



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: Discussion Period Closed Due To Appeal Request

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 received your request to enter the discussion period; however, your Medicare Administrative Contractor (MAC) has notified Performant that this payment determination has also been appealed. As a result of the appeal request, Performant must close the discussion period without action.

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

Sincerely,

Performant

Region [x]

Recovery Auditor Contractor

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