has made a decision to overturn the original improper payment determination. This decision was based on the additional information provided. Your applicable Medicare Administrative Contractor (MAC) will be notified accordingly and no further action is needed on your part.

Performant Recovery, Inc.

[Address 1]

[Address 2 (if necessary)]

[City, State, Zip]

866-201-0580 TOLL FREE

325-224-6710 FAX

www.performantrac.com

Thank you for your cooperation. 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

Discussion Rationale:

[Auditor Notes]