Appendices – Fiscal Year (FY) 2019

- A. Social Security Act (Section 1893 Medicare Integrity Program (h))
- B. Dollar Amounts (in Millions) Returned to Medicare Trust Fund in FY 2019
- C. FY 2019 Total Corrections by RAC Region (Dollar Amounts and Number of Claims)
- D. FY 2019 Total Corrections by Review Type (Dollar Amounts and Number of Claims)
- E. FY 2019 Total Corrections by RAC Region and Review Type (Dollar Amounts, Number of Claims, and Percentages)
- F. FY 2019 Total Corrections by RAC Region/Contract and Type of Claim (Dollar Amounts and Number of Claims)
- G. FY 2019 Total Corrections by RAC Region and Type of Claim (Dollar Amounts and Number of Claims)
- H. FY 2019 Total Corrections by Provider Type (Dollar Amount and Percentage of Total)
- I. FY 2019 Total Corrections by RAC Region and Provider Type (Dollar Amount and Number of Claims)
- J. FY 2019 Corrections by State and RAC Regions/Contracts (Dollar Amounts and Number of Claims)
- K. FY 2019 Improper Payments Identified through Complex Review (Number and Percentage Rate)
- L. FY 2019 Cumulative Accuracy Scores by RAC Region (Accuracy Percentage)
- M. FY 2019 RAC Appeal Dispositions Level 1 (MAC) Redetermination by MAC and Type of Claim (Number of Dispositions by Disposition Type)
- N. FY 2019 RAC Appeal Dispositions Level 2 (QIC) Reconsideration by RAC Region (Number of Dispositions by Disposition Type)

- O. FY 2019 RAC Appeal Dispositions Level 3 (ALJ) by RAC Region and Type of Claim (Number of Dispositions by Disposition Type)
- P. FY 2019 RAC Appeal Dispositions Level 4 (DAB) by RAC Region and Type of Claim (Number of Dispositions by Disposition Type)
- Q. FY 2019 Provider Medical Records Submission Methods by RAC Region
- R. Medicare FFS Recovery Audit Program Informational Resources

Appendix A: Social Security Act

SEC. 1893 MEDICARE INTEGRITY PROGRAM

- (h) USE OF RECOVERY AUDIT CONTRACTORS.—
 - (1) IN GENERAL.—Under the Program, the Secretary shall enter into contracts with recovery audit contractors in accordance with this subsection for the purpose of identifying underpayments and overpayments and recouping overpayments under this title with respect to all services for which payment is made under this title. Under the contracts—
 - (A) payment shall be made to such a contractor only from amounts recovered;
 - (B) from such amounts recovered, payment—
 - (i) shall be made on a contingent basis for collecting overpayments; and
 - (ii) may be made in such amounts as the Secretary may specify for identifying underpayments; and
 - (C) the Secretary shall retain a portion of the amounts recovered which shall be available to the program management account of the Centers for Medicare & Medicaid Services for purposes of activities conducted under the recovery audit program under this subsection.
 - (2) DISPOSITION OF REMAINING RECOVERIES.—The amounts recovered under such contracts that are not paid to the contractor under paragraph (1) or retained by the Secretary under paragraph (1)(C) or paragraph (10) shall be applied to reduce expenditures under this title.
 - (3) NATIONWIDE COVERAGE.—The Secretary shall enter into contracts under paragraph (1) in a manner so as to provide for activities in all States under such a contract by not later than January 1, 2010 (not later than December 31, 2010, in the case of contracts relating to payments made under part C or D).
 - (4) AUDIT AND RECOVERY PERIODS.—Each such contract shall provide that audit and recovery activities may be conducted during a fiscal year with respect to payments made under this title—
 - (A) during such fiscal year; and
 - (B) retrospectively (for a period of not more than 4 fiscal years prior to such fiscal year).
 - (5) WAIVER.—The Secretary shall waive such provisions of this title as may be necessary to provide for payment of recovery audit contractors under this subsection in accordance with paragraph (1).
 - (6) QUALIFICATIONS OF CONTRACTORS.—
 - (A) IN GENERAL.—The Secretary may not enter into a contract under paragraph (1) with a recovery audit contractor unless the contractor has staff that has the appropriate clinical knowledge of, and experience with, the payment rules and regulations under this title or the contractor has, or will contract with, another entity that has such knowledgeable and experienced staff.
 - (B) INELIGIBILITY OF CERTAIN CONTRACTORS.—The Secretary may not enter into a contract under paragraph (1) with a recovery audit contractor to the extent the contractor is a fiscal intermediary under section 1816, a carrier under section 1842, or a Medicare administrative contractor under section 1874A.
 - (C) PREFERENCE FOR ENTITIES WITH DEMONSTRATED PROFICIENCY.—In awarding contracts to recovery audit contractors under paragraph (1), the Secretary shall give

- preference to those risk entities that the Secretary determines have demonstrated more than 3 years direct management experience and a proficiency for cost control or recovery audits with private insurers, health care providers, health plans, under the Medicaid program under title XIX, or under this title.
- (7) CONSTRUCTION RELATING TO CONDUCT OF INVESTIGATION OF FRAUD.—A recovery of an overpayment to an individual or entity by a recovery audit contractor under this subsection shall not be construed to prohibit the Secretary or the Attorney General from investigating and prosecuting, if appropriate, allegations of fraud or abuse arising from such overpayment.
- (8) ANNUAL REPORT.—The Secretary shall annually submit to Congress a report on the use of recovery audit contractors under this subsection. Each such report shall include information on the performance of such contractors in identifying underpayments and overpayments and recouping overpayments, including an evaluation of the comparative performance of such contractors and savings to the program under this title.
- (9) SPECIAL RULES RELATING TO PARTS C AND D.—The Secretary shall enter into contracts under paragraph (1) to require recovery audit contractors to—
 - (A) ensure that each MA plan under part C has an anti-fraud plan in effect and to review the effectiveness of each such anti-fraud plan;
 - (B) ensure that each prescription drug plan under part D has an anti-fraud plan in effect and to review the effectiveness of each such anti-fraud plan;
 - (C) examine claims for reinsurance payments under section 1860D–15(b) to determine whether prescription drug plans submitting such claims incurred costs in excess of the allowable reinsurance costs permitted under paragraph (2) of that section; and
 - (D) review estimates submitted by prescription drug plans by private plans with respect to the enrollment of high cost beneficiaries (as defined by the Secretary) and to compare such estimates with the numbers of such beneficiaries actually enrolled by such plans.

(10) USE OF CERTAIN RECOVERED FUNDS.—

- (A) IN GENERAL.—After application of paragraph (1)(C), the Secretary shall retain a portion of the amounts recovered by recovery audit contractors for each year under this section which shall be available to the program management account of the Centers for Medicare & Medicaid Services for purposes of, subject to subparagraph (B), carrying out sections 1833(z), 1834(l)(16), and 1874A(a)(4)(G), carrying out section 514(b) of the Medicare Access and CHIP Reauthorization Act of 2015, and implementing strategies (such as claims processing edits) to help reduce the error rate of payments under this title. The amounts retained under the preceding sentence shall not exceed an amount equal to 15 percent of the amounts recovered under this subsection, and shall remain available until expended.
- (B) LIMITATION.—Except for uses that support claims processing (including edits) or system functionality for detecting fraud, amounts retained under subparagraph (A) may not be used for technological-related infrastructure, capital investments, or information systems.
- (C) NO REDUCTION IN PAYMENTS TO RECOVERY AUDIT CONTRACTORS.—Nothing in subparagraph (A) shall reduce amounts available for payments to recovery audit contractors under this subsection.

Appendix B: Dollar Amounts (in Millions) Returned to Medicare Trust Fund in FY 2019

Overpaymen ts Collected		Underpayment s Restored		Amount Over- turned on Appeal ¹		Recovery Auditors Contingency Fees		CMS Administration Costs		Amount Returned to Medicare Trust Funds
\$162.03	-	\$18.30	-	\$23.83	-	\$25.58	-	\$34.64	=	\$59.67

Appendix C: FY 2019 Total Corrections by RAC Region (Dollar Amounts and Number of Claims)

RAC Region and Contractor Name	Collected Overpayment Amounts	Number of Claims with Collected Overpayments	Restored Underpayment Amounts	Number of Claims with Restored Underpayments	Total Corrected Amount	Total Number of Corrected Claims
Region 1: Performant	\$14,072,251.22	35,782	\$712,184.61	537	\$14,784,435.83	36,319
Region 2: Cotiviti	\$39,850,498.06	12,639	\$3,646,265.40	1,030	\$43,496,763.46	13,669
Region 3: Cotiviti	\$25,450,101.05	11,705	\$2,536,888.15	741	\$27,986,989.20	12,446
Region 4: HDI/HMS	\$61,462,074.49	55,175	\$2,185,534.52	931	\$63,647,609.01	56,106
Region 5: Performant	\$14,731,738.98	24,135	\$255,115.45	1,059	\$14,986,854.43	25,194
Region A: Performant	\$(5,804,795.74)	2,256	\$11,922.01	1	\$(5,792,873.73)	2,257
Region B: CGI	\$(434,459.80)	1,085	-	-	\$(434,459.80)	1,085
Region C: Cotiviti	\$379,262.04	32,300	\$177,656.53	20	\$556,918.57	32,320
Region D: HDI	\$7,478,563.48	5,072	\$1,002.23	4	\$7,479,565.71	5,076
Unknown	\$4,844,162.37	7,809	\$8,773,764.32	4,505	\$13,617,926.69	12,314
TOTALS	\$162,029,396.15	187,958	\$18,300,333.22	8,828	\$180,329,729.37	196,786

 $^{^{\}rm 1}$ This includes only those appeals overturned at the first level.

Appendix D: FY 2019 Total Corrections by Review Type (Dollar Amounts and Number of Claims)

	Overpayments	Collected	Underpayment	rpayments Restored Total Corre		
Review Type	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected	No. of Claims
Automated	\$41,579,228.83	139,201	\$751,461.44	1,743	\$42,330,690.27	140,944
Complex	\$115,281,620.60	39,694	\$8,775,107.46	2,580	\$124,056,728.06	42,274
Semi-Automated ²	\$324,384.35	1,254	-	-	\$324,384.35	1,254
Unknown ³	\$4,844,162.37	7,809	\$8,773,764.32	4,505	\$13,617,926.69	12,314
TOTALS	\$162,029,396.15	187,958	\$18,300,333.22	8,828	\$180,329,729.37	196,786

² Semi-automated reviews were only conducted under the Region A-D contracts. ³ These claims could not be attributed to a specific review type.

Appendix E: FY 2019 Total Corrections by RAC Region and Review Type (Dollar Amounts, Number of Claims, and Percentages)

RAC Region and Contractor Name	Review Type	Collected Overpayment Amounts	% of Total Collected Amount	Number of Claims with Collected Overpay -ments	% of Total Claims with Collect -ions	Restored Underpay -ment Amounts	% of Total Collecte d Amount	Number of Claims with Restored Underpay -ments	% of Total Claims with Collect -ions	Total Corrected Amount	% of Total Corrected Amounts	Total Number of Corrected Claims	% of Total Corrected Claims
Region 1:	Automated	\$3,651,475.28	2.25%	31,354	16.68%	\$11,848.01	0.06%	243	2.75%	\$3,663,323.29	2.03%	31,597	16.06%
Performant	Complex	\$10,420,775.94	6.43%	4,428	2.36%	\$700,336.60	3.83%	294	3.33%	\$11,121,112.54	6.17%	4,722	2.40%
Region 2:	Automated	\$577,251.17	0.36%	4,142	2.20%	\$3,712.16	0.02%	19	0.22%	\$580,963.33	0.32%	4,161	2.11%
Cotiviti	Complex	\$39,273,246.89	24.24%	8,497	4.52%	\$3,642,553.24	19.90%	1,011	11.45%	\$42,915,800.13	23.80%	9,508	4.83%
Region 3:	Automated	\$848,391.86	0.52%	5,409	2.88%	\$2,985.36	0.02%	9	0.10%	\$851,377.22	0.47%	5,418	2.75%
Cotiviti	Complex	\$24,601,709.19	15.18%	6,296	3.35%	\$2,533,902.79	13.85%	732	8.29%	\$27,135,611.98	15.05%	7,028	3.57%
Region 4:	Automated	\$7,052,320.02	4.35%	41,888	22.29%	\$475,851.25	2.60%	404	4.58%	\$7,528,171.27	4.17%	42,292	21.49%
HDI/HMS	Complex	\$54,409,754.47	33.58%	13,287	7.07%	\$1,709,683.27	9.34%	527	5.97%	\$56,119,437.74	31.12%	13,814	7.02%
Region 5:	Automated	\$9,032,937.20	5.57%	20,535	10.93%	\$255,115.45	1.39%	1,059	12.00%	\$9,288,052.65	5.15%	21,594	10.97%
Performant	Complex	\$5,698,801.78	3.52%	3,600	1.92%	-	0.00%	-	0.00%	\$5,698,801.78	3.16%	3,600	1.83%
	Automated	\$126,407.44	0.08%	1,195	0.64%	1	0.00%	-	0.00%	\$126,407.44	0.07%	1,195	0.61%
Region A:	Complex	\$(5,922,868.08)	-3.66%	1,058	0.56%	\$11,922.01	0.07%	1	0.01%	\$(5,910,946.07)	-3.28%	1,059	0.54%
Performant	Semi- Automated	\$(8,335.10)	-0.01%	3	<0.01%	1	0.00%	-	0.00%	\$(8,335.10)	<-0.01%	3	<0.01%
	Automated	\$35,110.40	0.02%	728	0.39%	-	0.00%	-	0.00%	\$35,110.40	0.02%	728	0.37%
Region B: CGI	Complex	\$(469,570.20)	-0.29%	357	0.19%	-	0.00%	-	0.00%	\$(469,570.20)	-0.26%	357	0.18%
	Semi- Automated	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%	-	0.00%
	Automated	\$13,719,768.93	8.47%	30,428	16.19%	\$946.98	0.01%	5	0.06%	\$13,720,715.91	7.61%	30,433	15.47%
Region C:	Complex	\$(13,321,959.49)	-8.22%	1,848	0.98%	\$176,709.55	0.97%	15	0.17%	\$(13,145,249.94)	-7.29%	1,863	0.95%
Cotiviti	Semi- Automated	\$(18,547.40)	-0.01%	24	0.01%	-	0.00%	-	0.00%	\$(18,547.40)	-0.01%	24	0.01%
Region D:	Automated	\$6,535,566.53	4.03%	3,522	1.87%	\$1,002.23	0.01%	4	0.05%	\$6,536,568.76	3.62%	3,526	1.79%
HDI/HMS	Complex	\$591,730.10	0.37%	323	0.17%	-	0.00%	-	0.00%	\$591,730.10	0.33%	323	0.16%

	Semi- Automated	\$351,266.85	0.22%	1,227	0.65%	-	0.00%	-	0.00%	\$351,266.85	0.19%	1,227	0.62%
Unknown	Unknown	\$4,844,162.37	2.99%	7,809	4.15%	\$8,773,764.32	47.94%	4,505	51.03%	\$13,617,926.69	7.55%	12,314	6.26%
TOTALS		\$162,029,396.15	100.00%	187,958	100.00%	\$18,300,333.22	100.00%	8,828	100.00%	\$180,329,729.37	100.00%	196,786	100.00%

Appendix F: FY 2019 Total Corrections by RAC Region/Contract⁴ and Type of Claim (Dollar Amounts and Number of Claims)

RAC Regions	Type of Claim	Collected Overpayments	Collected Overpayments	Restored Underpayments	Restored Underpayments	Total Corrected Amount	Total
	Part A	\$122,153,348.94	34,413	\$8,937,366.60	2,441	\$131,090,715.54	36,854
D 1 5	Part B	\$18,681,575.88	80,888	\$143,506.08	798	\$18,825,081.96	81,686
Regions 1-5	DME	\$14,731,738.98	24,135	\$255,115.45	1,059	\$14,986,854.43	25,194
	SubTotal	\$155,566,663.80	139,436	\$9,335,988.13	4,298	\$164,902,651.93	143,734
	A	\$(17,135,928.03)	5,506	\$8,178,878.51	1,277	\$(8,957,049.52)	6,783
Regions A-	В	\$505,400.31	3,732	\$775,861.71	3,159	\$1,281,262.02	6,891
D	DME	\$23,093,260.07	39,284	\$9,604.87	94	\$23,102,864.94	39,378
	SubTotal	\$6,462,732.35	48,522	\$8,964,345.09	4,530	\$15,427,077.44	53,052
	Totals	\$162,029,396.15	187,958	\$18,300,333.22	8,828	\$180,329,729.37	196,786

⁴ On October 31, 2016, contracts were awarded for RAC Regions 1-5. These new regions include different combinations of MAC jurisdictions than the original RAC contracts (Regions A-D).

Appendix G: FY 2019 Total Corrections by RAC Region and Type of Claim (Dollar Amounts and Number of Claims)

Recovery Auditor	Type of Claim	Collected Overpayments	Number of Claims with Collected Overpayments	Restored Underpayments	Number of Claims with Restored Underpayments	Total Corrected Amount	Total Number of Corrected Claims
1 - Performant	Part A	\$11,184,928.32	6,341	\$698,988.26	301	\$11,883,916.58	6,642
i - Periormani	Part B	\$2,887,322.90	29,441	\$13,196.35	236	\$2,900,519.25	29,677
	Subtotal	\$14,072,251.22	35,782	\$712,184.61	537	\$14,784,435.83	36,319
2 - Cotiviti	Part A	\$37,916,991.91	8,196	\$3,610,938.09	987	\$41,527,930.00	9,183
2 - Couviu	Part B	\$1,933,506.15	4,443	\$35,327.31	43	\$1,968,833.46	4,486
	Subtotal	\$39,850,498.06	12,639	\$3,646,265.40	1,030	\$43,496,763.46	13,669
3 - Cotiviti	Part A	\$21,128,666.91	4,843	\$2,453,756.00	612	\$23,582,422.91	5,455
3 - Convin	Part B	\$4,321,434.14	6,862	\$83,132.15	129	\$4,404,566.29	6,991
	Subtotal	\$25,450,101.05	11,705	\$2,536,888.15	741	\$27,986,989.20	12,446
4 - HDI/HMS	Part A	\$51,922,761.80	15,033	\$2,173,684.25	541	\$54,096,446.05	15,574
4 - HDI/HIVIS	Part B	\$9,539,312.69	40,142	\$11,850.27	390	\$9,551,162.96	40,532
	Subtotal	\$61,462,074.49	55,175	\$2,185,534.52	931	\$63,647,609.01	56,106
5 - Performant	DME	\$14,731,738.98	24,135	\$255,115.45	1,059	\$14,986,854.43	25,194
2 2 212011111111	Subtotal	\$14,731,738.98	24,135	\$255,115.45	1,059	\$14,986,854.43	25,194
RAC 1-5 Totals		\$155,566,663.80	139,436	\$9,335,988.13	4,298	\$164,902,651.93	143,734
	A	\$(5,941,862.02)	1,054	\$11,922.01	1	\$(5,929,940.01)	1,055
A / Performant	В	\$11,625.99	237	-	-	\$11,625.99	237
	DME	\$125,440.29	965	_	_	\$125,440.29	965
	Subtotal	\$(5,804,795.74)	2,256	\$11,922.01	1	\$(5,792,873.73)	2,257
	A	\$(482,392.24)	335	-	-	\$(482,392.24)	335
B / CGI	В	\$4,827.21	18	-	-	\$4,827.21	18
	DME	\$43,105.23	732	-	-	\$43,105.23	732
	Subtotal	\$(434,459.80)	1,085	-	-	\$(434,459.80)	1,085

	Subtotal	\$4,844,162.37	7,809	\$8,773,764.32	4,505	\$13,617,926.69	12,314
Chkhowh	B DME	\$474,484.89 \$931,291.50	3,170 2,172	\$775,549.42 \$9,604.87	3,157 93	\$1,250,034.31 \$940,896.37	6,327 2,265
Unknown	A	\$3,438,385.98	2,467	\$7,988,610.03	1,255	\$11,426,996.01	3,722
	Subtotal	\$7,478,563.48	5,072	\$1,002.23	4	\$7,479,565.71	5,076
	DME	\$7,576,871.82	4,898	-	-	\$7,576,871.82	4,898
D/HDI	В	\$8,387.03	143	\$312.29	2	\$8,699.32	145
	A	\$(106,695.37)	31	\$689.94	2	\$(106,005.43)	33
	Subtotal	\$379,262.04	32,300	\$177,656.53	20	\$556,918.57	32,320
	DME	\$14,416,551.23	30,517	-	1	\$14,416,551.23	30,518
C / Cotiviti	В	\$6,075.19	164	-	-	\$6,075.19	164
	A	\$(14,043,364.38)	1,619	\$177,656.53	19	\$(13,865,707.85)	1,638

Appendix H: FY 2019 Corrections by Provider Type (Dollar Amount and Percentage of Total)

Provider	Overpayments	% of	Underpayments		% of	Total Amount	% of
Type	Collected	Total		Restored	Total	Corrected	Total
Inpatient	\$43,262,319.93	26.70%	\$	8,492,649.91	46.41%	\$ 51,754,969.84	28.70%
SNF	\$7,522,390.47	4.64%	\$	45,153.40	0.25%	\$ 7,567,543.87	4.20%
Outpatient	\$51,075,394.28	31.52%	\$	588,938.40	3.22%	\$ 51,664,332.68	28.65%
Home Health	\$(281,069.75)	-0.17%	\$	893.37	< 0.01%	\$ (280,176.38)	-0.16%
Physician	\$18,712,491.30	11.55%	\$	143,818.37	0.79%	\$ 18,856,309.67	10.46%
DME	\$36,893,707.55	22.77%	\$	255,115.45	1.39%	\$ 37,148,823.00	20.60%
Unknown	\$4,844,162.37	2.99%	\$	8,773,764.32	47.94%	\$ 13,617,926.69	7.55%
Total	\$162,029,396.15	100%	\$	18,300,333.22	100%	\$180,329,729.37	100%

Appendix I. FY 2019 Total Corrections by RAC Region and Provider Type (Dollar Amounts and Number of Claims)

RAC Region and Contractor Name	Provider Type	Collected Overpayment Amounts	Number of Claims with Collected Overpayments	Restored Underpayment Amounts	Number of Claims with Restored Underpayments	Total Corrected Amount	Total Number of Corrected Claims
Region 1:	Inpatient	\$6,309,548.55	2,641	\$696,807.32	298	\$7,006,355.87	2,939
Performant	SNF	\$533,678.48	86	-		\$533,678.48	86
	Outpatient	\$4,341,701.29	3,614	\$2,180.94	3	\$4,343,882.23	3,617
	Home Health	-	-	-	-	-	-
	Physician	\$2,887,322.90	29,441	\$13,196.35	236	\$2,900,519.25	29,677
Region 1 Totals		\$14,072,251.22	35,782	\$712,184.61	537	\$14,784,435.83	36,319
Region 2: Cotiviti	Inpatient	\$23,259,553.04	3,321	\$3,298,657.36	802	\$26,558,210.40	4,123
	SNF	\$1,125,010.00	260	-	-	\$1,125,010.00	260
	Outpatient	\$13,532,428.87	4,615	\$312,280.73	185	\$13,844,709.60	4,800
	Home Health	-	-	-	-	-	-
	Physician	\$1,933,506.15	4,443	\$35,327.31	43	\$1,968,833.46	4,486
Region 2 Totals		\$39,850,498.06	12,639	\$3,646,265.40	1,030	\$43,496,763.46	13,669
Region 3: Cotiviti	Inpatient	\$12,840,170.50	2,314	\$2,297,176.56	487	\$15,137,347.06	2,801
	SNF	\$724,745.21	229	-	-	\$724,745.21	229
	Outpatient	\$7,563,751.20	2,300	\$156,579.44	125	\$7,720,330.64	2,425
	Home Health	-	-	-	-	-	-
	Physician	\$4,321,434.14	6,862	\$83,132.15	129	\$4,404,566.29	6,991
Region 3 Totals		\$25,450,101.05	11,705	\$2,536,888.15	741	\$27,986,989.20	12,446
Region 4: HMS	Inpatient	\$19,226,753.85	2,863	\$2,030,976.02	460	\$21,257,729.87	3,323
	SNF	\$6,223,590.94	1,061	\$24,876.69	22	\$6,248,467.63	1,083
	Outpatient	\$26,472,417.01	11,109	\$117,831.54	59	\$26,590,248.55	11,168
	Home Health	-	-	-	-	-	-
	Physician	\$9,539,312.69	40,142	\$11,850.27	390	\$9,551,162.96	40,532

Region 4 Totals		\$61,462,074.49	55,175	\$2,185,534.52	931	\$63,647,609.01	56,106
Region 5: Performant	DME	\$14,731,738.98	24,135	\$255,115.45	1,059	\$14,986,854.43	25,194
Region 5 Totals		\$14,731,738.98	24,135	\$255,115.45	1,059	\$14,986,854.43	25,194
Region A:	Inpatient	\$(4,931,306.55)	855	\$11,922.01	1	\$(4,919,384.54)	856
Performant	SNF	\$(632,001.71)	97	-	-	\$(632,001.71)	97
	Outpatient	\$(378,553.76)	102	-	-	\$(378,553.76)	102
	Home Health	-	-	-	-	-	-
	Physician	\$11,625.99	237	-	-	\$11,625.99	237
	DME	\$125,440.29	965	-	-	\$125,440.29	965
Region A Totals		\$(5,804,795.74)	2,256	\$11,922.01	1	\$(5,792,873.73)	2,257
Region B: CGI	Inpatient	\$(323,542.32)	59		-	\$(323,542.32)	59
	SNF	-	-	-	-	-	-
	Outpatient	\$(158,849.92)	276		-	\$(158,849.92)	276
	Home Health	-	-	-	-	-	-
	Physician	\$4,827.21	18	-	-	\$4,827.21	18
	DME	\$43,105.23	732	-	-	\$43,105.23	732
Region B Totals		\$(434,459.80)	1,085	-	0	\$(434,459.80)	1,085
Region C: Cotiviti	Inpatient	\$(12,998,895.03)	1,132	\$156,420.70	12	\$(12,842,474.33)	1,144
	SNF	\$(465,899.19)	92	\$20,276.71	2	\$(445,622.48)	94
	Outpatient	\$(297,500.41)	188	\$65.75	2	\$(297,434.66)	190
	Home Health	\$(281,069.75)	207	\$893.37	3	\$(280,176.38)	210
	Physician	\$6,075.19	164	-	-	\$6,075.19	164
	DME	\$14,416,551.23	30,517	-	1	\$14,416,551.23	30,518
Region C Totals		\$379,262.04	32,300	\$177,656.53	20	\$556,918.57	32,320
Region D: HDI	Inpatient	\$(119,962.11)	27	\$689.94	2	\$(119,272.17)	29
	SNF	\$13,266.74	4	-	-	\$13,266.74	4
	Outpatient	-	-	-	-	-	-
	Home Health	-	-	-	-	-	-
	Physician	\$8,387.03	143	\$312.29	2	\$8,699.32	145

	DME	\$7,576,871.82	4,898	-	-	\$7,576,871.82	4,898
Region D Totals		\$7,478,563.48	5,072	\$1,002.23	4	\$7,479,565.71	5,076
Unknown	Unknown	\$4,844,162.37	7,809	\$8,773,764.32	4,505	\$13,617,926.69	12,314
Grand Totals		\$162,029,396.15	187,958	\$18,300,333.22	8,828	\$180,329,729.37	196,786

Appendix J: FY 2019 Total Corrections by State and RAC Regions/Contracts (Dollar Amounts and Number of Claims)

State		oRAC Regions A-D							RAC Regions 1-5					
	Collected Overpayments	Number of Claims	Restored Underpayments	Number of Claims	Total Corrected Amount	Number of Claims	Collected Overpayments	Number of Claims	Restored Underpayments	Number of Claims	Total Corrected Amount	Number of Claims		
AK	\$ (3,690.07)	4	-	-	\$(3,690.07)	4	\$561,973.10	284	\$77,722.36	32	\$639,695.46	316		
AL	\$(834,976.34)	142	\$53.61	1	\$(834,922.73)	143	\$2,687,317.91	1,487	\$199,923.75	119	\$2,887,241.66	1,606		
AR	\$(1,239,879.51)	181	-	-	\$(1,239,879.51)	181	\$1,513,102.02	831	\$120,831.20	53	\$1,633,933.22	884		
AZ	\$121,554.91	470	-	-	\$121,554.91	470	\$4,817,614.11	2,964	\$167,929.00	64	\$4,985,543.11	3,028		
CA	\$7,120,502.68	4,201	\$862.23	3	\$7,121,364.91	4,204	\$24,160,886.50	20,872	\$1,044,211.93	275	\$25,205,098.43	21,147		
CO	\$(576,193.95)	84	\$12.14	1	\$(576,181.81)	85	\$2,065,707.85	1,019	\$174,524.86	58	\$2,240,232.71	1,077		
CT	\$(1,222,344.49)	380	\$11,922.01	1	\$(1,210,422.48)	381	\$1,083,386.34	2,083	\$48,107.69	45	\$1,131,494.03	2,128		
DC	\$1,157.33	9	-	-	\$1,157.33	9	\$1,165,961.87	777	\$38,295.03	17	\$1,204,256.90	794		
DE	\$(274,389.00)	61	-	-	\$(274,389.00)	61	\$776,696.21	810	\$55,006.06	30	\$831,702.27	840		
FL	\$12,386,801.96	27,841	\$175,537.09	14	\$12,562,339.05	27,855	\$12,902,762.99	6,273	\$1,094,546.85	270	\$13,997,309.84	6,543		
GA	\$114,471.16	306	-	-	\$114,471.16	306	\$4,104,977.21	2,194	\$613,527.76	234	\$4,718,504.97	2,428		
GU	-	-	-	-	-	-	\$105,643.94	30		-	\$105,643.94	30		
HI	\$329.10	4	-	-	\$329.10	4	\$761,056.53	558	\$11,807.37	8	\$772,863.90	566		
IA	\$23,489.46	19	-	-	\$23,489.46	19	\$815,213.31	259	\$91,785.99	35	\$906,999.30	294		
ID	\$821.12	18	-	-	\$821.12	18	\$659,816.91	634	\$38,842.13	17	\$698,659.04	651		
IL	\$(365,095.43)	206	-	-	\$(365,095.43)	206	\$6,118,413.49	2,087	\$487,818.84	184	\$6,606,232.33	2,271		
IN	\$5,549.93	120	-	-	\$5,549.93	120	\$1,803,478.39	4,242	\$95,768.14	148	\$1,899,246.53	4,390		
KS	\$60,073.73	66	-	-	\$60,073.73	66	\$1,294,746.43	351	\$147,389.59	59	\$1,442,136.02	410		

State			oRAC Regio	ns A-D			RAC Regions 1-5					
KY	\$11,713.97	66	-	-	\$11,713.97	66	\$1,961,244.91	4,470	\$58,713.62	44	\$2,019,958.53	4,514
LA	\$(1,349,480.40)	484	-	-	\$(1,349,480.40)	484	\$1,585,391.66	1,164	\$241,489.09	94	\$1,826,880.75	1,258
MA	\$(168,204.62)	123	-	-	\$(168,204.62)	123	\$2,243,147.00	3,876	\$100,265.60	60	\$2,343,412.60	3,936
MD	\$(321,088.33)	120	-	-	\$(321,088.33)	120	\$1,995,364.70	4,197	\$8,194.73	72	\$2,003,559.43	4,269
ME	\$3,436.92	35	-	-	\$3,436.92	35	\$499,380.38	1,145	\$8,756.11	5	\$508,136.49	1,150
MI	\$(6,492.35)	104	-	-	\$(6,492.35)	104	\$2,202,600.25	4,475	\$120,963.32	138	\$2,323,563.57	4,613
MN	\$(916.51)	15	-	-	\$(916.51)	15	\$2,106,058.80	581	\$277,771.05	67	\$2,383,829.85	648
MO	\$137,717.86	336	-	-	\$137,717.86	336	\$1,406,276.46	553	\$132,017.50	71	\$1,538,293.96	624
MP	-	-	-	-	-	-	\$30,896.94	15		-	\$30,896.94	15
MS	\$(539,739.44)	337	-	-	\$(539,739.44)	337	\$1,496,593.16	1,192	\$143,335.41	84	\$1,639,928.57	1,276
MT	\$1,303.49	9	-	-	\$1,303.49	9	\$1,106,079.97	677	\$37,985.22	10	\$1,144,065.19	687
NC	\$(365,641.45)	355	-	-	\$(365,641.45)	355	\$4,291,109.36	2,476	\$283,611.72	157	\$4,574,721.08	2,633
ND	\$1,781.01	34	-	-	\$1,781.01	34	\$658,264.03	555	\$23,164.57	9	\$681,428.60	564
NE	\$29,285.71	28	-	-	\$29,285.71	28	\$932,374.59	245	\$100,347.58	31	\$1,032,722.17	276
NH	\$(63,803.29)	25	-	-	\$(63,803.29)	25	\$445,882.59	771	\$23,148.28	25	\$469,030.87	796
NJ	\$(1,655,254.61)	656	-	-	\$(1,655,254.61)	656	\$8,346,018.26	7,828	\$192,122.99	313	\$8,538,141.25	8,141
NM	\$(200,105.97)	16	-	-	\$(200,105.97)	16	\$725,974.10	297	\$26,639.11	22	\$752,613.21	319
NV	\$36,453.35	91	-	-	\$36,453.35	91	\$1,608,607.48	1,825	\$60,867.65	63	\$1,669,475.13	1,888
NY	\$(98,367.37)	376	-	-	\$(98,367.37)	376	\$4,572,274.75	13,861	\$180,116.53	151	\$4,752,391.28	14,012
ОН	\$(24,962.78)	281	-	-	\$(24,962.78)	281	\$3,272,818.44	8,986	\$154,853.63	94	\$3,427,672.07	9,080
OK	\$(1,149,414.85)	173	\$1,160.32	1	\$(1,148,254.53)	174	\$2,007,781.20	1,086	\$232,032.54	62	\$2,239,813.74	1,148
OR	\$(30,029.72)	22	-	-	\$(30,029.72)	22	\$2,544,785.67	1,671	\$56,826.94	29	\$2,601,612.61	1,700
PA	\$(2,011,900.89)	466	-	-	\$(2,011,900.89)	466	\$9,521,238.08	11,097	\$237,247.43	194	\$9,758,485.51	11,291
PR	\$70,904.18	55	-	-	\$70,904.18	55	\$360,625.51	55	\$16,311.05	11	\$376,936.56	66
RI	\$(56,298.10)	46	-	-	\$(56,298.10)	46	\$353,511.23	384	\$17,503.99	21	\$371,015.22	405
SC	\$(555,945.78)	161	-	-	\$(555,945.78)	161	\$2,266,027.21	1,351	\$127,543.00	68	\$2,393,570.21	1,419
SD	\$ 1,897.78	1	-	-	\$1,897.78	1	\$692,099.46	1,025	\$37,900.62	13	\$730,000.08	1,038
TN	\$40,703.88	247	-	-	\$40,703.88	247	\$3,340,289.02	1,862	\$238,048.52	115	\$3,578,337.54	1,977

State			oRAC Regio	ns A-D					RAC Region	ıs 1-5		
TX	\$(4,405,994.99)	1,575	\$893.37	3	\$(4,405,101.62)	1,578	\$13,070,856.51	5,483	\$754,351.19	268	\$13,825,207.70	5,751
UT	\$18,560.37	23	-	-	\$18,560.37	23	\$1,389,951.81	1,122	\$82,636.69	41	\$1,472,588.50	1,163
VA	\$(611,501.34)	134	-	-	\$(611,501.34)	134	\$3,140,196.58	2,178	\$213,797.52	101	\$3,353,994.10	2,279
VI	-	-	-	-	-	-	\$57,759.45	103		-	\$57,759.45	103
VT	\$363.03	2	-	=	\$363.03	2	\$294,154.18	507	\$2,011.52	3	\$296,165.70	510
WA	\$9,198.45	73	\$140.00	1	\$9,338.45	74	\$4,548,284.19	2,938	\$181,942.39	68	\$4,730,226.58	3,006
WI	\$(56,213.02)	53	-	=	\$(56,213.02)	53	\$1,268,708.05	493	\$296,473.77	79	\$1,565,181.82	572
WV	\$(391,538.02)	74	-	-	\$(391,538.02)	74	\$1,312,194.23	732	\$106,089.19	52	\$1,418,283.42	784
WY	\$(38.78)	5	-	-	\$(38.78)	5	\$513,088.48	405	\$52,869.51	15	\$565,957.99	420
Unknown	\$4,844,162.37	7,809	\$8,773,764.32	4,505	\$13,617,926.69	12,314	-	-	-	-	-	-
Total	\$6,462,732.35	48,522	\$8,964,345.09	4,530	\$15,427,077.44	53,052	\$155,566,663.80	139,436	\$9,335,988.13	4,298	\$164,902,651.93	143,734
Grand Totals	\$162,029,396.15	187,958	\$18,300,333.22	8,828	\$180,329,729.37	196,786		'				

Appendix K: FY 2019 Improper Payments Identified through Complex Review (Number and Percentage Rate)

RAC	Number of ADRs Fulfilled by	Improper Payment Identifications ⁵	Improper Payment Identification Rate
	Providers		
1-Performant	21,493	3,431	15.96%
2-Cotiviti	46,010	8,420	18.30%
3-Cotiviti	35,218	6,455	18.33%
4-HDI/HMS	42,162	12,467	29.57%
5-Performant	23,502	4,342	18.48%
Total	168,385	35,115	20.85%

Appendix L: FY 2019 Cumulative Accuracy Scores by RAC Region (Accuracy Percentage)

RAC	Accuracy Score
1-Performant	98.5%
2-Cotiviti	99.6%
3-Cotiviti	98.3%
4-HDI/HMS	94.6%
5-Performant	99.4%

Appendix M: FY 2019 RAC Appeal Dispositions - Level 1 (MAC) Redetermination – by MAC and Type of Claim (Number of Dispositions by Disposition Type)

			Partially		
	Claims	Unfavorable	Favorable to	Favorable to	Claims
MAC	Decided	to Appellant	Appellant	Appellant	Dismissed
DME A - Noridian	231	188	2	29	12
DME B - CGS	289	258	1	22	8
DME C - CGS	656	563	1	71	21
DME D - Noridian	675	604	6	47	18
J5 - WPS Part A	459	203	2	185	69
J5 - WPS Part B	1	1	0	0	0
J6 - NGS Part A	711	101	12	564	34
J6 - NGS Part B	0	0	0	0	0
J8 - WPS Part A	173	140	0	23	10
J8 - WPS Part B	341	146	3	176	16
J15 - CGS Part A	595	349	2	220	24
J15 - CGS Part B	284	195	10	31	48
JE - Noridian Part A	1,296	752	85	403	56
JE - Noridian Part B	1,404	331	191	791	91
JF - Noridian Part A	899	585	74	179	61

⁵ Identifications include claims with demanded overpayments and underpayments.

_

JF - Noridian Part B	1,163	253	61	791	58
JH - Novitas Part A	929	414	38	375	102
JH - Novitas Part B	654	275	78	262	39
JJ - PGBA Part A	246	141	2	88	15
JJ - PGBA Part B	177	42	15	82	38
JK - NGS Part A	499	299	1	173	26
JK - NGS Part B	3,243	252	1	2,963	27
JL - Novitas Part A	1,040	380	128	476	56
JL - Novitas Part B	2,196	592	186	1,367	51
JM - PGBA Part A	469	243	7	212	7
JM - PGBA Part B	160	50	14	83	13
JN - FCSO Part A	294	61	1	214	18
JN - FCSO Part B	649	336	29	264	20
Total	19,733	7,754	950	10,091	938

Source: CMS MAS System

Appendix N: FY 2019 RAC Appeal Dispositions - Level 2 (QIC) Reconsideration by RAC Region (Number of Dispositions by Disposition Type)

RAC	Claims Decided 6	Favorable to Appellant	Partially Favorable to Appellant	Unfavorable to Appellant	Claims Dismissed
1-Performant	250	116	1	127	6
2-Cotiviti	627	145	19	358	105
3-Cotiviti	161	42	2	111	6
4-HMS/HDI	771	291	8	448	24
5-Performant	268	105	1	161	1
A-Performant	4	0	0	4	0
B-CGI	5	1	0	4	0
C-Cotiviti	14	2	0	10	2
D-HDI	16	2	0	13	1
Total	2,116	704	31	1,236	145

Source: Q2Administrators, LLC

_

⁶ Claims may have had initial overpayment determinations made prior to FY 2019. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2019. For example, if a claim was appealed to the first level and received a decision in FY 2019, then appealed to the second level and received a decision in FY 2019, both decisions are counted.

Appendix O: FY 2019 RAC Appeal Dispositions - Level $3 (ALJ)^7$ by RAC Region and Type of Claim (Number of Dispositions by Disposition Type)

RAC	Type of Claim	Claims Decided	Claims Found Fully or Partially Favorable to the Appellant	Unfavorable to Appellant	Claims Remanded	Claims Dismissed	Other
1-Performant	A	0	0	0	0	0	0
	В	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	Subtotal	0	0	0	0	0	0
2-Cotiviti	A	10	4	6	0	0	0
	В	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	Subtotal	10	4	6	0	0	0
3-Cotiviti	A	8	2	6	0	0	0
	В	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	Subtotal	8	2	6	0	0	0
4-HMS	A	3	1	0	0	2	0
	В	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	Subtotal	3	1	0	0	2	0
5-Performant	DME	38	38	0	0	0	0
	Subtotal	38	38	0	0	0	0
A- Performant	A	3,229	1,411	1,128	16	650	24
	В	229	46	66	0	117	0
	DME	34	0	6	0	28	0
	Subtotal	3,492	1,457	1,200	16	795	24
B-CGI	A	2,829	760	1,073	1	995	0
	В	77	24	33	0	20	0
	DME	2	0	0	0	2	0
	Subtotal	2,908	784	1,106	1	1,017	0
C-Cotiviti	A	6,490	2,017	2,354	13	2,105	1
	В	28	18	9	0	1	0
	DME	112	14	57	0	41	0
	Subtotal	6,630	2,049	2,420	13	2,147	1
D-HDI	A	4,482	2,213	1,602	4	662	1
	В	309	87	94	0	128	0
	DME	40	3	21	0	16	0

-

⁷ Included are claims with decision letter mailed date in FY19, combined appeals are excluded and Part A includes Part B of A claims. Claims may have had initial overpayment determinations made prior to FY 2018. Additionally, appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY19. For example, if a claim was appealed to the first level and received a decision in FY19, then appealed to the second level and received a decision in FY19, both decisions are counted.

RAC	Type of Claim	Claims Decided	Claims Found Fully or Partially Favorable to the Appellant	Unfavorable to Appellant	Claims Remanded	Claims Dismissed	Other
	Subtotal	4,831	2,303	1,717	4	806	1
Unspecified	A	236	27	44	13	150	2
	В	6	5	0	0	1	0
	DME	14	0	7	0	7	0
	Subtotal	257	33	51	13	158	2
Total		18,177	6,671	6,506	47	4,925	28

Source: MAS - ALJ Appeal Lifecycle Star Package

Appendix P: FY 2019 RAC Appeal Dispositions - Level 4 $(DAB)^8$ by RAC Region and Type of Claim (Number of Dispositions by Disposition Type)

RAC	Type of Claim	Appeals Decided	Favorable to Appellant	Partially Favorable to Appellant	Unfavorable to Appellant	Appeals Dismissed/ Withdrawn	Appeals Remanded
A-Performant	A	8	0	0	5	2	1
	В	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	Subtotal	8	0	0	5	2	1
B-CGI	A	11	0	0	0	10	1
	В	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	Subtotal	11	0	0	0	10	1
C-Cotiviti	A	120	1	0	10	108	1
	В	0	0	0	0	0	0
	DME	1	0	0	1	0	0
	Subtotal	121	1	0	11	108	1
D-HDI	A	384	1	0	11	371	1
	В	0	0	0	0	0	0
	DME	1	0	0	1	0	0
	Subtotal	385	1	0	12	371	1
Total		525	2	0	28	491	4

Source: Q2Administrators, LLC

_

⁸ Claims may have had initial overpayment determinations made prior to FY 2019. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY19. For example, if a claim was appealed to the first level and received a decision in FY19, then appealed to the second level and received a decision in FY19, both decisions are counted.

Appendix Q: FY 2019 Provider Medical Records Submission Methods by RAC Region (Percentage)

RAC	Method	FY19 Percentage
1-Performant	esMD	33.64%
	CD/DVD	15.38%
	Paper	44.44%
	Fax	6.54%
	Other	0%
2-Cotiviti	esMD	27%
	CD/DVD	22%
	Paper	27%
	Fax	5%
	Other	19%
3-Cotiviti	esMD	28%
	CD/DVD	15%
	Paper	27%
	Fax	11%
	Other	19%
4-HDI/HMS	esMD	37.68%
	CD/DVD	6.92%
	Paper	37.80%
	Fax	13.54%
	Other	4.06%
5-Performant	esMD	5.29%
	CD/DVD	1.52%
	Paper	26.18%
	Fax	67.01%
	Other	0%

Appendix R: Medicare FFS Recovery Audit Program Informational Resources

Website	Information Provided
go.cms.gov/RAC	This Recovery Audit Program specific agency website includes background information on the program, RAC (and subcontractor) information for each region, the final Statement of Work, appeals information, limitations on recoupment, quarterly updates on corrections and identified vulnerabilities, articles for provider education, and other program updates.
http://www.cms.gov/MLNProducts/downloads/ MedQtrlyCompNL_Archive.pdf	Contains archived provider compliance articles to help address common billing errors
RAC Websites	Contains updated information on audits conducted, approved new issues, as well as sample correspondence and documentation submission instructions.
	The RAC websites are as follows:
	• Region 1, Region 5/Performant Recovery: <u>performantrac.com</u>
	• Region 2, Region 3/Cotiviti: http://www.cotiviti.com/cotiviti-healthcare/cms-rac-provider-resources
	• Region 4/HDI/HMS: https://racinfo.hms.com/home.aspx