

April 24, 2009

## RACTrac: MONITORING MEDICARE RECOVERY AUDIT CONTRACTOR ACTIVITY

### **The Issue:**

The Centers for Medicare & Medicaid Services (CMS) recently named four permanent Medicare Recovery Audit Contractors (RACs) as part of the nationwide program rollout, and has begun conducting education sessions across the country. RACs are authorized by Congress to identify improper Medicare payments – both overpayments and underpayments – and receive a contingency fee based on a percentage of the improper payments they identify and collect.

The AHA, with the state, regional and metropolitan hospital associations, secured several critical changes to the permanent RAC program, but there is more to be done. While oversight is important, the AHA and its members had difficulty gathering data about the impact of the RAC program during the five-state demonstration. Timely, reliable data is key to making the case for changes as the program moves forward.

### **Our Take:**

The RAC program's impact on providers must be monitored and addressed at the national level to ensure adherence to Medicare policy, assess its implications for broader policy issues such as medical necessity, and measure the true impact of RACs on the provider community and the Medicare program as a whole.

To this end, AHA is launching RACTrac, a survey to track and summarize the impact of RAC activity on individual hospitals nationwide. Data collection will begin this fall. The AHA also has created a companion claim-level Excel tool to help hospitals internally track their RAC audits and prepare their information to respond to the RACTrac survey, available on the AHA Web site at no cost to both members and non-members of the AHA. Using the tool will allow you to upload your RAC activity into the RACTrac survey tool.

This advisory provides an overview of RACTrac and answers questions about how to participate in the survey, download the Excel tool and understand what it means to be a RACTrac-compatible vendor.

### **What You Can Do:**

This fall you will be asked to register at [www.aharactrac.org](http://www.aharactrac.org) to participate in the RACTrac survey. In the meantime, hospitals should identify a mechanism to internally track all RAC correspondence and prepare to aggregate data to participate in RACTrac. In addition, your RAC team should review the RACTrac survey questions available at [www.aha.org/rac](http://www.aha.org/rac) under RACTrac. **Please share this advisory with your RAC team and register for our RACTrac claim level tool Webinar, May 6 at 2 pm EST.**

### **Further Questions:**

For more information on RACTrac, contact 1-888-RAC-TR1C (1-888-722-8712) or [RACTracSupport@providercs.com](mailto:RACTracSupport@providercs.com). If you have specific RAC program questions, email [RACinfo@aha.org](mailto:RACinfo@aha.org) or visit the AHA RAC website at [www.aha.org/rac](http://www.aha.org/rac).

April 24, 2009

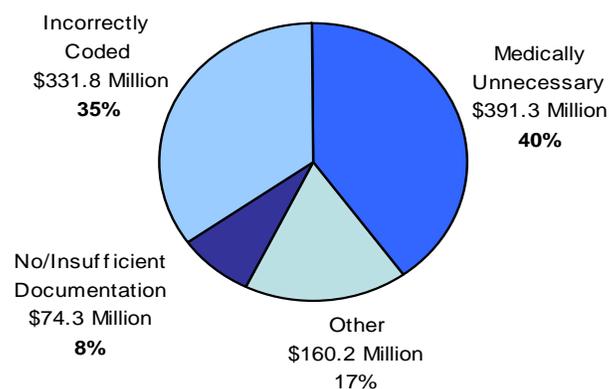
## RACTRAC: MONITORING MEDICARE RECOVERY AUDIT CONTRACTOR ACTIVITY

### BACKGROUND

The Centers for Medicare & Medicaid Services (CMS) recently named four permanent Medicare Recovery Audit Contractors (RACs) to review Medicare claims for improper payments to providers within specific regions. RACs are paid a contingency fee based on the percentage of improper payments – overpayments as well as underpayments – that are recovered from providers. According to the CMS evaluation of the initial three-year, five-state demonstration program that took place between 2005 and 2008, RACs identified \$992.7 million in overpayments.

Although the RACs used varying approaches during the demonstration, the majority of recoveries came from inpatient and outpatient hospital claims. Areas targeted included incorrect coding, improper units and medical necessity denials.

#### Overpayments Collected by Error Type Cumulative Through March 27, 2008



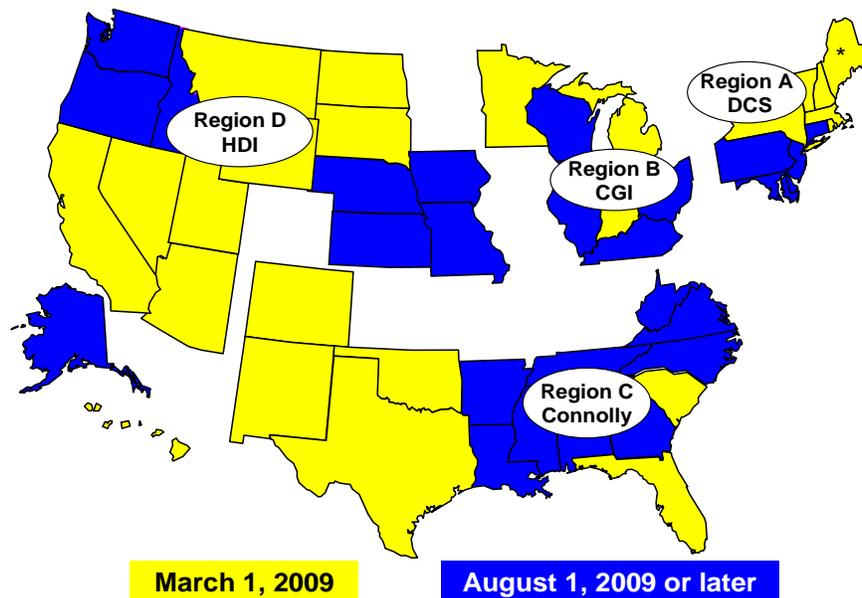
**Although many hospitals were unaffected, 95% of dollars collected were recouped from inpatient, outpatient and rehabilitation hospitals. In addition, half of all the improper payments collected were recouped in the final six months of the demonstration.**

Source: CMS, *The Medicare Recovery Audit Contractor (RAC) Program: An Evaluation of the Three-Year Demonstration*, June 2008.

Under the permanent RAC program, claims can be audited for the following provider types: hospital inpatient and outpatient, long-term care hospitals, inpatient rehabilitation and psychiatric hospitals, critical access hospitals, skilled nursing facilities, physician, ambulance, laboratory, home health, hospice and durable medical equipment. RACs cannot review claims that were paid prior to October 1, 2007.

The map below defines the two stages of CMS' RAC implementation, and notes the RACs chose for those regions. RACs are expected to begin reviewing claims in the yellow states by May 2009.

## RAC Phase-In Schedule



Source: [www.cms.hhs.gov/rac](http://www.cms.hhs.gov/rac), February, 2009.

Note: \*VT, NH, ME, MA, RI, CT (J14) Part A claims (including Part B of A) will not be available for RAC review until August 2009 due to the Medicare Administrative Contractor (MAC) transition. Part B claims in RI will not be available for RAC review until August 2009 due to the MAC transition. All other Part B claims are available for RAC review beginning March 1, 2009.

For more information on the RAC program, visit [www.aha.org/rac](http://www.aha.org/rac) for a series of recent Member Advisories.

### **TELLING THE HOSPITAL STORY – THE NEED FOR ADVOCACY**

Hospitals strive for payment accuracy and understand the need for oversight to ensure proper payment in the Medicare program. And, by and large, the current CMS contractors interpret and apply the often confusing and sometimes contradictory payment rules consistently and fairly. However, information regarding the performance of RAC audit programs must be transparent and, when requested, additional information should be provided.

The RAC evaluation and status reports issued by CMS during and after the demonstration were limited in their scope and detail. Much of the information CMS used to proclaim the success of the demonstration was self-reported by the RACs, with no independent validation by CMS or the hospital community. Providers shared their stories on a case-by-case basis and, while this helped articulate some of the challenges facing providers under the demonstration, the lack of data made it difficult to demonstrate that the program's failures were widespread and a function of the program's inherent structure and incentives. In addition, the data provided by CMS contained little useful information on the distribution of recoveries among service types, what types of hospitals were impacted and to what extent.

One of the biggest challenges for hospitals participating in the demonstration program – and a challenge all hospitals are expected to face under the permanent program – was the administrative burden and unforeseen costs associated with RAC audits. A December 2007 AHA survey of hospitals in the demonstration states found:

- 80 percent of respondents experienced increased administrative costs;
- More than 50 percent of respondents added personnel to handle RAC activities;
- 20 percent of respondents added two or more full-time equivalent employees to handle RAC activities;
- One-third of respondents hired RAC consultants, outside legal assistance and/or other consulting services to help them manage the RAC process;
- More than 25 percent of respondents had restricted patient admissions due to RAC denials; and
- 11 percent of respondents made staff or service cutbacks due to RAC audits.

The appeals process is complex, costly and time consuming, and the decision to appeal varies by hospital. However, filing an appeal is the only avenue by which a hospital can reverse a RAC recoupment.

The AHA believes that the data released by CMS on the number of appeals filed by hospitals, and the rate at which the appeals have been found in favor of the provider, are underestimated. According to the January 2009 CMS update report on the status of pending RAC appeals, 22 percent of claims denied by the RACs were appealed. CMS notes that 34 percent of those appeals have been overturned in favor of the provider. However, the types of claims, total dollar value and appeals by provider type remain unknown.

It is critical that hospitals be able to closely monitor the RAC program to ensure adherence to established policy, assess its potential implications for broader policy issues (such as medical necessity), and measure the administrative burden that RACs place on hospitals. An efficient and consistent collection of information is needed to support hospitals' advocacy efforts and regional education initiatives.

### **AHA RESPONSE: RACTRAC**

The AHA, in collaboration with our state, regional and metropolitan hospital association partners, successfully lobbied for several critical changes to the permanent RAC program. Communication between the affected hospitals, the hospital associations and the AHA during the demonstration program was critical to identifying needed changes.

The incomplete findings from the demonstration program only confirm the need for timely, transparent, quantifiable, data to support field-wide advocacy efforts moving forward.

To aid this effort, the AHA has developed RACTrac – a survey that will coordinate a cohesive response from the hospital field. RACTrac is an independent method to track the effects of the program on hospitals at the state, regional and national levels. Readily available reports generated quarterly will help the field understand the program's effect on hospitals, as well as emerging trends, such as changes in the prevalent reasons for denials. The only nationwide data collection initiative of its kind, RACTrac will provide the AHA with a way to monitor the RAC program on an ongoing basis so mistakes are addressed and not repeated.

**Data collection will not begin until this fall. In the meantime, hospitals should prepare for RAC audits by establishing their RAC teams and identifying a mechanism to track all RAC correspondence. This advisory answers frequently asked questions about the upcoming AHA RACTrac Survey, the claim-level Excel template that is on our Web site and available at no cost, and addresses what it means to be a RACTrac compatible vendor.**

If you have additional RACTrac questions, please send them to [RACTracSupport@providercs.com](mailto:RACTracSupport@providercs.com) or call 1-888-RAC-TR1C (1-888-722-8712).

If you have questions regarding the Recovery Audit Program, please visit [www.aha.org/rac](http://www.aha.org/rac) for the latest AHA Member Advisories and educational opportunities. RAC Program questions should be directed to [RACinfo@aha.org](mailto:RACinfo@aha.org).

## **RACTRAC FREQUENTLY ASKED QUESTIONS**

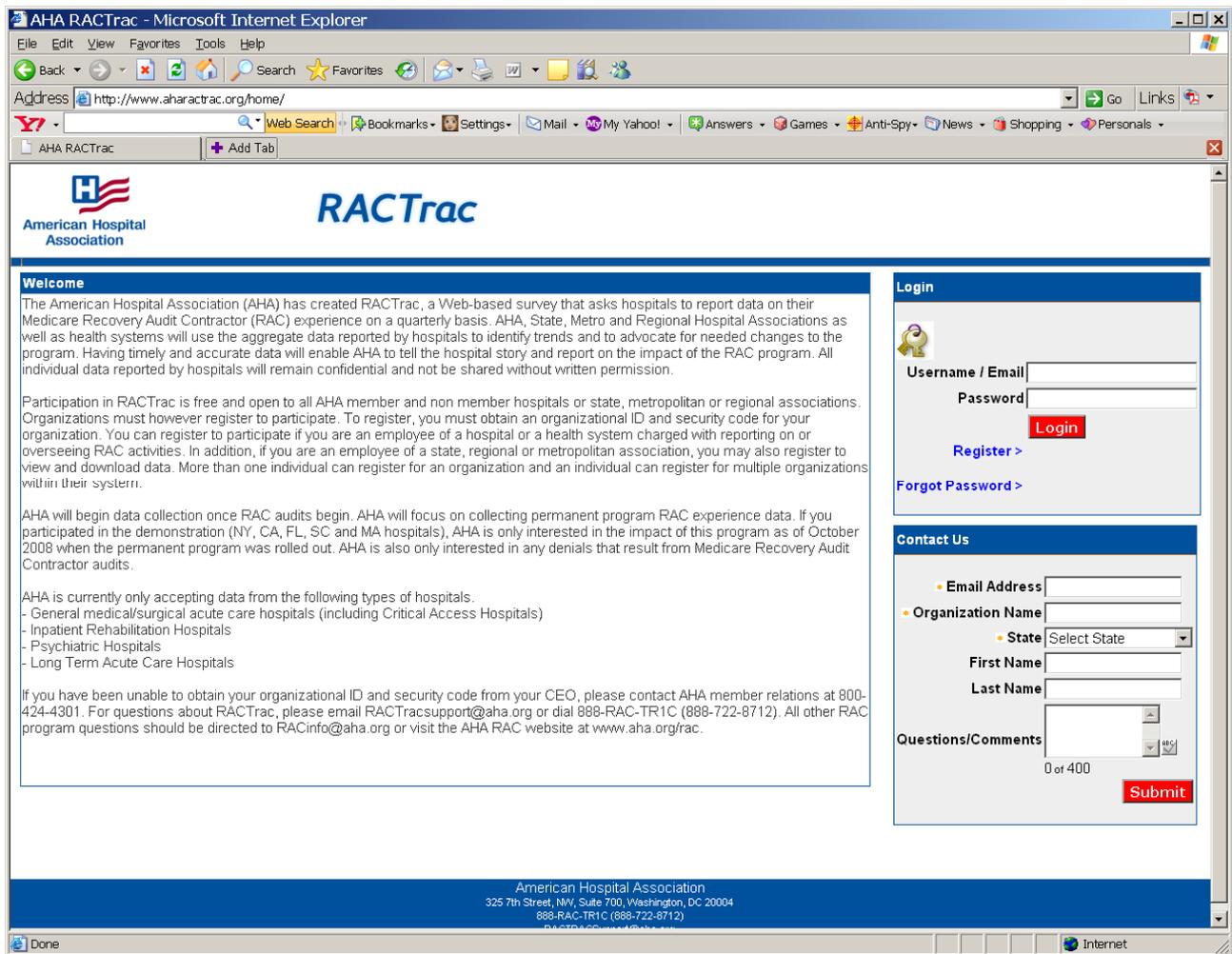
### **What is RACTrac?**

RACTrac is a survey that will collect hospital-specific data on RAC audits from hospitals in all 50 states, in order to support the hospital field's RAC advocacy and educational activities. The Web-based survey will be available at [www.aharactrac.org](http://www.aharactrac.org) this fall, when the AHA is ready to collect your RAC experience data.

Information about the terms and conditions of data use and reporting of RACTrac data begins on page 9 of this advisory.

### **Why was RACTrac developed?**

RACTrac aims to supply timely, accurate data to support hospitals' advocacy efforts regarding the RAC program. Experience data collected through the survey will provide transparency to RAC trends and help the AHA address RAC program policy and/or practical implementation issues on a timely basis. It also will allow the AHA to better understand the program's impact on hospitals by monitoring data on an ongoing basis.



### Who will be surveyed?

Data will be collected from hospitals and health systems at the hospital-specific level. There will be one survey entry per hospital. Data will be collected from the following types of hospitals:

- General medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals)
- Long-term acute care hospitals
- Inpatient rehabilitation hospitals
- Inpatient psychiatric hospitals

### Where and how do I register to participate in RACTrac?

Later this summer a letter will be sent via e-mail and fax to all hospital CEOs inviting their organizations to participate in RACTrac. The correspondence will contain the organizational ID code and security code necessary to create a user profile within the Web-based survey application. Each hospital should designate an individual as their designated RACTrac user. While more than one user can be associated with any one hospital, it is important that one person be responsible for responding to RACTrac.

Once the hospital has obtained its organization ID and security code and designated an individual to respond to RACTrac, he or she can register online at [www.aharactrac.org](http://www.aharactrac.org) and create a user profile. By registering your organization, you will be notified of time periods for data collection and be prompted to respond on a quarterly basis.

Later this summer you may obtain your organizational ID and security code directly by contacting RACTrac support at 1-888-RAC-TR1C (1-888-722-8712) or [RACTracSupport@providercs.com](mailto:RACTracSupport@providercs.com). **Please note that registration for RACTrac will likely not begin until June or July 2009 – closer to when we anticipate collecting data from hospitals.**

### **What questions will be asked in the RACTrac survey?**

A list of the RACTrac survey questions and the corresponding definitions is available at [www.aha.org/rac](http://www.aha.org/rac) under “RACTrac.” The survey has five parts and requests experience data regarding:

- Automated review claim denials
- Complex review claim denials
- Underpayments
- Appeals
- Administrative burden

Note that many of the questions asked are cumulative (i.e., program experience to date), while others are based on the quarter in which data are being collected. Due to the nature of the RAC program and the lifecycle of a claim, the survey questions had to be constructed in this way to avoid double counting. It is very important to pay particular attention to the way in which a question is asked in order to respond appropriately.

### **What are the questions in the RACTrac survey intended to answer?**

RACTrac survey questions were created to summarize the financial impact of improper payments found by RACs, capture the administrative burden placed on the responding hospital, address appeal activity, highlight trends by types of services being reviewed and categorize broad reasons for denial. In addition, the survey will take into account hospitals not targeted by RACs. The survey was specifically designed to support RAC advocacy efforts.

### **Is the AHA seeking claim-specific information from hospitals?**

The RACTrac survey does not request claim-specific data (e.g., personal health information). The survey asks only for summary data of a hospital's experience to date.

### **Will you be collecting data from the RAC demonstration project?**

No. RACTrac data collection will begin with the start of the permanent program. All previous demonstration data should be excluded from data we will collect later this fall.

### **How often will data be collected?**

Data will be collected quarterly.

### **When will data collection begin and end?**

For each quarter, data collection will begin on the first day after the quarter ends (for example, collection would begin on April 1 for first-quarter data) and last approximately two weeks. Data collection will then close so that AHA staff can analyze the data. **The AHA expects the first quarter of data collection to begin no earlier than October 2009 for RAC experience through September 2009.**

**What if I have questions on a particular survey question, or am not sure how to respond?**

Once data collection begins, the AHA will provide a survey support line for responders at 1-888-RAC-TR1C (1-888-722-8712) or via e-mail at [RACTracSupport@providercs.com](mailto:RACTracSupport@providercs.com), Monday thru Friday from 8 a.m. – 5 p.m. EST. In addition, nearly every question within the survey offers help text (indicated by the “?” on the screen) to help the user respond accurately. All RACTrac survey questions are also posted on the AHA Web site.

**Does RACTrac take into account hospitals with no RAC activity?**

It is important to identify hospitals that have not been affected by the RAC program in order to assess its effects on all providers. Therefore, all hospitals should designate a registered user in RACTrac later this summer. Later this fall, hospitals will be asked to respond to our request for data; even hospitals with no RAC activity should respond to the RACTrac survey and note this information when prompted in the data entry screens. More than half of hospitals in the demonstration states were not targeted by the RACs. However, now that the program is permanent, all hospitals should be prepared to be audited by a RAC at some point.

**How will I be notified of data collection?**

The AHA will send a quarterly notification to registered RACTrac users prior to the beginning of the data collection period. All hospitals will receive a quarterly reminder that data collection is approaching. If you are not a registered user, the information for registering in RACTrac will be sent via e-mail and fax to your hospital administrator. It is important that the RACTrac user is identified and registers with RACTrac well in advance of the first data collection period this fall. As noted above, registration for RACTrac will likely begin in June or July 2009.

**What types of personnel are likely to use RACTrac?**

Personnel most likely to use RACTrac include but are not limited to the designated point of contact within the hospital for the RAC, also known as a “RAC liaison.” Patient accounting and/or compliance personnel who are responsible for managing RAC claim-level activity also may be appropriate users for reporting data into RACTrac. While a hospital can have more than one registered user report data, the AHA encourages one point of contact per hospital to be responsible for entering the data on a quarterly basis.

**Is there a cost to participate in AHA RACTrac?**

No. The data collection is an AHA service and is free to all registered users who are employees of hospitals, health systems or state, regional and metropolitan hospital associations.

**Do I have to be a member of the AHA to participate?**

No. The AHA is seeking data from hospitals regardless of their current or future membership status.

**Is the AHA collecting data on other types of Medicare claim denials?**

No. RACTrac was specifically designed to track the impact of Medicare RAC program overpayments, underpayments and appeals, and the associated administrative costs. Information on other denials should not be included in the data provided to the AHA. However, the AHA encourages hospitals to identify a mechanism for tracking all Medicare claim denials to ensure that multiple contractors are not duplicating their reviews of claims.

### **How should a hospital prepare to answer the questions in the RACTrac survey?**

To answer any of the questions in RACTrac, a hospital must systematically track its RAC audits on a claim-by-claim basis, from initial demand letter or medical record request through the entire appeals process (if applicable). The questions cannot and should not be answered with best-guess estimates. (See below, RACTrac Claim-level Tool.)

In preparation for data collection later this fall, hospitals should review the survey questions and definitions available on the AHA Web site at [www.aha.org/rac](http://www.aha.org/rac) under RACTrac.

As we draw closer to data collection, the AHA will post a series of educational resources, including a RACTrac User's Guide, and schedule educational webinars to answer your RACTrac survey-related questions. Look for more information later this summer at the AHA Web site.

## **Data Use Agreement and Reporting of RACTrac Data**

### **What are the terms and conditions for use of a hospital's data submission?**

RACTrac is a Web-based data collection tool that will enable collection and reporting of summary data from hospitals about RAC activities specifically to support the hospital field's advocacy activities related to the RAC program.

The AHA, allied hospital associations, health care systems and hospitals are partners in these data collection and advocacy efforts and, to that end, agree to the following terms and conditions for the use of RACTrac and any data collected.

#### ***General Conditions Related to Data Use and Dissemination:***

- 1. Data are expressly for advocacy-related activities of the hospital field.*
- 2. It is critical that data is analyzed, used, shared and discussed in a uniform and consistent manner that will advance the advocacy objectives of the hospital field.*
- 3. Proper security for all data submitted by hospitals will be maintained and password protection for secure access to data will be provided to appropriate AHA staff, state association RAC liaisons and, as designated by their organizations, hospital and health system staff.*
- 4. Only aggregate data – national, state and regional – will be analyzed and/or reported publicly. As appropriate, the AHA may release quarterly reports on trends in aggregate data. No hospital-specific data collected through RACTrac will be released publicly without the express written consent of the individual hospital.*
- 5. Because a minimum response rate is required to ensure data validity for appropriate statistical analysis, data will not be reported publicly unless and until the minimum response rate is achieved.*

6. By accepting the terms and conditions of use, hospital associations agree to analyze and/or report publicly only aggregate data for which minimum response rates are achieved.

7. By accepting the terms and conditions of use, hospitals reporting data to RACTrac agree to the release of their hospital-specific data to the AHA, the parent health system (where applicable) and relevant state, regional and/or metropolitan hospital associations.

### **What are the differences between a hospital user, a health system user and a state, regional or metropolitan association user?**

Hospital users enter the organization's RAC data and will be able to view their hospital-specific data. Health system users also may enter data for hospitals within their system (if they obtain the appropriate hospital-specific organizational ID and security code) and view hospital-specific data for those in their health system. State, regional and metropolitan hospital associations will have access to all hospital data that is reported in their states regardless of the hospital's membership status in the state association. State association users agree to use only aggregated data for analysis, advocacy or educational purposes. Hospital-specific data will never be released without written permission of the hospital.

### **I am responsible for tracking the RAC audit activity for three hospitals; how would I report data?**

Once registered as a RACTrac user, an individual can retain the same user name and password for all hospitals for which he or she is reporting data. Later this summer, instructions for creating a multi-hospital user profile will be published as part of the RACTrac users' manual.

### **How will the AHA use the data collected in RACTrac?**

Aggregate-level data will be used in the AHA's advocacy efforts to describe to CMS, policymakers and the media the impact of the RAC program on hospitals. When there is a sufficient response rate, reports will be generated from the data submitted quarterly to support these initiatives. In addition, the AHA will make data available to health systems and state, regional and metropolitan hospital associations, to help them identify trends at a state or system level and take action when appropriate.

### **What kind of reports will be generated using RACTrac data?**

The AHA intends to post summary data by region (census region and RAC region), and at the state level at [www.aharactrac.org](http://www.aharactrac.org) on a quarterly basis. This data will only be available for those that register and participate in RACTrac. The type of reports generated will depend on both the level of response and penetration of a RAC audit activity in a particular region or state. A sufficient sample size will be needed before drawing any conclusions from the data reported.

As this program slowly rolls out, we may be able to release some anecdotal information for educational purposes, when appropriate. The AHA reserves the right not to release any data until appropriate conclusions can be drawn.

### **Will RACTrac reports be publicly available?**

As noted above, AHA will post summary level data to [www.aharactrac.org](http://www.aharactrac.org) for all RACTrac registered users on a quarterly basis. However, because a minimum response

rate is required to ensure data validity for appropriate statistical analysis, data may not be reported publicly unless and until the minimum response rate is achieved and valid conclusions can be drawn.

### **What are the limitations of the data collection effort?**

As with any data collection effort, robust hospital participation is essential to RACTrac's success. As noted above, the AHA is not collecting claim-level specific information, so the depth with which we can drill down on things like the reasons for a denial by a RAC is limited due to the varied nature of those reasons on a hospital-by-hospital basis. National data collection at a claim level would not be sustainable over time and is not critical to the information the AHA needs to tell the hospital story.

### **How do I provide data to the AHA RACTrac survey?**

Once registered, a user can log onto [www.aharactrac.org](http://www.aharactrac.org) and enter data manually on the screen. Alternatively, the AHA has created a mechanism to upload survey responses via a comma-delimited file upload (CSV file). For more information on the CSV file upload, please see the RACTrac claim-level tool section of this advisory.

In addition, the AHA is working with several vendors that offer RAC audit tracking solutions to hospitals to ensure that data entered into their tracking tools can be summarized and exported on a quarterly basis to the RACTrac survey. These vendors are in the process of becoming "RACTrac-compatible" vendors. A list is available on the AHA Web site at [www.aha.org/rac](http://www.aha.org/rac) under "RACTrac." Please see the RACTrac Compatible section of this advisory, which begins on page 12, for more information.

## **RACTrac Claim-level Tool**

### **What is the Claim-level Tool?**

Hospitals must organize their data internally to manage the RAC process and properly respond to the RACTrac survey. To help, the AHA has created a basic Excel workbook to help hospitals track overpayments, underpayments and appeals, claim by claim. Many hospitals in the demonstration states used Excel as their tracking tool.

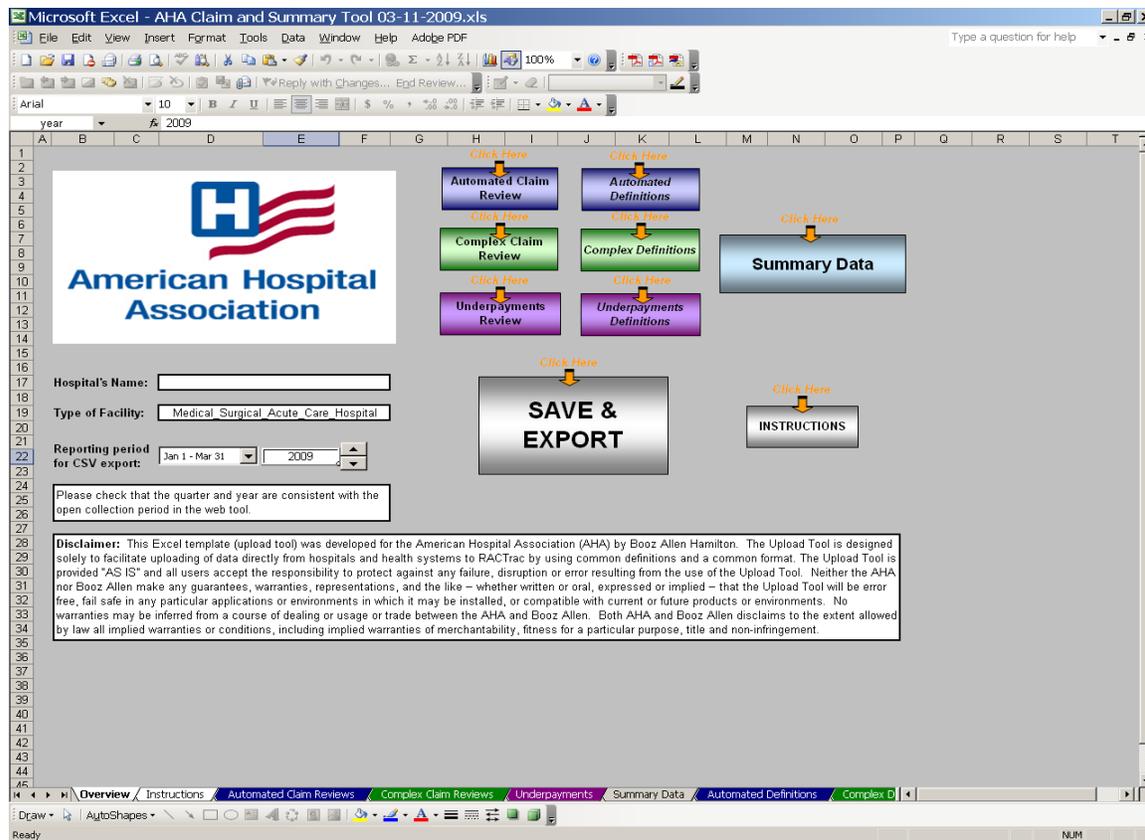
This template is one of many options available to providers for internal RAC tracking and is designed to help collect, summarize and sort data for claims reviewed by RACs. The tool is being offered solely to ease participation in RACTrac; it is not a requirement for submitting information. For example, the AHA's Claim-level Tool has a built-in macro function that allows the user to automatically summarize data entered into the Excel document by the hospital, and will convert the data into the format needed to respond to the AHA RACTrac survey questions as well as into a CSV file for direct upload into the RACTrac Web site. This will save hospitals time with data entry on a quarterly basis.

### **How do I obtain a copy of the AHA RACTrac Claim-level Tool?**

The Excel tool can be downloaded from the AHA Web site at [www.aha.org/rac](http://www.aha.org/rac) under "RACTrac." Hospitals should follow the download instructions and immediately proceed to the instructions tab in the Excel workbook before entering data.

### **Do I have to pay for the AHA Claim-level Tool, or be an AHA member to access it?**

No, the AHA claim-level tool is free and available to AHA members and non-members.



### What are the limitations of the AHA Claim-level Tool?

AHA's claim-level tool provides a simple, basic way to help hospitals track their RAC activity. It is not a Web-based application that can be updated as the RAC program changes. It is a static set of Excel worksheets that has limited flexibility in creating user-defined fields and is subject to significant user error. There are no data entry checks, no prompts to the user noting a deadline, and the data entered are the only data summarized. In addition, several fields are RACTrac-specific. If those required RACTrac fields are not responded to appropriately, the data will not summarize correctly for reporting into RACTrac.

The reporting functions are designed only for RACTrac. To preserve the integrity of the macro function that allows the user to upload data and answer the RACTrac survey questions, the user will have limited ability to change the program without fear of creating an error that may be difficult, if not impossible, to fix.

### What are the terms and conditions of use for the AHA's Claim-level Tool?

Below are the terms and conditions:

*This Excel template (upload tool) was developed for the AHA by Booz Allen Hamilton (BAH). The tool is designed solely to facilitate uploading of data directly from hospitals and health systems to RACTrac by using common definitions and a common format. The upload tool is provided "AS IS," and all users accept the responsibility to protect against any failure, disruption or error resulting from the use of the upload tool. Neither the AHA nor BAH make any*

*guarantees, warranties, representations and the like – whether written or oral, expressed or implied – that the tool will be error free, fail safe in any particular applications or environments in which it may be installed, or compatible with current or future products or environments. No warranties may be inferred from a course of dealing or usage or trade between the AHA and BAH. Both AHA and BAH disclaim to the extent allowed by law all implied warranties or conditions, including implied warranties of merchantability, fitness for a particular purpose, title and non-infringement.*

## **RACTrac Compatible**

### **There are several RAC tracking tools now available; how do I choose one?**

Each individual hospital or health system will choose a tracking tool appropriate to the organization's needs. The AHA does not endorse or support any specific vendor, nor will it make a vendor recommendation. The AHA believes that a one-size-fits-all tracking tool is not appropriate and, therefore, is willing to work with all vendors that wish to be RACTrac-compatible.

### **What does it mean to be a “RACTrac-compatible” product?**

“RACTrac-compatible” means a vendor providing a claim-level RAC audit tracking tool to providers has committed to creating a mechanism for the data entered into their tool to be aggregated and summarized so the user can easily respond to the RACTrac survey.

Vendors have two options for implementing this requirement. Option 1 is to create a simple summary report that can be created by the user. Option 2 is to create a CSV file export from their tool that the user can then use to upload their survey data directly into RACTrac. Vendors do not have the ability to create a direct link between their product and the AHA RACTrac survey tool.

A vendor will be deemed “RACTrac-compatible” when the AHA has tested its application and verified that the data being exported or summarized are indeed correct. Testing will take place this spring and summer. We anticipate that many, if not all applications will be RACTrac-compatible before data collection begins in October 2009.

Vendors that are working toward being RACTrac-compatible are listed on the AHA's Web site at [www.aha.org/rac](http://www.aha.org/rac) under RACTrac. **The AHA does not endorse or support a specific product but does encourage those hospitals that wish to participate in RACTrac to ask their vendors to be RACTrac-compatible.**

## **User Support**

### **Will the AHA provide technical support for the AHA RACTrac Claim-level Tool?**

The AHA will provide technical support during regular business hours (Monday-Friday, 8 a.m. – 5 p.m. EST). Hospitals may e-mail [RACTracsupport@providercs.com](mailto:RACTracsupport@providercs.com) or call 1-888-RAC-TR1C (1-888-722-8712). We strongly encourage you to read all instructions and test the tool in your workflow process before implementation.

### **Will the AHA provide technical support for responding to the RACTrac survey?**

When data collection begins in the fall of 2009, the AHA will provide technical support for responding to the RACTrac survey during regular business hours (Monday-Friday, 8 a.m. – 5 p.m. EST). Hospitals may e-mail [RACTracSupport@providerscs.com](mailto:RACTracSupport@providerscs.com) or call 1-888-RAC-TR1C (1-888-722-8712). Most questions link to additional help text and users may reference the user guide available in the resources page. Please visit [www.aha.org/rac](http://www.aha.org/rac) to learn about educational webinars relating to the RACTrac initiative.

### **What types of questions are appropriate for the RACTrac support line?**

Questions appropriate for the RACTrac support line include any question pertaining to the use of the Claim-level Tool, using the RACTrac Web site when it goes live later this summer, entering data into the survey, and uploading data from the Claim-level Tool onto the RACTrac Web site to complete the survey. Questions related to RACTrac-compatible claim level tools should be addressed to the respective vendor support line. AHA does not support RACTrac-compatible claim level tools.

### **What types of questions are inappropriate for the RACTrac support line?**

Any questions related to the operation of the RAC program itself, should be directed to the AHA at [RACInfo@aha.org](mailto:RACInfo@aha.org) or to CMS directly at [RAC@cms.hhs.gov](mailto:RAC@cms.hhs.gov).

### **Who is PCS, and what is their role in AHA's RACTrac Initiative?**

Provider Consulting Solutions, Inc. (PCS) is an independent, full-service health care management consulting firm headquartered in New York. PCS has been contracted by the AHA to provide support to the RACTrac initiative through various administrative, technical and/or client support activities. Specifically, PCS has been asked to: support the RACTrac product; manage day-to-day operations of data collection; analyze RAC experience data; and provide administrative support to the AHA in the national rollout of RACTrac and education of RACTrac users.

## **NEXT STEPS**

Hospitals should identify a mechanism that will allow them to organize and manage their RAC process internally. Those interested in learning about the free AHA claim-level tool should register for our educational webinar scheduled for May 6 at 2 pm EST. This webinar will be recorded and available for download after May 6 from the AHA Web site at [www.aha.org/rac](http://www.aha.org/rac) under RACTrac.

Providers should identify a person within the organization to be responsible for responding to the RACTrac survey on a quarterly basis and begin to review the survey questions and data definitions in anticipation of data collection this fall. Later this summer, as we draw nearer to data collection, hospitals will receive their organizational ID and security codes, which will enable them to register at [www.aharactrac.org](http://www.aharactrac.org) as a RACTrac user.

Registration in RACTrac will likely occur in June or July 2009 and RACTrac data collection will likely begin this fall.

## **FURTHER QUESTIONS**

For more information about AHA's RACTrac initiative, contact 1-888-RAC-TR1C (1-888-722-8712) or [RACTracsupport@providercs.com](mailto:RACTracsupport@providercs.com).

For more information about the RAC program, e-mail [RACinfo@aha.org](mailto:RACinfo@aha.org).