



# Exploring the Impact of the RAC Program on Hospitals Nationwide

Results of AHA RAC *TRAC* Survey, 3<sup>rd</sup> Quarter 2014

December 12, 2014

# RAC 101

- Centers for Medicare & Medicaid Services (CMS) Recovery Audit Contractors (RACs) conduct reviews of Medicare payments to health care providers, including:
  - automated reviews that use computer software to detect improper payments
  - complex reviews that utilize human review of medical records and other medical documentation
- Improper payments include:
  - incorrect payment amounts;
  - incorrectly coded services (including Medicare severity diagnosis-related group (MS-DRG) miscoding);
  - non-covered services (including services that are not reasonable and necessary); and
  - duplicate services
- Automated activity includes the traditional automated activity as described above as well as semi-automated review activity. These claims are denied in an automated manner if supporting documentation is not received on a timely basis.



# RAC<sup>TRAC</sup> Background

- AHA created RAC<sup>TRAC</sup>—a free, web-based survey—in response to a lack of data provided by CMS on the impact of the RAC program on America's hospitals.
  - Hospitals use AHA's online survey application, RAC<sup>TRAC</sup> (accessed at [www.aharactrac.com](http://www.aharactrac.com)), to submit their data regarding the impact of the RAC program.
  - Many survey questions are designed to collect *cumulative* RAC experience data, from the inception of a hospital's RAC activity through the 3rd quarter of 2014.
  - Survey registration information and RAC<sup>TRAC</sup> support can be accessed at [ractracsupport@providercs.com](mailto:ractracsupport@providercs.com) or 1-888-722-8712.
  - Hospitals submit data to RAC<sup>Trac</sup> through their claim tracking tools
    - 21 external vendors offer an upload function to export a hospital's RAC data to RAC<sup>Trac</sup>, or hospitals can choose to utilize the claim-level tracking tool provided by the AHA.



# Executive Summary

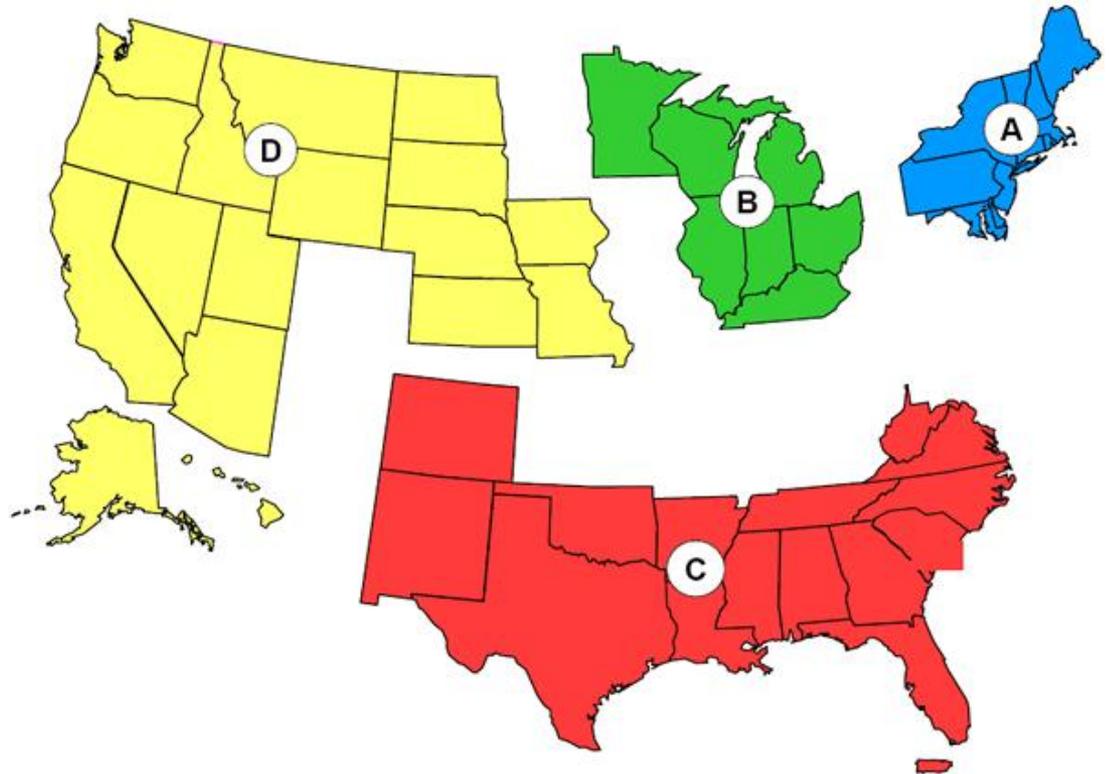
- 2,528 hospitals have participated in RAC<sup>TRAC</sup> since data collection began in January of 2010. 1,037 hospitals participated this quarter.
- 28% of hospitals indicated they experienced outpatient coding denials – an increase of 18% of hospitals since Q1 2014. 25% of hospitals also received denials for inpatient coding.
- Hospitals reported appealing 48% of all RAC denials, with a 70% success rate in the appeals process.
  - The appeals overturn rate may be impacted by appeals withdrawn by hospitals for rebilling.
- 59% of all appealed claims are still sitting in the appeals process.
- 58% of all hospitals reported spending more than \$10,000 managing the RAC process during the 3rd quarter of 2014, 39% spent more than \$25,000 and 9% spent over \$100,000.



# There are four RAC regions nationwide. Participation in RAC TRAC is generally consistent with hospital representation in each of the RAC regions.

Distribution of Hospitals by RAC Region and Hospitals Participating in RAC TRAC by RAC Region, through 3rd Quarter 2014

	Percent of Hospitals Nationwide	Percent of Participating Hospitals by Region
Region A	15%	16%
Region B	19%	23%
Region C	40%	35%
Region D	26%	26%



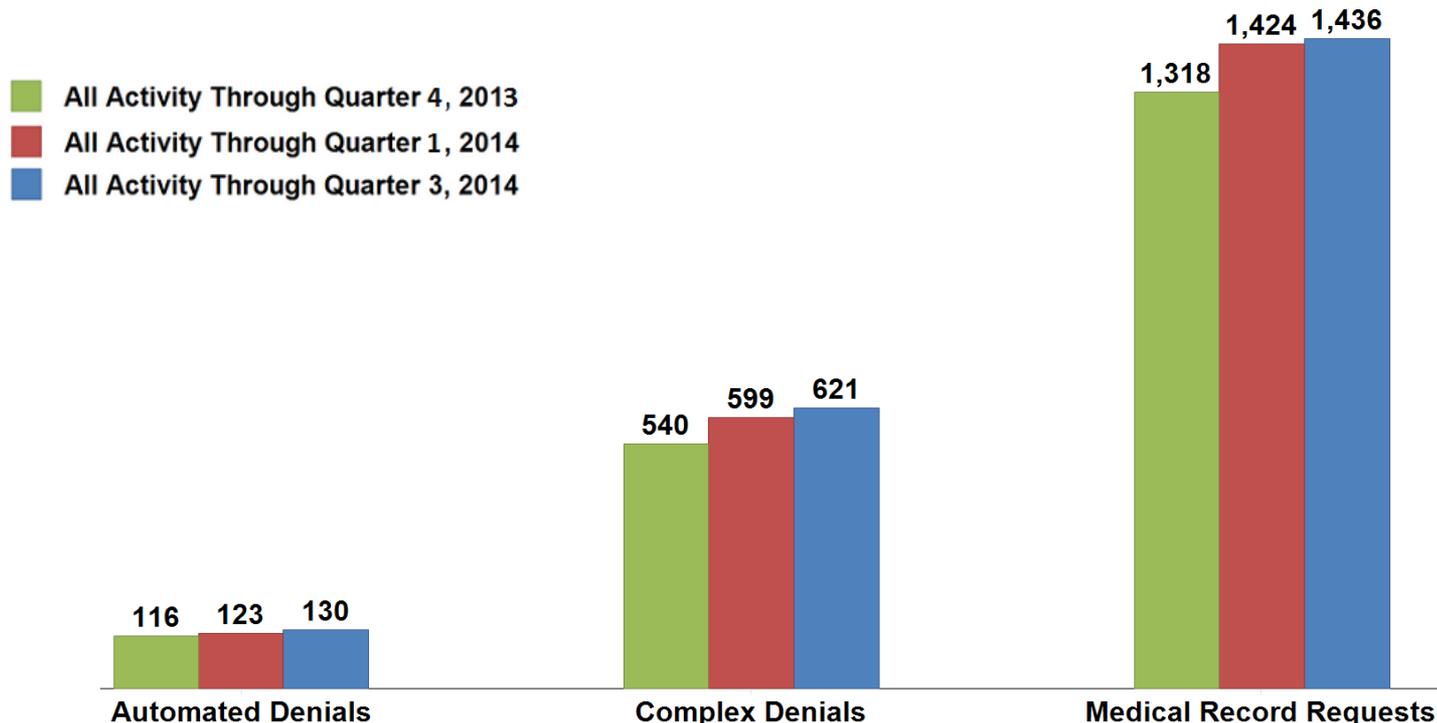
Source: Centers for Medicare and Medicaid Services



# RAC Reviews

# The average number of medical record requests and denials increased between Quarter 1 and Quarter 3 of 2014.

## Average Automated Denials, Complex Denials and Medical Records Requests Among Participating Hospitals, through 3<sup>rd</sup> Quarter 2014\*



\*Response rates vary by quarter.

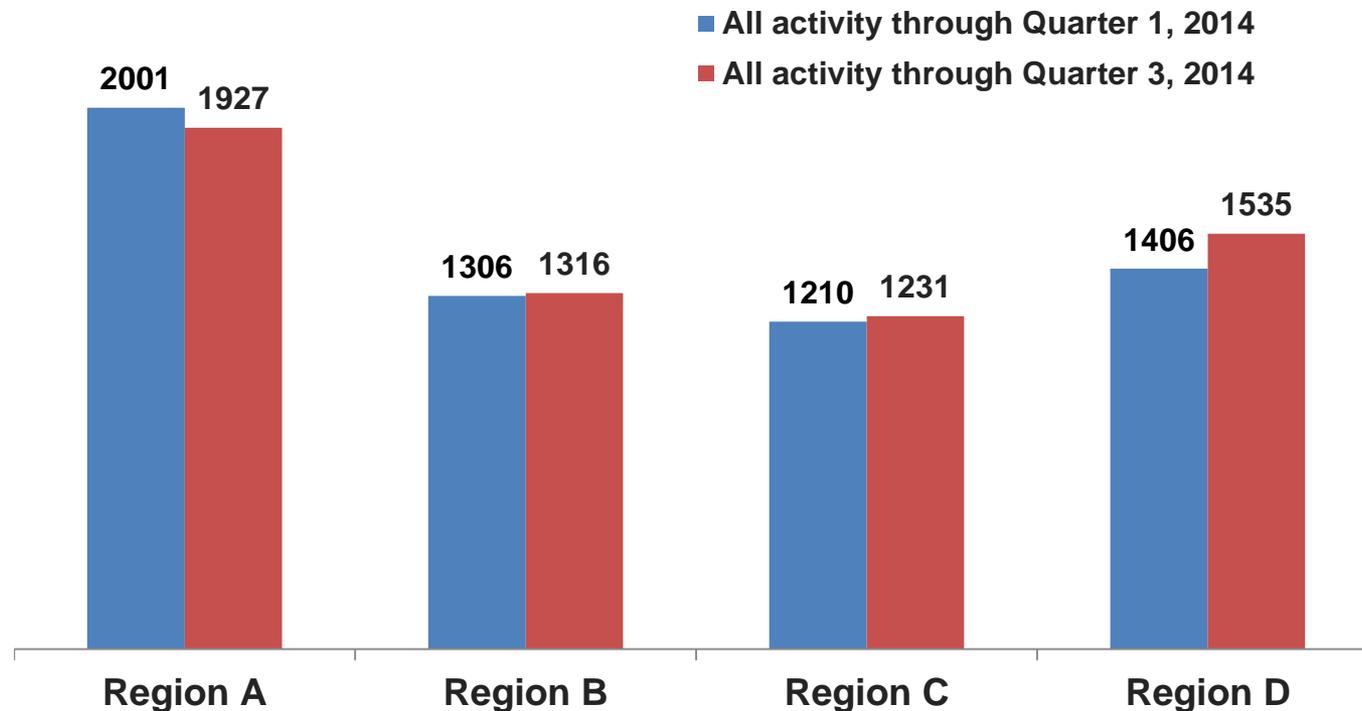
Source: AHA. (October 2014). RAC TRAC Survey

AHA analysis of survey data collected from 2,528 hospitals: 2,254 reporting activity, 274 reporting no activity through September 2014. 1,037 hospitals participated this quarter. Data were collected from general medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals), long-term acute care hospitals, inpatient rehabilitation hospitals and inpatient psychiatric hospitals.



# Region A has the highest average number of medical record requests, on a per hospital basis.

## Average Number of Medical Records Requested from Participating Hospitals With Complex Medical Record RAC Activity, through 3<sup>rd</sup> Quarter 2014\*



\*Response rates vary by quarter.

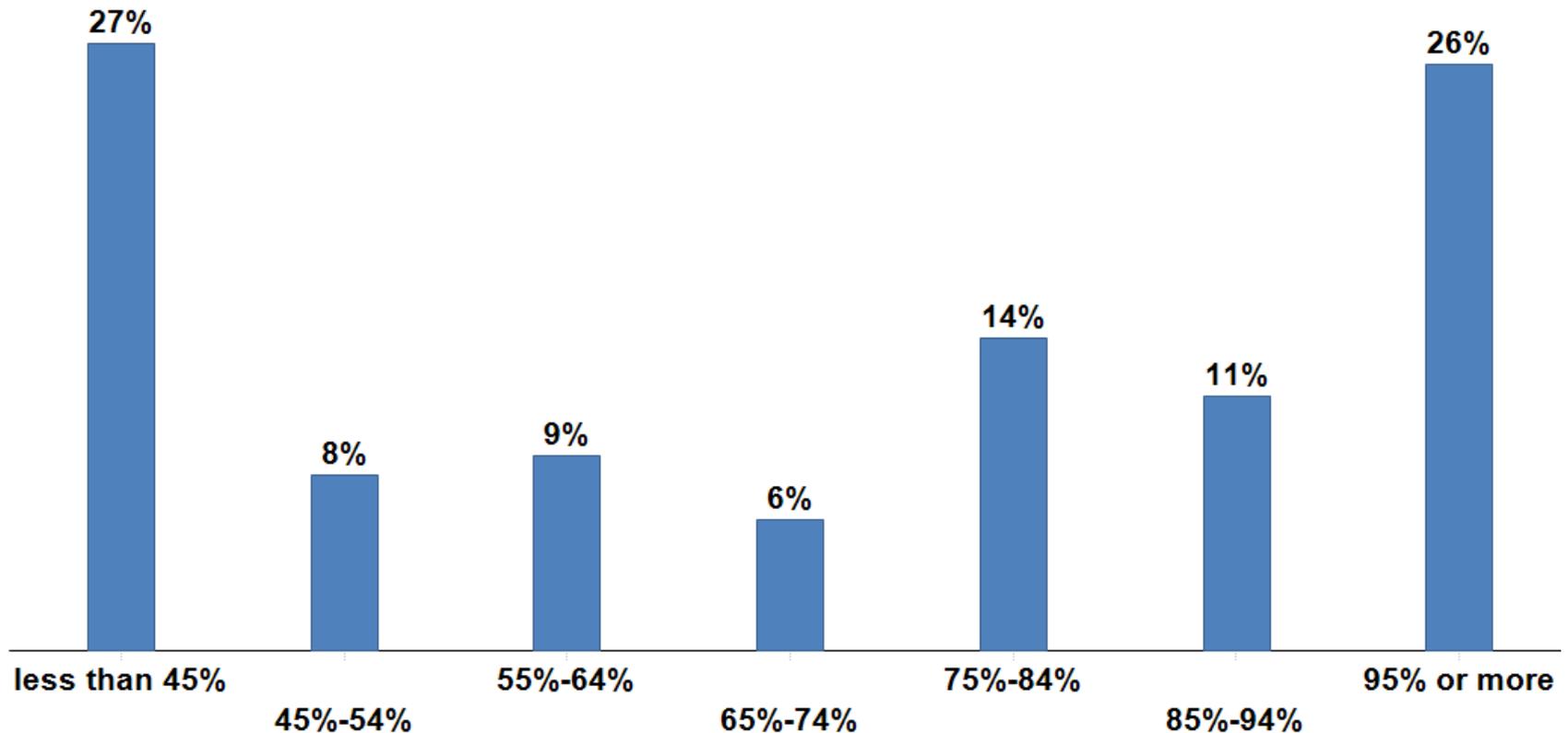
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51% of hospitals reported that over three-fourths of their claims were requested by a RAC after the timely filing window had elapsed.

### Percent of Participating Hospitals Reporting the Percentage of Medical Records Requested after the Timely Filing Window had Elapsed, through 3<sup>rd</sup> Quarter 2014



Source: AHA. (October 2014). RAC TRAC Survey

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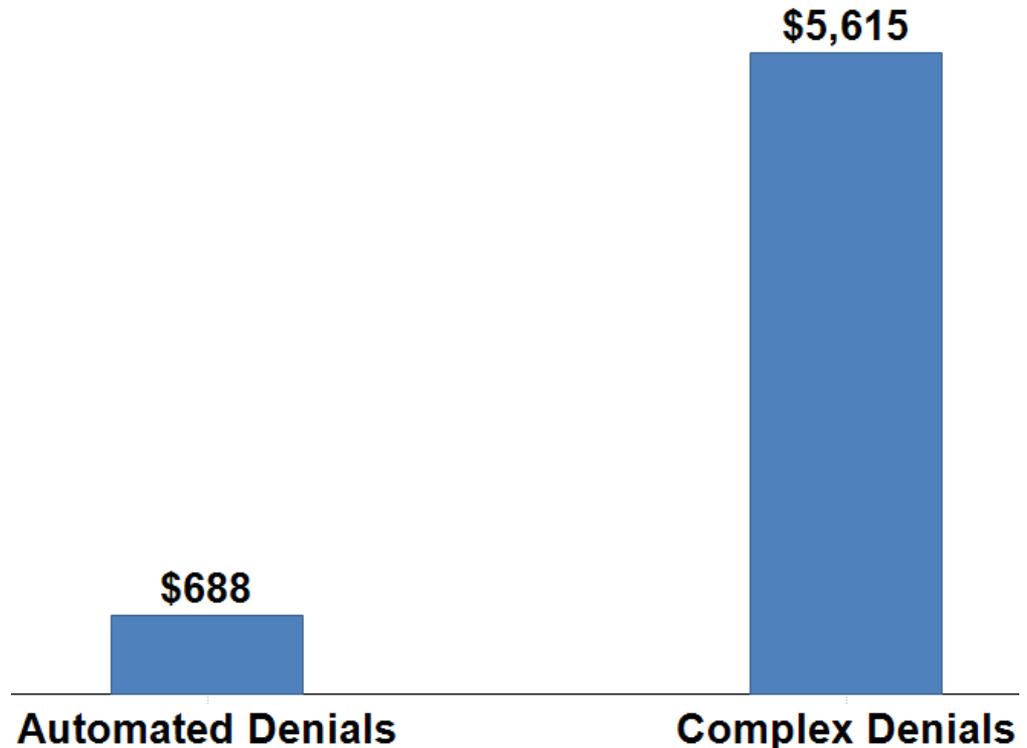


## RAC Denials

The average dollar value of an automated denial was \$688 and the average dollar value of a complex denial was \$5,615.

## Average Dollar Value of Automated and Complex Denials Among Hospitals Reporting RAC Denials, through 3<sup>rd</sup> Quarter 2014

Average Dollar Amount of Automated and Complex Denials Among Reporting Hospitals, by Region		
RAC Region	Automated Denial	Complex Denial
NATIONWIDE	\$688	\$5,618
Region A	\$529	\$5,535
Region B	\$841	\$5,284
Region C	\$792	\$5,618
Region D	\$422	\$5,999



Source: AHA. (October 2014). RAC TRAC Survey

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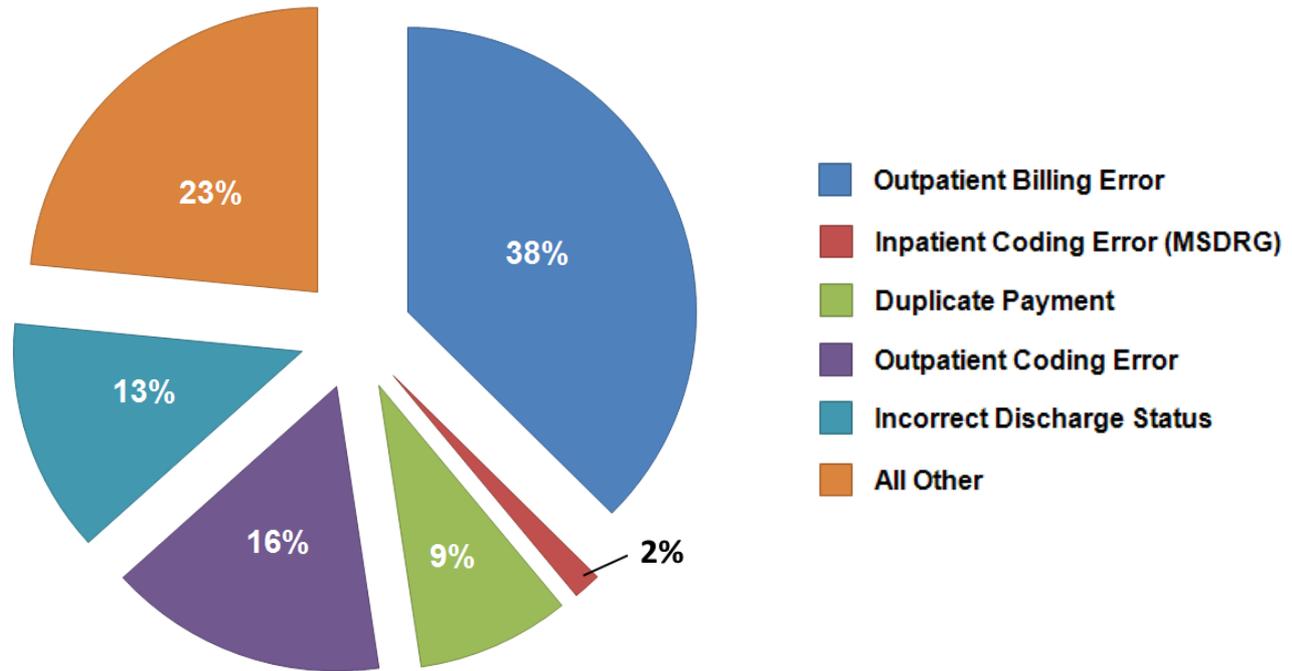


## Automated RAC Denials

# RACs are issuing automated denials for many different reasons.

## Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3<sup>rd</sup> Quarter 2014

*Survey participants were asked to rank denials by reason, according to dollar impact.*



Source: AHA. (October 2014). RAC TRAC Survey

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# Region A: Too few hospitals answered this question in Q3 2014 to provide results.

## Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3<sup>rd</sup> Quarter 2014, Region A

*Survey participants were asked to rank denials by reason, according to dollar impact.*

-  **Outpatient Billing Error**
-  **Inpatient Coding Error (MSDRG)**
-  **Duplicate Payment**
-  **Outpatient Coding Error**
-  **Incorrect Discharge Status**
-  **All Other**



Source: AHA. (October 2014). RAC TRAC Survey

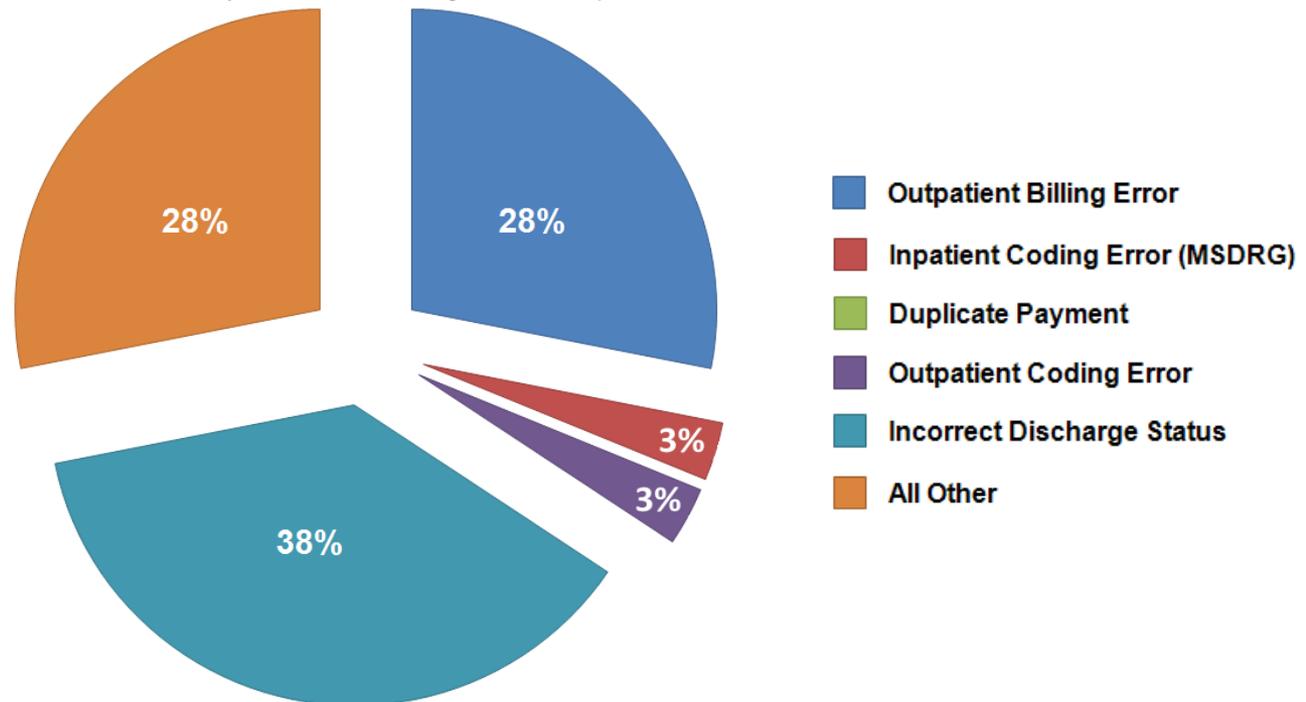
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# Region B: Hospitals reported incorrect discharge status as the top reason for automated denials.

## Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3<sup>rd</sup> Quarter 2014, Region B

Survey participants were asked to rank denials by reason, according to dollar impact.



Source: AHA. (October 2014). RAC TRAC Survey

AHA analysis of survey data collected from 2,528 hospitals: 2,254 reporting activity, 274 reporting no activity through September 2014. 1,037 hospitals participated this quarter. Data were collected from general medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals), long-term acute care hospitals, inpatient rehabilitation hospitals and inpatient psychiatric hospitals.

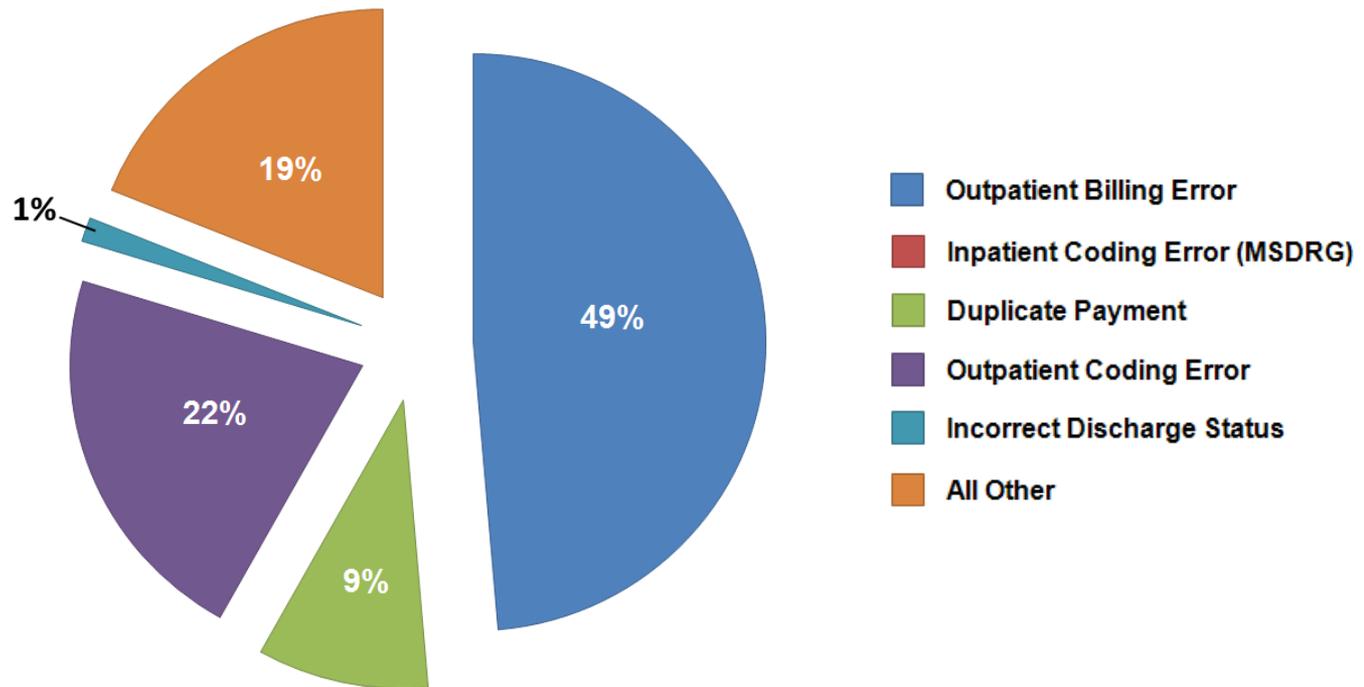
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# Region C: Hospitals reported outpatient billing error as the top reason for RAC denials.

## Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3<sup>rd</sup> Quarter 2014, Region C

*Survey participants were asked to rank denials by reason, according to dollar impact.*



Source: AHA. (October 2014). RAC TRAC Survey

AHA analysis of survey data collected from 2,528 hospitals: 2,254 reporting activity, 274 reporting no activity through September 2014. 1,037 hospitals participated this quarter. Data were collected from general medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals), long-term acute care hospitals, inpatient rehabilitation hospitals and inpatient psychiatric hospitals.

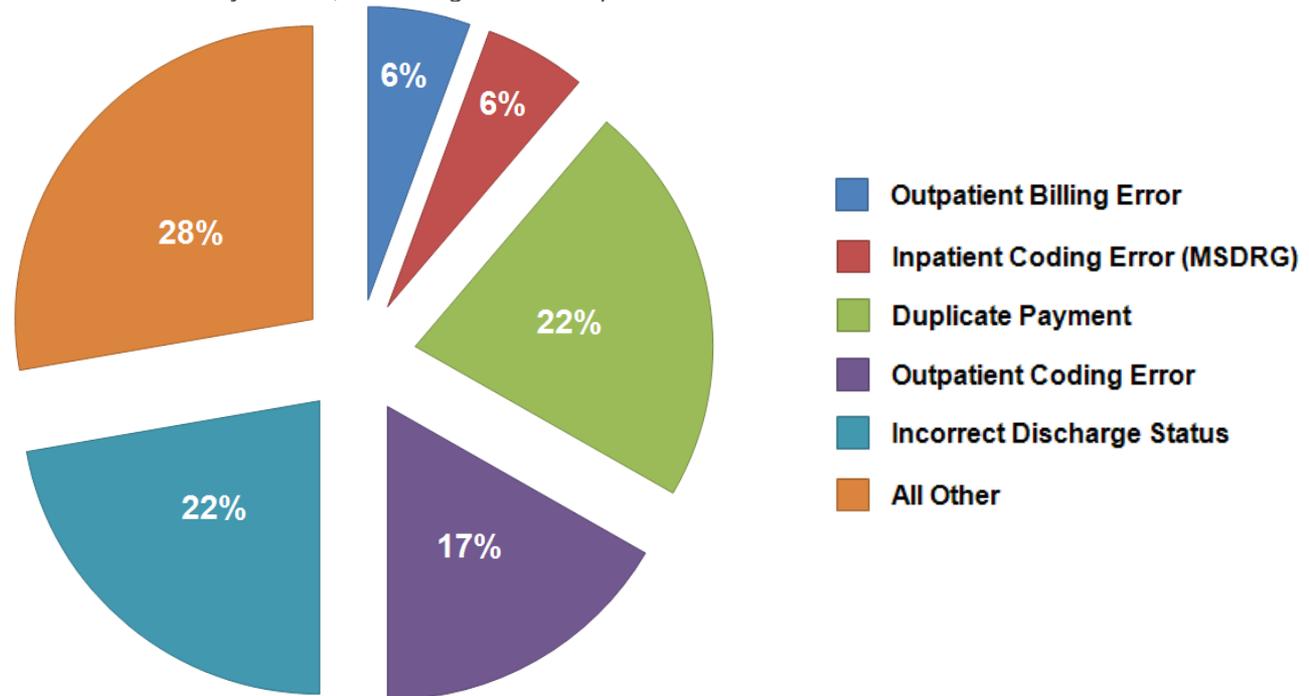
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# Region D: Hospitals reported a large percentage of denials for duplicate payment and for incorrect discharge status.

## Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3<sup>rd</sup> Quarter 2014, Region D

Survey participants were asked to rank denials by reason, according to dollar impact.



Source: AHA. (October 2014). RAC TRAC Survey

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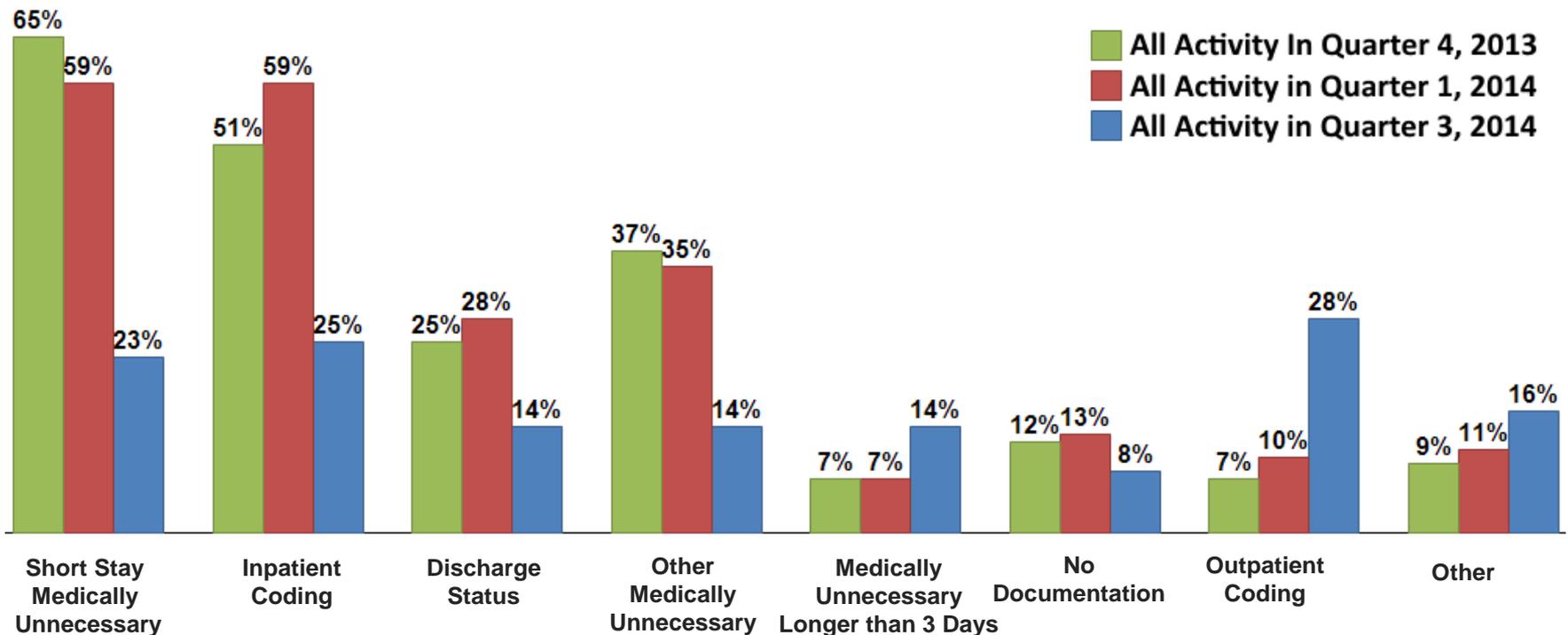


## Complex RAC Denials

# The most commonly cited reasons for a complex denial are “outpatient coding” and “inpatient coding.”

## Percent of Participating Medical/Surgical Acute Hospitals with RAC Activity Experiencing Complex Denials by Reason, through 3<sup>rd</sup> Quarter 2014

Survey participants were asked to select all reasons for denial.



Source: AHA. (October 2014). RAC TRAC Survey

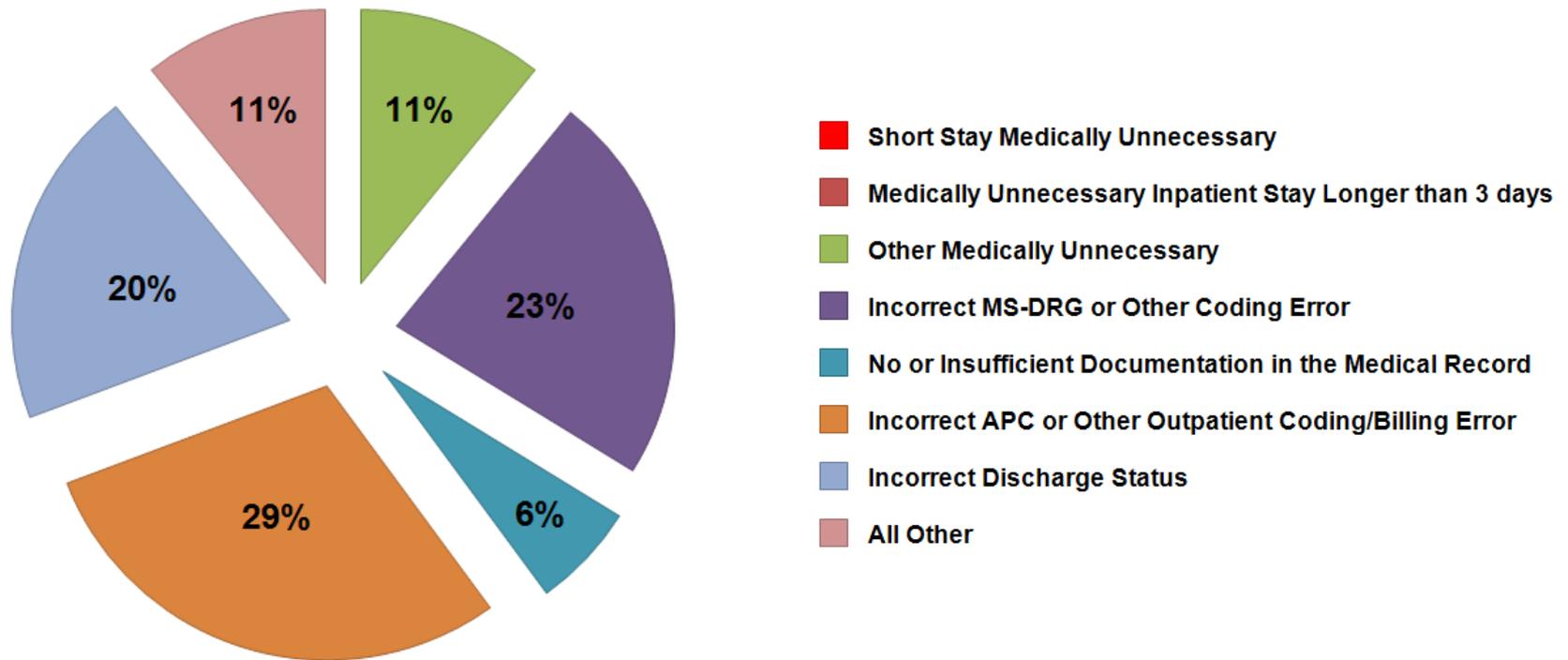
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# Nationally, hospitals reported a higher percentage of denials for incorrect outpatient coding/billing error and for incorrect discharge status.

## Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3<sup>rd</sup> Quarter 2014

Survey participants were asked to rank denials by reason, according to dollar impact.



Source: AHA. (October 2014). RAC TRAC Survey

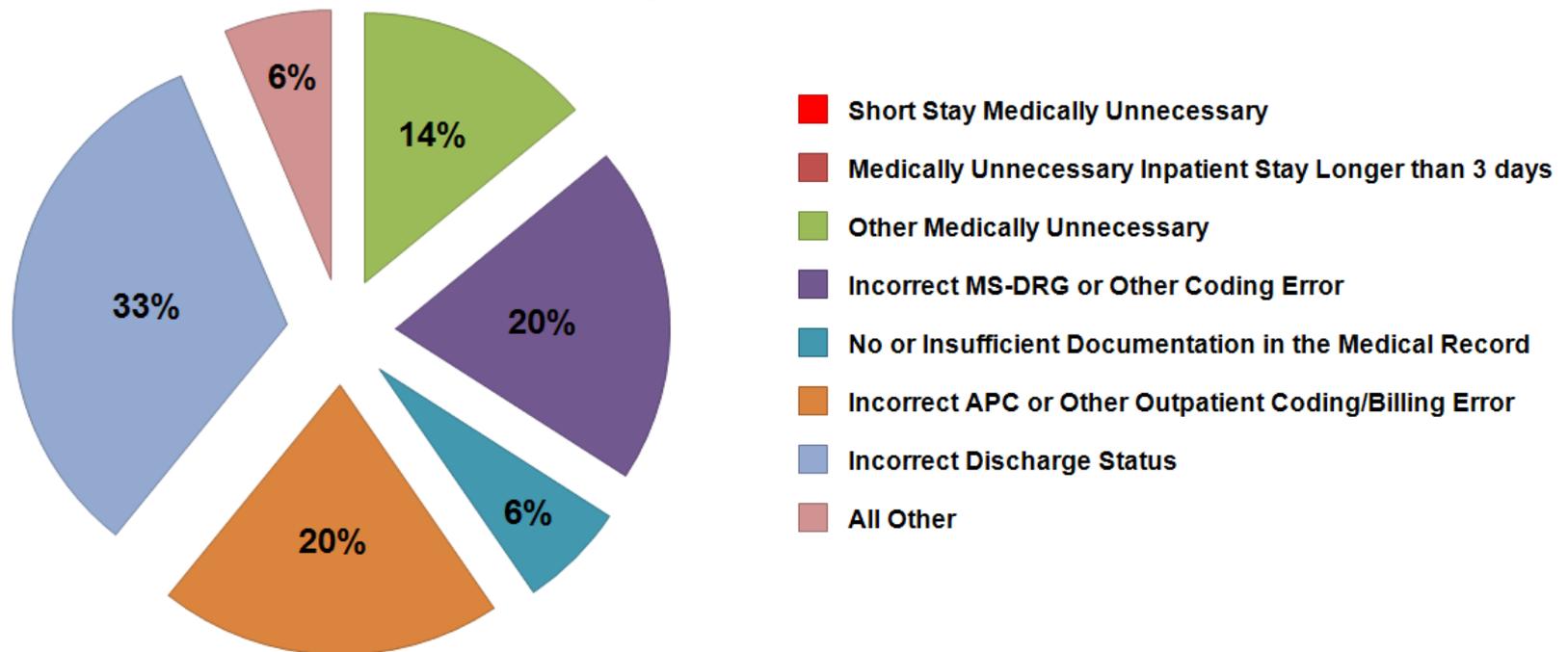
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# Region A: Hospitals reported a higher percentage of denials for incorrect outpatient coding/billing error and for incorrect discharge status.

## Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3<sup>rd</sup> Quarter 2014, Region A

Survey participants were asked to rank denials by reason, according to dollar impact.



Source: AHA. (October 2014). RAC TRAC Survey

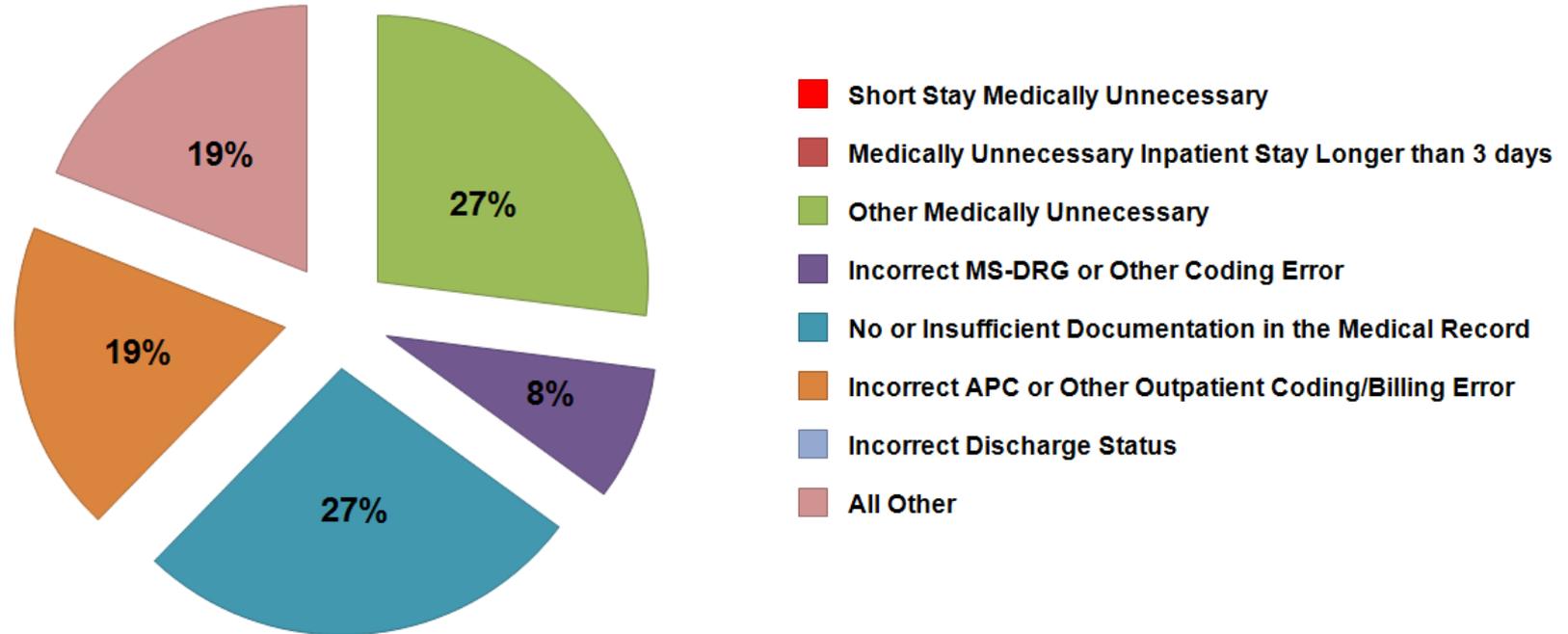
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# Region B: Hospitals reported an increase in the percentage of denials for no or insufficient documentation, as well as incorrect outpatient coding or billing error.

## Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3<sup>rd</sup> Quarter 2014, Region B

Survey participants were asked to rank denials by reason, according to dollar impact.



Source: AHA. (October 2014). RAC TRAC Survey

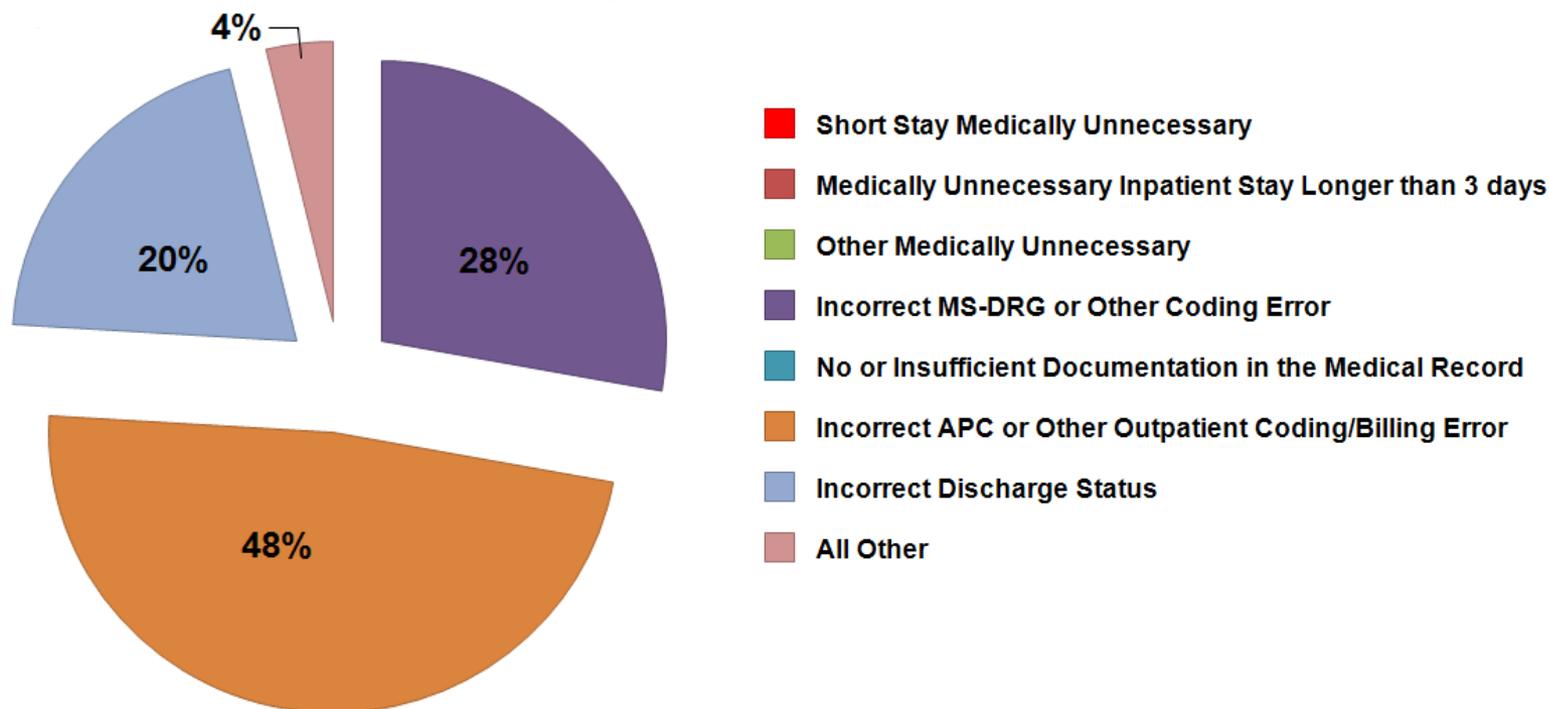
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# Region C: Hospitals reported a higher percentage of denials for incorrect outpatient coding/billing error and for incorrect discharge status.

## Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3<sup>rd</sup> Quarter 2014, Region C

Survey participants were asked to rank denials by reason, according to dollar impact.



Source: AHA. (October 2014). RAC TRAC Survey

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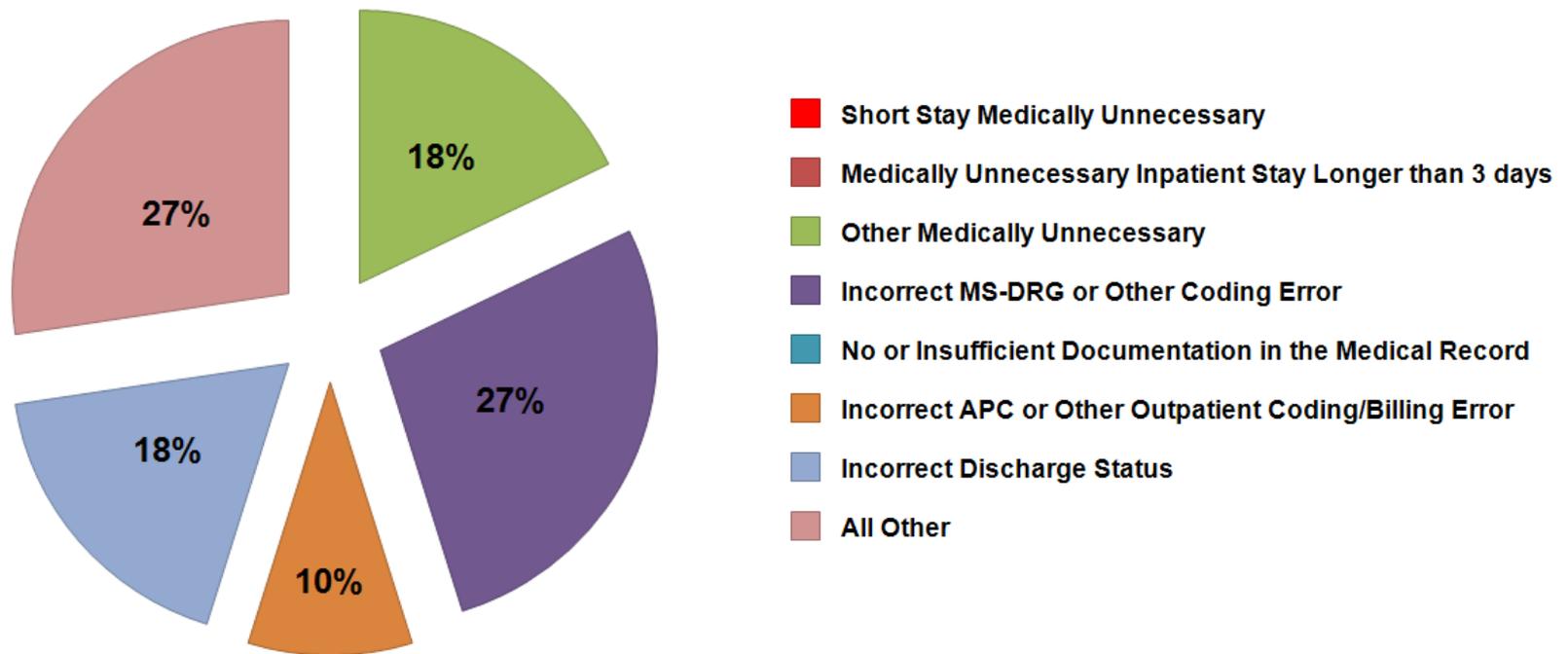
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# Region D: Hospitals noted an increase in the percentage of denials related to incorrect discharge status.

## Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3<sup>rd</sup> Quarter 2014, Region D

Survey participants were asked to rank denials by reason, according to dollar impact.



Source: AHA. (October 2014). RAC TRAC Survey

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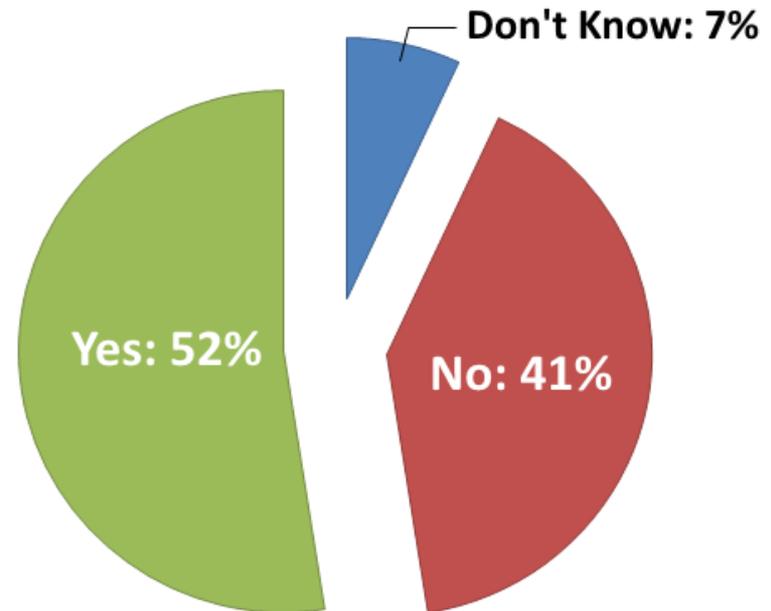
Appeals

# 52% of participating hospitals report having a denial reversed during the discussion period, including 71% of hospitals in Region A.

Percent of Participating Hospitals with Denials Reversed During the Discussion Period, National and by Region, 3<sup>rd</sup> Quarter 2014

## Reversed Denials by RAC Region

	Yes	No	Don't Know
Region A	71%	22%	7%
Region B	54%	40%	6%
Region C	50%	43%	7%
Region D	31%	61%	8%



*The discussion period is intended to be a tool that hospitals may use to reverse denials and avoid the formal Medicare appeals process. All RACs are required to allow a **discussion period** in which a hospital may share additional information and discuss the denial with the RAC. During the discussion period a hospital may gain more information from the RAC to better understand the cause for the denial and the RAC may receive additional information from the hospital that could potentially result in the RAC reversing its denial.*

Source: AHA. (October 2014). RAC TRAC Survey

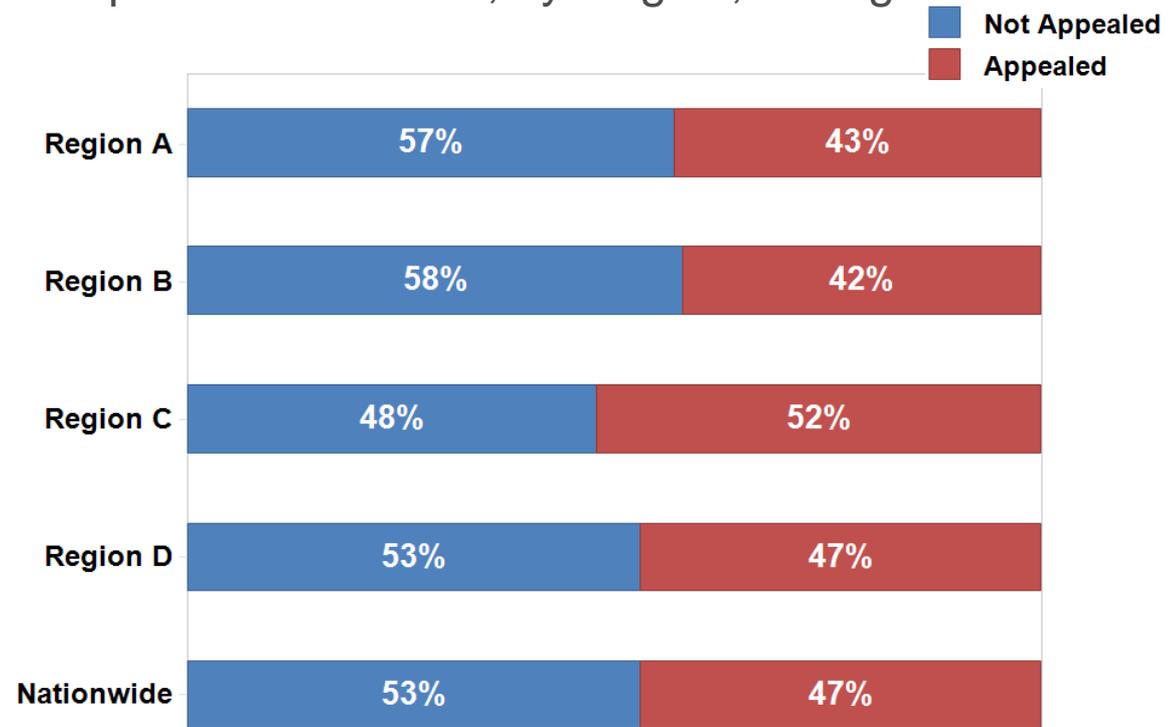
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# Nationwide hospitals report appealing 47% of RAC denials including over half of all denials in Region D.

Total Number and Percent of Automated and Complex Denials Appealed by Hospitals with Automated or Complex RAC Denials, by Region, through 3<sup>rd</sup> Quarter 2014

	Total Number of Denials Available* for Appeal	Total Number of Denials Appealed
Nationwide	540,203	254,537
Region A	106,939	46,500
Region B	103,472	43,409
Region C	215,773	111,352
Region D	113,975	53,276



\* Available for appeal means that the hospital received a demand letter for this claim, as a result of either automated or complex review.

Source: AHA. (October 2014). RAC TRAC Survey

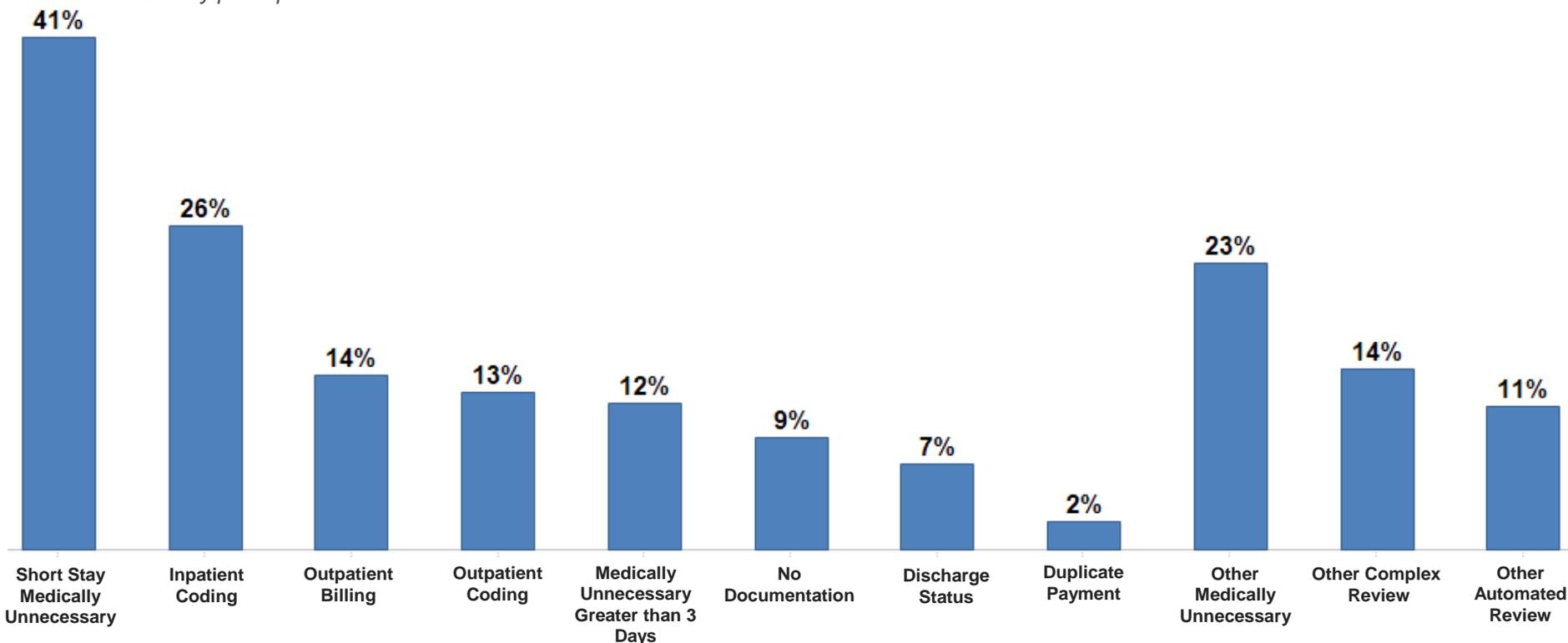
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# 41% of all hospitals filing an appeal of a RAC denial – to any level of the appeals system – during Q3 2014 reported appealing short stay medically unnecessary denials.

## Percent of Participating Medical/Surgical Acute Hospitals Reporting RAC Appeals by Denial Reason, 3<sup>rd</sup> Quarter 2014

Survey participants were asked to select all reasons for denial.



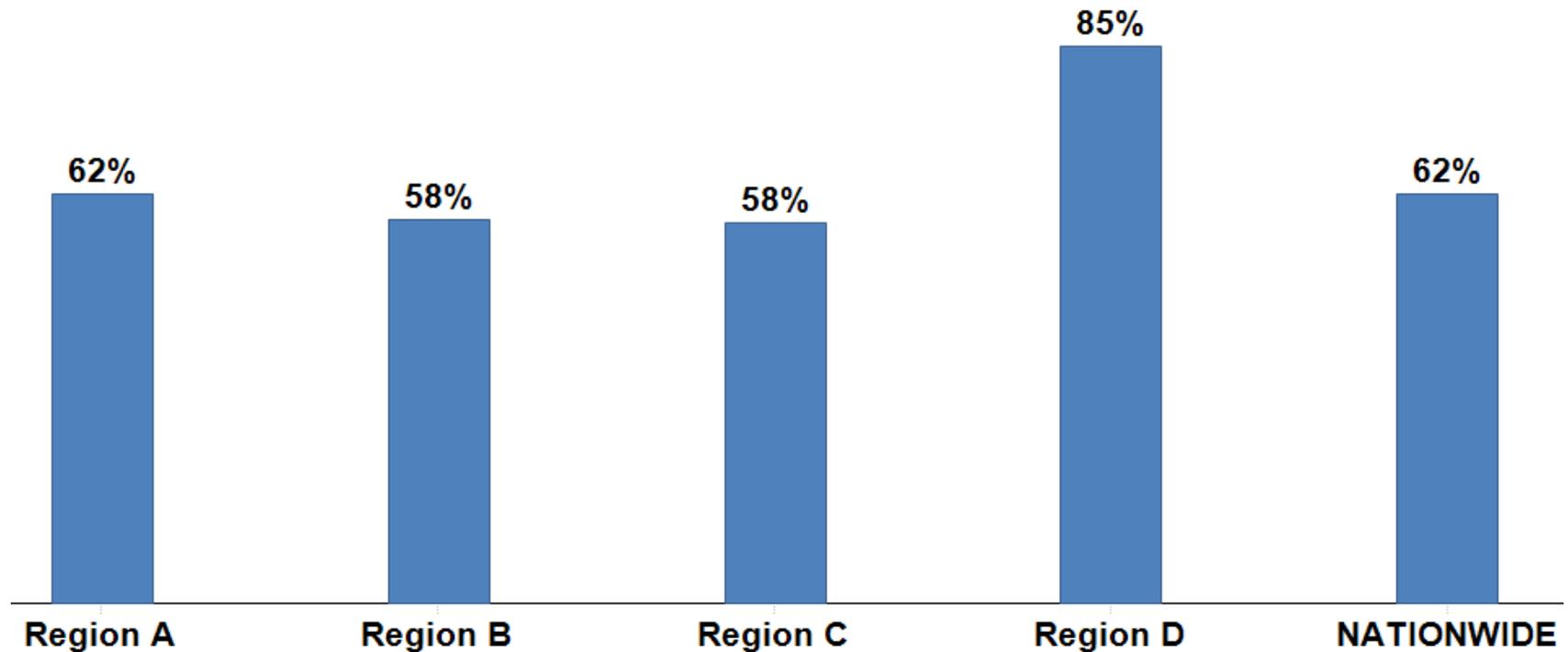
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For over 62% of claims appealed to the ALJ, the judge has taken longer than the statutory limit of 90 days to provide a determination to the hospital.

Percent of Appeals for which ALJ has taken Longer than the Statutory Maximum of 90 Calendar Days to Issue a Decision, through 3<sup>rd</sup> Quarter 2014



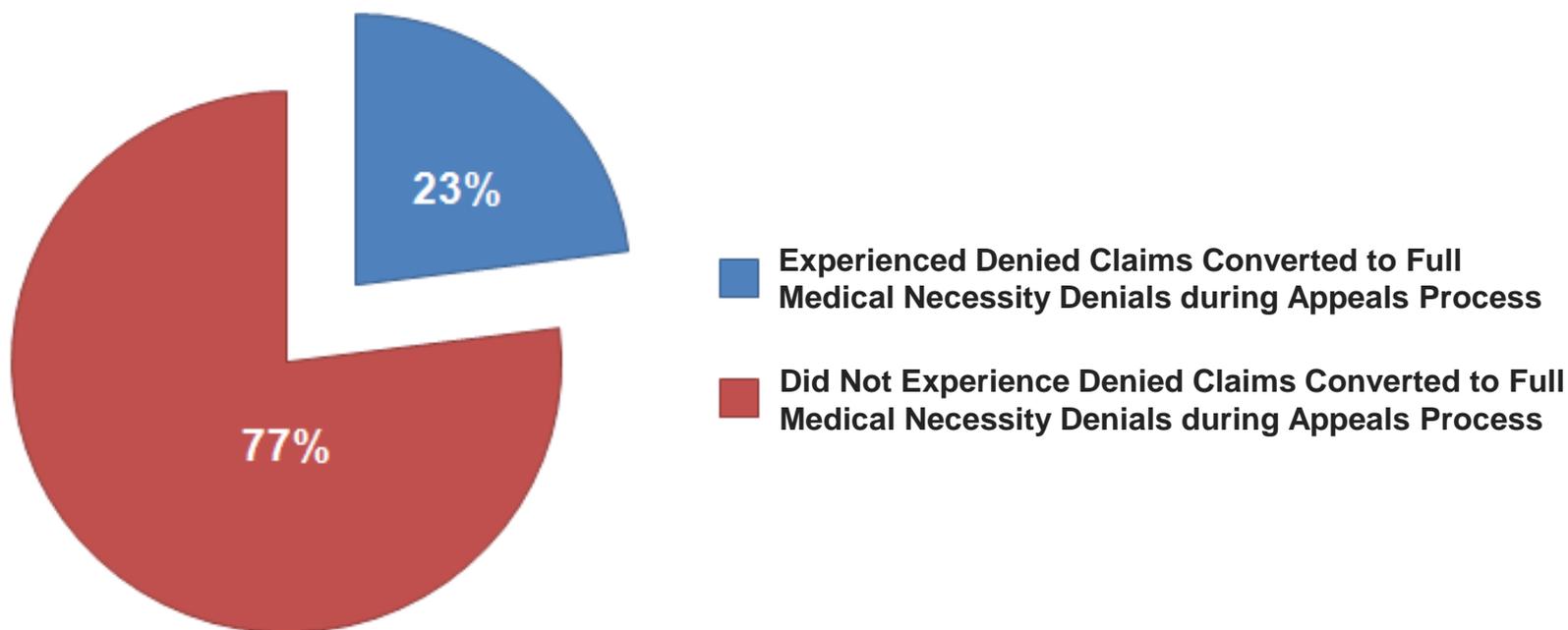
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# 23% of reporting hospitals reported having claims denied for DRG Validation converted into full medical necessity denials when the determination was appealed.

Percent of Responding Hospitals Experiencing Denied Claims Converted to Full Medical Necessity Denials during Appeals Process, 3<sup>rd</sup> Quarter 2014



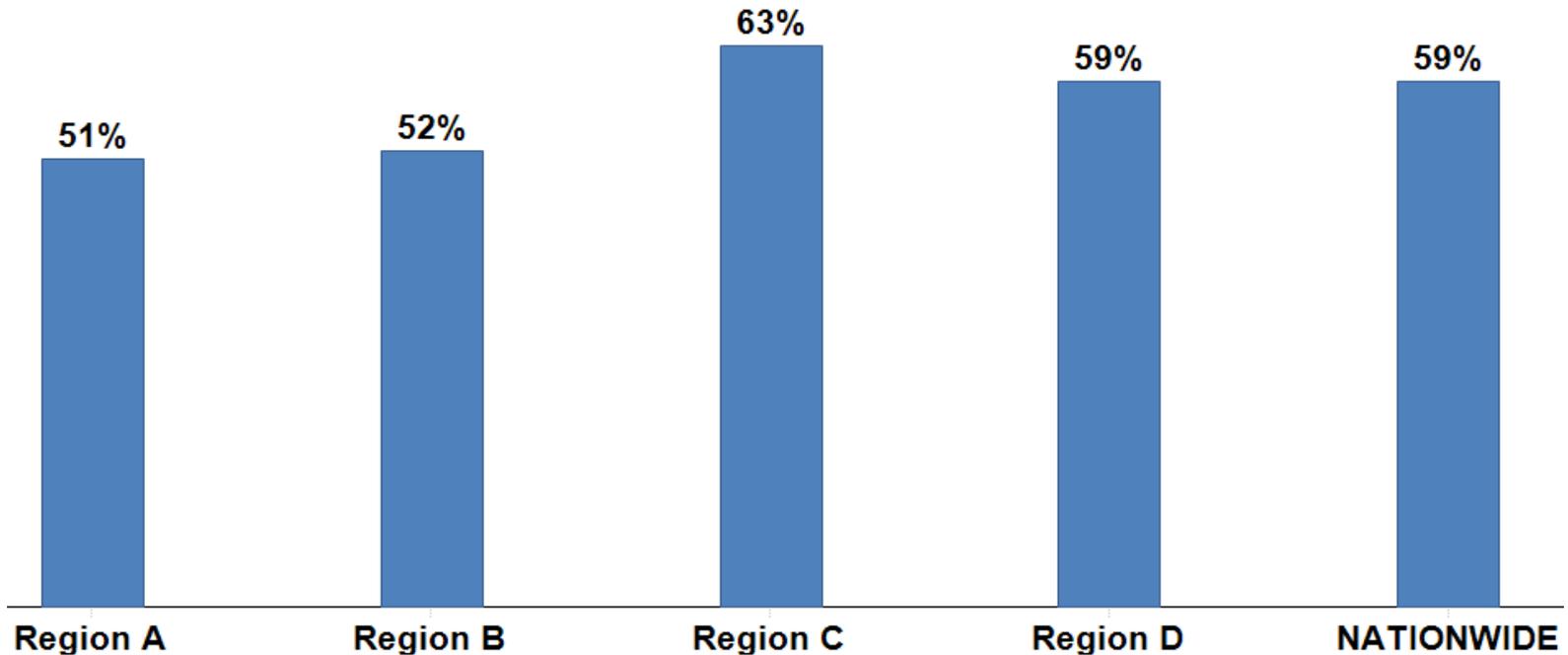
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# 59% of all cumulative claims appealed are still sitting in the appeals process.

Percent of Appealed Claims Pending Determination for Participating Hospitals, by Region, through 3<sup>rd</sup> Quarter 2014\*



*Manual survey entries only for Region A.*

\*Response rates vary by quarter.

Source: AHA. (October 2014). RAC TRAC Survey

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# Of the claims that have completed the appeals process, 70% were overturned in favor of the provider.

## Summary of Appeal Rate and Determinations in Favor of the Provider, for Hospitals with Automated or Complex RAC Denials, through 3<sup>rd</sup> Quarter 2014\*

	Appealed	Percent of Denials Appealed	Number of Denials Awaiting Appeals Determination	Completed Appeals		
				Number of Denials Not Overturned from Appeals Process** (Withdrawn/Not Continued)	Number of Denials Overturned in the Appeals Process	Percent of Appealed Denials Overturned (as a Percent of Total Completed Appeals)
NATIONWIDE	223,942	48%	132,593	26,329	60,396	70%
Region A *	15,905	51%	8,063	3,655	3,442	48%
Region B	43,409	42%	22,389	6,090	13,717	69%
Region C	111,352	52%	70,543	10,566	28,037	73%
Region D	53,276	47%	31,598	6,018	15,200	72%

\*Manual survey entries only for Region A. Due to survey submission error, total appeals may be greater than the sum of ending/withdrawn/overturned appeals.

\*\* May include appeals withdrawn to re-bill.

\*Response rates vary by quarter.

Source: AHA. (October 2014). RAC TRAC Survey

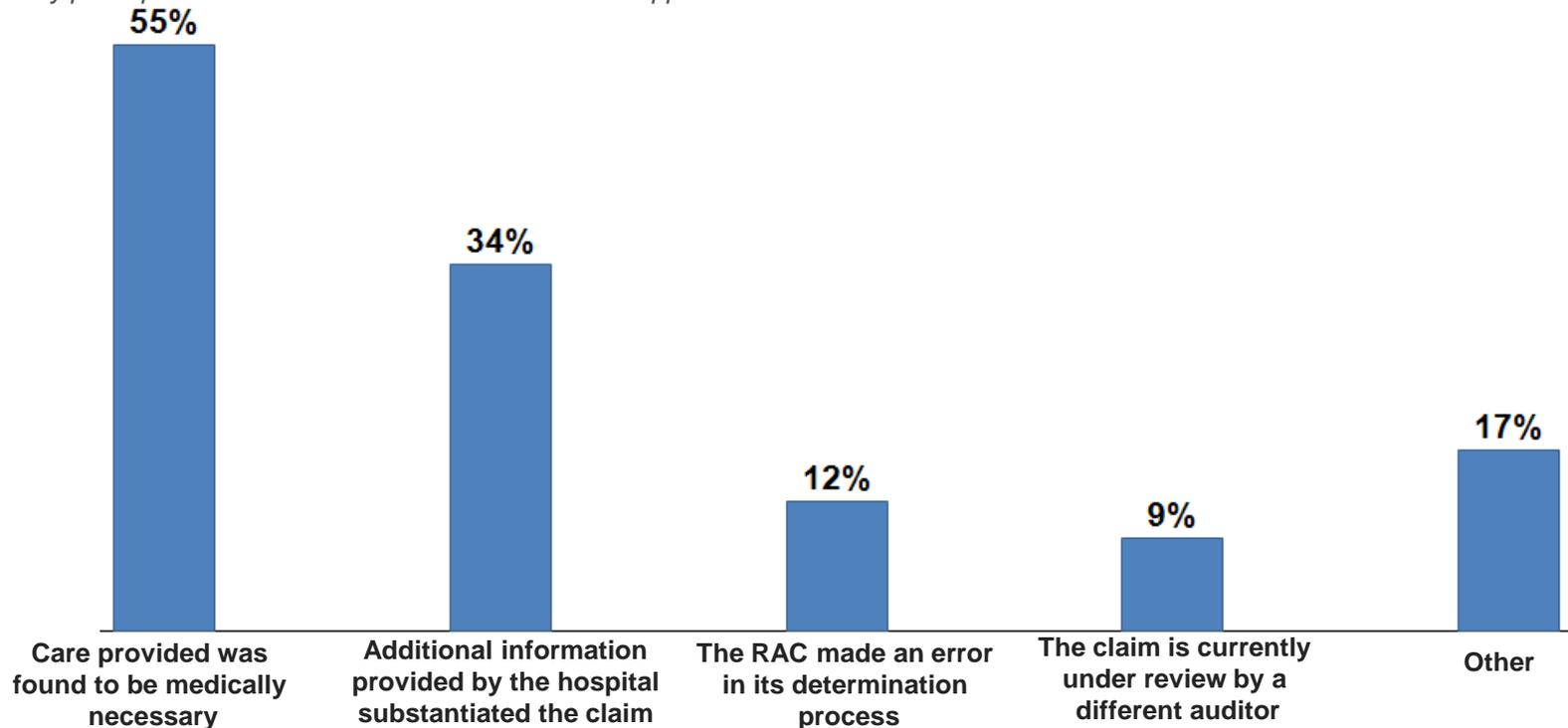
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# 55% of hospitals with a RAC denial overturned had a denial reversed because the care was found to be medically necessary.

## Percent of Participating Hospitals That Had a Denial Overturned by Reason, 3<sup>rd</sup> Quarter 2014

Survey participants were asked to select all reasons for appeal overturn.



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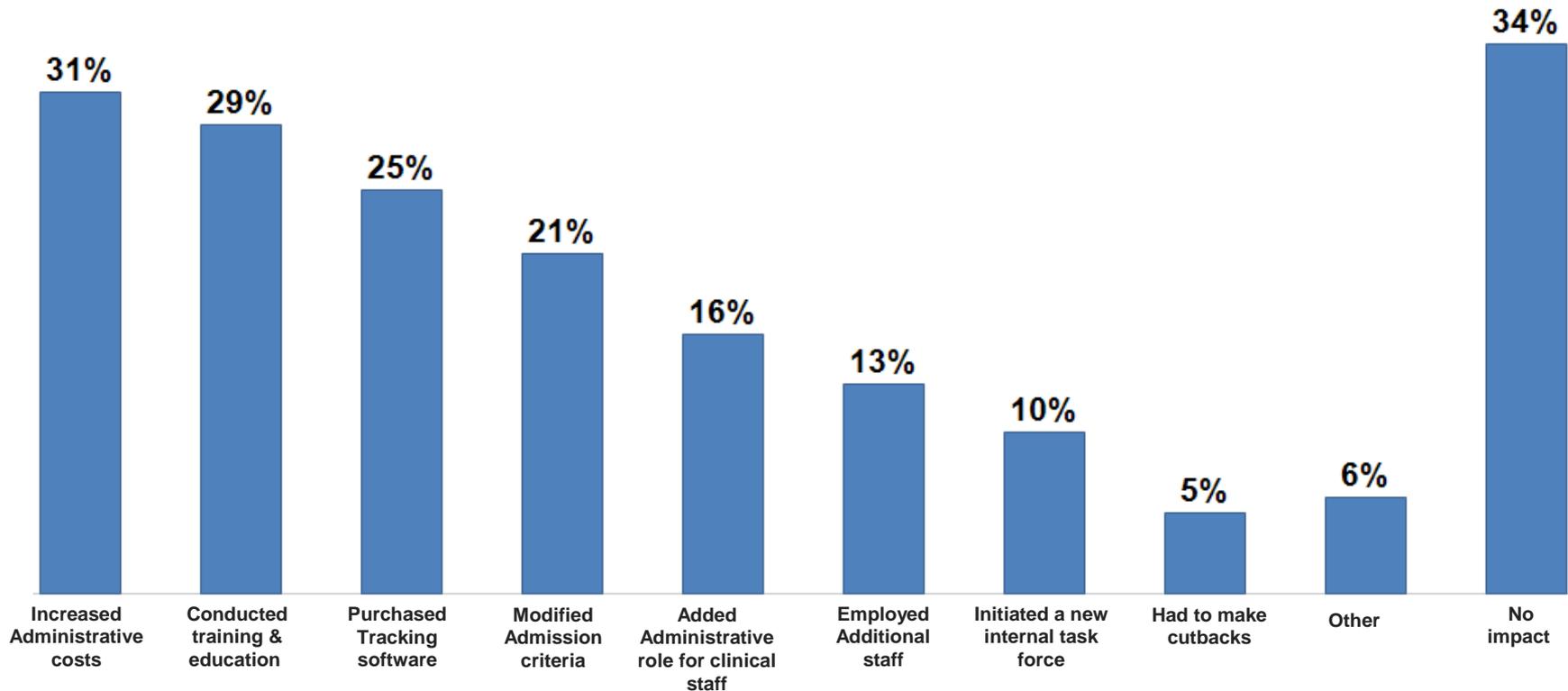
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# Administrative Burden

# Hospitals experience many types of administrative impacts due to RACs.

Impact of RAC on Participating Hospitals\* by Type of Impact, 3<sup>rd</sup> Quarter 2014



\* Includes participating hospitals with and without RAC activity

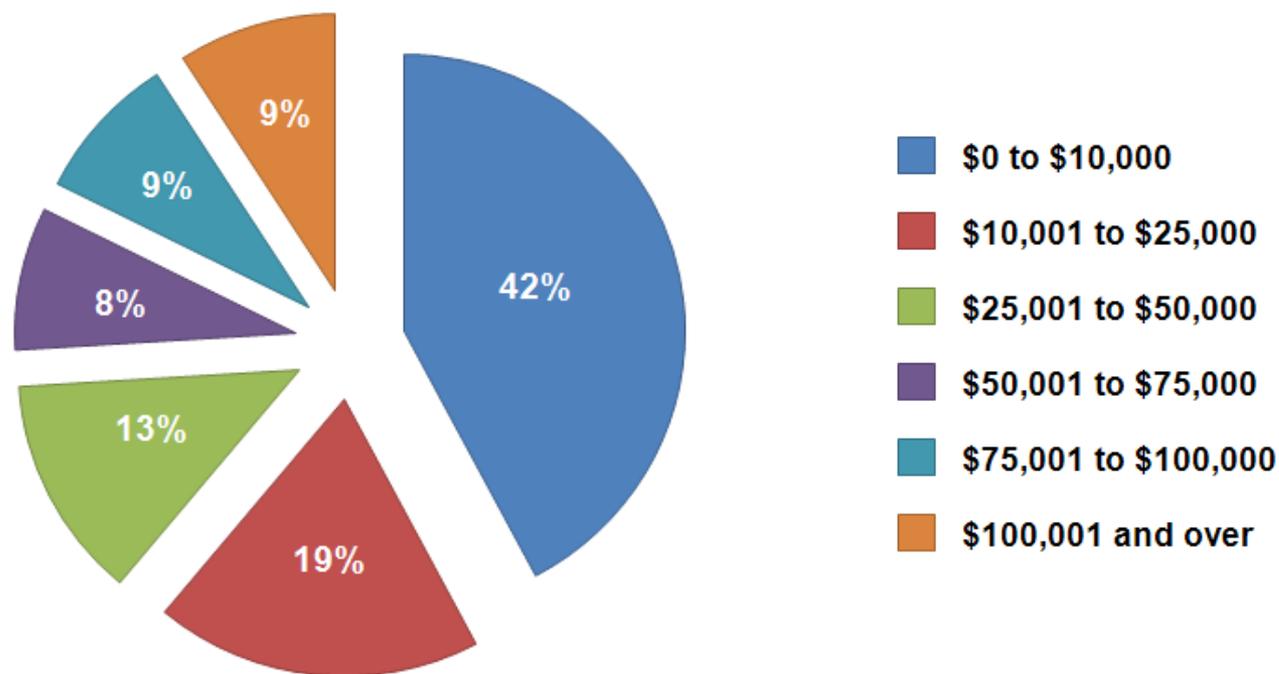
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58% of all hospitals reported spending more than \$10,000 managing the RAC process during the 3rd quarter of 2014, 39% spent more than \$25,000 and 9% spent over \$100,000.

## Percent of Participating Hospitals\* Reporting Average Cost Dealing with the RAC Program, 3<sup>rd</sup> Quarter 2014



\* Includes participating hospitals with and without RAC activity

Source: AHA. (October 2014). RAC TRAC Survey

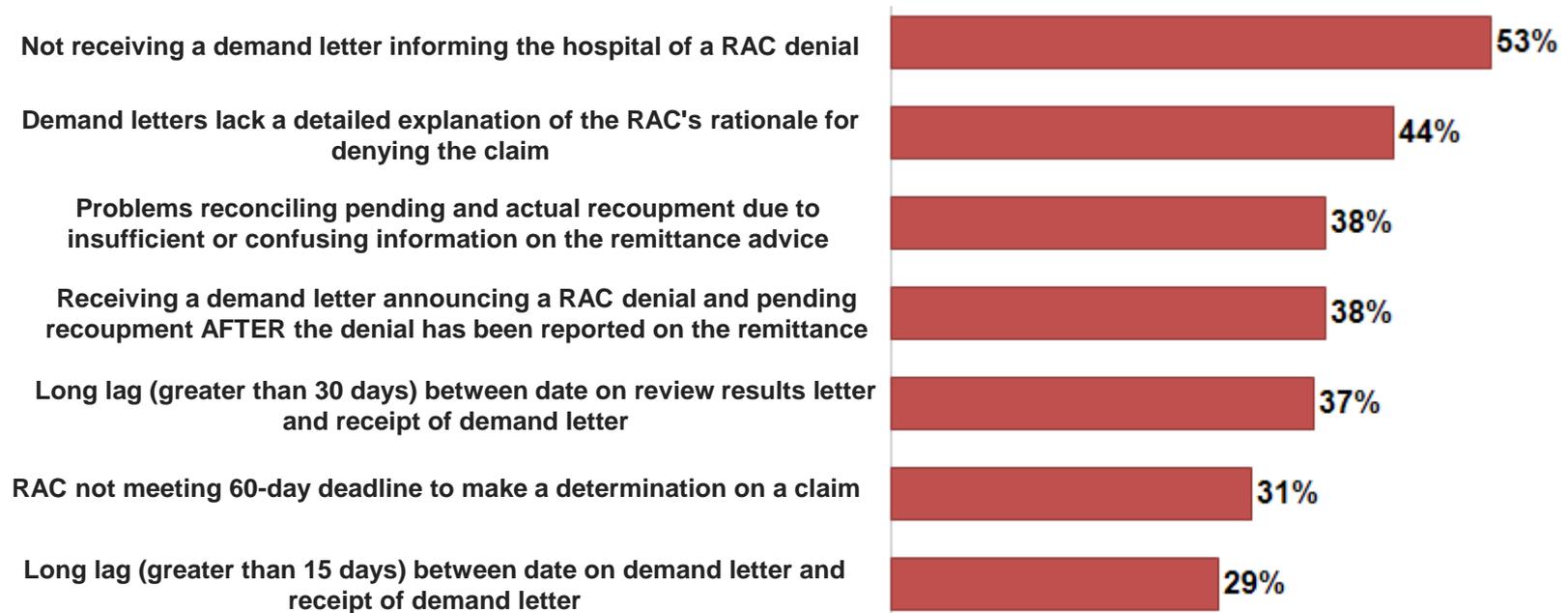
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# Hospitals report widespread RAC process-related issues, including multiple problems with MACs and the demand letter process.

## Percent of Participating Hospitals Reporting RAC Process Issues, by Issue, 3<sup>rd</sup> Quarter 2014



*\* Includes participating hospitals with and without RAC activity*

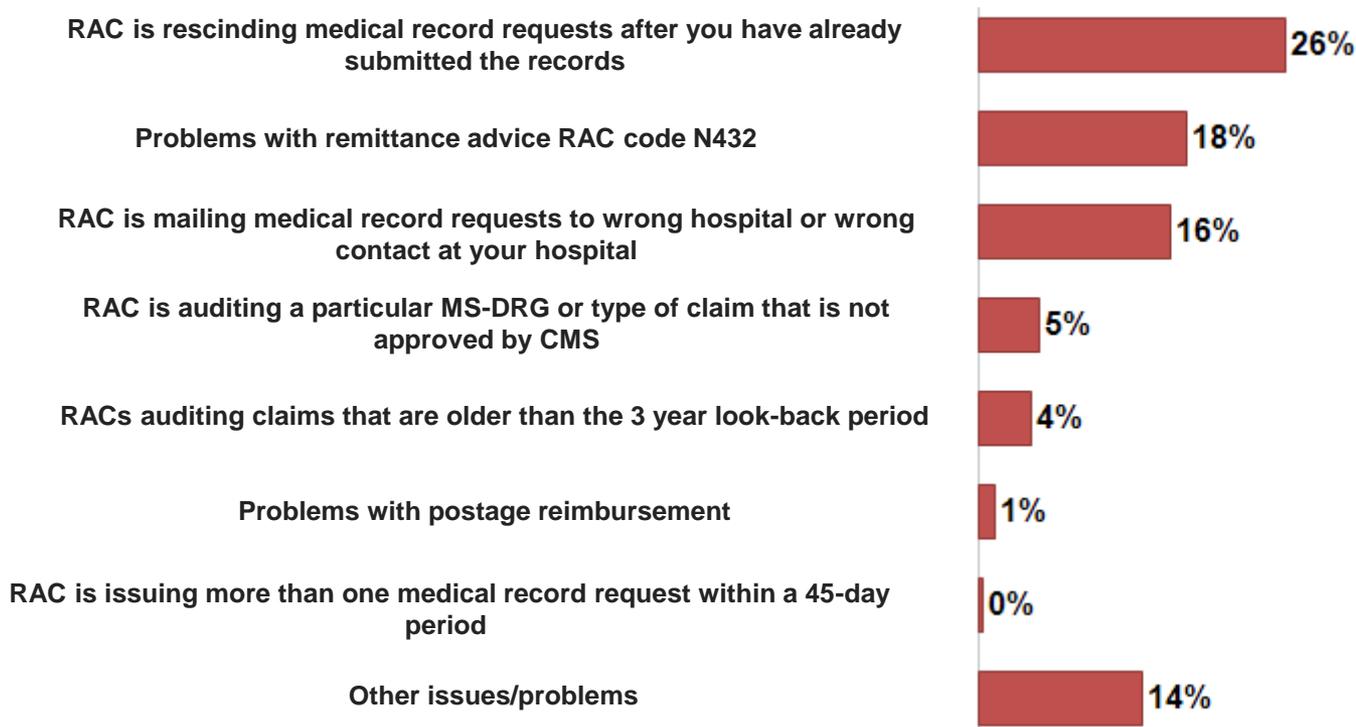
Source: AHA. (October 2014). RAC TRAC Survey

AHA analysis of survey data collected from 2,528 hospitals: 2,254 reporting activity, 274 reporting no activity through September 2014. 1,037 hospitals participated this quarter. Data were collected from general medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals), long-term acute care hospitals, inpatient rehabilitation hospitals and inpatient psychiatric hospitals.



# Hospitals continue to report a wide variety of RAC process problems.

## Percent of Participating Hospitals Reporting RAC Process Issues, by Issue, 3<sup>rd</sup> Quarter 2014



\* Includes participating hospitals with and without RAC activity

Source: AHA. (October 2014). RACTRAC Survey

AHA analysis of survey data collected from 2,528 hospitals: 2,254 reporting activity, 274 reporting no activity through September 2014. 1,037 hospitals participated this quarter. Data were collected from general medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals), long-term acute care hospitals, inpatient rehabilitation hospitals and inpatient psychiatric hospitals.





For more information visit AHA's RAC *TRAC* website:

<http://www.aha.org/ractrac>