

## Review Results Letter – Findings - Underpayment



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 #:

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payments may occur because of incorrect coding, lack of sufficient documentation or no documentation, use of an outdated fee schedule or billing for services that do not meet Medicare's coverage and/or medical necessity criteria etc.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 <123456> 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 determined that the services reviewed for the selected claim(s), were reasonable and necessary as required by §1861 of the Act, and/or met the Medicare coverage requirements as required in §1862 of the Act.

Letter ID #: 1234567  
Provider ID #: 999888777



CGI has determined that the documentation supports a higher level of care or DRG resulting in an underpayment. The underpayment determination will be forwarded to the appropriate claims processing contractor for validation and potential refund. The actual underpayment amount will be determined by the claims processing contractor and notification will be provided via a Remittance Advice notice.

### **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](mailto:RACB@cgi.com)  
Fax: (216)-687-4278

Detailed information regarding the claim and the findings identified during the review are shown in the attached report.

Thank you for your prompt attention to this matter.

Sincerely,

Jeffrey Snyder  
RAC Audit Director  
CGI Federal Inc.

Enclosure: a/s

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## Review Results Findings - Underpayment

| Beneficiary Name/<br>HIC  | Date of Service /<br>Date of Birth | Medical Record # | Patient<br>Control #          | Claim Reference # | Letter ID |
|---|------------------------------------|------------------|-------------------------------|-------------------|-----------|
| Original DRG:<br>Original Diag Code(s):   |                                    |                  | New DRG:<br>New Diag Code(s): |                   |           |
| Original Proc Code(s):  |                                    |                  | New Proc Code(s):             |                   |           |
| <i>(RAC shall include additional information here such as specific details on which coverage/medical necessity/coding payment policy or article was overpaid). (Adjustment comments from CAS)</i> |                                    |                  |                               |                   |           |