



PERFORMANT

Region [x] Recovery Auditor Contractor (RAC)

Date [*Request Date*]
Letter Request ID: [*Letter Request ID*]

[*Point of Contact*]
[*Physician Practice Name*]
[*Street Address Line 1*]
[*Street Address Line 2*]
[*City, State ZIP*]

Re: [*Provider Name*] [*Provider NPI*]
Subject: Complex Review Underpayment Letter

HICN #: [*HICN #*]
Beneficiary: [*Beneficiary Name*]
Claim #: [*Claim #*]
Patient Ctrl #: [*Patient Ctrl #*]
Case ID: [*Case ID*]
Date(s) of Service: [*mm/dd/yyyy – mm/dd/yyyy*]
Medicare Original Payment Amount: [*Payment Amount*]
RAC Case ID: [*RAC Case ID*]

Dear Medicare Provider/Supplier,

The Centers for Medicare & Medicaid Services (CMS) has retained Performant Recovery, Inc. (Performant) to carry out the Recovery Auditor Contractor (RAC) program in Region [x] which includes MI, IN, CT, OH, VT, NH, ME, MA, RI, CT, and NY. The RAC program, mandated by Congress, is aimed at identifying Medicare improper payments.

This letter is to notify you that Medicare has made an underpayment to you for the amount of [*Demand Amount*]. Our review results letter dated [*Results Letter Date*] provided the detailed reason(s) for the underpayment determination. In order to correct this underpayment, your MAC will reimburse you [*Demand Amount*] or apply this amount to any outstanding balance you may have by [*Demand Date + 41*].

Our request for additional medical documentation, detailed in a letter dated [*ADR Letter Date*], along with the results of our data analysis justified reopening your claim(s) under §1869(b) (1)

Performant Recovery, Inc.
2751 Southwest Blvd
San Angelo, TX 76904

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

(G) of the Social Security Act and 42 CFR 405.980(a) (1). These results also serve as good cause to reopen the claim(s), if required by 42 CFR 405.980(b) (2).

If you believe this underpayment determination was made in error, you have an opportunity to enter into a Discussion Period with Performant. Please complete the "Discussion Period Request Form" posted on our Web site located at <http://performantrac.com/FormsandSamples.aspx> and submit it within 30 days from the date of this letter. Any documentation you submit in support of your claim will be reviewed within 30 days. Performant will send you a letter informing you of the results of our review. If the submitted documentation supports the billing of the claim, the claim will not be sent for adjustment and you will be notified that the review has been closed. If the submitted information does not sufficiently support the claim's billing, the claim(s) identified as underpaid will be forwarded to the Medicare Administrative Contractor (MAC) and the adjustment(s) will be made.

If you have any questions regarding this letter or would like to discuss the underpayment identification, please direct your inquiry to Customer Service at 1-866-201-0580.

Sincerely,

Performant
Region [x]
Recovery Auditor Contractor