



**American Hospital
Association**

May 22, 2008

TO: Name
Organization

SUBJECT: Conference Call: Medicare Recovery Audit Contractors

As you know, the Centers for Medicare & Medicaid Services (CMS) Recovery Audit Contractor (RAC) program is authorized by Congress to identify improper Medicare payments – both overpayments and underpayments. RACs are paid on a contingency fee basis, receiving a percentage of the improper payments they identify and collect. We continue to share with CMS hospitals' concerns about the RACs currently operating in five states and are urging the agency and Congress to make changes before rolling out a permanent RAC program to all 50 states.

Over the last several months, AHA has issued four Member Advisories and convened numerous member conference call briefings to outline our serious concerns about the RAC program and share strategies and tools your organization should implement—including assembling an internal RAC team to plan and implement process improvements—to reduce RAC vulnerabilities. For an update on AHA's efforts, we invite you and members of your RAC team to participate in one of two scheduled one-hour conference calls, **Friday, May 30th at 2 pm Eastern (1 pm CT, Noon MT, 11 am PT) or Tuesday, June 10th at 2 pm Eastern (1 pm CT, Noon MT, 11 am PT)**. To access either call, please dial 866-710-0179, pass code 2738. A confirmation and background materials will be sent to you shortly before the call.

To sign up for the calls, please click: <http://tinyurl.com/62bnxu>. You can also sign up members of your RAC team to receive alerts and information regarding RACs as AHA continues its work. For a copy of the recent Member Advisory and link to additional resources, visit www.aha.org/aha/issues/RAC/resources.html.

Barbara Lorsbach
Senior Vice President, Member Relations

Attachments



**American Hospital
Association**

**Medicare Recovery Audit Contractors
Member Conference Call
May 30, 2008
June 10, 2008**

CONFERENCE CALL FOLLOW-UP

1. Request for additional information: _____

2. Questions or comments: _____

3. Evaluation:

	<u>Strongly Agree</u>			<u>Strongly Disagree</u>	
A. The material provided on the call was informative.	5	4	3	2	1
B. My questions were addressed on the call.	5	4	3	2	1
C. There was ample time on the call to ask questions or make comments.	5	4	3	2	1

Name: _____

Title: _____

Organization: _____

Address: _____

City/State/Zip: _____

Phone: _____ Fax: _____

E-mail: _____

**Please return this form to Elisa Arespachaga
312-422-4590 (FAX)**