



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: Original Decision Overturned

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. 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 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.

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.

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

866-201-0580 TOLL FREE  
325-224-6710 FAX  
[www.performantrac.com](http://www.performantrac.com)

Sincerely,

Performant

Region [x]

Recovery Auditor Contractor

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