

Review Results Letter – Findings - Overpayment



Date

RAC Point of Contact
Provider Name
Provider Address 1
Provider Address 2
Provider City, State Zip

Re: Provider Name #123456789
Letter ID: XXXXXX
Issue: (Issue Name)
HIC Number:
Date of Birth:
Medical Record #:
Patient Control #:
Date(s) of Service:
Claim Reference #:
Audit #:

Dear Medicare Provider,

The Centers for Medicare & Medicaid Services (CMS) has retained CGI Federal Inc., (CGI) to carry out the Recovery Audit Contracting (RAC) program in Region B. The RAC program is mandated by Congress and has a primary goal of identifying Medicare improper payments. Improper payments include overpayments and underpayments. Improper payments may occur because of incorrect coding, lack of sufficient documentation or no documentation, use of an outdated fee schedule or billing for services that do not meet Medicare's coverage and/or medical necessity criteria etc.

Our request for additional medical documentation, detailed in ADR letter dated <xx/xx/xxxx>, 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), can be found on the RACB web site <http://racb.cgi.com>, Claims Status Display.

Detailed information regarding the claim and the findings identified during the review(s) are shown below. Based on review of the medical documentation for the above referenced claim, CGI found that some of the services you submitted were not reasonable and necessary as required by §1861 of the Act,

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Provider ID #: 999888777



or did not meet the Medicare coverage requirements as required in §1862 of the Act. Along with our claims payment determination, we have made limitations on liability decisions for denials of those services subject to provisions of §1879 of the Act. The claim for which we determined that you knew, or should have known, that the services were noncovered have been included in the results of this review. In addition, we have made decisions as to whether or not you are without fault for the overpayment under the provisions of §1870 of the Act. The claim for which you are not without fault has been included in the results of this review. Detailed information regarding the claim and the findings identified during the review are shown at the bottom of this letter.

Discussion Period

The discussion period offers the opportunity for the provider to submit additional information to the RAC to indicate why recoupment should not be initiated. Discussions may be processed entirely in writing or may require a teleconference with the provider. To request a discussion, please download the Discussion Request Form that can be found on the RACB web site <http://racb.cgi.com>. This form, along with any additional documentation should be submitted to CGI preferably by fax or by mail as shown on the form. **The Discussion Request form and any additional information must be submitted to CGI within 40 days of the accounts receivable date.** After reviewing the additional documentation submitted, the RAC could decide to uphold, overturn, or modify their decision. A letter will be sent to the provider detailing the outcome of the written or oral discussion.

If you have questions or concerns, please contact us as soon as possible at:

CGI Federal Inc.
1001 Lakeside Avenue, Suite 800
Cleveland, OH 44114
Phone: 877-316-RACB (7222)
Email: RACB@cgi.com
Fax: (216) 687-4278

The claim identified as improper will be shared with the claim processing contractor and adjustments will be made. After the adjustments are made, an Overpayment Demand Letter requesting repayment of the determined overpayment amount will be sent to you.

Thank you for your prompt attention to this matter.

Sincerely,

A handwritten signature in blue ink that reads "Jeffrey A. Snyder".

Jeffrey Snyder
RAC Audit Director
CGI Federal Inc.

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Enclosure: a/s

Review Results Findings - Overpayment

Beneficiary Name/ HIC Number	Claim Reference #/ Patient Control Number	Audit #	Dates of Service	Old DRG	New DRG	Disp Code(s)
Jones, Robert/ 123456789	90000000120/ 11111111111	1523273	01/20/2007 – 01/31/2007	468	477	DI, PR
Original Diag Codes:	87342, 81121, 8020 9181, 7809	New Diag Codes:	81121, 87342, 8020 3501,			
Original Proc Codes:	7931, 7901, 8659	New Proc Codes:	7901, 8659, 1199			

Additional Information:
