

## CMS Provider Options – RAC Overpayment Redetermination

Source: CMS, Centers for Medicare & Medicaid Services

<http://www.cms.gov/RAC/Downloads/ProviderOptionsChart.pdf>

### Provider Options - RAC Overpayment Determination

	Discussion Period	Rebuttal	Redetermination
<b>Which option should I use?</b>	The discussion period offers the opportunity for the provider to provide additional information to the RAC to indicate why recoupment should not be initiated. It also offers the opportunity for the RAC to explain the rationale for the overpayment decision. After reviewing the additional documentation submitted the RAC could decide to reverse their decision. A letter will go to the provider detailing the outcome of the discussion period.	The rebuttal process allows the provider the opportunity to provide a statement and accompanying evidence indicating why the overpayment action will cause a financial hardship and should not take place. A rebuttal is not intended to review supporting medical documentation nor disagreement with the overpayment decision. A rebuttal should not duplicate the redetermination process. (See 42 CFR 405.374-375)	A redetermination is the first level of appeal. A provider may request a redetermination when they are dissatisfied with the overpayment decision. A redetermination must be submitted within 30 days to prevent offset on day 41.
<b>Who do I contact?</b>	Recovery Audit Contractor (RAC)	Claim Processing Contractor	Claim Processing Contractor
<b>Timeframe</b>	Day 1 - 40	Day 1-15	Day 1-120 Must be submitted within 120 days of receipt of demand letter. To prevent offset on day 41 the Redetermination must be filed within 30 days.
<b>Timeframe Begins</b>	Automated Review: Upon receipt of Demand Letter Complex Review: Upon receipt of Review Results Letter	Date of Demand Letter	Upon receipt of Demand Letter
<b>Timeframe Ends</b>	Day 40 (offset begins on day 41)	Day 15	Day 120

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