

Appendices – Fiscal Year (FY) 2021

- A. Social Security Act (Section 1893 Medicare Integrity Program (h))**
- B. Dollar Amounts (in Millions) Returned to Medicare Trust Fund in FY 2021**
- C. FY 2021 Total Corrections by RAC Region (Dollar Amounts and Number of Claims)**
- D. FY 2021 Total Corrections by Review Type (Dollar Amounts and Number of Claims)**
- E. FY 2021 Total Corrections by RAC Region and Review Type (Dollar Amounts, Number of Claims, and Percentages)**
- F. FY 2021 Total Corrections by RAC Region/Contract and Type of Claim (Dollar Amounts and Number of Claims)**
- G. FY 2021 Total Corrections by RAC Region and Type of Claim (Dollar Amounts and Number of Claims)**
- H. FY 2021 Total Corrections by Provider Type (Dollar Amount and Percentage of Total)**
- I. FY 2021 Total Corrections by RAC Region and Provider Type (Dollar Amount and Number of Claims)**
- J. FY 2021 Corrections by State and RAC Regions/Contracts (Dollar Amounts and Number of Claims)**
- K. FY 2021 Improper Payments Identified through Complex Review (Number and Percentage Rate)**
- L. FY 2021 Cumulative Accuracy Scores by RAC Region (Accuracy Percentage)**
- M. FY 2021 RAC Appeal Dispositions – Level 1 (MAC) Redetermination by MAC and Type of Claim (Number of Dispositions by Disposition Type)**
- N. FY 2021 RAC Appeal Dispositions - Level 2 (QIC) Reconsideration by RAC Region (Number of Dispositions by Disposition Type)**
- O. FY 2021 RAC Appeal Dispositions - Level 3 (ALJ) by RAC Region and Type of Claim (Number of Dispositions by Disposition Type)**
- P. FY 2021 RAC Appeal Dispositions - Level 4 (DAB) by RAC Region and Type of Claim (Number of Dispositions by Disposition Type)**
- Q. FY 2021 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 2021

Overpayments Collected		Underpayments Restored		Amount Overturned on Appeal¹		Recovery Auditors Contingency Fees		CMS Administration Costs		Amount Returned to Medicare Trust Funds
\$345.76 ²	-	\$25.71	-	\$52.72	-	\$56.71	-	\$29.95	=	\$180.67

Appendix C: FY 2021 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	\$58,714,310.08	44,593	\$1,253,179.76	7,416	\$59,967,489.84	52,009
Region 2: Cotiviti	\$90,443,432.61	21,641	\$10,855,895.68	4,876	\$101,299,328.29	26,517
Region 3: Cotiviti	\$43,721,505.58	13,989	\$5,873,833.53	3,405	\$49,595,339.11	17,394
Region 4: Cotiviti Gov. Services	\$116,844,276.13	48,684	\$7,714,982.97	3,337	\$124,559,259.10	52,021
Region 5: Performant	\$36,035,116.34	80,804	\$10,156.58	33	\$36,045,272.92	80,837
<i>TOTALS</i>	<i>\$345,758,640.74</i>	<i>209,711</i>	<i>\$25,708,048.52</i>	<i>19,607</i>	<i>\$371,466,689.26</i>	<i>228,778</i>

¹ This includes only those appeals overturned at the first level.

² This collection total has been updated to reflect the most current collections data available. Revised data accounts for the difference between the total reported here and the total collection in the FY2021 Medicare and Medicaid PI Report to Congress (RTC).

Appendix D: FY 2021 Total Corrections by Review Type (Dollar Amounts and Number of Claims)

	Overpayments Collected		Underpayments Restored		Total Corrected	
Review Type	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected	No. of Claims
Automated	\$17,587,156.26	110,185	\$183,277.29	7,165	\$17,770,433.55	117,350
Complex	\$328,171,484.48	99,526	\$25,524,771.23	11,902	\$353,696,255.71	111,428
TOTALS	\$345,758,640.74	209,711	\$25,708,048.52	19,067	\$371,466,689.26	228,778

Appendix E: FY 2021 Total Corrections by RAC Region and Review Type (Dollar Amounts, Number of Claims, and Percentages)

<i>RAC Region and Contractor Name</i>	<i>Review Type</i>	<i>Collected Overpayment Amounts</i>	<i>% of Total Collected Amount</i>	<i>Number of Claims with Collected Overpayments</i>	<i>% of Total Claims with Collect -ions</i>	<i>Restored Underpay -ment Amounts</i>	<i>% of Total Collected Amount</i>	<i>Number of Claims with Restored Underpay -ments</i>	<i>% of Total Claims with Collect -ions</i>	<i>Total Corrected Amount</i>	<i>% of Total Corrected Amounts</i>	<i>Total Number of Corrected Claims</i>	<i>% of Total Corrected Claims</i>
Region 1: Performant	Automated	\$3,059,534.14	0.9%	26,380	12.6%	\$165,063.38	0.6%	6,734	35.3%	\$3,224,597.52	0.9%	32,867	13.7%
	Complex	\$55,654,775.94	16.1%	18,213	8.7%	\$1,088,116.38	4.2%	682	3.6%	\$56,742,892.32	15.3%	18,718	7.8%
Region 2: Cotiviti	Automated	\$687,470.39	0.2%	2,745	1.3%	-	-	-	-	\$687,470.39	0.2%	2,731	1.1%
	Complex	\$89,755,962.22	26.0%	18,896	9.0%	\$10,855,895.68	42.2%	4,876	25.6%	\$100,611,857.90	27.1%	22,601	9.4%
Region 3: Cotiviti	Automated	\$479,902.82	0.1%	2,505	1.2%	-	-	-	-	\$479,902.82	0.1%	2,492	1.0%
	Complex	\$43,241,602.76	12.5%	11,484	5.5%	\$5,873,833.53	22.8%	3,405	17.9%	\$49,115,436.29	13.2%	14,429	6.0%
Region 4: Cotiviti Gov. Services	Automated	\$3,329,941.88	1.0%	26,160	12.5%	\$11,878.29	0.0%	424	2.2%	\$3,341,820.17	0.9%	25,280	10.5%
	Complex	\$113,514,334.25	32.8%	22,524	10.7%	\$7,703,104.68	30.0%	2,913	15.3%	\$121,217,438.93	32.6%	24,647	10.3%
Region 5: Performant	Automated	\$10,030,307.03	2.9%	52,395	25.0%	\$6,335.62	<0.1%	7	<0.1%	\$10,036,642.65	2.7%	52,366	21.8%
	Complex	\$26,004,809.31	7.5%	28,409	13.5%	\$3,820.96	<0.1%	26	0.1%	\$26,008,630.27	7.0%	28,386	11.8%
TOTALS		\$345,758,640.74	100.0%	209,711	100.0%	\$25,708,048.52	100.0%	19,067	100.0%	\$371,466,689.26	100.0%	240,202	100.0%

Appendix F: FY 2021 Total Corrections by Type of Claim (Dollar Amounts and Number of Claims)

Type of Claim	Collected Overpayments	Collected Overpayments	Restored Underpayments	Restored Underpayments	Total Corrected Amount	Total
Part A	\$259,371,198.01	58,819	\$24,245,603.17	8,760	\$283,616,801.18	67,579
Part B	\$51,114,935.06	70,215	\$1,452,288.77	10,274	\$52,567,223.83	80,489
DME	\$35,272,507.67	80,677	\$10,156.58	33	\$35,282,664.25	80,710
Totals	\$345,758,640.74	209,711	\$25,708,048.52	19,067	\$371,466,689.26	228,778

Appendix G: FY 2021 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	\$45,892,916.67	20,497	\$1,070,935.74	604	\$46,963,852.41	21,101
	Part B	\$12,821,393.41	24,096	\$182,244.02	6,812	\$13,003,637.43	30,908
	<i>Subtotal</i>	<i>\$58,714,310.08</i>	<i>44,593</i>	<i>\$1,253,179.76</i>	<i>7,416</i>	<i>\$59,967,489.84</i>	<i>52,009</i>
2 - Cotiviti	Part A	\$85,833,530.68	16,444	\$10,611,424.90	4,034	\$96,444,955.58	20,478
	Part B	\$4,609,901.93	5,197	\$244,470.78	842	\$4,854,372.71	6,039
	<i>Subtotal</i>	<i>\$90,443,432.61</i>	<i>21,641</i>	<i>\$10,855,895.68</i>	<i>4,876</i>	<i>\$101,299,328.29</i>	<i>26,517</i>
3 - Cotiviti	Part A	\$37,292,333.23	6,973	\$5,558,928.50	2,155	\$42,851,261.73	9,128
	Part B	\$6,429,172.35	7,016	\$314,905.03	1,250	\$6,744,077.38	8,266
	<i>Subtotal</i>	<i>\$43,721,505.58</i>	<i>13,989</i>	<i>\$5,873,833.53</i>	<i>3,405</i>	<i>\$49,595,339.11</i>	<i>17,394</i>
4 - Cotiviti Gov. Services	Part A	\$89,589,808.76	14,778	\$7,004,314.03	1,967	\$96,594,122.79	16,745
	Part B	\$27,254,467.37	33,906	\$710,668.94	1,370	\$27,965,136.31	35,276
	<i>Subtotal</i>	<i>\$116,844,276.13</i>	<i>48,684</i>	<i>\$7,714,982.97</i>	<i>3,337</i>	<i>\$124,559,259.10</i>	<i>52,021</i>
5 - Performant	Part A	\$762,608.67	127	-	-	\$762,608.67	127
	DME	\$35,272,507.67	80,677	\$10,156.58	33	\$35,282,664.25	80,710
	<i>Subtotal</i>	<i>\$36,035,116.34</i>	<i>80,804</i>	<i>\$10,156.58</i>	<i>33</i>	<i>\$36,045,272.92</i>	<i>80,837</i>
Totals		\$345,758,640.74	209,711	\$25,708,048.52	19,067	\$371,466,689.26	228,778

Appendix H: FY 2021 Corrections by Provider Type (Dollar Amount and Percentage of Total)

Provider Type	Overpayments Collected	% of Total	Underpayments Restored	% of Total	Total Amount Corrected	% of Total
Inpatient	\$108,291,426.84	31.3%	\$5,976,279.07	23.2%	\$114,267,705.91	30.8%
SNF	\$30,253,221.91	8.7%	\$24,067.76	0.1%	\$30,277,289.67	8.2%
Outpatient	\$120,063,940.59	34.7%	\$18,245,256.34	71.0%	\$138,309,196.93	37.2%
Home Health	\$762,608.67	0.2%	-	-	\$762,608.67	0.2%
Physician	\$51,114,935.06	14.8%	\$1,452,288.77	5.6%	\$52,567,223.83	14.2%
DME	\$35,272,507.67	10.2%	\$10,156.58	<0.1%	\$35,282,664.25	9.5%
Total	\$345,758,640.74	100%	\$25,708,048.52	100%	\$371,466,689.26	100%

Appendix I: FY 2021 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: Performant	Lab/Ambulatory	\$195,261.38	961	\$0	-	\$195,261.38	961
	Professional Services	\$11,469,979.73	22,942	\$182,244.02	6,812	\$11,652,223.75	29,754
	SNF	\$5,527,560.29	1,359	\$256.24	3	\$5,527,816.53	1,362
	Inpatient	\$9,991,243.12	1,781	\$393,705.46	194	\$10,384,948.58	1,975
	IRF	\$341,360.13	20	\$0	-	\$341,360.13	20
	ASC	\$1,163,271.90	259	\$0	-	\$1,163,271.90	259
	Inpatient Psychiatric Facility	\$497,864.67	15	\$0	-	\$497,864.67	15
	Outpatient Rehab Facility	\$19,638.28	364	\$0	-	\$19,638.28	364
Region 1 Totals		\$58,714,310.08	44,593	\$1,253,179.76	7,416	\$59,967,489.84	52,009

Region 2: Cotiviti	Lab/Ambulatory	\$164,478.70	829	\$0	-	\$164,478.70	829
	Outpatient	\$32,277,977.59	11,000	\$8,217,175.09	3,541	\$40,495,152.68	14,541
	Professional Services	\$3,228,436.93	3,747	\$217,506.05	841	\$3,445,942.98	4,588
	SNF	\$15,980,024.09	2,019	\$10,034.92	5	\$15,990,059.01	2,024
	Inpatient	\$27,114,436.81	3,169	\$2,384,214.89	488	\$29,498,651.70	3,657
	IRF	\$10,461,092.19	256	\$0	-	\$10,461,092.19	256
	ASC	\$1,216,986.30	621	\$26,964.73	1	\$1,243,951.03	622
Region 2 Totals		\$90,443,432.61	21,641	\$10,855,895.68	4,876	\$101,299,328.29	26,517
Region 3: Cotiviti	Lab/Ambulatory	\$186,563.30	852	\$0	-	\$186,563.30	852
	Outpatient	\$11,431,628.52	3,987	\$3,880,819.33	1,805	\$15,312,447.85	5,792
	Professional Services	\$4,737,958.35	5,170	\$314,905.03	1,250	\$5,052,863.38	6,420
	SNF	\$4,318,432.83	746	\$4,756.01	3	\$4,323,188.84	749
	Inpatient	\$15,914,690.60	2,061	\$1,673,353.16	347	\$17,588,043.76	2,408
	IRF	\$5,627,581.28	179	\$0	-	\$5,627,581.28	179
	ASC	\$1,504,650.70	994	\$0	-	\$1,504,650.70	994
Region 3 Totals		\$43,721,505.58	13,989	\$5,873,833.53	3,405	\$49,595,339.11	17,394
Region 4: Cotiviti Gov. Services	Lab/Ambulatory	\$266,021.62	3,784	\$0	-	\$266,021.62	3,784
	Outpatient	\$46,613,445.82	10,806	\$5,468,799.36	1,647	\$52,082,245.18	12,453
	Professional Services	\$21,121,100.38	29,147	\$710,668.94	1,370	\$21,831,769.32	30,517
	SNF	\$4,631,446.42	1,740	\$9,280.75	20	\$4,640,727.17	1,760
	Inpatient	\$36,717,502.27	2,176	\$1,478,615.37	299	\$38,196,117.64	2,475
	IRF	\$1,626,168.81	51	\$47,618.55	1	\$1,673,787.36	52
	ASC	\$5,868,590.81	980	\$0	-	\$5,868,590.81	980
Region 4 Totals		\$116,844,276.13	48,684	\$7,714,982.97	3,337	\$124,559,259.10	52,021
Region 5: Performant	HHA	\$762,608.67	127	\$0	-	\$762,608.67	127
	DME Supplier	\$23,290,174.44	44,942	\$7,381.19	15	\$23,297,555.63	44,957

	DME Physician	\$11,982,333.23	35,735	\$2,775.39	18	\$11,985,108.62	35,753
Region 5 Totals		\$36,035,116.34	80,804	\$10,156.58	33	\$36,045,272.92	80,837
Totals		\$345,758,640.74	209,711	\$25,708,048.52	19,067	\$371,466,689.26	228,778

Appendix J: FY 2021 Total Corrections by State and RAC Regions/Contracts (Dollar Amounts and Number of Claims)

<i>State</i>	<i>Collected Overpayments</i>	<i>Number of Claims</i>	<i>Restored Underpayments</i>	<i>Number of Claims</i>	<i>Total Corrected Amount</i>	<i>Number of Claims</i>
AK	\$905,668.69	608	\$478,385.33	107	\$1,384,054.02	715
AL	\$3,442,881.53	2,342	\$263,178.04	147	\$3,706,059.57	2,489
AR	\$3,179,721.89	1,458	\$409,893.39	223	\$3,589,615.28	1,681
AS	\$102,826.48	20	\$-	-	\$102,826.48	20
AZ	\$10,860,871.08	5,001	\$542,991.52	188	\$11,403,862.60	5,189
CA	\$46,462,189.86	23,030	\$3,550,271.57	1,225	\$50,012,461.43	24,255
CO	\$4,511,016.62	2,592	\$573,844.86	247	\$5,084,861.48	2,839
CT	\$3,117,605.97	3,335	\$22,749.69	197	\$3,140,355.66	3,532
DC	\$1,590,115.54	700	\$55,874.32	30	\$1,645,989.86	730
DE	\$1,197,023.84	1,195	\$750,330.57	163	\$1,947,354.41	1,358
FL	\$20,133,748.56	10,685	\$2,018,803.35	1,160	\$22,152,551.91	11,845
GA	\$6,233,687.67	3,975	\$549,631.30	243	\$6,783,318.97	4,218
GU	\$123,428.49	54	\$-	-	\$123,428.49	54
HI	\$1,459,616.59	616	\$60,977.41	23	\$1,520,594.00	639
IA	\$3,900,719.08	1,532	\$270,674.71	120	\$4,171,393.79	1,652
ID	\$2,095,472.26	943	\$116,671.64	60	\$2,212,143.90	1,003
IL	\$12,025,155.64	6,445	\$1,248,371.85	689	\$13,273,527.49	7,134
IN	\$7,526,636.58	7,160	\$163,937.41	845	\$7,690,573.99	8,005
KS	\$3,542,894.99	1,313	\$717,240.57	244	\$4,260,135.56	1,557
KY	\$6,230,863.82	5,379	\$222,743.56	567	\$6,453,607.38	5,946

LA	\$3,741,427.18	1,781	\$472,222.01	250	\$4,213,649.19	2,031
MA	\$7,001,428.26	7,166	\$197,638.12	554	\$7,199,066.38	7,720
MD	\$4,246,858.86	5,112	\$118,399.55	157	\$4,365,258.41	5,269
ME	\$1,755,218.36	1,704	\$31,202.08	33	\$1,786,420.44	1,737
MI	\$9,303,396.64	7,872	\$265,416.97	1,291	\$9,568,813.61	9,163
MN	\$5,167,774.86	1,893	\$268,085.68	141	\$5,435,860.54	2,034
MO	\$5,363,680.92	2,260	\$866,039.24	408	\$6,229,720.16	2,668
MP	\$623.96	3	\$-	-	\$623.96	3
MS	\$3,713,466.46	2,061	\$433,043.95	218	\$4,146,510.41	2,279
MT	\$1,778,295.44	1,049	\$143,349.04	79	\$1,921,644.48	1,128
NC	\$7,166,758.87	5,007	\$1,100,915.63	652	\$8,267,674.50	5,659
ND	\$1,625,679.59	911	\$86,715.24	60	\$1,712,394.83	971
NE	\$3,143,198.46	969	\$487,711.13	118	\$3,630,909.59	1,087
NH	\$1,282,707.04	1,684	\$39,096.38	39	\$1,321,803.42	1,723
NJ	\$12,332,776.80	8,161	\$491,492.00	487	\$12,824,268.80	8,648
NM	\$1,589,376.10	1,131	\$461,274.56	122	\$2,050,650.66	1,253
NV	\$3,843,291.06	1,851	\$122,420.78	64	\$3,965,711.84	1,915
NY	\$20,053,963.37	17,594	\$263,794.14	2,391	\$20,317,757.51	19,985
OH	\$13,835,662.51	12,602	\$318,258.97	1,616	\$14,153,921.48	14,218
OK	\$4,715,645.73	2,340	\$516,720.30	258	\$5,232,366.03	2,598
OR	\$5,614,969.67	2,476	\$94,914.33	60	\$5,709,884.00	2,536
PA	\$21,961,640.88	12,923	\$936,519.55	461	\$22,898,160.43	13,384
PR	\$437,846.93	121	\$42,770.97	23	\$480,617.90	144
RI	\$633,437.10	709	\$14,196.78	28	\$647,633.88	737
SC	\$5,550,477.43	2,936	\$408,385.24	340	\$5,958,862.67	3,276
SD	\$1,299,382.68	937	\$40,393.84	45	\$1,339,776.52	982
TN	\$5,255,594.94	3,483	\$327,999.34	182	\$5,583,594.28	3,665
TX	\$24,436,097.81	9,829	\$1,933,188.21	1,078	\$26,369,286.02	10,907
UT	\$3,386,207.02	1,414	\$391,828.82	111	\$3,778,035.84	1,525
VA	\$7,260,502.09	4,375	\$798,513.98	459	\$8,059,016.07	4,834

VI	\$57,595.68	39	\$-	-	\$57,595.68	39
VT	\$503,578.79	601	\$14,785.62	10	\$518,364.41	611
WA	\$11,397,431.04	4,526	\$363,069.63	196	\$11,760,500.67	4,722
WI	\$3,819,785.15	1,935	\$416,009.67	196	\$4,235,794.82	2,131
WV	\$2,803,586.18	1,409	\$1,006,336.54	412	\$3,809,922.72	1,821
WY	\$1,037,131.70	464	\$218,769.14	50	\$1,255,900.84	514
Total	\$345,758,640.74	139,436	\$25,708,048.52	19,067	\$371,466,689.26	228,778

Appendix K: FY 2021 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	21,493	3,431	15.96%
2-Cotiviti	46,010	8,420	18.30%
3-Cotiviti	35,218	6,455	18.33%
4- Cotiviti Gov. Services	42,162	12,467	29.57%
5-Performant	23,502	4,342	18.48%
Total	168,385	35,115	20.85%

*Identifications include claims with demanded overpayments and underpayments

Appendix L: FY 2021 Cumulative Accuracy Scores by RAC Region (Accuracy Percentage)

RAC	Accuracy Score
1-Performant	98.5%
2-Cotiviti	99.6%
3-Cotiviti	98.3%
4- Cotiviti Gov. Services	94.6%
5-Performant	99.4%

Appendix M: FY 2021 RAC Appeal Dispositions - Level 1 (MAC) Redetermination – by MAC and Type of Claim (Number of Dispositions by Disposition Type)

MAC	Claims Decided	Unfavorable to Appellant	Partially Favorable to Appellant	Favorable to Appellant	Claims Dismissed
DME A - Noridian	2,194	1,388	30	635	141
DME B - CGS	1,874	1,454	9	346	65
DME C - CGS	3,575	2,997	14	421	143
DME D - Noridian	2,567	2,013	20	419	115
J5 - WPS Part A	1,015	435	9	499	72
J5 - WPS Part B	1	0	0	0	1
J6 - NGS Part A	798	255	40	468	35
J6 - NGS Part B	17	15	0	2	0
J8 - WPS Part A	585	315	3	213	54
J8 - WPS Part B	578	435	2	118	23
J15 - CGS Part A	1,433	534	98	729	72
J15 - CGS Part B	741	389	43	296	13
JE - Noridian Part A	1,553	979	38	425	111

JE - Noridian Part B	1,752	677	360	641	74
JF - Noridian Part A	1,996	1,299	38	561	98
JF - Noridian Part B	1,279	387	92	736	64
JH - Novitas Part A	2,031	1,267	75	557	132
JH - Novitas Part B	1,071	613	38	320	100
JJ - PGBA Part A	322	186	7	126	3
JJ - PGBA Part B	474	127	47	294	6
JK - NGS Part A	1,152	494	42	555	61
JK - NGS Part B	1,144	919	2	163	60
JL - Novitas Part A	1,791	1,144	33	495	119
JL - Novitas Part B	2,722	946	195	1,487	94
JM - PGBA Part A	983	343	49	582	9
JM - PGBA Part B	471	73	25	345	28
JN - FCSO Part A	708	231	0	440	37
JN - FCSO Part B	1,107	677	63	337	30
Total	35,934	20,592	1,372	12,210	1,760

Source: CMS MAS System

**Appendix N: FY 2021 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	671	267	8	374	22
2-Cotiviti	953	382	4	518	31
3-Cotiviti	559	210	6	335	8
4- Cotiviti Gov. Services	2,396	1,088	21	1,211	76
5-Performant	3,860	1,531	25	2,211	93
Total	8,439	3,478	64	4,649	230

Source: Q2Administrators, LLC

Note: Claims may have had initial overpayment determinations made prior to FY 2021. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2021. For example, if a claim was appealed to the first level and received a decision in FY 2021, then appealed to the second level and received a decision in FY 2021, both decisions are counted.

Appendix O: FY 2021 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	Other
1-Performant	A	97	25	34	0	38	0
	B	4	0	0	0	4	0
	DME	1	0	1	0	0	0
	Subtotal	102	25	35	0	42	0
2-Cotiviti	A	161	47	65	1	48	0
	B	44	0	0	0	44	0
	DME	0	0	0	0	0	0
	Subtotal	205	47	65	1	92	0
3-Cotiviti	A	90	16	58	1	16	0
	B	27	6	5	0	16	0
	DME	0	0	0	0	0	0
	Subtotal	117	21	63	1	32	0
4- Cotiviti Gov. Services	A	999	121	92	1	785	0
	B	14	1	0	0	13	0
	DME	0	0	0	0	0	0
	Subtotal	1,013	122	92	1	798	0
5-Performant	A	5	2	1	0	2	0

	B	5	0	0	0	5	0
	DME	555	74	186	5	290	0
	Subtotal	565	76	187	5	297	0
Unspecified	A	100	31	52	0	15	2
	B	10	0	3	5	2	0
	DME	4	2	2	0	0	0
	Subtotal	114	33	57	5	17	2
Total		18,641	5,369	7,328	45	5,644	25

* These totals include claims with decision letter mailed date in FY22, combined appeals are excluded, And Part A includes Part B of A claims. Source: MAS - ALJ Appeal Lifecycle Star Package

Note: Claims may have had initial overpayment determinations made prior to FY 2021. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2021. For example, if a claim was appealed to the first level and received a decision in FY 2021, then appealed to the second level and received a decision in FY 2021, both decisions are counted.

Appendix P: FY 2021 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
3-Cotiviti	A	0	0	0	0	0	0
	B	1	0	0	1	0	0
	Subtotal	1	0	0	1	0	0
4- Cotiviti Gov. Services	A	1	0	0	1	0	0
	B	0	0	0	0	0	0
	Subtotal	1	0	0	1	0	0
5-Performant	DME	1	0	0	1	0	0
Total				3			

Source: Q2Administrators, LLC

Note: Claims may have had initial overpayment determinations made prior to FY 2021. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2021. For example, if a claim was appealed to the first level and received a decision in FY 2021, then appealed to the second level and received a decision in FY 2021, both decisions are counted.

Appendix Q: FY 2021 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-Cotiviti Gov. Services	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: <ul style="list-style-type: none"> • Performant Recovery: performantrac.com • Cotiviti: http://www.cotiviti.com/cotiviti-healthcare/cms-rac-provider-resources • Cotiviti Gov. Services: https://rac4info.cotiviti.com/home.aspx