



**&LETTER\_HEADER1**

&LETTER\_HEADER2

&LETTER\_HEADER3

&LETTER\_HEADER4

Letter Number: **R-**&LETTER\_NUMBER

Date: &LETTER\_DT

&HPROVIDER\_NAME

&HPROVIDER\_ADDRESS1

&HPROVIDER\_ADDRESS2

&HPROVIDER\_CITY, &HPROVIDER\_STATE &HPROVIDER\_POSTAL\_CODE

&HPROVIDER\_COUNTRY

### **FIRST REQUEST**

RE : Claims Accounts Receivable - MMA 935

Provider Name: &HPROVIDER\_NAME

Provider Number: &HPROVIDER\_NUMBER

Outstanding Balance: &DEMAND\_AMOUNT

Dear Sir/Madam,

This is to inform you that you have received a Medicare payment in error which has resulted in an overpayment subject to the 935, Limitation on Recoupment in the amount of &DEMAND\_AMOUNT. The purpose of our letter is to request that this amount be repaid to our office. The attached listing explains how this happened.

This finding was a result of a Recovery Audit Program review. If you have any questions relating to this letter or the recoupment process, you should contact us at &CONTRACT\_STATE\_TOLL\_FREE\_NUM. If you have any questions relating to the review rationale, or you feel that this finding is in error and would like to submit additional documentation or discuss the issue further, please contact the Recovery Auditor. If you are unable to locate the name and contact information for the Recovery Auditor from prior correspondence, please contact the Medicare Administrative Contractor at the above number for further information.

### **Why you are responsible:**

You are responsible for being aware of correct claim filing procedures and must use care when billing and accepting payment in this situation, you billed and/or received payment for services you should have known you were not entitled to. Therefore, you are not without fault and are responsible for repaying the overpayment amount. If you dispute this determination please follow the appropriate appeals process listed below. Applicable authorizes: Section 1870(b)(c) of the Social Security Act, Subsections 405.350 - 405.359 of Title 42 CFR, Subsections 404.506 - 404.509, 404.510a and 404.512 of Title 20 of the United States Code of Federal Regulations and 20 CFR.

**&CONTRACTOR\_NAME**

&FOOTER\_ADDRESSEE

&FOOTER\_ADDRESS1, &FOOTER\_CITY, &FOOTER\_STATE &FOOTER\_POSTAL\_CODE

&CONTRACTOR\_URL

**What you should do:**

Please return the overpaid amount to us by &LETTER\_DATE\_29 and no interest charge will be assessed.

We request that you refund this amount in full. If you are unable to make refund of the entire amount at this time, advise this office immediately so that we may determine if you are eligible for a repayment plan. (See enclosure for details.) Any repayment plan (where one is approved) would run from the date of this letter.

Make the check payable to Medicare Part A and send it with **a copy of this letter** to:

&CONTRACTOR\_NAME  
&CHECK\_ADDRESS1  
&CHECK\_ADDRESS2  
&CHECK\_CITY, &CHECK\_STATE &CHECK\_POSTAL\_CODE

**Payment Withholding:**

If payment in full is not received by &LETTER\_DATE\_29, payments to you can be withheld (Recoupment) until payment in full is received or if you have not submitted an acceptable extended repayment request and/or a valid and timely appeal is received.

**Rebuttal Process:**

Under our existing regulations 42 CFR sections 405.374, Providers and other Suppliers will have 15 days from the date of this demand letter to submit a statement of opportunity to rebuttal. The rebuttal process provides the debtor the opportunity to submit a statement and/or evidence stating why recoupment should not be initiated. The outcome of the rebuttal process could change how or if we recoup. If you have reason to believe the withhold should not occur on **&LETTER\_DATE\_40**, you must notify this office before **&LETTER\_DATE\_14**. We will review your documentation. Our office will advise you of our decision in 15 days from receipt of your request. However, this is not an appeal of the overpayment determination, and it will not delay recoupment before a rebuttal response has been rendered.

The rebuttal statement does not cease recoupment activities consistent with section 935 of the MMA.

**How to Stop Recoupment:**

Even if the overpayment and any assessed interest has not been paid in full you can stop Medicare from recouping any payments. If you act quickly and decidedly, Medicare will permit providers to **stop recoupment** at two points. The first occurs if we receive a valid and timely request for a redetermination within 30 days from the date of this letter. We will stop or delay recoupment pending the results of the appeal.

We will again stop recoupment if, following **an unfavorable or partially favorable redetermination** decision if you decide to act quickly and file a valid request for reconsideration

with the Qualified Independent Contractor (QIC). The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

**What are the timeframes to stop recoupment:**

**First Opportunity:** To assist us in expeditiously stopping the recoupment process, we request that you clearly indicate on your appeal request that this is a 935 overpayment appeal for a redetermination to:

&CONTRACTOR\_NAME - 935 APPEALS REDETERMINATION  
&REVIEW\_ADDRESS1  
&REVIEW\_ADDRESS2  
&REVIEW\_CITY, &REVIEW\_STATE &REVIEW\_POSTAL\_CODE

**Second Opportunity:** If the redetermination decision is 1) **unfavorable** we can begin to recoup **no earlier than the 60th day** from the date of the Medicare redetermination notice (Medicare Appeal Decision Letter), or 2) if the decision is **partially favorable** we can begin to recoup no earlier than the 60th day from the date of the Medicare revised overpayment Notice/Revised Demand Letter. Therefore, it is important to act quickly and decidedly to limit recoupment by requesting a valid and timely reconsideration within 60 days of the appropriate notice/letter. The address and details on how to file a request for reconsideration will be included in the redetermination decision letter.

**What Happens following a reconsideration by a Qualified Independent Contractor (QIC):**

Following **decision or dismissal** by the QIC, if the debt has not been paid in full, we will begin or resume recoupment whether or not you appeal to the next level of Administrative Law Judge (ALJ).

NOTE: Even when recoupment is stopped, interest continues to accrue.

**Interest Assessment:**

If you do not refund in 30 days: In accordance with 42 CFR 405.378 simple interest at the rate of &AR\_INTEREST\_RATE percent will be charged on the unpaid balance of the overpayment beginning on the 31st day. Interest is calculated in 30-day periods and is assessed for each full 30-day period that payment is not made on time. Thus, if payment is received 31 days from the date of final determination, one 30-day period of interest will be charged. Each payment will be applied first to accrued interest and then to principal. After each payment interest will continue to accrue on the remaining principal balance, at the rate of &AR\_INTEREST\_RATE percent. In addition, please note that Medicare rules require that payment be either received in our office by &LETTER\_DATE\_29 or use the United States Postal Service Postmark by that date for the payment to be considered timely. A metered mail postmark received in our office after &LETTER\_DATE\_29 will cause an additional month's interest to be assessed on the debt.

**If you wish to appeal this decision:**

If you disagree with this overpayment decision, you may file an appeal. An appeal is a review performed by people independent of those who have reviewed your claim so far. The first level

of appeal is called a redetermination. You must file your request for a redetermination within 120 days from the date of this letter.

Unless you show us otherwise, we assume you received this letter 5 days after the date of this letter. Please send your request for redetermination to:

&CONTRACTOR\_NAME - 935 APPEALS REDETERMINATION  
&REVIEW\_ADDRESS1  
&REVIEW\_ADDRESS2  
&REVIEW\_CITY, &REVIEW\_STATE &REVIEW\_POSTAL\_CODE

**If you have filed a bankruptcy petition:**

If you have filed a bankruptcy petition or are involved in a bankruptcy proceeding, Medicare financial obligations will be resolved in accordance with the applicable bankruptcy process. Accordingly, we request that you immediately notify us about this bankruptcy so that we may coordinate with both the Centers for Medicare & Medicaid Services and the Department of Justice so as to assure that we handle your situation properly. If possible, when notifying us about the bankruptcy please include the name the bankruptcy is filed under and the district where the bankruptcy is filed.

Should you have any questions, please contact your overpayment consultant at the following:

&BUSINESS\_PURPOSE\_1 &CONTRACT\_CONTACT\_PHONE\_NUM\_1  
&BUSINESS\_PURPOSE\_2 &CONTRACT\_CONTACT\_PHONE\_NUM\_2  
&BUSINESS\_PURPOSE\_3 &CONTRACT\_CONTACT\_PHONE\_NUM\_3  
&BUSINESS\_PURPOSE\_4 &CONTRACT\_CONTACT\_PHONE\_NUM\_4  
&BUSINESS\_PURPOSE\_5 &CONTRACT\_CONTACT\_PHONE\_NUM\_5

If you have any questions about the review itself, please contact the Recovery Auditor within your jurisdiction.

We look forward to hearing from you shortly.

Sincerely,

Supervisor, Part A Overpayments  
&CONTRACTOR\_NAME

Enclosures:  
How This Overpayment Was Determined  
Extended Repayment Plan Request