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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 2018

RAC Regions¹	Overpayments Collected		Underpayments Restored		Amount Over-turned on Appeal²		Recovery Auditors Contingency Fees		CMS Administration Costs		Amount Returned to Medicare Trust Funds
Regions 1 - 5	\$73.03	-	\$7.67	-	\$7.23	-	\$9.92	-	\$38.22	=	\$9.99

Appendix C: FY 2018 Total Corrections by RAC Region (Dollar Amounts and Number of Claims)

<i>RAC Region and Contractor Name</i>	<i>Collected Overpayment Amounts</i>	<i>Number of Claims with Collected Overpayments</i>	<i>Restored Underpayment Amounts</i>	<i>Number of Claims with Restored Underpayments</i>	<i>Total Corrected Amount</i>	<i>Total Number of Corrected Claims</i>
Region 1: Performant	\$6,294,591.58	9,220	\$1,689,272.86	651	\$7,983,864.44	9,871
Region 2: Cotiviti	\$18,845,873.57	5,352	\$2,967,433.78	1,246	\$21,813,307.35	6,598
Region 3: Cotiviti	\$13,825,428.25	4,881	\$2,370,497.24	1,035	\$16,195,925.49	5,916
Region 4: HDI/HMS	\$26,031,706.26	19,737	\$643,659.06	354	\$26,675,365.32	20,091
Region 5: Performant	\$8,032,338.88	17,621	-	-	\$8,032,338.88	17,621
<i>TOTALS</i>	<i>\$73,029,938.54</i>	<i>56,811</i>	<i>\$7,670,862.94</i>	<i>3,286</i>	<i>\$80,700,801.48</i>	<i>60,097</i>

¹ On October 31, 2016, contracts were awarded for RAC Regions 1-5; active review by the RAC Regions A-D ceased in 2016.

² This includes only those appeals overturned at the first level.

Appendix D: FY 2018 Total Corrections by Review Type (Dollar Amounts and Number of Claims)

Review Type	Overpayments Collected		Underpayments Restored		Total Corrected	
	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected	No. of Claims
Automated	\$12,160,367.68	44,483	\$27,591.49	168	\$12,187,959.17	44,651
Complex	\$60,869,570.86	12,328	\$7,643,271.45	3,118	\$68,512,842.31	15,446
Total	\$73,029,938.54	56,811	\$7,670,862.94	3,286	\$80,700,801.48	60,097

Appendix E: FY 2018 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 Overpayments	% of Total Claims with Collections	Restored Underpayment Amounts	% of Total Collected Amount	Number of Claims with Restored Underpayments	% of Total Claims with Collections	Total Corrected Amount	% of Total Corrected Amounts	Total Number of Corrected Claims	% of Total Corrected Claims
Region 1: Performant	Automated	\$1,302,197.48	1.78%	7,096	12.49%	\$105.65	<0.01%	2	0.06%	\$1,302,303.13	1.61%	7,098	11.81%
	Complex	\$4,992,394.10	6.84%	2,124	3.74%	\$1,689,167.21	22.02%	649	19.75%	\$6,681,561.31	8.28%	2,773	4.61%
Region 2: Cotiviti	Automated	\$899,799.55	1.23%	2,131	3.75%	\$289.89	<0.01%	1	0.03%	\$900,089.44	1.12%	2,132	3.55%
	Complex	\$17,946,074.02	24.57%	3,221	5.67%	\$2,967,143.89	38.68%	1,245	37.89%	\$20,913,217.91	25.91%	4,466	7.43%
Region 3: Cotiviti	Automated	\$1,174,446.07	1.61%	2,071	3.65%	-	0.00%	-	0.00%	\$1,174,446.07	1.46%	2,071	3.45%
	Complex	\$12,650,982.18	17.32%	2,810	4.95%	\$2,370,497.24	30.90%	1,035	31.50%	\$15,021,479.42	18.61%	3,845	6.40%
Region 4: HDI/HMS	Automated	\$2,928,632.98	4.01%	16,728	29.45%	\$27,195.95	0.35%	165	5.02%	\$2,955,828.93	3.66%	16,893	28.11%
	Complex	\$23,103,073.28	31.64%	3,009	5.30%	\$616,463.11	8.04%	189	5.75%	\$23,719,536.39	29.39%	3,198	5.32%
Region 5: Performant	Automated	\$5,855,291.60	8.02%	16,457	28.97%	-	0.00%	-	0.00%	\$5,855,291.60	7.26%	16,457	27.38%
	Complex	\$2,177,047.28	2.98%	1,164	2.05%	-	0.00%	-	0.00%	\$2,177,047.28	2.70%	1,164	1.94%
TOTALS		\$73,029,938.54	100%	56,811	100%	\$7,670,862.94	100%	3,286	100%	\$80,700,801.48	100%	60,097	100%

Appendix F: FY 2018 Total Corrections by Type of Claim (Dollar Amounts and Number of Claims)

<i>RAC Regions</i>	<i>Type of Claim</i>	<i>Collected Overpayments</i>	<i>Number of Claims with Collected Overpayments</i>	<i>Restored Underpayments</i>	<i>Number of Claims with Restored Underpayments</i>	<i>Total Corrected Amount</i>	<i>Total Number of Corrected Claims</i>
Regions 1-5	Part A	\$60,272,024.55	13,955	\$7,611,500.47	3,125	\$67,883,525.02	17,080
	Part B	\$4,725,575.11	25,235	\$59,362.47	161	\$4,784,937.58	25,396
	DME	\$8,032,338.88	17,621	-	-	\$8,032,338.88	17,621
	Totals	\$73,029,938.54	56,811	\$7,670,862.94	3,286	\$80,700,801.48	60,097

Appendix G: FY 2018 Total Corrections by RAC Region and Type of Claim (Dollar Amounts and Number of Claims)

<i>Recovery Auditor</i>	<i>Type of Claim</i>	<i>Collected Overpayments</i>	<i>Number of Claims with Collected Overpayments</i>	<i>Restored Underpayments</i>	<i>Number of Claims with Restored Underpayments</i>	<i>Total Corrected Amount</i>	<i>Total Number of Corrected Claims</i>
1 - Performant	Part A	\$5,496,376.67	2,526	\$1,689,167.21	649	\$7,185,543.88	3,175
	Part B	\$798,214.91	6,694	\$105.65	2	\$798,320.56	6,696
	<i>Subtotal</i>	<i>\$5,496,376.67</i>	<i>9,220</i>	<i>\$1,689,167.21</i>	<i>651</i>	<i>\$1,689,167.21</i>	<i>9,871</i>
2 - Cotiviti	Part A	\$18,333,792.25	3,324	\$2,934,475.13	1,210	\$21,268,267.38	4,534
	Part B	\$512,081.32	2,028	\$32,958.65	36	\$545,039.97	2,064
	<i>Subtotal</i>	<i>\$18,845,873.57</i>	<i>5,352</i>	<i>\$2,967,433.78</i>	<i>1,246</i>	<i>\$21,813,307.35</i>	<i>6,598</i>
3 - Cotiviti	Part A	\$13,157,946.66	2,809	\$2,345,585.69	1,000	\$15,503,532.35	3,809
	Part B	\$667,481.59	2,072	\$24,911.55	35	\$692,393.14	2,107
	<i>Subtotal</i>	<i>\$13,825,428.25</i>	<i>4,881</i>	<i>\$2,370,497.24</i>	<i>1,035</i>	<i>\$16,195,925.49</i>	<i>5,916</i>
4 - HDI/HMS	Part A	\$23,283,908.97	5,296	\$642,272.44	266	\$23,926,181.41	5,562
	Part B	\$2,747,797.29	14,441	\$1,386.62	88	\$2,749,183.91	14,529
	<i>Subtotal</i>	<i>\$26,031,706.26</i>	<i>19,737</i>	<i>\$643,659.06</i>	<i>354</i>	<i>\$26,675,365.32</i>	<i>20,091</i>
5 - Performant	DME	\$8,032,338.88	17,621	-	-	\$8,032,338.88	17,621

	<i>Subtotal</i>	\$8,032,338.88	17,621	-	-	\$8,032,338.88	17,621
Totals		\$73,029,938.54	56,811	\$7,670,862.94	3,286	\$80,700,801.48	60,097

Appendix H: FY 2018 Corrections by Provider Type (Dollar Amount and Percentage of Total)

<i>Provider Type</i>	<i>Overpayments Collected</i>	<i>% of Total</i>	<i>Underpayments Restored</i>	<i>% of Total</i>	<i>Total Amount Corrected</i>	<i>% of Total</i>
Inpatient	\$43,602,474.59	59.70%	\$7,466,179.25	97.33%	\$51068653.84	63.28%
SNF	\$5,166,130.67	7.07%	\$4,061.50	0.05%	\$5170192.17	6.41%
Outpatient	\$11,503,419.29	15.75%	\$141,259.72	1.84%	\$11644679.01	14.43%
Physician	\$4,725,575.11	6.47%	\$59,362.47	0.77%	\$4784937.58	5.93%
DME	\$8,032,338.88	11.00%	\$0	0.00%	\$8032338.88	9.95%
Total	\$73,029,938.54	100%	\$7,670,862.94	100%	\$80700801.48	100%

Appendix I. FY 2018 Total Corrections by RAC Region and Provider Type (Dollar Amounts and Number of Claims)

<i>RAC Region and Contractor Name</i>	<i>Provider Type</i>	<i>Collected Overpayment Amounts</i>	<i>Number of Claims with Collected Overpayments</i>	<i>Restored Underpayment Amounts</i>	<i>Number of Claims with Restored Underpayments</i>	<i>Total Corrected Amount</i>	<i>Total Number of Corrected Claims</i>
Region 1: Performant	1. Lab/Ambulatory	\$ 63,134.03	536	\$ -	-	\$ 63,134.03	536
	2. Outpatient	\$ 1,326,532.56	840	\$ -	-	\$ 1,326,532.56	840
	5. Professional Services	\$ 683,000.38	6067	\$ 105.65	2	\$ 683,106.03	6069
	7. Skilled Nursing Facility	\$ -	-	\$ -	-	\$ -	-
	8. Inpatient	\$ 4,169,844.11	1686	\$ 1,689,167.21	649	\$ 5,859,011.32	2335
	9. Inpatient Rehab Facility	\$ -	-	\$ -	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	\$ -	-	\$ -	-
	11. Long Term Care Hospital	\$ -	-	\$ -	-	\$ -	-
	13. ASC	\$ 52,080.50	91	\$ -	-	\$ 52,080.50	91
	14. Other	\$ -	-	\$ -	-	\$ -	-

	Unknown	\$ -	-	\$ -	-	\$ -	-
Region 1 Totals		\$ 6,294,591.58	9220	\$ 1,689,272.86	651	\$ 7,983,864.44	9871
Region 2: Cotiviti	1. Lab/Ambulance	\$ -	-	\$ -	-	\$ -	-
	2. Outpatient	\$ 2,290,970.96	1002	\$ 33,166.24	30	\$ 2,324,137.20	1032
	5. Professional Services	\$ 337,572.59	1832	\$ 32,668.76	35	\$ 370,241.35	1867
	7. SNF	\$ 10,433.01	4	\$ -	-	\$ 10,433.01	4
	8. Inpatient	\$ 16,032,388.28	2318	\$ 2,901,308.89	1180	\$ 18,933,697.17	3498
	9. Inpatient Rehab Facility	\$ -	-	\$ -	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	\$ -	-	\$ -	-
	11. Long Term Care Hospital	\$ -	-	\$ -	-	\$ -	-
	13. ASC	\$ 174,508.73	196	\$ 289.89	1	\$ 174,798.62	197
	14. Other	\$ -	-	\$ -	-	\$ -	-
	Unknown	\$ -	-	\$ -	-	\$ -	-
Region 2 Totals		\$ 18,845,873.57	5352	\$ 2,967,433.78	1246	\$ 21,813,307.35	6598
Region 3: Cotiviti	1. Lab/Ambulance	\$ -	-	\$ -	-	\$ -	-
	2. Outpatient	\$ 1,799,229.59	903	\$ 86,338.55	66	\$ 1,885,568.14	969
	5. Professional Services	\$ 455,811.64	1891	\$ 24,911.55	35	\$ 480,723.19	1926
	7. SNF	\$ 14,435.65	7	\$ -	-	\$ 14,435.65	7
	8. Inpatient	\$ 11,344,281.42	1899	\$ 2,259,247.14	934	\$ 13,603,528.56	2833
	9. Inpatient Rehab Facility	\$ -	-	\$ -	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	\$ -	-	\$ -	-
	11. Long Term Care Hospital	\$ -	-	\$ -	-	\$ -	-
	13. ASC	\$ 211,669.95	181	\$ -	-	\$ 211,669.95	181
	14. Other	\$ -	-	\$ -	-	\$ -	-
	Unknown	\$ -	-	\$ -	-	\$ -	-
Region 3 Totals		\$ 13,825,428.25	4881	\$ 2,370,497.24	1035	\$ 16,195,925.49	5916
Region 4: HDI/HMS	1. Lab/Ambulatory	\$ 115,384.07	585	\$ -	-	\$ 115,384.07	585
	2. Outpatient	\$,963,564.41	1832	\$ 21,754.93	68	\$ 5,985,319.34	1900
	5. Professional Services	\$ 2,450,339.64	13506	\$ 1,386.62	88	\$ 2,451,726.26	13594
	7. SNF	\$ 5,248,034.36	1144	\$ 4,061.50	4	\$ 5,252,095.86	1148

	8. Inpatient	\$ 12,055,960.78	2266	\$ 616,456.01	194	\$ 12,672,416.79	2460
	9. Inpatient Rehab Facility	\$ -	-	\$ -	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	\$ -	-	\$ -	-
	11. Long Term Care Hospital	\$ -	-	\$ -	-	\$ -	-
	13. ASC	\$ 198,423.00	404	\$ -	-	\$ 198,423.00	404
	14. Other	\$ -	-	\$ -	-	\$ -	-
	Unknown	\$ -	-	\$ -	-	\$ -	-
Region 4 Totals		\$ 26,031,706.26	19737	\$ 643,659.06	354	\$ 26,675,365.32	20091
Region 5: Performant	3. Home Health	\$ -	-	\$ -	-	\$ -	-
	4. Hospice	\$ -	-	\$ -	-	\$ -	-
	6. DME Supplier	\$ 6,548,654.37	16117	\$ -	-	\$ 6,548,654.37	16117
	12. DME Physician	\$ 1,483,684.51	1504	\$ -	-	\$ 1,483,684.51	1504
	Unknown	\$ -	-	\$ -	-	\$ -	-
Region 5 Totals		\$ 8,032,338.88	17621	\$ -	-	\$ 8,032,338.88	17621
Grand Totals		\$73,029,938.54	56811	\$7,670,862.94	3286	\$80,700,801.48	60097

Appendix J: FY 2018 Total Corrections by State (Dollar Amounts and Number of Claims)

State	RAC Regions 1-5					
	Collected Overpayments	Number of Claims	Restored Underpayments	Number of Claims	Total Corrected Amount	Number of Claims
AK	\$135,636.79	158	\$24,696.19	16	\$160,332.98	174
AL	\$1,836,364.68	968	\$188,443.18	91	\$2,024,807.86	1,059
AR	\$931,336.80	475	\$97,019.38	58	\$1,028,356.18	533
AZ	\$2,013,633.69	1,359	\$68,987.17	51	\$2,082,620.86	1,410
CA	\$10,386,805.72	9,047	\$272,756.63	142	\$10,659,562.35	9,189
CO	\$767,142.94	616	\$132,303.35	49	\$899,446.29	665
CT	\$614,314.69	804	\$146,891.64	60	\$761,206.33	864
DC	\$300,469.69	200	-	-	\$300,469.69	200
DE	\$1,010,061.47	236	\$45,636.68	12	\$1,055,698.15	248
FL	\$5,239,089.51	1,914	\$711,474.48	263	\$5,950,563.99	2,177

<i>State</i>	RAC Regions 1-5					
GA	\$2,558,913.54	1,240	\$463,055.18	191	\$3,021,968.72	1,431
GU	\$3,050.97	20	-	-	\$3,050.97	20
HI	\$159,323.84	170	\$5,486.94	4	\$164,810.78	174
IA	\$548,380.21	222	\$123,424.66	37	\$671,804.87	259
ID	\$593,492.56	322	\$29,120.69	11	\$622,613.25	333
IL	\$2,917,822.83	1,088	\$538,771.86	266	\$3,456,594.69	1,354
IN	\$914,314.83	1,849	\$139,039.45	36	\$1,053,354.28	1,885
KS	\$605,758.86	256	\$142,208.87	60	\$747,967.73	316
KY	\$1,038,241.64	2,123	\$215,154.83	54	\$1,253,396.47	2,177
LA	\$1,123,105.19	700	\$127,838.50	72	\$1,250,943.69	772
MA	\$1,096,116.51	1,998	\$196,068.53	106	\$1,292,185.04	2,104
MD	\$825,078.18	1,301	-	-	\$825,078.18	1,301
ME	\$205,119.88	523	\$22,101.43	13	\$227,221.31	536
MI	\$1,333,510.27	2,298	\$203,150.08	66	\$1,536,660.35	2,364
MN	\$1,166,676.07	294	\$232,145.96	91	\$1,398,822.03	385
MO	\$462,638.35	349	\$15,779.30	7	\$478,417.65	356
MP	\$105.48	1	-	-	\$105.48	1
MS	\$1,053,646.05	668	\$183,604.49	69	\$1,237,250.54	737
MT	\$726,826.18	409	\$8,757.97	6	\$735,584.15	415
NC	\$1,780,578.53	787	\$342,110.36	146	\$2,122,688.89	933
ND	\$277,264.30	231	\$1,418.36	1	\$278,682.66	232
NE	\$878,405.29	168	\$101,024.71	28	\$979,430.00	196
NH	\$222,610.91	481	\$30,154.32	15	\$252,765.23	496
NJ	\$3,336,212.78	2,349	\$99,874.87	46	\$3,436,087.65	2,395
NM	\$427,012.75	232	\$54,322.94	15	\$481,335.69	247
NV	\$413,881.58	734	\$8,808.31	28	\$422,689.89	762
NY	\$2,563,283.26	5,444	\$547,303.35	222	\$3,110,586.61	5,666
OH	\$1,351,866.42	2,993	\$242,232.93	103	\$1,594,099.35	3,096
OK	\$1,524,310.80	690	\$151,959.84	51	\$1,676,270.64	741

<i>State</i>	RAC Regions 1-5					
OR	\$1,477,066.12	848	\$16,707.62	13	\$1,493,773.74	861
PA	\$3,385,336.63	2,336	\$138,964.61	51	\$3,524,301.24	2,387
PR	\$9,192.79	13	\$11,309.60	9	\$20,502.39	22
RI	\$130,027.18	213	\$16,345.93	9	\$146,373.11	222
SC	\$1,477,328.30	554	\$198,466.06	98	\$1,675,794.36	652
SD	\$417,140.23	293	\$8,401.93	2	\$425,542.16	295
TN	\$2,360,180.54	750	\$392,317.73	151	\$2,752,498.27	901
TX	\$4,610,012.90	2,328	\$526,827.07	236	\$5,136,839.97	2,564
UT	\$835,670.50	513	\$22,880.07	3	\$858,550.57	516
VA	\$1,902,411.92	856	\$264,622.25	141	\$2,167,034.17	997
VI	\$518.99	1	-	-	\$518.99	1
VT	\$72,065.11	176	\$14,249.69	8	\$86,314.80	184
WA	\$2,217,599.05	1,387	\$40,857.71	26	\$2,258,456.76	1,413
WI	\$86,055.00	137	-	-	\$86,055.00	137
WV	\$572,584.12	495	\$105,785.24	53	\$678,369.36	548
WY	\$134,345.12	194	-	-	\$134,345.12	194
Total	\$3,029,938.54	56,811	\$7,670,862.94	3,286	\$80,700,801.48	60,097

Appendix K: FY 2018 Improper Payments Identified through Complex Review (Number and Percentage Rate)

RAC	Number of ADRs Fulfilled by Providers	Improper Payment Identifications*	Improper Payment Identification Rate
1-Performant	8,623	1,700	19.7%
2-Cotiviti	17,294	2,696	15.6%
3-Cotiviti	15,451	2,010	13.0%
4-HDI/HMS	16,675	2,780	16.7%
5-Performant	8,104	1,487	18.3%
Total	66,147	10,673	16.1%

*Identifications include claims with demanded overpayments and underpayments

Appendix L: FY 2018 Cumulative Accuracy Scores by RAC Region (Accuracy Percentage)

RAC	Accuracy Score
1-Performant	93.2%
2-Cotiviti	99.2%
3-Cotiviti	97.4%
4-HDI/HMS	97.6%
5-Performant	99.3%

Appendix M: FY 2018 RAC Appeal Dispositions - Level 1 (MAC) Redetermination – by MAC and Type of Claim (Number of Dispositions by Disposition Type)

MAC	Claims Decided	Favorable to Appellant	Partially Favorable to Appellant	Unfavorable to Appellant	Claims Dismissed
DME A - Noridian	172	139	1	19	13
DME B - CGS	351	289	1	52	9
DME C - CGS	447	283	5	143	16
DME D - Noridian	231	173	5	34	19
J5 - WPS Part A	173	84	10	61	18
J5 - WPS Part B	0	0	0	0	0
J6 - NGS Part A	105	8	0	95	2
J6 - NGS Part B	0	0	0	0	0
J8 - WPS Part A	78	49	2	23	4
J8 - WPS Part B	19	5	0	11	3
J15 - CGS Part A	86	56	1	14	15
J15 - CGS Part B	38	22	2	12	2
JE - Noridian Part A	422	218	49	139	16
JE - Noridian Part B	857	256	37	487	77
JF - Noridian Part A	307	120	49	120	18
JF - Noridian Part B	705	81	33	565	26
JH - Novitas Part A	656	302	23	304	27
JH - Novitas Part B	332	136	35	154	7
JJ - PGBA Part A*	283	161	4	98	20
JJ - PGBA Part B*	71	18	7	43	3
JK - NGS Part A	531	203	2	278	48
JK - NGS Part B	440	114	10	308	8
JL - Novitas Part A	457	201	39	191	26
JL - Novitas Part B	240	96	18	117	9
JM - PGBA Part A	341	159	3	174	5

MAC	Claims Decided	Favorable to Appellant	Partially Favorable to Appellant	Unfavorable to Appellant	Claims Dismissed
JM - PGBA Part B	113	21	7	81	4
JN - FCSO Part A	122	23	0	96	3
JN - FCSO Part B	93	22	1	69	1
Total	7,670	3,239	344	3,688	399

Source: CMS MAS System

Appendix N: FY 2018 RAC Appeal Dispositions - Level 2 (QIC) Reconsideration by RAC Region (Number of Dispositions by Disposition Type)

RAC	Claims Decided	Favorable to Appellant	Partially Favorable to Appellant	Unfavorable to Appellant	Claims Dismissed
1-Performant	233	64	4	133	32
2-Cotiviti	175	40	2	132	1
3-Cotiviti	76	22	2	51	1
4-HMS/HDI	197	61	4	125	7
5-Performant	110	29	0	81	0
Total	791	216	12	522	41

Source: Q2Administrators, LLC

Note: Claims may have had initial overpayment determinations made prior to FY 2018. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2018. For example, if a claim was appealed to the first level and received a decision in FY 2018, then appealed to the second level and received a decision in FY 2018, both decisions are counted.

Appendix O: FY 2018 RAC Appeal Dispositions - Level 3 (ALJ)* 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
3-Cotiviti	Part A	1	0	1	0	0
Total		1	0	1	0	0

*Claims with Decision Letter Mailed Date in FY18, combined appeals are excluded, Part A includes Part B of A claims, all Level 3 (ALJ).

Source: MAS - ALJ Appeal Lifecycle Star Package

Note: Claims may have had initial overpayment determinations made prior to FY 2018. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2018. For example, if a claim was appealed to the first level and received a decision in FY 2018, then appealed to the second level and received a decision in FY 2018, both decisions are counted.

Appendix P: FY 2018 RAC Appeal Dispositions - Level 4 (DAB) 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
Total	0	0	0	0	0	0	0

Source: Q2Administrators, LLC

Note: Claims may have had initial overpayment determinations made prior to FY 2018. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2018. For example, if a claim was appealed to the first level and received a decision in FY 2018, then appealed to the second level and received a decision in FY 2018, both decisions are counted.

Appendix Q: FY 2018 Provider Medical Records Submission Methods by RAC Region (Percentage)

RAC	Method	FY18 Percentage
1 - Performant	esMD	43%
	CD/DVD	16%
	Paper	37%
	Fax	4%
	Other	-
2 - Cotiviti	esMD	22%
	CD/DVD	23%
	Paper	25%
	Fax	4%
	Other	27%
3 - Cotiviti	esMD	28%
	CD/DVD	19%
	Paper	19%
	Fax	5%
	Other	28%
4 - HDI/HMS	esMD	36%
	CD/DVD	5%
	Paper	40%
	Fax	18%
	Other	<1%
5 - Performant	esMD	7%
	CD/DVD	<1%
	Paper	42%
	Fax	51%
	Other	-

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 information for each region, the RAC Statement of Work, appeals information, limitations on recoupment, identified vulnerabilities, and other program updates.
http://www.cms.gov/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf	Contains archived provider compliance articles to help address common billing errors.
Medicare FFS 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:

Website	Information Provided
	<ul style="list-style-type: none"><li data-bbox="889 271 1341 344">• Region 1, Region 5/Performant Recovery: performantrac.com<li data-bbox="889 397 1341 540">• Region 2, Region 3/Cotiviti: http://www.cotiviti.com/cotiviti-healthcare/cms-rac-provider-resources<li data-bbox="889 585 1386 658">• Region 4/HDI/HMS: https://racinfo.hms.com/home.aspx