

PERFORMANT

Region [Region #] Recovery Audit Contractor (RAC)

[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: Review Results Letter - No Finding

Letter Request ID: [Letter Request ID]

Batch ID: [0000567890 – 1] Note: Batch number – letter sequence number

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.

Our request for additional medical documentation, detailed in a letter dated [ADR Letter Date], constituted reopening under §1869(b) (1) (G) of the Social Security Act (the Act) and 42 CFR 405.980(a) (1). Our good cause to reopen the claim, if required by 42 CFR 405.980(b) (2), was described in the letter as well.

This letter is to notify you that after examining the medical documentation Performant has made a no findings determination for the issue under review on the claim(s) attached. This claim will NOT be sent to the Medicare Administrative Contractor (MAC) for adjustment. No further action is needed on your part.

Thank you,

Sincerely,
Performant
Region [Region #]

Performant Recovery, Inc. [Address 1] [Address 2 (if necessary)] [City, State, Zip]

866-201-0580 TOLL FREE 325-224-6710 FAX <u>www.performantrac.com</u>

covery Audit Contractor	
closure	

No Finding Report

		Beneficiary	Med Rec #	Patient Ctl #					
Beneficiary	Beneficiary	DOB			DOS	DOS		Medicare	Case ID
Name	HIC/MBI				From	To	Claim Number	Pmt Amt	
[Smith,		[11/11/1931]	[ABC1234567]	[XY1234567NN]					[900012345677]
John]	[1234567890A]				[1/6/2008]	[1/8/2008]	[501234567890]	[\$10,141.66]	
[Doe, Jane]	[1234567891A]	[11/11/1932]	[XYZ1234567]	[XZ1234567JW]	[4/7/2008]	[4/7/2008]	[401122334455]	[\$23,514.72]	[900045677777]
[Rodriquez,		[11/11/1933]	[NNN1234567]	[YZ1234567FF]					[900054683245]
Jesus]	[1234567892A]				[/6/2008]	[6/6/2008]	[309988776655]	[\$45,319.36]	

Performant Recovery, Inc.
[Address 1]
[Address 2 (if necessary)]
[City, State, Zip]

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