Exploring the Impact of the RAC Program on Hospitals Nationwide

Results of AHA RACTrac Survey, 2nd Quarter 2016

October 6, 2016
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);
  – 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.
RACTRAC Background

- AHA created RACTRAC—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, RACTRAC (accessed at 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 2nd quarter of 2016.
  - Survey registration information and RACTRAC support can be accessed at ractracsupport@providercs.com or 1-888-722-8712.
  - Hospitals submit data to RACTrac through their claim tracking tools
    - 21 external vendors offer an upload function to export a hospital’s RAC data to RACTrac, or hospitals can choose to utilize the claim-level tracking tool provided by the AHA.
Executive Summary

• 2,582 hospitals have participated in RACTRAC since data collection began in January of 2010. 676 hospitals participated this quarter.
• 60% of reviewed claims in Q2 2016 were found to not have an overpayment.
• 72% of hospitals received a complex denial based on inpatient coding in Q2 2016.
• Hospitals report appealing 45% of all RAC denials.
• 28% of hospitals report having a denial reversed in the discussion period.
• 47% of all hospitals reported spending more than $10,000 managing the RAC process during the 2nd quarter of 2016, 27% spent more than $25,000 and 5% spent over $100,000.
There are four RAC regions nationwide. Participation in RACTRAC is generally consistent with hospital representation in each of the RAC regions.

Distribution of Hospitals by RAC Region and Hospitals Participating in RACTRAC by RAC Region, through 2nd Quarter 2016.

<table>
<thead>
<tr>
<th>Region</th>
<th>Percent of Hospitals Nationwide</th>
<th>Percent of Participating Hospitals by Region</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region A</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Region B</td>
<td>18%</td>
<td>23%</td>
</tr>
<tr>
<td>Region C</td>
<td>41%</td>
<td>35%</td>
</tr>
<tr>
<td>Region D</td>
<td>26%</td>
<td>25%</td>
</tr>
</tbody>
</table>

Source: Centers for Medicare & Medicaid Services
RAC Reviews
The average number of medical record requests per hospital increased in Q2 2016.

Average Automated Denials, Complex Denials and Medical Record Requests Per Participating Hospital, through 2nd Quarter 2016*

*Response rates vary by quarter.

Source: AHA. (July 2016). RAC TRAC Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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 A has the highest average number of medical record requests per hospital.

Average Number of Medical Records Requested Per Participating Hospital With Complex Medical Record RAC Activity, through 2nd Quarter 2016*

*Response rates vary by quarter.
Source: AHA. (July 2016). RAC TRAC Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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.
60% of medical records reviewed by RACs did not contain an overpayment.

Percent of Completed Complex Reviews with and without Overpayment or Underpayment Determinations for Participating Hospitals, by Region, through 2nd Quarter 2016

<table>
<thead>
<tr>
<th>Region</th>
<th>Underpayment Determination</th>
<th>Overpayment Determination</th>
<th>No Overpayment Determination</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region A</td>
<td>1%</td>
<td>35%</td>
<td>64%</td>
</tr>
<tr>
<td>Region B</td>
<td>1%</td>
<td>34%</td>
<td>65%</td>
</tr>
<tr>
<td>Region C</td>
<td>5%</td>
<td>44%</td>
<td>51%</td>
</tr>
<tr>
<td>Region D</td>
<td>4%</td>
<td>47%</td>
<td>49%</td>
</tr>
<tr>
<td>Nationwide</td>
<td>3%</td>
<td>40%</td>
<td>57%</td>
</tr>
</tbody>
</table>

Source: AHA. (July 2016). RAC TRAC Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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.
RAC Denials
The average dollar value of an automated denial was $741 and the average dollar value of a complex denial was $5,418.

Average Dollar Value of Automated and Complex Denials Among Hospitals Reporting RAC Denials, through 2nd Quarter 2016

<table>
<thead>
<tr>
<th>RAC Region</th>
<th>Automated Denial</th>
<th>Complex Denial</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONWIDE</td>
<td>$714</td>
<td>$5,418</td>
</tr>
<tr>
<td>Region A</td>
<td>$638</td>
<td>$5,431</td>
</tr>
<tr>
<td>Region B</td>
<td>$1,556</td>
<td>$4,938</td>
</tr>
<tr>
<td>Region C</td>
<td>$686</td>
<td>$5,487</td>
</tr>
<tr>
<td>Region D</td>
<td>$449</td>
<td>$5,659</td>
</tr>
</tbody>
</table>

Source: AHA. (July 2016). RACTrac Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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.
Automated RAC Denials
Hospitals report a diverse set of reasons for automated denials, by dollar impact.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 2nd Quarter 2016

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

- Outpatient Billing Error: 35%
- Inpatient Coding Error (MSDRG): 24%
- Duplicate Payment: 11%
- Outpatient Coding Error: 11%
- Incorrect Discharge Status: 5%
- All Other: 4%

Source: AHA. (July 2016). RACTrAC Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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.
Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 2nd Quarter 2016, Region A

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

* Too few responses to report

Source: AHA. (July 2016). RACTRAC Survey

AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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.
Regional B: There were not enough responses from Region B to report on this question in Q2 2016.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 2nd Quarter 2016, Region B

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

* Too few responses to report

Source: AHA. (July 2016). RACTrac Survey
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Region C: Hospitals reported outpatient billing error as the top reason for automated denials, by dollar impact.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 2nd Quarter 2016, Region C

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

Source: AHA. (July 2016). RACTRAC Survey
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Region D: Hospitals reported incorrect discharge status as the top reason for RAC denials, by dollar impact.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 2nd Quarter 2016, Region D

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

- Incorrect Discharge Status: 31%
- Outpatient Billing Error: 23%
- Duplicate Payment: 19%
- Inpatient Coding Error (MSDRG): 12%
- Outpatient Coding Error: 8%
- All Other: 8%

Source: AHA. (July 2016). RACTrac Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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.
Complex RAC Denials
The most commonly cited reason for a complex denial is inpatient coding error.

Percent of Participating Medical/Surgical Acute Hospitals with RAC Activity Experiencing Complex Denials by Reason, through 2\textsuperscript{nd} Quarter 2016

Survey participants were asked to select all reasons for denial.

Source: AHA. (July 2016). RAC TRAC Survey

AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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.
Nationally, hospitals reported a high percentage of complex claims were denied due to incorrect MS-DRG or other coding error.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 2nd Quarter 2016

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

Source: AHA. (July 2016). RAC Trac Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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: Hospitals reported a high percentage of complex claims were denied due to incorrect MS-DRG or other coding error.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 2\textsuperscript{nd} Quarter 2016, Region A

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

Source: AHA. (July 2016). RAC\textsuperscript{TRAC} Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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 B: Hospitals reported a significant percentage of complex claims were denied due to incorrect MS-DRG or other coding error.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 2nd Quarter 2016, Region B

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

Source: AHA. (July 2016). RACTrac Survey
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Region C: Hospitals reported a high percentage of complex claims were denied due to incorrect MS-DRG or other coding error.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 2nd Quarter 2016, Region C

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

Source: AHA. (July 2016). RACTrac Survey
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Region D: Hospitals reported a high percentage of complex claims were denied due to incorrect MS-DRG or other coding error.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 2nd Quarter 2016, Region D

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

Source: AHA. (July 2016). RACTrac Survey

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Appeals
28% of participating hospitals report having a denial reversed during the discussion period.

Percent of Participating Hospitals with Denials Reversed During the Discussion Period, National and by Region, 2nd Quarter 2016

Reversed Denials by RAC Region

<table>
<thead>
<tr>
<th>Region</th>
<th>Yes</th>
<th>No</th>
<th>Don't Know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region A</td>
<td>38%</td>
<td>44%</td>
<td>18%</td>
</tr>
<tr>
<td>Region B</td>
<td>31%</td>
<td>62%</td>
<td>7%</td>
</tr>
<tr>
<td>Region C</td>
<td>27%</td>
<td>62%</td>
<td>10%</td>
</tr>
<tr>
<td>Region D</td>
<td>14%</td>
<td>82%</td>
<td>4%</td>
</tr>
</tbody>
</table>

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. (July 2016). RAC TRAC Survey
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Nationwide hospitals report appealing 45% of RAC denials including almost half of all denials in Region B.

Total Number and Percent of Automated and Complex Denials Appealed by Hospitals with Automated or Complex RAC Denials, by Region, through 2nd Quarter 2016

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Number of Denials Available* for Appeal</th>
<th>Total Number of Denials Appealed</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationwide</td>
<td>390,797</td>
<td>176,915</td>
</tr>
<tr>
<td>Region A</td>
<td>64,217</td>
<td>25,889</td>
</tr>
<tr>
<td>Region B</td>
<td>64,679</td>
<td>31,749</td>
</tr>
<tr>
<td>Region C</td>
<td>162,316</td>
<td>78,706</td>
</tr>
<tr>
<td>Region D</td>
<td>99,585</td>
<td>40,571</td>
</tr>
<tr>
<td>Nationwide</td>
<td>390,797</td>
<td>176,915</td>
</tr>
</tbody>
</table>

* 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. (July 2016). RACTRAC Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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. © American Hospital Association
Source: AHA. (July 2016). RAC TRAC Survey
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For 75% of claims that are appealed to the administrative law judge (ALJ), the ALJ 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 2\textsuperscript{nd} Quarter 2016

- Region A: 88%
- Region B: 93%
- Region C: 57%
- Region D: 81%
- Nationally: 75%

Source: AHA. (July 2016). RAC\textsuperscript{Trac} Survey
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16% 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, 2nd Quarter 2016

Source: AHA. (July 2016). RACTrac Survey
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27% of all cumulative claims appealed are still sitting in the appeals process.

Percent of Appealed Claims Pending Determination for Participating Hospitals, by Region, through 2\textsuperscript{nd} Quarter 2016*

- Region A: 25%
- Region B: 23%
- Region C: 29%
- Region D: 26%
- Nationwide: 27%

*Response rates vary by quarter.

Source: AHA. (July 2016). RAC TRAC Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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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For complex denials that are re-billed under Part B, hospitals report receiving 57% of the original Part A reimbursement.

Summary of Medical Necessity Level of Care Denials Re-billed Under Part B, through 2nd Quarter, 2016

<table>
<thead>
<tr>
<th>Region</th>
<th>Hospital Count</th>
<th>Total # Level of Care Denials Re-billed</th>
<th>Total Part A Denied Amount of Re-billed Claims</th>
<th>Total # Level of Care Denials Re-billed and Reimbursed under Part B</th>
<th>Average Part B Reimbursement</th>
<th>Average Part A Reimbursement</th>
<th>Average % of Part A Denied Amount Reimbursed Under Part B</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nationwide</td>
<td>125</td>
<td>12,329</td>
<td>$67,975,700</td>
<td>7,743</td>
<td>$2,163</td>
<td>$4,805</td>
<td>45%</td>
</tr>
<tr>
<td>Region A</td>
<td>27</td>
<td>2,861</td>
<td>$18,972,243</td>
<td>1,444</td>
<td>$2,264</td>
<td>$5,455</td>
<td>42%</td>
</tr>
<tr>
<td>Region B</td>
<td>33</td>
<td>2,354</td>
<td>$11,808,971</td>
<td>1,348</td>
<td>$1,212</td>
<td>$4,383</td>
<td>28%</td>
</tr>
<tr>
<td>Region C</td>
<td>50</td>
<td>6,353</td>
<td>$34,424,317</td>
<td>4,375</td>
<td>$2,509</td>
<td>$4,867</td>
<td>52%</td>
</tr>
<tr>
<td>Region D</td>
<td>15</td>
<td>761</td>
<td>$2,770,167</td>
<td>576</td>
<td>$1,498</td>
<td>$3,687</td>
<td>41%</td>
</tr>
</tbody>
</table>

*Response rates vary by quarter.

Source: AHA. (July 2016). RAC TRAC Survey
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Of the claims that have completed the appeals process, 60% 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 2nd Quarter 2016*

<table>
<thead>
<tr>
<th>Regional Location</th>
<th>Appealed</th>
<th>Percent of Denials Appealed</th>
<th>Number of Denials Awaiting Appeals Determination</th>
<th>Number of Denials Not Overturned from Appeals Process* (Withdrawn/Not Continued)</th>
<th>Number of Denials Overturned in the Appeals Process</th>
<th>Percent of Appealed Denials Overturned (as a Percent of Total Completed Appeals)</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONWIDE</td>
<td>176,915</td>
<td>45%</td>
<td>47,239</td>
<td>40,924</td>
<td>62,258</td>
<td>60%</td>
</tr>
<tr>
<td>Region A</td>
<td>25,889</td>
<td>40%</td>
<td>6,545</td>
<td>8,334</td>
<td>8,315</td>
<td>50%</td>
</tr>
<tr>
<td>Region B</td>
<td>31,749</td>
<td>49%</td>
<td>7,448</td>
<td>7,391</td>
<td>13,744</td>
<td>65%</td>
</tr>
<tr>
<td>Region C</td>
<td>78,706</td>
<td>48%</td>
<td>22,582</td>
<td>16,984</td>
<td>23,419</td>
<td>58%</td>
</tr>
<tr>
<td>Region D</td>
<td>40,571</td>
<td>41%</td>
<td>10,664</td>
<td>8,215</td>
<td>16,780</td>
<td>67%</td>
</tr>
</tbody>
</table>

* May include appeals withdrawn to re-bill.

*Response rates vary by quarter.
Source: AHA. (July 2016). RAC TRAC Survey
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53% of hospitals with a RAC denial overturned had a denial reversed when additional information was provided by the hospital to substantiate the original claim.

Percent of Participating Hospitals that Had a Denial Overturned by Reason, 2nd Quarter 2016

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

- Additional information provided by the hospital substantiated the claim: 53%
- Care provided was found to be medically necessary: 28%
- The RAC made an error in its determination process: 18%
- The claim is currently under review by a different auditor: 13%
- Other: 8%

Source: AHA. (July 2016). RACTRAC Survey
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Administrative Burden
47% of all hospitals reported spending more than $10,000 managing the RAC process during the 2nd quarter of 2016, 27% spent more than $25,000 and 5% spent over $100,000.

Percent of Participating Hospitals* Reporting Average Cost Dealing with the RAC Program, 2nd Quarter 2016

* Includes participating hospitals with and without RAC activity

Source: AHA. (July 2016). RACTrac Survey
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Hospitals report widespread RAC process-related issues, including multiple problems with Medicare audit contractors (MACs) and the demand letter process.

Percent of Participating Hospitals Reporting RAC Process Issues, by Issue, 2nd Quarter 2016

- Demand letters lack a detailed explanation of the RAC's rationale for denying the claim: 41%
- Long lag (greater than 30 days) between date on review results letter and receipt of demand letter: 40%
- Not receiving a demand letter informing the hospital of a RAC denial: 34%
- Long lag (greater than 15 days) between date on demand letter and receipt of demand letter: 25%
- RAC not meeting 60-day deadline to make a determination on a claim: 24%
- Problems reconciling pending and actual recoupment due to insufficient or confusing information on the remittance advice: 24%
- Receiving a demand letter announcing a RAC denial and pending recoupment AFTER the denial has been reported on the remittance: 23%

*Includes participating hospitals with and without RAC activity

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

Percent of Participating Hospitals Reporting RAC Process Issues, by Issue, 2nd Quarter 2016

- Problems with remittance advice RAC code N432: 15%
- RAC is rescinding medical record requests after you have already submitted the records: 14%
- RAC is mailing medical record requests to wrong hospital or wrong contact at your hospital: 13%
- RACs auditing claims that are older than the 3 year look-back period: 8%
- RAC is auditing a particular MS-DRG or type of claim that is not approved by CMS: 5%
- Problems with postage reimbursement: 0%
- RAC is issuing more than one medical record request within a 45-day period: 0%
- Other issues/problems: 11%

*Includes participating hospitals with and without RAC activity

Source: AHA. (July 2016). RACTrac Survey
AHA analysis of survey data collected from 2,582 hospitals: 2,320 reporting activity, 262 reporting no activity through June 2016. 676 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