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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 2020

Overpayments Collected		Underpayments Restored		Amount Over-turned on Appeal¹		Recovery Auditors Contingency Fees		CMS Administration Costs		Amount Returned to Medicare Trust Funds
\$220.25	-	\$19.67	-	\$49.29	-	\$63.62	-	\$20.03	=	\$67.64

Appendix C: FY 2020 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	\$26,583,824.85	47,174	\$463,886.04	2,691	\$27,047,710.89	49,865
Region 2: Cotiviti	\$49,790,236.77	11,437	\$5,374,580.33	927	\$55,164,817.10	12,364
Region 3: Cotiviti	\$27,581,455.01	8,419	\$3,198,176.38	797	\$30,779,631.39	9,216
Region 4: Cotiviti GS	\$76,289,925.95	48,265	\$10,633,450.69	9,685	\$86,923,376.64	57,950
Region 5: Performant	\$40,005,314.07	95,806	\$0	0	\$40,005,314.07	95,806
TOTALS	\$220,250,756.65	211,101	\$19,670,093.44	14,100	\$239,920,850.09	225,201

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

Appendix D: FY 2020 Total Corrections by Review Type (Dollar Amounts and Number of Claims)

Review Type	Overpayments Collected		Underpayments Restored		Total Corrected	
	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected	No. of Claims
Automated	\$34,676,326.70	161,079	\$123,992.49	4,371	\$34,800,319.19	165,450
Complex	\$185,574,429.95	50,022	\$19,546,100.95	9,729	\$205,120,530.90	59,751
TOTALS	\$220,250,756.65	211,101	\$19,670,093.44	14,100	\$239,920,850.09	225,201

Appendix E: FY 2019 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 Collections</i>	<i>Restored Underpayment Amounts</i>	<i>% of Total Collected Amount</i>	<i>Number of Claims with Restored Underpayments</i>	<i>% of Total Claims with Collections</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	\$5,070,052.47	2.35%	41,121	18.43%	\$57,507.98	0.15%	2,514	12.18%	\$5,127,560.45	2.02%	43,635	17.90%
	Complex	\$21,513,772.38	9.96%	6,053	2.71%	\$406,378.06	1.09%	177	0.86%	\$21,920,150.44	8.65%	6,230	2.56%
Region 2: Cotiviti	Automated	\$164,806.06	0.08%	1,084	0.49%	\$47.13	<0.01%	1	<0.01%	\$164,853.19	0.07%	1,085	0.45%
	Complex	\$49,625,430.71	22.97%	10,353	4.64%	\$5,374,533.20	14.41%	926	4.49%	\$54,999,963.91	21.71%	11,279	4.63%
Region 3: Cotiviti	Automated	\$157,358.05	0.07%	1,333	0.60%	-	0%	-	0%	\$157,358.05	0.06%	1,333	0.55%
	Complex	\$27,424,096.96	12.69%	7,086	3.18%	\$3,198,176.38	8.57%	797	3.86%	\$30,622,273.34	12.09%	7,883	3.23%
Region 4: Cotiviti GS	Automated	\$5,559,815.73	2.57%	35,700	16.00%	\$66,437.38	0.18%	1,856	8.99%	\$5,626,253.11	2.22%	37,556	15.40%
	Complex	\$70,730,110.22	32.74%	12,565	5.63%	\$10,567,013.31	28.33%	7,829	37.93%	\$81,297,123.53	32.09%	20,394	8.37%
Region 5: Performant	Automated	\$23,724,294.39	10.98%	81,841	36.68%	-	0%	-	0%	\$23,724,294.39	9.36%	81,841	33.57%
	Complex	\$16,281,019.68	7.54%	13,965	6.26%	-	0%	-	0%	\$16,281,019.68	6.43%	13,965	5.73%
TOTALS		\$220,250,756.65	100.00%	211,101	100.00%	\$19,670,093.44	100.00%	14,100	100.00%	\$239,920,850.09	100.00%	225,201	100.00%

Appendix F: FY 2020 Total Corrections by RAC Region and Type of Claim (Dollar Amounts and Number of Claims)

<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>
Part A	\$157,601,755.14	35,471	\$18,208,733.86	5,922	\$175,810,489.00	41,393
Part B	\$22,685,397.07	79,832	\$1,461,359.58	8,178	\$24,146,756.65	88,010
DME	\$39,963,604.44	95,798	\$0	0	\$39,963,604.44	95,798
Totals	\$220,250,756.65	211,101	\$19,670,093.44	14,100	\$239,920,850.09	225,201

Appendix G: FY 2020 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	\$20,495,568.00	7,190	\$388,395.76	151	\$20,883,963.76	7,341
	Part B	\$6,088,256.85	39,984	\$75,490.28	2,540	\$6,163,747.13	42,524
	<i>Subtotal</i>	<i>\$26,583,824.85</i>	<i>47,174</i>	<i>\$463,886.04</i>	<i>2,691</i>	<i>\$27,047,710.89</i>	<i>49,865</i>
2 - Cotiviti	Part A	\$47,635,382.65	9,672	\$5,357,123.69	909	\$52,992,506.34	10,581
	Part B	\$2,154,854.12	1,765	\$17,456.64	18	\$2,172,310.76	1,783
	<i>Subtotal</i>	<i>\$49,790,236.77</i>	<i>11,437</i>	<i>\$5,374,580.33</i>	<i>927</i>	<i>\$55,164,817.10</i>	<i>12,364</i>
3 - Cotiviti	Part A	\$23,375,920.11	5,045	\$3,029,929.15	730	\$26,405,849.26	5,775
	Part B	\$4,205,534.90	3,374	\$168,247.23	67	\$4,373,782.13	3,441
	<i>Subtotal</i>	<i>\$27,581,455.01</i>	<i>8,419</i>	<i>\$3,198,176.38</i>	<i>797</i>	<i>\$30,779,631.39</i>	<i>9,216</i>

4 – Cotiviti GS	Part A	\$66,053,174.75	13,556	\$9,433,285.26	4,132	\$75,486,460.01	17,688
	Part B	\$10,236,751.20	34,709	\$1,200,165.43	5,553	\$11,436,916.63	40,262
	<i>Subtotal</i>	<i>\$76,289,925.95</i>	<i>48,265</i>	<i>\$10,633,450.69</i>	<i>9,685</i>	<i>\$86,923,376.64</i>	<i>57,950</i>
5 - Performant	Part A	\$41,709.63	8	-	-	\$41,709.63	8
	DME	\$39,963,604.44	95,798	-	-	\$39,963,604.44	95,798
	<i>Subtotal</i>	<i>\$40,005,314.07</i>	<i>95,806</i>	<i>-</i>	<i>-</i>	<i>\$40,005,314.07</i>	<i>95,806</i>
Totals		\$220,250,756.65	211,101	\$19,670,093.44	14,100	\$239,920,850.09	225,201

Appendix H: FY 2020 Corrections by Provider Type (Dollar Amount and Percentage of Total)

Provider Type	Collected Overpayments	% of Total	Restored Underpayments	% of Total	Total Amount Corrected	% of Total
Inpatient	\$46,177,795.01	20.97%	\$5,009,556.81	25.47%	\$51,187,351.82	21.34%
SNF	\$16,230,589.51	7.37%	\$15,157.16	0.08%	\$16,245,746.67	6.77%
Outpatient	\$95,151,660.99	43.20%	\$13,184,019.89	67.03%	\$108,335,680.88	45.15%
Home Health	\$41,709.63	0.02%	-	-%	\$41,709.63	0.02%
Physician	\$22,685,397.07	10.30%	\$1,461,359.58	7.43%	\$24,146,756.65	10.06%
DME	\$39,963,604.44	18.14%	-	-%	\$39,963,604.44	16.66%
Total	\$220,250,756.65	100%	\$19,670,093.44	100%	\$239,920,850.09	100%

Appendix I. FY 2020 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	\$130,287.19	2,030	-	-	\$130,287.19	2,030
	Outpatient	\$10,283,676.72	4,841	\$7,453.15	17	\$10,291,129.87	4,858
	Professional Services	\$5,270,549.85	37,630	\$75,490.28	2,540	\$5,346,040.13	40,170
	SNF	\$4,154,749.49	1,248	-	-	\$4,154,749.49	1,248
	Inpatient	\$5,846,205.42	1,059	\$380,942.61	134	\$6,227,148.03	1,193
	IRF	\$207,764.19	8	-	-	\$207,764.19	8
	ASC	\$690,591.99	358	-	-	\$690,591.99	358
Region 1 Totals		\$26,583,824.85	47,174	\$463,886.04	2,691	\$27,047,710.89	49,865
Region 2: Cotiviti	Lab/Ambulatory	\$3,221.35	20	-	-	\$3,221.35	20
	Outpatient	\$25,791,361.87	7,475	\$2,872,965.95	473	\$28,664,327.82	7,948
	Professional Services	\$638,472.13	1,360	\$17,456.64	17	\$655,928.77	1,377
	SNF	\$6,078,660.13	721	\$2,831.05	1	\$6,081,491.18	722
	Inpatient	\$10,843,858.74	1,320	\$2,481,326.69	435	\$13,325,185.43	1,755
	IRF	\$4,921,501.91	156	-	-	\$4,921,501.91	156
	ASC	\$1,513,160.64	385	-	1	\$1,513,160.64	386
Region 2 Totals		\$49,790,236.77	11,437	\$5,374,580.33	927	\$55,164,817.10	12,364
Region 3: Cotiviti	Lab/Ambulatory	\$4,803.32	72	-	-	\$4,803.32	72
	Outpatient	\$10,161,402.05	3,655	\$1,737,347.63	480	\$11,898,749.68	4,135

	Professional Services	\$1,900,340.57	2,756	\$168,247.23	67	\$2,068,587.80	2,823
	SNF	\$3,404,042.20	447	-	-	\$3,404,042.20	447
	Inpatient	\$6,256,729.72	814	\$1,292,581.52	250	\$7,549,311.24	1,064
	IRF	\$3,553,746.14	129	-	-	\$3,553,746.14	129
	ASC	\$2,300,391.01	546	-	-	\$2,300,391.01	546
Region 3 Totals		\$27,581,455.01	8,419	\$3,198,176.38	797	\$30,779,631.39	9,216
Region 4: Cotiviti GS	Lab/Ambulatory	\$337,447.42	4,834	-	-	\$337,447.42	4,834
	Outpatient	\$48,784,146.62	11,041	\$8,566,253.16	3,878	\$57,350,399.78	14,919
	Professional Services	\$7,548,236.94	29,397	\$1,200,052.95	5,552	\$8,748,289.89	34,949
	SNF	\$2,720,674.95	589	\$12,326.11	10	\$2,733,001.06	599
	Inpatient	\$14,300,669.77	1,902	\$854,705.99	244	\$15,155,375.76	2,146
	IRF	\$247,319.12	15	-	-	\$247,319.12	15
	ASC	\$2,351,431.13	487	\$112.48	1	\$2,351,543.61	488
Region 4 Totals		\$76,289,925.95	48,265	\$10,633,450.69	9,685	\$86,923,376.64	57,950
Region 5: Performant	Home Health	\$41,709.63	8	-	-	\$41,709.63	8
	DME Supplier	\$24,307,298.16	53,666	-	-	\$24,307,298.16	53,666
	DME Physician	\$15,656,306.28	42,132	-	-	\$15,656,306.28	42,132
Region 5 Totals		\$40,005,314.07	95,806	-	-	\$40,005,314.07	95,806
Totals		\$220,250,756.65	211,101	\$19,670,093.44	14,100	\$239,920,850.09	225,201

Appendix J: FY 2020 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	\$778,379.36	622	\$70,917.06	47	\$849,296.42	669
AL	\$2,958,562.13	2,966	\$201,753.74	47	\$3,160,315.87	3,013
AR	\$3,110,992.49	1,695	\$161,814.38	33	\$3,272,806.87	1,728
AS	\$3,011.06	10	-	-	\$3,011.06	10
AZ	\$7,214,273.76	4,009	\$752,991.83	497	\$7,967,265.59	4,506
CA	\$31,749,904.55	28,681	\$3,584,255.35	3,554	\$35,334,159.90	32,235
CO	\$2,195,751.65	1,865	\$294,212.49	45	\$2,489,964.14	1,910
CT	\$1,895,746.83	3,284	\$25,466.48	34	\$1,921,213.31	3,318
DC	\$750,931.47	716	\$57,265.10	51	\$808,196.57	767
DE	\$1,393,651.87	909	\$665,266.45	211	\$2,058,918.32	1,120
FL	\$15,741,727.44	10,388	\$941,402.13	152	\$16,683,129.57	10,540
GA	\$5,141,807.54	4,717	\$455,725.00	160	\$5,597,532.54	4,877
GU	\$120,827.69	31	-	-	\$120,827.69	31
HI	\$995,634.13	620	\$53,271.84	116	\$1,048,905.97	736
IA	\$1,469,455.88	1,194	\$177,104.10	23	\$1,646,559.98	1,217
ID	\$2,080,001.32	1,014	\$332,370.21	147	\$2,412,371.53	1,161
IL	\$5,833,665.50	3,960	\$715,025.14	115	\$6,548,690.64	4,075
IN	\$3,590,969.02	6,601	\$51,284.76	205	\$3,642,253.78	6,806
KS	\$2,828,972.75	925	\$189,032.47	36	\$3,018,005.22	961
KY	\$3,052,194.67	5,294	\$50,916.84	192	\$3,103,111.51	5,486
LA	\$2,459,605.05	1,970	\$189,982.20	35	\$2,649,587.25	2,005
MA	\$3,611,878.73	8,106	\$186,718.83	104	\$3,798,597.56	8,210
MD	\$2,052,122.76	4,404	\$103,065.23	550	\$2,155,187.99	4,954
ME	\$993,146.59	1,868	\$1,432.86	3	\$994,579.45	1,871
MI	\$3,839,570.30	7,498	\$105,473.78	230	\$3,945,044.08	7,728

MN	\$1,284,159.69	1,453	\$261,550.74	71	\$1,545,710.43	1,524
MO	\$3,239,862.27	1,792	\$339,584.49	67	\$3,579,446.76	1,859
MP	\$21,608.20	10	-	-	\$21,608.20	10
MS	\$2,805,799.15	2,101	\$266,240.24	41	\$3,072,039.39	2,142
MT	\$1,773,483.84	993	\$665,747.41	409	\$2,439,231.25	1,402
NC	\$6,548,790.84	5,965	\$558,141.01	145	\$7,106,931.85	6,110
ND	\$1,157,990.76	766	\$177,567.48	260	\$1,335,558.24	1,026
NE	\$1,685,188.43	676	\$55,354.50	14	\$1,740,542.93	690
NH	\$763,866.52	1,774	\$6,195.96	10	\$770,062.48	1,784
NJ	\$7,289,402.54	7,535	\$980,001.73	1,036	\$8,269,404.27	8,571
NM	\$1,519,637.29	1,249	\$140,638.31	22	\$1,660,275.60	1,271
NV	\$2,615,427.55	2,070	\$120,827.89	203	\$2,736,255.44	2,273
NY	\$10,287,725.53	21,627	\$133,620.77	1,108	\$10,421,346.30	22,735
OH	\$6,120,665.74	12,158	\$97,088.77	826	\$6,217,754.51	12,984
OK	\$3,277,098.42	2,012	\$389,015.59	55	\$3,666,114.01	2,067
OR	\$4,252,423.74	2,707	\$181,690.79	175	\$4,434,114.53	2,882
PA	\$9,944,369.39	8,508	\$1,284,513.34	1,258	\$11,228,882.73	9,766
PR	\$376,287.02	100	\$18,702.38	4	\$394,989.40	104
RI	\$505,977.07	950	\$5,989.17	12	\$511,966.24	962
SC	\$4,118,403.36	3,226	\$348,369.54	79	\$4,466,772.90	3,305
SD	\$985,977.58	795	\$475,028.26	236	\$1,461,005.84	1,031
TN	\$4,075,125.51	3,648	\$279,847.58	69	\$4,354,973.09	3,717
TX	\$18,110,895.85	9,427	\$1,185,240.27	202	\$19,296,136.12	9,629
UT	\$3,067,496.25	1,786	\$201,206.41	142	\$3,268,702.66	1,928
VA	\$5,256,154.39	4,979	\$426,564.14	127	\$5,682,718.53	5,106
VI	\$21,279.91	23		-	\$21,279.91	23
VT	\$368,127.84	704	\$30.38	2	\$368,158.22	706
WA	\$9,477,440.18	5,528	\$871,851.43	619	\$10,349,291.61	6,147
WI	\$1,279,258.89	1,311	\$244,727.67	42	\$1,523,986.56	1,353
WV	\$1,549,602.38	1,341	\$349,917.63	112	\$1,899,520.01	1,453

WY	\$608,445.98	540	\$238,091.29	167	\$846,537.27	707
Total	\$220,250,756.65	211,101	\$19,670,093.44	14,100	\$239,920,850.09	225,201

Appendix K: FY 2020 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	15,896	2,595	10.41%
2-Cotiviti	41,360	5,784	26.54%
3-Cotiviti	27,593	4,219	17.91%
4-Cotiviti/HMS	41,553	10,957	29.56%
5-Performant	22,579	5,119	15.59%
Total	148,981	28,674	100.00%

*Identifications include claims with demanded overpayments and underpayments

Appendix L: FY 2020 Cumulative Accuracy Scores by RAC Region (Accuracy Percentage)

RAC	Accuracy Score
1-Performant	98%
2-Cotiviti	98%
3-Cotiviti	98%
4- Cotiviti/HMS	95%
5-Performant	99%

Appendix M: FY 2020 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	2,278	1,468	38	520	252
DME B - CGS	1,915	1,715	3	111	86
DME C - CGS	4,800	4,163	9	447	181
DME D - Noridian	2,932	2,236	22	399	275
J5 - WPS Part A	912	385	5	462	60
J5 - WPS Part B	0	0	0	0	0
J6 - NGS Part A	884	178	23	589	94
J6 - NGS Part B	6	2	0	4	0
J8 - WPS Part A	224	122	0	92	10
J8 - WPS Part B	625	327	7	270	21

J15 - CGS Part A	496	188	13	273	22
J15 - CGS Part B	671	468	1	89	113
JE - Noridian Part A	2,267	1,576	86	488	117
JE - Noridian Part B	2,483	756	136	1,480	111
JF - Noridian Part A	2,287	1,542	74	562	109
JF - Noridian Part B	1,794	344	57	1,284	109
JH - Novitas Part A	2,535	1,415	78	913	129
JH - Novitas Part B	387	190	64	112	21
JJ - PGBA Part A	394	174	12	181	27
JJ - PGBA Part B	222	85	10	106	21
JK - NGS Part A	821	588	13	173	47
JK - NGS Part B	757	390	2	324	41
JL - Novitas Part A	1,903	956	75	416	456
JL - Novitas Part B	1,405	449	135	727	94
JM - PGBA Part A	1,471	572	28	820	51
JM - PGBA Part B	204	66	17	103	18
JN - FCSO Part A	786	208	0	552	26
JN - FCSO Part B	933	565	3	326	39
Total	36,392	21,128	911	11,823	2,530

Source: CMS MAS System

Appendix N: FY 2020 RAC Appeal Dispositions - Level 2 (QIC) Reconsideration by RAC Region (Number of Dispositions by Disposition Type)

RAC	Claims Decided ²	Favorable to Appellant	Partially Favorable to Appellant	Unfavorable to Appellant	Claims Dismissed
1-Performant	697	263	4	416	14
2-Cotiviti	1,323	491	51	735	46
3-Cotiviti	1,136	202	10	909	15
4-HMS/HDI	3,598	898	27	2,602	71
5-Performant	3,349	852	14	2,438	45
A-Performant	53	51	0	2	0
B-CGI	2	1	0	1	0
C-Cotiviti	65	63	1	1	0

² Claims may have had initial overpayment determinations made prior to FY 2020. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY20. For example, if a claim was appealed to the first level and received a decision in FY20, then appealed to the second level and received a decision in FY20, both decisions are counted.

D-HDI	19	7	0	11	1
Total	10,242	2,828	107	7,115	192

Source: Q2Administrators, LLC

Appendix O: FY 2020 RAC Appeal Dispositions - Level 3 (ALJ)³ 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	6	2	0	0	4	0
	B	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	Subtotal	6	2	0	0	4	0
2-Cotiviti	A	34	8	16	4	6	0
	B	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	Subtotal	34	8	16	4	6	0
3-Cotiviti	A	30	10	18	0	2	0
	B	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	Subtotal	30	10	18	0	2	0
4-HMS/HDI	A	30	6	4	4	16	0
	B	1	1	0	0	0	0
	DME	0	0	0	0	0	0
	Subtotal	31	7	4	4	16	0
5-Performant	DME	31	15	15	0	1	0
	Subtotal	31	15	15	0	1	0
A-Performant	A	3,894	1,496	1,380	55	963	0
	B	286	13	20	0	253	0
	DME	19	7	4	0	8	0
	Subtotal	4,199	1,516	1,404	55	1,224	0
B-CGI	A	2,319	778	1,116	13	412	0
	B	370	13	12	0	345	0
	DME	15	11	0	0	4	0
	Subtotal	2,704	802	1,128	13	761	0
C-Cotiviti	A	10,042	3,130	4,799	92	2,021	0
	B	8	4	3	0	1	0
	DME	46	12	20	0	14	0
	Subtotal	10,096	3,146	4,822	92	2,036	0
D-HDI	A	6,339	2,691	2,371	38	1,239	0
	B	420	67	61	0	292	0
	DME	41	5	21	0	15	0
	Subtotal	6,800	2,763	2,453	38	1,546	0

³ Included are claims with decision letter mailed date in FY 2020, combined appeals are excluded and Part A includes Part B of A claims. Claims may have had initial overpayment determinations made prior to FY20. Additionally, appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY20. For example, if a claim was appealed to the first level and received a decision in FY20, then appealed to the second level and received a decision in FY20, both decisions are counted.

Unspecified	A	276	131	82	7	54	2
	B	143	0	0	0	143	0
	DME	2	0	0	0	2	0
	Subtotal	421	131	82	7	199	2
Total		24,321	8,393	9,942	213	5,795	2

Source: MAS - ALJ Appeal Lifecycle Star Package

Appendix P: FY 2020 RAC Appeal Dispositions - Level 4 (DAB)⁴ 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
A-Performant	A	29	0	0	15	8	6
	B	5	0	0	4	0	1
	DME	0	0	0	0	0	0
	Subtotal	34	0	0	19	8	7
B-CGI	A	32	0	0	4	3	25
	B	3	0	0	2	1	0
	DME	0	0	0	0	0	0
	Subtotal	35	0	0	6	4	25
C-Cotiviti	A	55	1	0	15	11	28
	B	0	0	0	0	0	0
	DME	2	0	0	1	0	1
	Subtotal	57	1	0	16	11	29
D-HDI	A	61	0	1	19	9	32
	B	3	0	0	0	0	3
	DME	0	0	0	0	0	0
	Subtotal	64	0	1	19	9	35
Total		190	1	1	60	32	96

Source: Q2Administrators, LLC

⁴ Claims may have had initial overpayment determinations made prior to FY 2020. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY20. For example, if a claim was appealed to the first level and received a decision in FY20, then appealed to the second level and received a decision in FY20, both decisions are counted.

Appendix Q: FY 2020 Provider Medical Records Submission Methods by RAC Region (Percentage)

RAC	Method	FY20 Percentage
1-Performant	esMD	29.46%
	CD/DVD	15.68%
	Paper	33.58%
	Fax	21.28%
	Other	0.00%
2-Cotiviti	esMD	27.20%
	CD/DVD	24.20%
	Paper	23.20%
	Fax	8.10%
	Other	17.30%
3-Cotiviti	esMD	29.50%
	CD/DVD	12.90%
	Paper	27.30%
	Fax	14.40%
	Other	15.80%
4-Cotiviti GS	esMD	33.92%
	CD/DVD	13.25%
	Paper	24.04%
	Fax	24.65%
	Other	4.14%
5-Performant	esMD	6.00%
	CD/DVD	3.00%
	Paper	24.00%
	Fax	67.00%
	Other	0%

Appendix R: Medicare FFS Recovery Audit Program Informational Resources

Website	Information Provided
go.cms.gov/RAC	<p>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.</p>
http://www.cms.gov/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf	<p>Contains archived provider compliance articles to help address common billing errors</p>
<p>RAC Websites</p>	<p>Contains updated information on audits conducted, approved new issues, as well as sample correspondence and documentation submission instructions.</p> <p>The RAC websites are as follows:</p> <ul style="list-style-type: none"> • Region 1, Region 5/Performant Recovery: performantrac.com • Region 2, Region 3/Cotiviti: http://www.cotiviti.com/cotiviti-healthcare/cms-rac-provider-resources • Region 4/Cotiviti Government Services: https://rac4info.cotiviti.com/home.aspx