

Discussion Period Review Determination Review Results Upheld



Date

RAC Point of Contact

Provider Name

Address 1

Address 2

City, State Zip

Re: Provider Name #123456789

Letter ID: XXXXXX

Issue: (Issue Name)

Dear Medicare Provider,

The Centers for Medicare & Medicaid Services (CMS) has retained CGI Federal to carry out the Recovery Audit Contracting (RAC) program in the State of _____. The RAC program is mandated by Congress aimed at identifying Medicare improper payments.

This letter is to notify you that, based on discussions held with you, and review of the additional documentation and billing rationale you have submitted, CGI Federal has determined that the original overpayment determination made regarding the claims shown on the attached report will be upheld. Your Medicare claims processor (Fiscal Intermediary, Carrier, or Medicare Administrative Contractor) will be notified accordingly.

Your appeal rights began as of the date of the original Demand Letter sent to you on <xx/xx/xxxx>. Please refer to the Demand Letter for Key Timeframes. Appeals are handled directly by the claims processor (Fiscal Intermediary, Carrier, or Medicare Administrative Contractor).

Thank you for your cooperation. If you have any questions regarding this letter, please direct your inquiry to customer service at 877-316-RACB (7222).

Sincerely,

Auditor Name
877-316-RACB (7222)
Enclosure



Affected Overpayment Report

Beneficiary Name/ HIC	Dates of Service / Claim Paid Date	Claim Number / AR Number	*HCPCS Code*	Medicare Allowed	RAC Updated Allowed Amount	Improper Payment Amount
Smith, John 1234567890A	1/6/2008 - 1/8/2008 3/5/2008	1234567890 111111111	972101	\$1,141.66	\$807.40	\$334.26
Doe, Jane 1234567891A	4/7/2008 - 4/7/2008 6/12/2008	1122334455 222222222	972101	\$514.72	\$257.22	\$257.50
Rodriguez, Jesus 1234567892A	6/6/2008 - 6/6/2008 8/2/2008	9988776655 333333333	972101	\$319.36	\$0.00	\$319.36