

Recovery Auditing in Medicare Fee-For-Service for Fiscal Year 2015 - Appendices

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Appendix A:

Social Security Act

SEC. 1893 MEDICARE INTEGRITY PROGRAM

(h)[393] 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) 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.

Appendix B: FY 2015 Corrections by State

State	Collected Overpayments	Restored Underpayments	Total Corrected Amount
AK	\$499,412.17	\$132,070.80	\$631,482.97
AL	\$2,853,057.19	\$1,606,807.82	\$4,459,865.01
AR	\$6,671,991.76	\$1,788,447.17	\$8,460,438.93
AS	\$72.67	-	\$72.67
AZ	\$9,329,725.65	\$1,854,245.41	\$11,183,971.06
CA	\$47,794,842.76	\$5,830,386.76	\$53,625,229.52
CO	\$6,149,209.95	\$1,774,665.11	\$7,923,875.06
CT	\$7,999,077.95	\$512,564.17	\$8,511,642.12
DC	\$2,350,794.37	\$99,848.81	\$2,450,643.18
DE	\$3,675,074.70	\$222,569.93	\$3,897,644.63
FL	\$21,946,135.42	\$5,257,978.56	\$27,204,113.98
GA	\$5,453,422.16	\$3,638,870.16	\$9,092,292.32
GU	\$ 21,352.09	-	\$21,352.09
HI	\$1,472,522.04	\$236,447.21	\$1,708,969.25
IA	\$1,410,605.78	\$817,955.88	\$2,228,561.66
ID	\$341,292.21	\$58,047.53	\$399,339.74
IL	\$12,135,249.09	\$1,727,772.00	\$13,863,021.09
IN	\$9,000,884.38	\$877,556.07	\$9,878,440.45
KS	\$2,360,468.54	\$1,200,383.63	\$3,560,852.17
KY	\$795,382.18	\$2,225,382.40	\$3,020,764.58
LA	\$8,434,253.81	\$3,721,571.29	\$12,155,825.10
MA	\$3,256,232.19	\$462,194.26	\$3,718,426.45
MD	\$2,812,192.18	\$152,139.31	\$2,964,331.49
ME	\$458,360.80	\$1,548.42	\$459,909.22

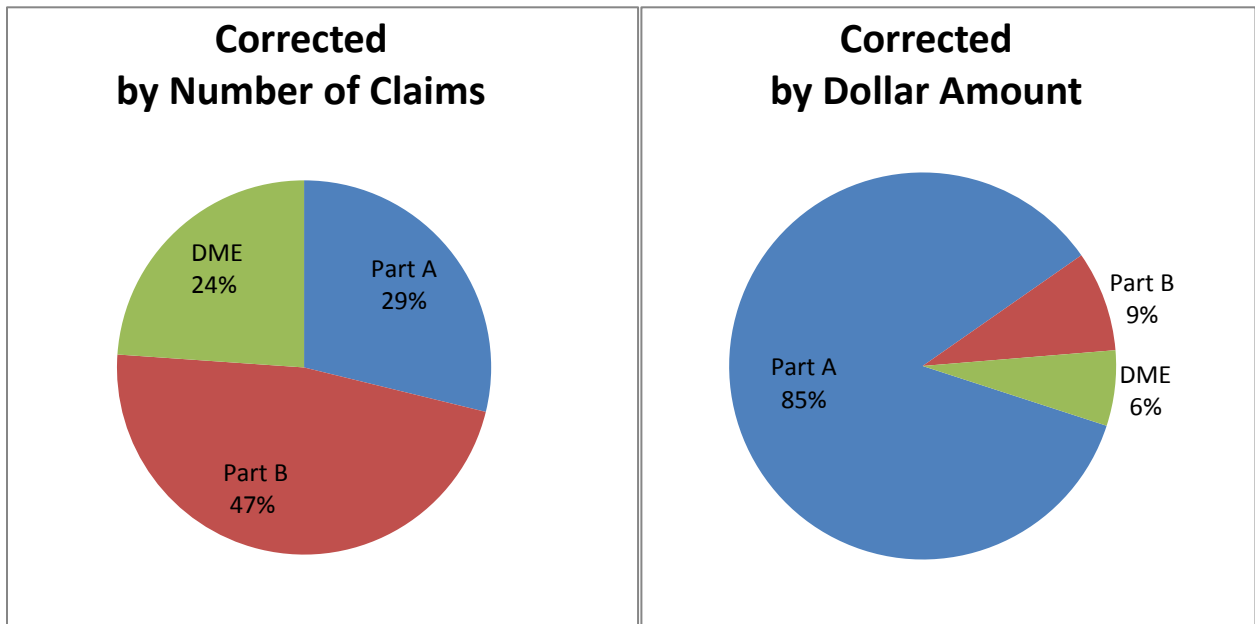
State	Collected Overpayments	Restored Underpayments	Total Corrected Amount
MI	\$10,608,622.14	\$1,130,941.61	\$11,739,563.75
MN	\$2,236,899.99	\$116,281.74	\$2,353,181.73
MO	\$10,223,073.26	\$2,192,795.57	\$12,415,868.83
MP	\$1,056.19	-	\$1,056.19
MS	\$5,219,686.31	\$1,769,941.96	\$6,989,628.27
MT	\$1,496,190.91	\$368,268.25	\$1,864,459.16
NC	\$8,984,898.81	\$3,662,463.12	\$12,647,361.93
ND	\$ - 1,668,924.13	\$346,219.36	\$ - 1,322,704.77
NE	\$ 1,228,423.45	\$416,357.52	\$1,644,780.97
NH	\$679,195.70	\$60,954.59	\$740,150.29
NJ	\$22,656,610.89	\$2,269,313.48	\$24,925,924.37
NM	\$3,551,688.09	\$729,428.33	\$4,281,116.42
NV	\$2,871,352.33	\$305,918.68	\$3,177,271.01
NY	\$19,624,250.31	\$1,228,967.60	\$20,853,217.91
OH	\$8,403,538.31	\$833,310.77	\$9,236,849.08
OK	\$9,918,964.26	\$1,865,420.27	\$11,784,384.53
OR	\$333,288.55	\$447,489.28	\$780,777.83
PA	\$22,123,559.06	\$2,287,365.22	\$24,410,924.28
PR	\$97,259.06	\$ - 271.34	\$96,987.72
RI	\$181,665.22	\$9,920.22	\$191,585.44
SC	\$3,280,421.11	\$1,320,454.03	\$4,600,875.14
SD	\$395,514.77	\$483,494.83	\$879,009.60
TN	\$2,362,384.03	\$3,172,288.13	\$5,534,672.16
TX	\$50,244,702.35	\$7,980,721.76	\$58,225,424.11
UT	\$ - 2,810,071.95	\$473,418.70	\$ - 2,336,653.25

State	Collected Overpayments	Restored Underpayments	Total Corrected Amount
VA	\$5,030,644.74	\$3,513,243.36	\$8,543,888.10
VI	\$53,895.95	\$ - 18.17	\$53,877.78
VT	\$185,843.16	\$6,909.55	\$192,752.71
WA	\$2,124,157.56	\$292,111.67	\$2,416,269.23
WI	\$ - 324,781.55	\$21,528.81	\$ - 303,252.74
WV	\$3,208,502.04	\$1,000,718.03	\$4,209,220.07
WY	\$1,069,955.67	\$270,892.43	\$1,340,848.10
Unknown	\$8,914,932.94	\$8,188,349.77	\$17,103,282.71
Total	\$359,729,011.57	\$80,964,651.83	\$440,693,663.40

Appendix C1: FY 2015 Corrections by Type of Claim

Claim Type	Overpayments Collected		Underpayments Restored		Total Corrected	
	No. of claims	Amount Collected	No. of Claims	Amounted Restored	No. of Claims	Amount Corrected
Part A	152,586	\$297,094,864.28	25,790	\$78,827,369.65	178,376	\$375,922,233.93
Part B	287,397	\$35,043,006.79	5,274	\$1,953,097.97	292,671	\$36,996,104.76
DME	146,930	\$27,591,140.50	989	\$184,184.21	147,919	\$27,775,324.71
Total	586,913	\$359,729,011.57	32,053	\$80,964,651.83	618,966	\$440,693,663.40

Appendix C2: Total Corrected by Number of Claims and Dollar Amount



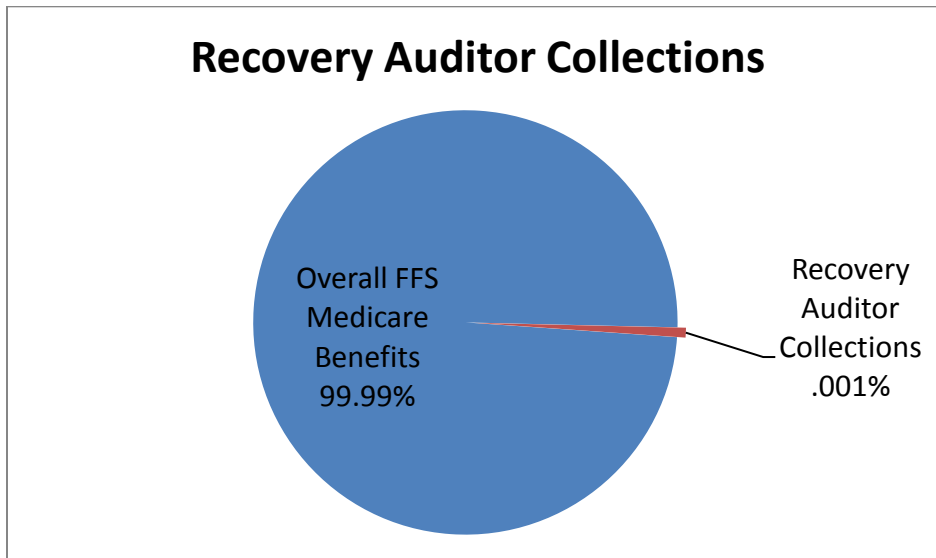
Appendix C3: FY 2015 Overall FFS Medicare Benefit Payments (in Billions)

Benefit Type	Expenditures
Part A	\$189.263
Part B	\$173.441
DME	\$6.502
Total	\$369.206

Note: Total excludes Managed Care and Part D expenditures.

Source: CMS Office of the Actuary

Appendix C4: FY 2015 Recovery Auditor Collections Percentage of Overall FFS Medicare Benefit Payments



Appendix D1: FY 2015 Corrections by Provider Type

Provider Type	Overpayments Collected	Underpayments Restored	Total Amount Corrected
Inpatient	\$225,184,465.09	\$53,295,128.20	\$278,479,593.29
SNF	\$12,942,000.40	\$46,044.19	\$12,988,044.59
Hospice	-	-	-
Outpatient	\$47,563,680.95	\$17,419,085.82	\$64,982,766.77
Home Health	\$4,460,660.56	\$504,607.36	\$4,965,267.92
Physician	\$34,243,097.76	\$1,327,252.28	\$35,570,350.04
DME	\$26,420,173.87	\$184,184.21	\$26,604,358.08
Other	\$8,914,932.94	\$8,188,349.77	\$17,103,282.71
Total	\$359,729,011.57	\$80,964,651.83	\$440,693,663.40

Appendix D2: FY 2015 Total Medicare Benefit Payments by Provider Type

Provider Type	Total Benefit Payments (in millions)
Inpatient	\$136,415
SNF	\$29,928
Hospice	\$16,056
Outpatient	\$43,574
Home Health	\$18,356
Physician/other suppliers	\$69,199
DME	\$6,502
Other	\$49,177
Total	\$369,207

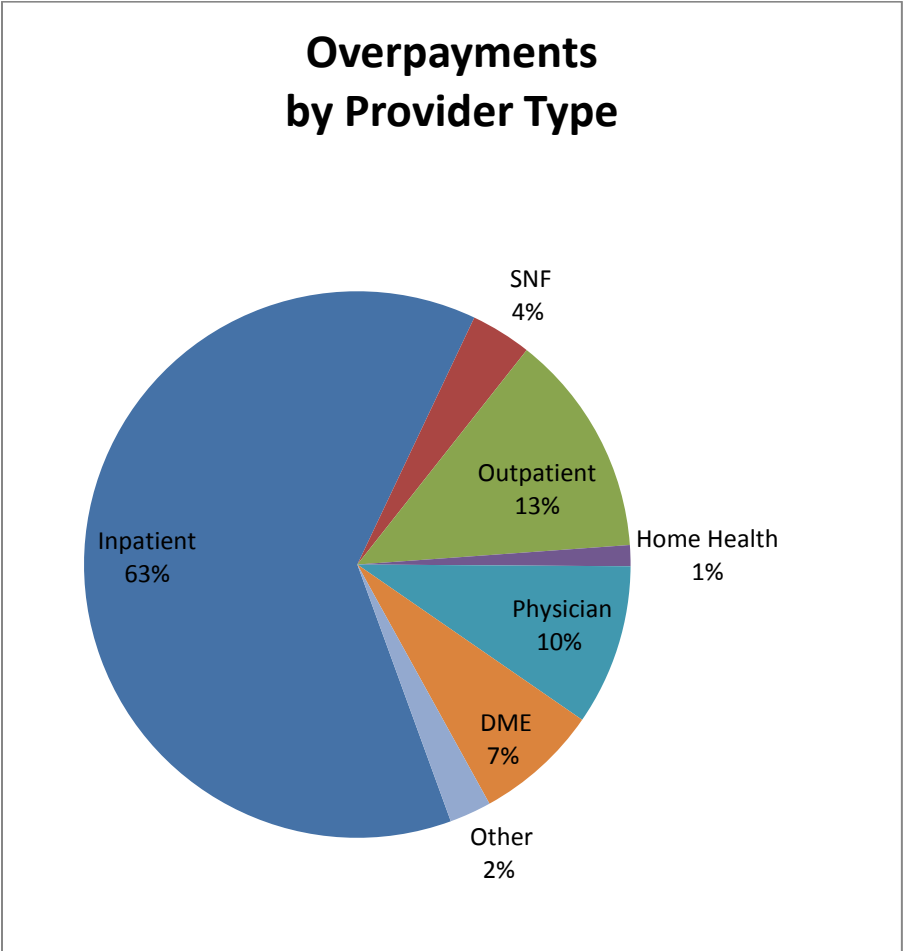
Note: Total excludes Managed Care and Part D expenditures.

Source: CMS, Office of the Actuary

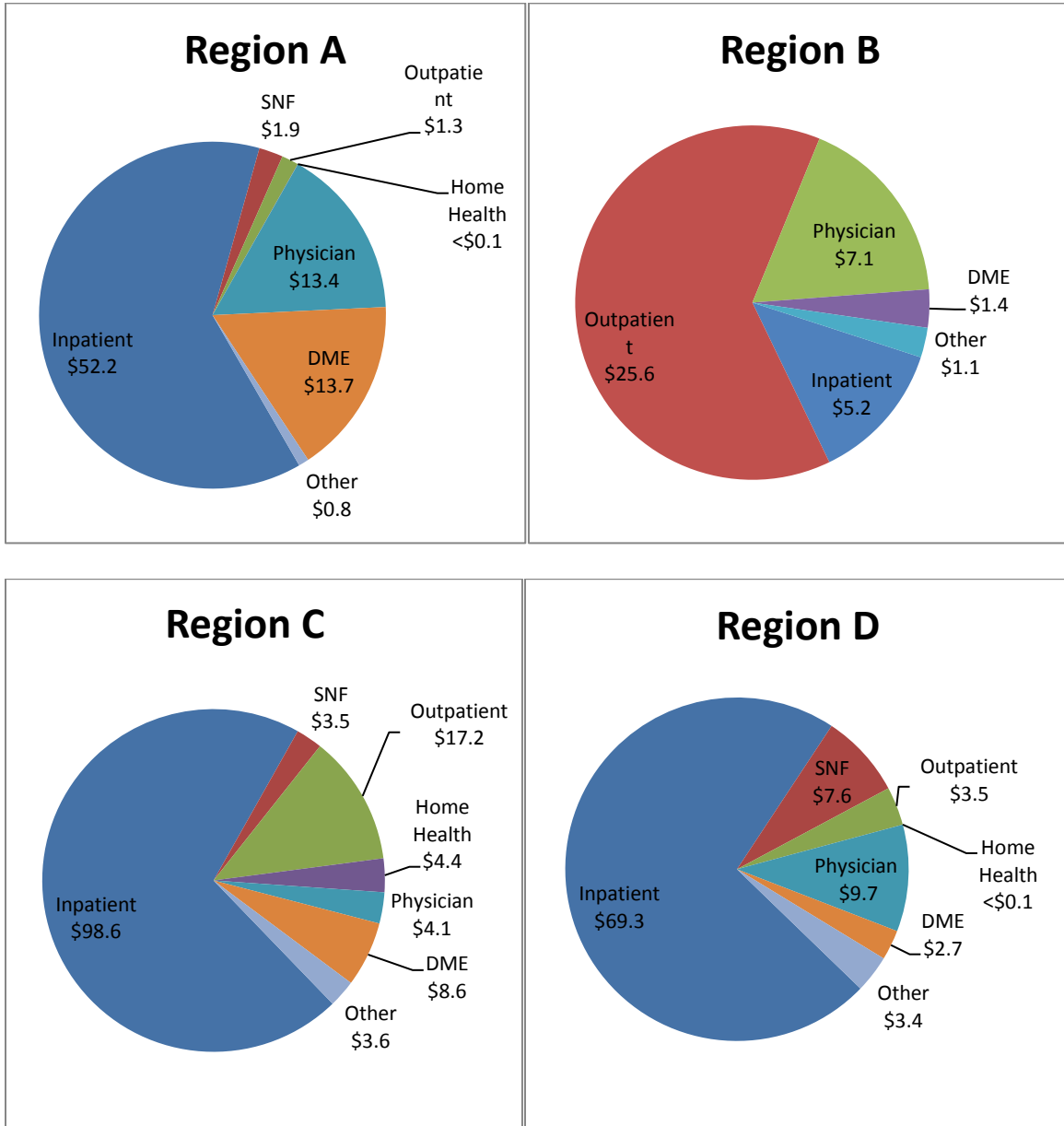
Appendix E1: FY 2015 Corrections by Recovery Auditor and Type of Claim

		Overpayments Collected		Underpayments Restored		Total Corrected	
Recovery Auditor	Claim Type	No. of Claims	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected
Performant	A	17,523	\$56,063,096.75	1,467	\$7,447,125.93	18,990	\$63,510,222.68
	B	142,442	\$13,437,519.87	1,007	\$159,213.15	143,449	\$13,596,733.02
	DME	83,636	\$13,684,012.60	989	\$184,184.21	84,625	\$13,868,196.81
	Subtotal	243,601	\$83,184,629.22	3,463	\$7,790,523.29	247,064	\$90,975,152.51
CGI	A	43,027	\$31,638,175.20	2,484	\$7,172,990.35	45,511	\$38,811,165.55
	B	42,896	\$7,352,716.21	1,219	\$230,206.49	44,115	\$7,582,922.70
	DME	17,190	\$1,421,835.03	-	-	17,190	\$1,421,835.03
	Subtotal	103,113	\$40,412,726.44	3,703	\$7,403,196.84	106,816	\$47,815,923.28
Connolly	A	53,630	\$125,905,213.99	15,182	\$43,043,508.04	68,812	\$168,948,722.03
	B	13,252	\$4,411,411.11	1,460	\$1,258,595.76	14,712	\$5,670,006.87
	DME	22,186	\$9,706,390.98	-	-	22,186	\$9,706,390.98
	Subtotal	89,068	\$140,023,016.08	16,642	\$44,302,103.80	105,710	\$184,325,119.88
HDI	A	38,273	\$83,484,420.11	6,645	\$21,151,002.52	44,918	\$104,635,422.63
	B	88,807	\$9,841,359.60	1,588	\$305,082.57	90,395	\$10,146,442.17
	DME	23,918	\$2,778,901.89	-	-	23,918	\$2,778,901.89
	Subtotal	150,998	\$96,104,681.60	8,233	\$21,456,085.09	159,231	\$117,560,766.69
Unknown	A	133	\$3,958.23	12	\$12,742.81	145	\$16,701.04
	B	-	-	-	-	-	-
	Subtotal	133	\$3,958.23	12	\$12,742.81	145	\$16,701.04
Total		586,913	\$359,729,011.57	32,053	\$80,964,651.83	618,966	\$440,693,663.40

Appendix F1: FY 2015 Overpayments by Provider Type



Appendix F2: FY 2015 Overpayments by Provider Type and Recovery Auditor (in millions of dollars)



Appendix G1: FY 2015 Corrections by Review Type

Review Type	Overpayments Collected		Underpayments Restored		Total Corrected	
	No. of Claims	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected
Automated	454,810	\$64,222,743.53	4,780	\$3,456,074.26	459,590	\$67,678,817.79
Complex	118,666	\$285,411,677.74	21,405	\$69,308,995.90	140,071	\$354,720,673.64
Semi-Automated	1,324	\$1,179,657.36	6	\$11,231.90	1,330	\$1,190,889.26
Unknown ¹	12,113	\$8,914,932.94	5,862	\$8,188,349.77	17,975	\$17,103,282.71
Total	586,913	\$359,729,011.57	32,053	\$80,964,651.83	618,966	\$440,693,663.40

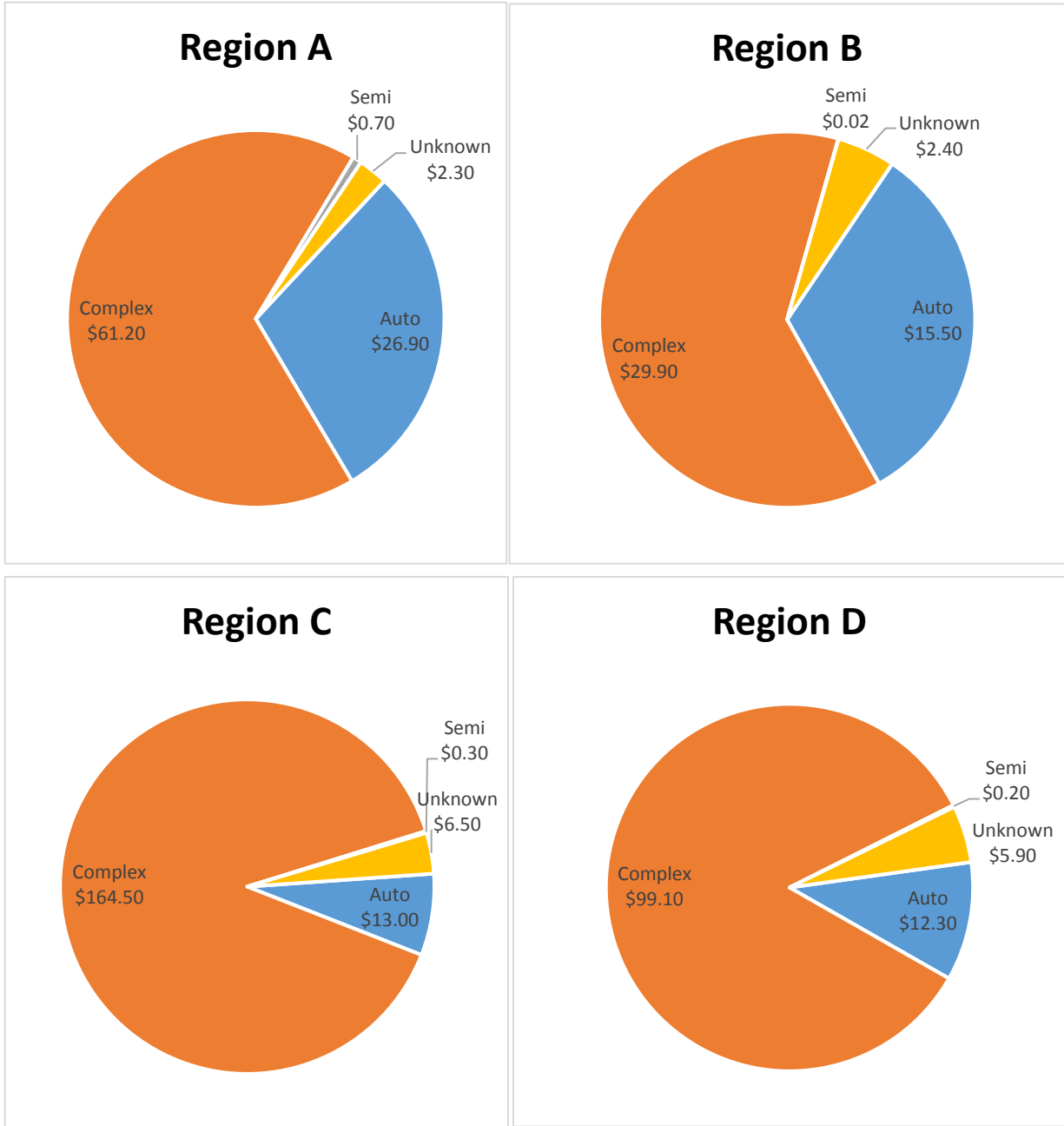
¹ These claims could not be attributed to a specific review type.

Appendix G2: FY 2015 Corrections by Review Type and Recovery Auditor

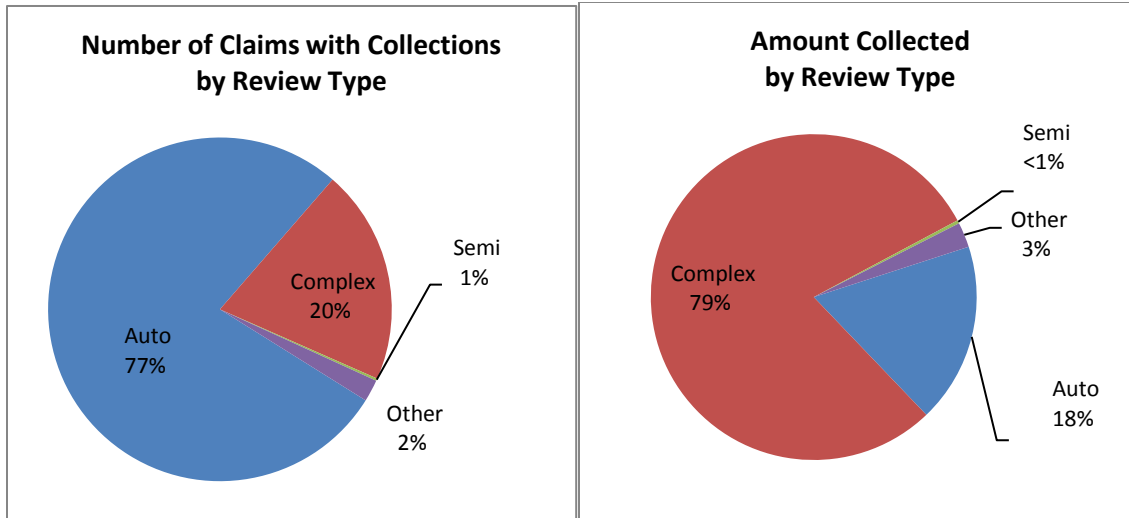
		Overpayments Collected		Underpayments Restored		Total Corrected	
Recovery Auditor	Review Type	No. of Claims	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected
Performant	Auto	227,488	\$26,673,260.84	1,256	\$211,145.81	228,744	\$26,884,406.65
	Complex	15,263	\$55,044,157.37	1,243	\$6,127,108.37	16,506	\$61,171,265.74
	Semi-Auto	475	\$664,434.46	-	-	475	\$664,434.46
	Unknown	375	\$802,776.55	964	\$1,452,269.11	1,339	\$2,255,045.66
	Subtotal	243,601	\$83,184,629.22	3,463	\$7,790,523.29	247,064	\$90,975,152.51
CGI	Auto	72,497	\$13,071,765.77	1,058	\$2,404,689.05	73,555	\$15,476,454.82
	Complex	28,324	\$26,220,336.25	1,194	\$3,711,381.40	29,518	\$29,931,717.65
	Semi-Auto	27	\$20,380.41	2	-	29	\$20,380.41
	Unknown	2,265	\$1,100,244.01	1,449	\$1,287,126.39	3,714	\$2,387,370.40
	Subtotal	103,113	\$40,412,726.44	3,703	\$7,403,196.84	106,816	\$47,815,923.28
Connolly	Auto	40,531	\$12,297,478.26	1,431	\$695,371.30	41,962	\$12,992,849.56
	Complex	41,607	\$123,810,380.14	14,281	\$40,712,281.44	55,888	\$164,522,661.58
	Semi-Auto	398	\$297,806.68	4	\$11,231.90	402	\$309,038.58
	Unknown	6,532	\$3,617,351.00	926	\$2,883,219.16	7,458	\$6,500,570.16
	Subtotal	89,068	\$140,023,016.08	16,642	\$44,302,103.80	105,710	\$184,325,119.88
HDI	Auto	114,294	\$12,180,238.66	1,035	\$144,868.10	115,329	\$12,325,106.76
	Complex	33,472	\$80,336,803.98	4,687	\$18,758,224.69	38,159	\$99,095,028.67
	Semi-Auto	424	\$197,035.81	-	-	424	\$197,035.81
	Unknown	2,808	\$3,390,603.15	2,511	\$2,552,992.30	5,319	\$5,943,595.45
	Subtotal	150,998	\$96,104,681.60	8,233	\$21,456,085.09	159,231	\$117,560,766.69
Unknown ²	Unknown	133	\$3,958.23	12	\$12,742.81	145	\$16,701.04
Total		586,913	\$359,729,011.57	32,053	\$80,964,651.83	618,966	\$440,693,663.40

² These claims could not be attributed to a specific Recovery Auditor or review type.

Appendix G3: FY 2015 Corrections by Review Type and Recovery Auditor (in millions of dollars)



Appendix G4: FY 2015 Collections by Review Type



Appendix H1: FY 2015 Complex Review Improper Payment Identification Rate

Recovery Auditor	Number of ADRs Fulfilled by Providers	Improper Payment Identifications*	Improper Payment Identification Rate
Performant	90,385	9,827	10.9%
CGI	96,656	10,880	11.3%
Connolly	153,169	43,096	28.1%
HDI	103,001	15,485	15.0%
Total/Average	443,211	79,288	17.9%

*Identifications include claims with demanded overpayments and underpayments

Appendix H2: FY 2015 Complex Review Collections by Recovery Auditor

Recovery Auditor	Provider Type	Overpayments Collected	Underpayments Restored	Total Amount Corrected
Performant	Inpatient	\$53,807,078.83	\$3,182,677.55	\$56,989,756.38
	SNF	-	-	-
	Outpatient	\$84,437.69	-	\$84,437.69
	Carrier	\$28,350.28	-	\$28,350.28
	DME	\$2,867.64	-	\$2,867.64
CGI	Inpatient	\$10,401,997.29	\$452,048.43	\$10,854,045.72
	SNF	-	-	-
	Outpatient	\$13,088,188.62	\$596,600.73	\$13,684,789.35
	Carrier	\$607,714.66	-	\$607,714.66
	DME	-	-	-
Connolly	Inpatient	\$78,836,091.01	\$18,317,123.70	\$97,153,214.71
	SNF	\$90,269.29	-	\$90,269.29
	Outpatient	\$11,647,241.09	\$12,692,579.68	\$24,339,820.77
	Carrier	\$1,931,454.48	\$980,488.23	\$2,911,942.71
	DME	\$475,954.32	-	\$475,954.32
HDI	Inpatient	\$69,009,056.11	\$9,150,364.35	\$78,159,420.46
	SNF	-	-	-
	Outpatient	\$1,385,006.17	\$300,206.69	\$1,685,212.86
	Carrier	\$484,741.58	\$2,278.40	\$487,019.98
	DME	-	-	-
Total		\$241,880,449.06	\$45,674,367.76	\$287,554,816.82

Appendix I: FY 2015 Cumulative Accuracy Scores

Recovery Auditor	Accuracy Score
Performant	99.6%
CGI	95.0%
Connolly	98.9%
HDI	99.5%

Note: In FY 2015, 12 random samples from each Recovery Auditor were drawn to determine the accuracy scores. The universe for each region was all claims adjusted by the Recovery Auditor from August 2014 – July 2015. The sample size reviewed for each Recovery Auditor was between 1,050 and 1,200 claims.

Appendix J1: FY 2015 Recovery Audit Program Appeals by Recovery Auditor and Claim Type – Level 1 (Redetermination)

Recovery Auditor	Claim Type	Appealed Claims Decided*	Appealed Claims Dismissed	Decided Claims Overturned**	% of Decided Claims Overturned
Performant	A	4,088	201	1,054	25.8%
	B	20,827	901	17,259	82.9%
	DME	879	311	296	33.7%
	Subtotal	25,794	1413	18,609	72.1%
CGI	A	7,672	449	4,249	55.4%
	B	7,026	317	4,935	70.2%
	DME	4,069	26	3,855	94.7%
	Subtotal	18,767	792	13,039	69.5%
Connolly	A	10,442	614	2,952	28.3%
	B	1,783	317	1,135	63.7%
	DME	2,368	220	1,134	47.9%
	Subtotal	14,593	1151	5,221	35.8%
HDI	A	6,395	800	2,852	44.6%
	B	11,389	1,230	8,270	72.6%
	DME	415	1,794	111	26.7%
	Subtotal	18,199	3824	11,233	61.7%
Total/Average		77,353	7180	48,102	62.2%

* This includes claims listed as 'Affirmed,' 'Partially Reversed,' and 'Fully Reversed' in the Contractor Reporting of Operational & Workload Data (CROWD) system and claims listed as 'Decided' in the Medicare Appeals System (MAS).

** This includes claims listed as 'Partially Reversed' and 'Fully Reversed' in CROWD and claims listed as 'Partially Favorable' and 'Favorable' in MAS.

Source: CMS CROWD System and MAS

Appendix J2: FY 2015 Recovery Audit Program Appeals by Recovery Auditor and Claim Type – Level 2 (Reconsideration)

Recovery Auditor	Claim Type	Appeal Decisions Made*	Appeal Decisions Dismissed	Appeal Decisions Overturned**	% of Appeal Decisions Overturned
Performant	A	6,536	142	1,540	23.6%
	B	1,329	10	251	18.9%
	DME	34	0	2	5.9%
	Subtotal	7,899	152	1,793	22.7%
CGI	A	7,231	201	1,602	22.2%
	B	1,395	103	201	14.4%
	DME	45	0	5	11.1%
	Subtotal	8,671	304	1,808	20.9%
Connolly	A	17,547	337	2,551	14.5%
	B	403	5	230	57.1%
	DME	246	4	61	24.8%
	Subtotal	18,196	346	2,842	15.6%
HDI	A	12,865	584	1,837	14.3%
	B	1,737	51	406	23.4%
	DME	205	1	39	19.0%
	Subtotal	14,807	636	2,282	15.4%
Total/Average		49,573	1438	8,725	17.6%

* This includes claims listed as 'Affirmed,' 'Partially Reversed,' and 'Fully Reversed' in CROWD and claims listed as 'Decided' in MAS.

** This includes claims listed as 'Partially Reversed' and 'Fully Reversed' in CROWD and claims listed as 'Partially Favorable' and 'Favorable' in MAS.

Source: CMS CROWD System and MAS

Note: Claims may have had initial overpayment determinations made prior to FY 2015. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2015. For example, if a claim was appealed to the first level and received a decision in FY 2015, then appealed to the second level and received a decision in FY 2015, both decisions are counted.

Appendix J3: FY 2015 Recovery Audit Program Appeals by Recovery Auditor and Claim Type – Level 3 (ALJ)*

Recovery Auditor	Claim Type	Appeal Decisions Made*	Appeal Decisions Dismissed	Appeal Decisions Remanded	Appeal Decisions Overturned**	% of Appeal Decisions Overturned
Performant	A	6,342	5,302	8	510	8.0%
	B	3	1	0	0	0.0%
	DME	6	2	0	4	66.7%
	Subtotal	6,351	5,305	8	514	8.1%
CGI	A	7,336	5,792	5	783	10.7%
	B	2	0	0	2	100.0%
	DME	0	0	5	0	0.0%
	Subtotal	7,338	5,792	10	785	10.7 %
Connolly	A	13,833	9,862	0	1,791	12.9 %
	B	54	16	0	17	31.5 %
	DME	24	0	0	6	25.0 %
	Subtotal	13,911	9,885	0	1,814	13.0 %
HDI	A	12,463	6,915	17	2,679	21.5%
	B	200	151	0	33	16.5%
	DME	9	0	0	1	11.1%
	Subtotal	12,672	7,066	17	2,713	21.4%
Unspecified	A	2,268	108	8	977	43.1%
	B	600	10	582	8	1.3%
	DME	2	1	0	1	50.0%
	Subtotal	2,870	119	590	986	34.4%
Total/Average		43,142	28,167	637	6,812	15.8%

*Claims with Decision Letter Mailed Date in FY15,
 Combined appeals are excluded,
 Part A includes Part B of A claims,
 Date Prepared: November 18, 2015.

Source: MAS - ALJ Appeal Lifecycle Star Package

Note: Claims may have had initial overpayment determinations made prior to FY 2015. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2015. For example, if a claim was appealed to the first level and received a decision in FY 2015, then appealed to the second level and received a decision in FY 2015, both decisions are counted.

Appendix J4: FY 2015 Recovery Audit Program Appeals by Recovery Auditor and Claim Type – Level 4 (the Appeals Council)

Recovery Auditor	Claim Type	Appeal Decisions Made*	Appeal Decisions Dismissed	Appeal Decisions Remanded	Appeal Decisions Overturned**	% of Appeal Decisions Overturned
Performant	A	133	128	2	0	0%
	B	0	0	0	0	0%
	DME	0	0	0	0	0%
	Subtotal	133	128	2	0	0%
CGI	A	62	60	0	2	3.2%
	B	0	0	0	0	0%
	DME	0	0	0	0	0%
	Subtotal	62	60	0	2	3.2%
Connolly	A	66	59	2	0	0%
	B	12	0	1	5	41.7%
	DME	0	0	0	0	0%
	Subtotal	78	59	3	5	6.4%
HDI	A	120	115	0	1	0.8%
	B	21	0	1	0	0%
	DME	0	0	0	0	0%
	Subtotal	141	115	1	1	0.7%
Total/Average		414	362	6	8	1.9%

* This includes claims listed as 'Affirmed,' 'Partially Reversed,' and 'Fully Reversed' in CROWD and claims listed as 'Decided' in MAS.

** This includes claims listed as 'Partially Reversed' and 'Fully Reversed' in CROWD and claims listed as 'Partially Favorable' and 'Favorable' in MAS.

Source: CMS CROWD System and MAS

Note: Claims may have had initial overpayment determinations made prior to FY 2015. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2015. For example, if a claim was appealed to the first level and received a decision in FY 2015, then appealed to the second level and received a decision in FY 2015, both decisions are counted.

Appendix J5: FY 2015 Total Recovery Audit Program Appeal Decisions by Recovery Auditor and Claim Type – All Administrative Levels

Recovery Auditor	Claim Type	Appeal Decisions Made	Appeal Decisions Dismissed	Appeal Decisions Remanded	Appeal Decisions Overturned	% of Appeal Decisions Overturned
Performant	A	17,099	5,773	10	3,104	18.2%
	B	22,159	912	0	17,510	79.0%
	DME	919	313	0	302	32.9%
	Subtotal	40,174	6,998	10	20,916	52.1%
CGI	A	22,301	6,502	5	6,636	29.8%
	B	8,423	420	0	5,138	61.0%
	DME	4,114	26	5	3,860	31.5 %
	Subtotal	34,838	6,948	10	15,634	44.9 %
Connolly	A	41,888	10,871	19	7,294	17.4 %
	B	2,252	338	1	1,387	61.6%
	DME	2,638	231	0	1,201	45.5%
	Subtotal	46,778	11,440	20	9,882	21.1 %
HDI	A	31,843	8,414	17	7,369	23.1%
	B	13,347	1,432	1	8,709	65.3%
	DME	629	1,795	0	151	24.0%
	Subtotal	45,819	11,641	18	16,229	35.4%
Unspecified	A	2,268	108	8	977	43.1%
	B	600	10	582	8	1.3%
	DME	2	1	0	1	50.0%
	Subtotal	2,870	119	590	986	34.4%
Total		170,482	37,146	648	63,647	37.3%

Note: The statistics above include first, second, third, and fourth level appeal decisions in FY 2015. Appealed claims may be counted multiple times if the claim had multiple appeal decisions rendered during FY 2015. For example, if a claim was appealed to the first level and received a decision in FY 2015, then appealed to the second level and received a decision in FY 2015, both decisions would be counted in the totals above. Claims may have overpayment determination dates prior to FY 2015.

Appendix K: FY 2015 Provider Medical Records Submission Methods by Region

Recovery Auditor	Method	FY15 Percentage
Performant	esMD	27.8%
	CD/DVD	36%
	Paper	36.2%
	Other	N/A
CGI	esMD	17.72%
	CD/DVD	36.61%
	Paper	42.71%
	Other/Fax	2.95%
Connolly	esMD	29%
	CD/DVD	17%
	Paper	19%
	Fax	6%
	HealthPort	28%
HDI	esMD	18%
	CD/DVD	20%
	Paper	35%
	Other/Fax/Electronic	27%

Appendix L: Recovery Audit Program Informational Resources

Website	Information Provided
go.cms.gov/RAC	<p>This Recovery Audit Program specific agency website includes background information on the program, Recovery Auditor (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.</p>
http://www.cms.gov/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf	<p>Contains archived provider compliance articles to help address common billing errors</p>
<p>Recovery Auditor Websites</p>	<p>Contains updated information on audits conducted, approved new issues, as well as sample correspondence and documentation submission instructions.</p> <p>The Recovery Auditor websites are as follows:</p> <ul style="list-style-type: none"> • Region A/Performant Recovery: performantrac.com • Region B/CGI: racb.cgi.com • Region C/Connolly: http://www.cotiviti.com/cotiviti-healthcare/cms-rac-provider-resources • Region D/HDI: healthdatainsights.com/rac