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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: FY 2016 Corrections by State

State	Collected Overpayments	Restored Underpayments	Total Corrected Amount
AK	\$973,458.78	\$199,838.20	\$1,173,296.98
AL	\$5,388,275.32	\$1,200,819.15	\$6,589,094.47
AR	\$5,656,069.29	\$981,215.04	\$6,637,284.33
AS	N/A	N/A	N/A
AZ	\$12,630,434.44	\$1,118,500.39	\$13,748,934.83
CA	\$62,723,109.30	\$5,476,986.43	\$68,200,095.73
CO	\$6,630,939.36	\$1,388,099.43	\$8,019,038.79
CT	\$2,256,443.09	\$715,493.69	\$2,971,936.78
DC	\$1,462,999.37	\$149,378.32	\$1,612,377.69
DE	\$3,157,188.73	\$414,156.82	\$3,571,345.55
FL	\$34,873,124.15	\$7,470,266.63	\$42,343,390.78
GA	\$7,085,117.82	\$2,790,468.04	\$9,875,585.86
GU	\$30,915.51	N/A	\$30,915.51
HI	\$1,544,140.97	\$294,117.90	\$1,838,258.87
IA	\$4,330,440.72	\$695,272.91	\$5,025,713.63
ID	\$1,836,717.23	\$343,601.04	\$2,180,318.27
IL	\$11,668,966.51	\$2,004,932.02	\$13,673,898.53
IN	\$5,757,683.89	\$521,089.71	\$6,278,773.60
KS	\$3,529,539.76	\$547,513.02	\$4,077,052.78
KY	\$4,948,532.66	\$267,441.91	\$5,215,974.57
LA	\$7,641,590.65	\$1,758,761.01	\$9,400,351.66
MA	\$6,006,710.56	\$469,041.26	\$6,475,751.82

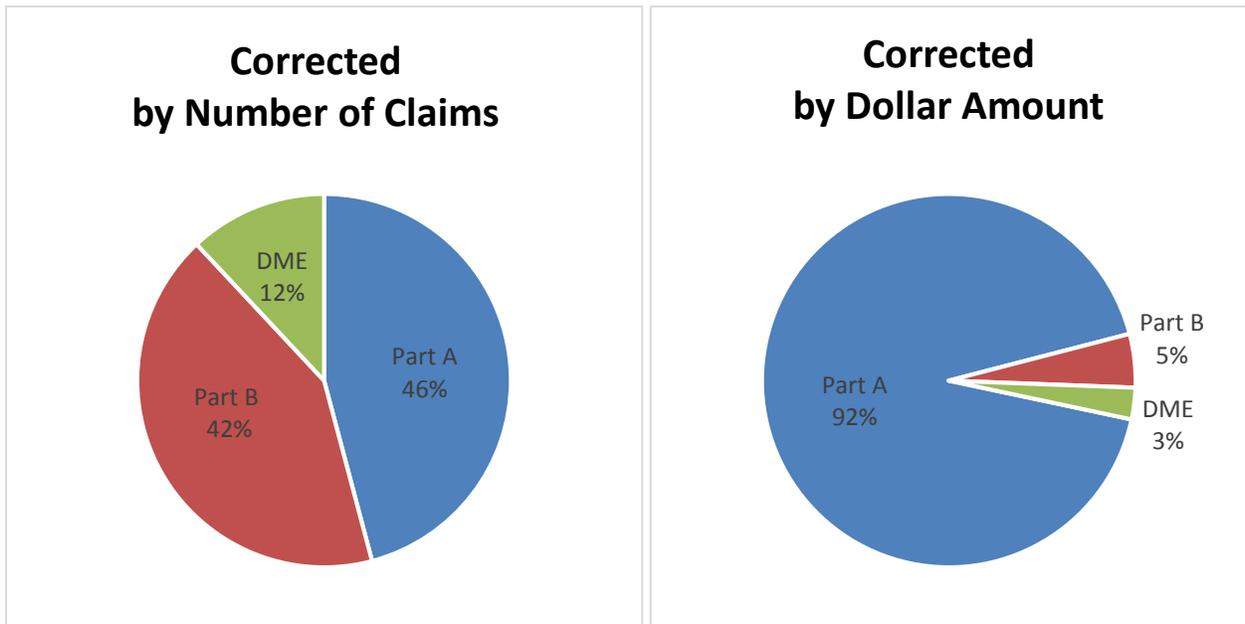
State	Collected Overpayments	Restored Underpayments	Total Corrected Amount
MD	\$1,094,769.84	\$353,545.25	\$1,448,315.09
ME	\$661,021.14	\$58,595.10	\$719,616.24
MI	\$8,588,406.51	\$313,214.02	\$8,901,620.53
MN	\$1,269,711.95	\$63,735.05	\$1,333,447.00
MO	\$8,782,303.44	\$1,329,436.33	\$10,111,739.77
MP	\$1,517.30	N/A	\$1,517.30
MS	\$4,892,754.68	\$1,010,535.62	\$5,903,290.30
MT	\$2,458,173.38	\$286,847.09	\$2,745,020.47
NC	\$6,130,304.59	\$1,974,177.09	\$8,104,481.68
ND	\$1,458,167.04	\$284,550.95	\$1,742,717.99
NE	\$2,067,411.34	\$305,204.21	\$2,372,615.55
NH	\$1,454,912.86	\$56,918.73	\$1,511,831.59
NJ	\$14,401,178.63	\$1,719,274.25	\$16,120,452.88
NM	\$3,577,408.65	\$791,908.29	\$4,369,316.94
NV	\$3,109,546.14	\$385,639.38	\$3,495,185.52
NY	\$8,932,477.79	\$1,678,328.83	\$10,610,806.62
OH	\$10,592,871.25	\$357,802.54	\$10,950,673.79
OK	\$6,365,677.65	\$2,246,235.97	\$8,611,913.62
OR	\$5,372,887.45	\$918,317.18	\$6,291,204.63
PA	\$21,438,178.23	\$3,184,934.46	\$24,623,112.69
PR	\$84,502.43	\$1,440.52	\$85,942.95
RI	\$536,389.52	\$29,773.56	\$566,163.08
SC	\$5,358,862.37	\$1,023,225.22	\$6,382,087.59

State	Collected Overpayments	Restored Underpayments	Total Corrected Amount
SD	\$2,810,793.97	\$331,222.32	\$3,142,016.29
TN	\$6,467,317.43	\$2,296,909.92	\$8,764,227.35
TX	\$50,754,599.25	\$10,679,471.00	\$61,434,070.25
UT	\$2,972,514.39	\$392,435.36	\$3,364,949.75
VA	\$4,898,825.88	\$1,371,014.91	\$6,269,840.79
VI	\$32,557.08	\$981.45	\$33,538.53
VT	\$211,893.44	\$18,416.58	\$230,310.02
WA	\$12,097,409.27	\$1,608,208.89	\$13,705,618.16
WI	\$3,812,485.73	\$21,543.94	\$3,834,029.67
WV	\$2,387,232.35	\$547,431.31	\$2,934,663.66
WY	\$1,100,257.94	\$72,989.43	\$1,173,247.37
Unknown	\$8,155,710.87	\$4,938,267.71	\$13,093,978.58
Total	\$ 404,463,429.89	\$69,459,525.38	\$473,922,955.27

Appendix C1: FY 2016 Corrections by Type of Claim

Claim Type	Overpayments Collected		Underpayments Restored		Total Corrected	
	No. of claims	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected
Part A	141,131	\$371,302,009.07	33,262	\$67,696,874.85	174,393	\$438,998,883.92
Part B	158,220	\$20,673,709.61	2,165	\$1,314,164.22	160,385	\$21,987,873.83
DME	41,245	\$12,487,711.21	4,206	\$448,486.31	45,451	\$12,936,197.52
Total	340,596	\$404,463,429.89	39,633	\$69,459,525.38	380,229	\$473,922,955.27

Appendix C2: Total Corrected by Number of Claims and Dollar Amount



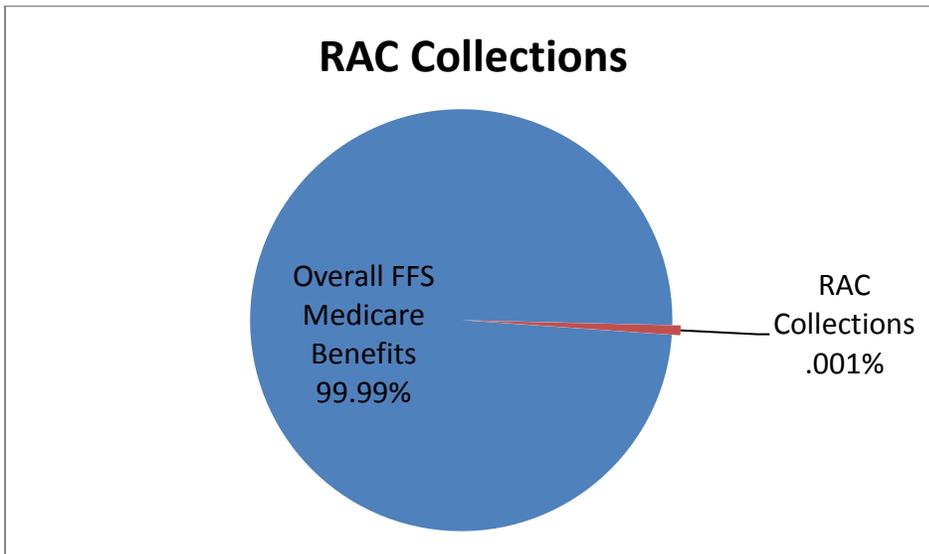
Appendix C3: FY 2016 Overall FFS Medicare Benefit Payments (in Billions)

Benefit Type	Expenditures
Part A	\$284.75
Part B	\$287.67
DME	\$6.70
Total	\$579.12

Note: Total excludes Managed Care and Part D expenditures.

Source: CMS Office of the Actuary

Appendix C4: FY 2016 RAC Collections Percentage of Overall FFS Medicare Benefit Payments



Appendix D1: FY 2016 Corrections by Provider Type

Provider Type	Overpayments Collected	Underpayments Restored	Total Amount Corrected
Inpatient	\$277,313,612.15	\$43,908,690.41	\$321,222,302.56
SNF	\$17,904,528.06	\$84,243.47	\$17,988,771.53
Hospice	\$64,506.88	N/A	\$64,506.88
Outpatient	\$61,127,890.13	\$6,877,584.33	\$68,005,474.46
Home Health	\$7,458,362.18	\$12,269,543.08	\$19,727,905.26
Physician	\$20,103,672.29	\$932,751.37	\$21,036,423.66
DME	\$12,335,147.33	\$448,445.01	\$12,783,592.34
Unknown	\$8,155,710.87	\$4,938,267.71	\$13,093,978.58
Total	\$404,463,429.89	\$69,459,525.38	\$473,922,955.27

Appendix D2: FY 2016 Total Medicare Benefit Payments by Provider Type

Provider Type	Total Benefit Payments (in millions)
Inpatient	\$139,140
SNF	\$31,332
Hospice	\$16,717
Outpatient	\$45,446
Home Health	\$11,222
Physician/other suppliers	\$70,516
DME	\$6,701
Other	\$20,305
Total	\$341,379

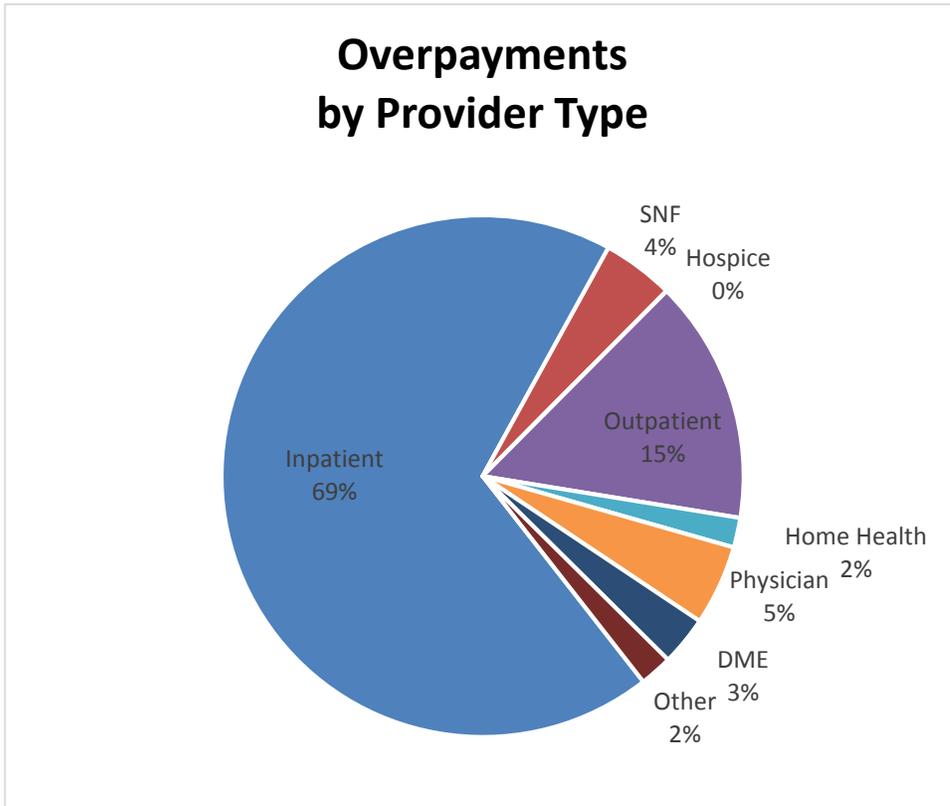
Note: Total excludes Managed Care and Part D expenditures.

Source: CMS, Office of the Actuary

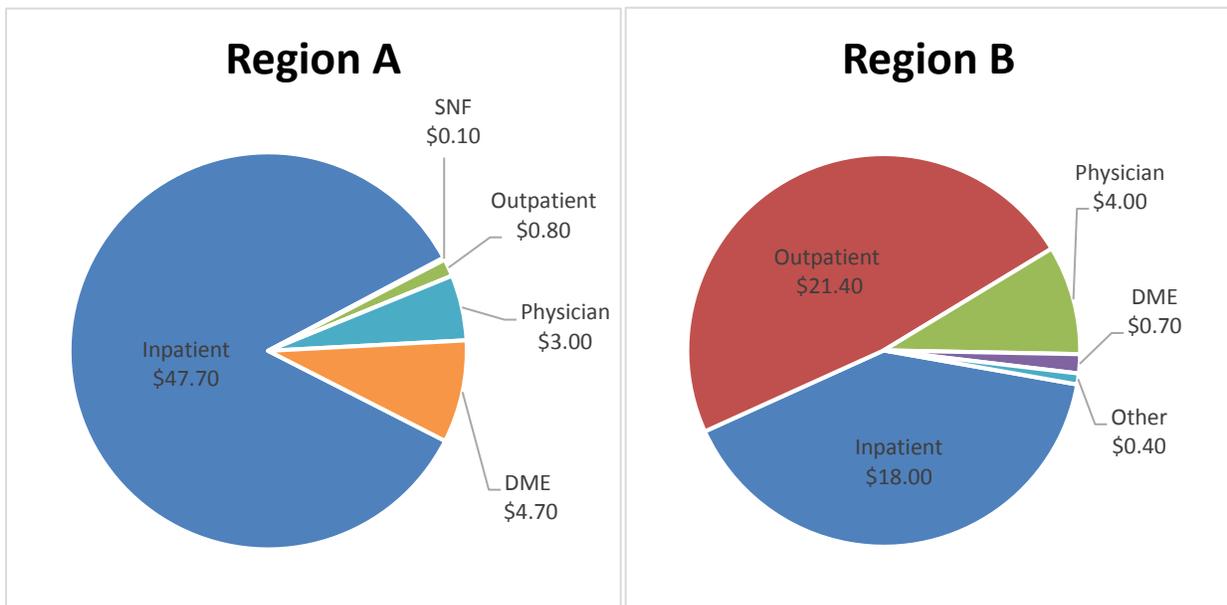
Appendix E: FY 2016 Corrections by RAC and Type of Claim

		Overpayments Collected		Underpayments Restored		Total Corrected	
RAC	Claim Type	No. of Claims	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected
Performant	A	12,348	\$48,540,220.86	1,793	\$9,100,486.13	14,141	\$57,640,706.99
	B	41,321	\$2,979,118.57	260	\$33,325.71	41,581	\$3,012,444.28
	DME	19,012	\$4,740,635.37	4,205	\$448,486.31	23,217	\$5,189,121.68
	Subtotal	72,681	\$56,259,974.80	6,258	\$9,582,298.15	78,939	\$65,842,272.95
CGI	A	33,420	\$39,434,247.66	815	\$3,342,547.89	34,235	\$42,776,795.55
	B	24,462	\$4,364,824.23	280	\$60,180.44	24,742	\$4,425,004.67
	DME	5,984	\$744,981.73	1	N/A	5,985	\$744,981.73
	Subtotal	63,866	\$44,544,053.62	1,096	\$3,402,728.33	64,962	\$47,946,781.95
Cotiviti	A	53,898	\$132,306,357.88	25,136	\$37,700,776.62	79,034	\$170,007,134.50
	B	5,006	\$5,404,789.41	645	\$760,699.04	5,651	\$6,165,488.45
	DME	10,481	\$5,502,405.99	N/A	N/A	10,481	\$5,502,405.99
	Subtotal	69,385	\$143,213,553.28	25,781	\$38,461,475.66	95,166	\$181,675,028.94
HDI	A	40,900	\$150,964,524.76	5,512	\$17,547,458.05	46,412	\$168,511,982.81
	B	87,431	\$7,924,977.40	980	\$459,959.03	88,411	\$8,384,936.43
	DME	5,768	\$1,499,688.12	N/A	N/A	5,768	\$1,499,688.12
	Subtotal	134,099	\$160,389,190.28	6,492	\$18,007,417.08	140,591	\$178,396,607.36
Unknown	A	565	\$56,657.91	6	\$5,606.16	571	\$62,264.07
	B	N/A	N/A	N/A	N/A	N/A	N/A
	Subtotal	565	\$56,657.91	6	\$5,606.16	571	\$62,264.07
Total		340,596	\$404,463,429.89	39,633	\$69,459,525.38	380,229	\$473,922,955.27

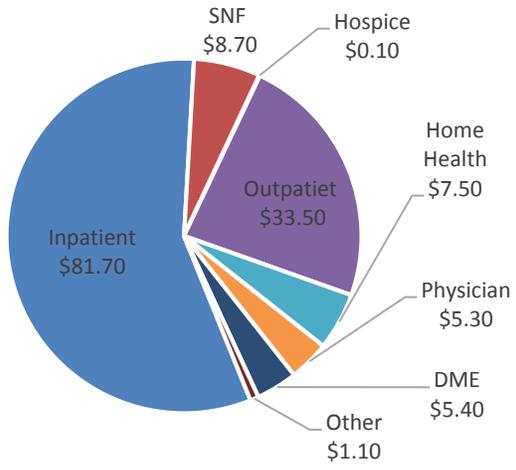
Appendix F1: FY 2016 Overpayments by Provider Type



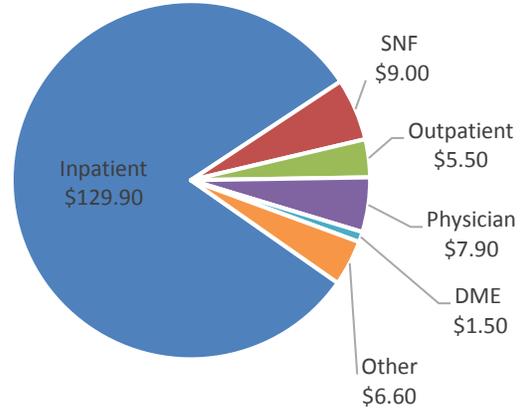
Appendix F2: FY 2016 Overpayments by Provider Type and RAC (in millions of dollars)



Region C



Region D



Appendix G1: FY 2016 Corrections by Review Type

Review Type	Overpayments Collected		Underpayments Restored		Total Corrected	
	No. of Claims	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected
Automated	217,650	\$41,302,291.37	23,238	\$13,143,434.05	240,888	\$54,445,725.42
Complex	116,307	\$354,871,929.72	14,337	\$51,373,167.45	130,644	\$406,245,097.17
Semi-Automated	219	\$133,497.93	2	\$4,656.17	221	\$138,154.10
Unknown ¹	6,420	\$8,155,710.87	2,056	\$4,938,267.71	8,476	\$13,093,978.58
Total	340,596	\$404,463,429.89	39,633	\$69,459,525.38	380,229	\$473,922,955.27

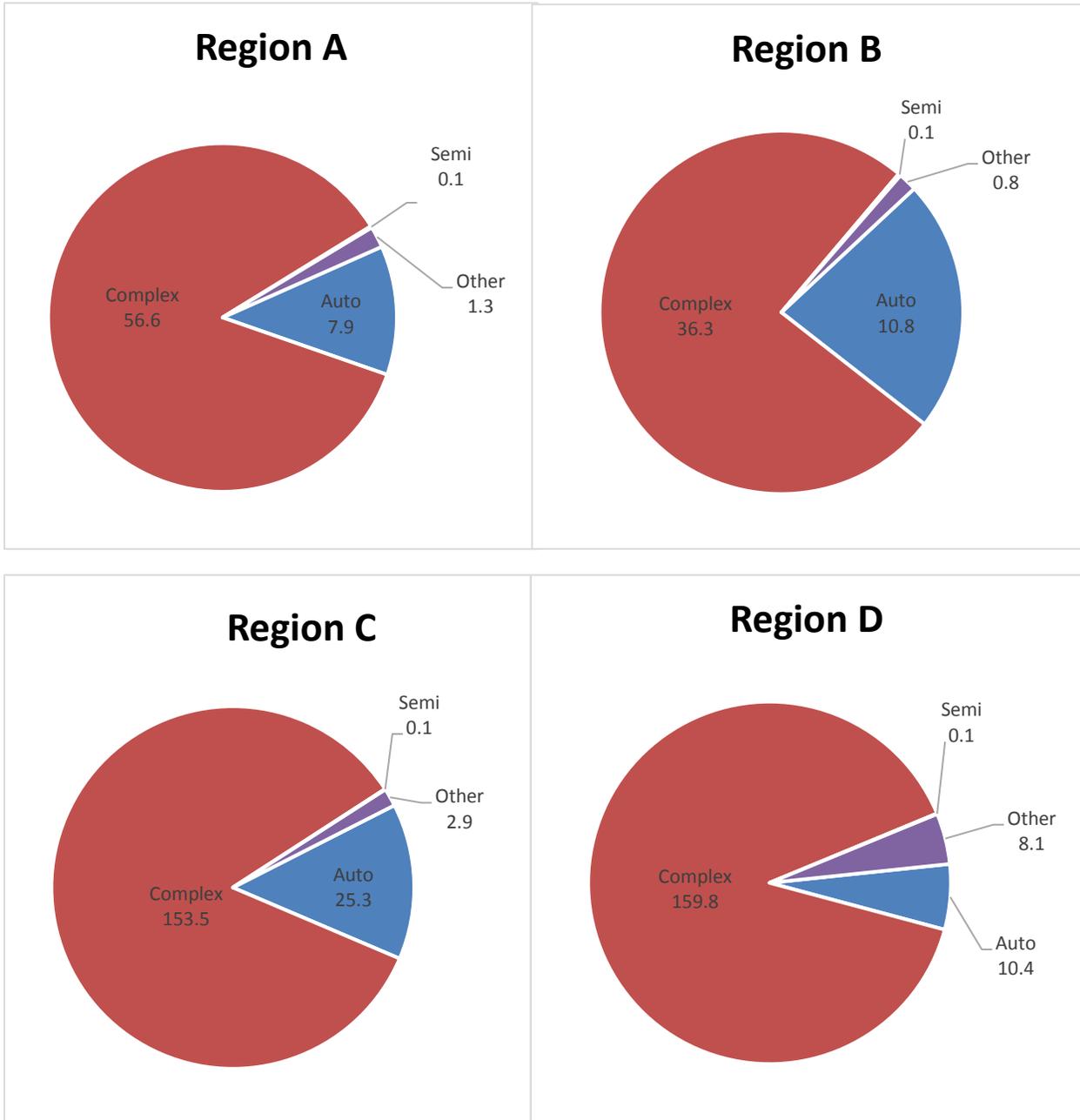
¹ These claims could not be attributed to a specific review type.

Appendix G2: FY 2016 Corrections by Review Type and RAC

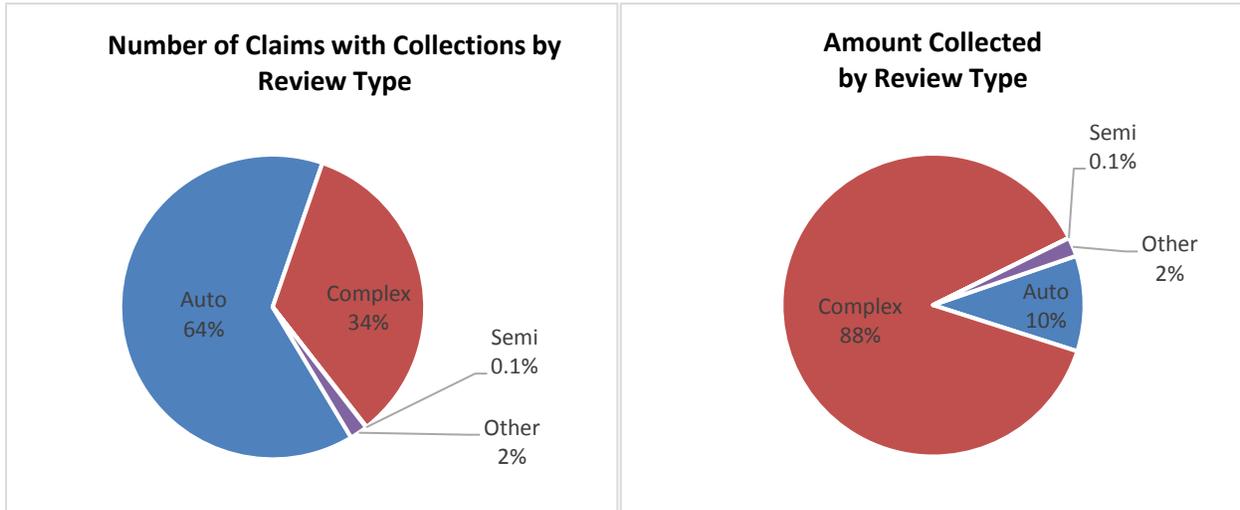
		Overpayments Collected		Underpayments Restored		Total Corrected	
RAC	Review Type	No. of Claims	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected
Performant	Auto	60,768	\$7,392,521.84	4,306	\$464,406.26	65,074	\$7,856,928.10
	Complex	11,739	\$48,904,290.69	1,572	\$7,730,849.20	13,311	\$56,635,139.89
	Semi-Auto	37	\$50,645.92	N/A	N/A	37	\$50,645.92
	Unknown	137	\$(87,483.65)	380	\$1,387,042.69	517	\$1,299,559.04
	Subtotal	72,681	\$56,259,974.80	6,258	\$9,582,298.15	78,939	\$65,842,272.95
CGI	Auto	31,304	\$10,648,549.03	129	\$178,618.94	31,433	\$10,827,167.97
	Complex	29,899	\$33,461,248.55	622	\$2,861,507.07	30,521	\$36,322,755.62
	Semi-Auto	56	\$17,159.43	1	\$4,289.93	57	\$21,449.36
	Unknown	2,607	\$417,096.61	344	\$358,312.39	2,951	\$775,409.00
	Subtotal	63,866	\$44,544,053.62	1,096	\$3,402,728.33	64,962	\$47,946,781.95
Cotiviti	Auto	20,245	\$12,992,782.09	18,365	\$12,325,746.33	38,610	\$25,318,528.42
	Complex	48,189	\$129,057,325.14	6,804	\$24,421,596.32	54,993	\$153,478,921.46
	Semi-Auto	22	\$17,285.90	1	\$366.24	23	\$17,652.14
	Unknown	929	\$1,146,160.15	611	\$1,713,766.77	1,540	\$2,859,926.92
	Subtotal	69,385	\$143,213,553.28	25,781	\$38,461,475.66	95,166	\$181,675,028.94
HDI	Auto	105,333	\$10,268,438.41	438	\$174,662.52	105,771	\$10,443,100.93
	Complex	26,480	\$143,449,065.34	5,339	\$16,359,214.86	31,819	\$159,808,280.20
	Semi-Auto	104	\$48,406.68	-	N/A	104	\$48,406.68
	Unknown	2,182	\$6,623,279.85	715	\$1,473,539.70	2,897	\$8,096,819.55
	Subtotal	134,099	\$160,389,190.28	6,492	\$18,007,417.08	140,591	\$178,396,607.36
Unknown ²	Unknown	565	\$56,657.91	6	\$5,606.16	571	\$62,264.07
Total		340,596	\$404,463,429.89	39,633	\$69,459,525.38	380,229	\$473,922,955.27

² These claims could not be attributed to a specific Recovery Auditor or review type.

Appendix G3: FY 2016 Corrections by Review Type and RAC (in millions of dollars)



Appendix G4: FY 2016 Collections by Review Type



Appendix H1: FY 2016 Complex Review Improper Payment Identification Rate

RAC	Number of ADRs Fulfilled by Providers	Improper Payment Identifications*	Improper Payment Identification Rate
Performant	32,106	7,404	23.1%
CGI	17,148	12,203	71.2%
Cotiviti	71,647	27,290	38.1%
HDI	75,704	23,153	30.6%
Total	196,605	70,050	35.6%

*Identifications include claims with demanded overpayments and underpayments

Appendix H2: FY 2016 Complex Review Collections by RAC

RAC	Provider Type	Number of Claims Reviewed	Overpayments Collected	Underpayments Restored	Total Amount Corrected
Performant	Inpatient	42,208	\$35,062,857.39	\$4,043,529.12	\$39,106,386.51
	SNF	112	\$135,835.82	-	\$135,835.82
	DME	1,623	\$694,352.90	-	\$694,352.90
CGI	Inpatient	4,232	\$9,399,615.23	\$429,345.36	\$ 9,828,960.59
	Outpatient	15,695	\$10,874,673.68	\$137,610.64	\$11,012,284.32
	Carrier	1,187	\$1,142,534.00	\$66.21	\$1,142,600.21
	DME	368	\$80,516.98	-	\$80,516.98
Cotiviti	Inpatient	41,874	\$54,959,694.42	\$11,197,001.29	\$66,156,695.71
	SNF	4,712	\$6,409,583.75	\$11,597.63	\$6,421,181.38
	Outpatient	49,757	\$21,119,998.50	\$2,196,969.59	\$23,316,968.09
	Carrier	3,329	\$2,673,903.56	\$378,969.01	\$3,052,872.57
	Hospice	120	\$64,506.88	-	\$64,506.88
	Home Health	1,770	\$1,057,557.98	\$244.82	\$1,057,802.80
	DME	3,003	\$858,723.21	-	\$858,723.21
HDI	Inpatient	94,675	\$108,399,742.53	\$13,403,088.35	\$121,802,830.88
	SNF	1,888	\$6,452,602.22	\$396.98	\$6,452,999.20
	Outpatient	3,774	\$2,932,217.17	\$461,840.31	\$3,394,057.48
	Carrier	2,247	\$1,290,288.47	\$227,096.63	\$1,517,385.10
	DME	378	\$153,537.34	-	\$153,537.34
Total		272,952	\$263,762,742.03	\$32,487,755.94	\$296,250,497.97

Appendix I: FY 2016 Cumulative Accuracy Scores

RAC	Accuracy Score
Performant	98.7%
CGI	91.0%
Cotiviti	98.2%
HDI	97.1%

Note: In FY 2016, 12 random samples from each RAC were drawn to determine the accuracy scores. The universe for each region was all claims adjusted by the RAC from August 2015 – July 2016. The sample size reviewed for each RAC was between 1,107 and 1,200 claims.

Appendix J1: FY 2016 Recovery Audit Program Appeals by RAC and Claim Type – Level 1 (Redetermination)

RAC	Claim Type	Appealed Claims Decided*	Appealed Claims Dismissed	Decided Claims Overturned**	% of Decided Claims Overturned
Performant	A	5,369	79	2,262	42.1%
	B	4,337	544	3,302	76.1%
	DME	646	20	124	19.2%
	Subtotal	10,352	643	5,688	54.9%
CGI	A	20,595	859	8,713	42.3%
	B	2,344	110	1,681	71.7%
	DME	182	2	126	69.2%
	Subtotal	23,121	971	10,520	45.5%
Cotiviti	A	23,721	877	7,133	30.1%
	B	712	50	344	48.3%
	DME	869	149	388	44.6%
	Subtotal	25,302	1,076	7,865	31.1%
HDI	A	10,786	652	6,759	62.7%
	B	11,576	861	7,512	64.9%
	DME	448	21	242	54.0%
	Subtotal	22,810	1,534	14,513	63.6%
Total		81,585	4,224	38,586	47.3%

* This includes claims listed as 'Affirmed,' 'Partially Reversed,' and 'Fully Reversed' in the Contractor Reporting of Operational & Workload Data (CROWD) system and claims listed as 'Decided' minus 'Dismissed' in the Medicare Appeals System (MAS).

** This includes claims listed as 'Partially Reversed' and 'Fully Reversed' in CROWD and claims listed as 'Partially Favorable' and 'Favorable' in MAS.

Source: CMS CROWD System and MAS

Appendix J2: FY 2016 Recovery Audit Program Appeals by RAC and Claim Type – Level 2 (Reconsideration)

RAC	Claim Type	Appeal Decisions Made*	Appeal Decisions Dismissed	Appeal Decisions Overturned**	% of Appeal Decisions Overturned
Performant	A	3,179	540	645	20.3%
	B	423	6	75	17.7%
	DME	14	0	2	14.3%
	Subtotal	3,616	546	722	20.0%
CGI	A	6,807	564	5,231	76.8%
	B	976	0	700	71.7%
	DME	9	0	1	11.1%
	Subtotal	7,792	564	5,932	76.1%
Cotiviti	A	11,283	1,333	759	6.7%
	B	10	1	3	30.0%
	DME	18	0	10	55.6%
	Subtotal	11,311	1,334	772	6.8%
HDI	A	3,166	904	1,034	32.7%
	B	812	36	211	26.0%
	DME	51	0	13	25.5%
	Subtotal	4,029	940	1,258	31.2%
Total		26,748	3,384	8,684	32.5%

* This includes claims listed as 'Affirmed,' 'Partially Reversed,' and 'Fully Reversed' in CROWD and claims listed as 'Decided' minus 'Dismissed' in MAS.

** This includes claims listed as 'Partially Reversed' and 'Fully Reversed' in CROWD and claims listed as 'Partially Favorable' and 'Favorable' in MAS.

Source: CMS CROWD System and MAS

Note: Claims may have had initial overpayment determinations made prior to FY 2015. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2015. For example, if a claim was appealed to the first level and received a decision in FY 2015, then appealed to the second level and received a decision in FY 2015, both decisions are counted.

**Appendix J3: FY 2016 Recovery Audit Program Appeals by RAC and Claim Type
– Level 3 (ALJ)***

RAC	Claim Type	Appeal Decisions Made*	Appeal Decisions Dismissed	Appeal Decisions Remanded	Appeal Decisions Overturned**	% of Appeal Decisions Overturned
Performant	A	1,854	32,418	5	761	41.0%
	B	20	0	0	2	10.0%
	DME	1	0	0	1	100.0%
	Subtotal	1,875	32,418	5	764	40.7%
CGI	A	3,478	28,708	37	1,284	36.9%
	B	4	0	0	1	25.0%
	DME	0	1,025	0	0	0.0%
	Subtotal	3,482	29,733	37	1,285	36.9%
Cotiviti	A	8,799	79,414	33	2,978	33.8%
	B	15	372	0	1	6.7%
	DME	26	18	0	17	65.4%
	Subtotal	8,840	79,804	33	2,996	33.9%
HDI	A	10,954	62,394	68	3,708	33.9%
	B	37	13	0	18	48.6%
	DME	14	3	0	4	28.6%
	Subtotal	11,005	62,410	68	3,730	33.9%
Unspecified	A	1,950	218	30	674	34.6%
	B	1	0	0	1	100.0%
	DME	0	0	0	0	50.0%
	Subtotal	1,951	218	30	675	34.6%
Total		27,153	204,583	173	9,450	34.8%

*Claims with Decision Letter Mailed Date in FY15,
Combined appeals are excluded,
Part A includes Part B of A claims,
Date Prepared: November 18, 2015.

Source: MAS - ALJ Appeal Lifecycle Star Package

Note: Claims may have had initial overpayment determinations made prior to FY 2015. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2015. For example, if a claim was appealed to the first level and received a decision in FY 2015, then appealed to the second level and received a decision in FY 2015, both decisions are counted.

Appendix J4: FY 2016 Recovery Audit Program Appeals by RAC and Claim Type – Level 4 (the Appeals Council)

RAC	Claim Type	Appeal Decisions Made*	Appeal Decisions Dismissed	Appeal Decisions Remanded	Appeal Decisions Overturned**	% of Appeal Decisions Overturned
Performant	A	1	852	31	0	0%
	B	0	0	0	0	0%
	DME	0	0	0	0	0%
	Subtotal	1	852	31	0	0%
CGI	A	2	276	4	1	50.0%
	B	0	0	0	0	0.0%
	DME	0	0	0	0	0.0%
	Subtotal	2	276	4	1	50.0%
Cotiviti	A	0	506	69	0	0%
	B	0	0	1	0	0%
	DME	0	0	0	0	0%
	Subtotal	0	506	70	0	0%
HDI	A	2	736	88	1	50.0%
	B	0	1	0	0	0%
	DME	1	0	0	1	100%
	Subtotal	3	737	88	2	66.7%
Total		6	2371	193	3	50.0%

* This includes claims listed as 'Affirmed,' 'Partially Reversed,' and 'Fully Reversed' in CROWD and claims listed as 'Decided' minus 'Dismissed' in MAS.

** This includes claims listed as 'Partially Reversed' and 'Fully Reversed' in CROWD and claims listed as 'Partially Favorable' and 'Favorable' in MAS.

Source: CMS CROWD System and MAS

Note: Claims may have had initial overpayment determinations made prior to FY 2015. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2015. For example, if a claim was appealed to the first level and received a decision in FY 2015, then appealed to the second level and received a decision in FY 2015, both decisions are counted.

Appendix J5: FY 2016 Total Recovery Audit Program Appeal Decisions by RAC and Claim Type – All Administrative Levels

RAC	Claim Type	Appeal Decisions Made	Appeal Decisions Dismissed	Appeal Decisions Remanded	Appeal Decisions Overturned	% of Appeal Decisions Overturned
Performant	A	10,403	33,889	36	3,668	35.3%
	B	4,780	550	0	3,379	70.7%
	DME	661	20	0	127	19.2%
	Subtotal	15,844	34,459	36	7,174	45.3%
CGI	A	30,882	30,407	41	15,229	49.3%
	B	3,324	110	0	2,382	71.7%
	DME	191	1,027	0	127	66.5%
	Subtotal	34,397	31,544	41	17,738	51.6%
Cotiviti	A	43,803	82,130	102	10,870	24.8%
	B	737	423	1	348	47.2%
	DME	913	167	0	415	45.5%
	Subtotal	45,453	82,720	103	11,633	25.6%
HDI	A	24,908	64,686	156	11,502	46.2%
	B	12,425	911	0	7,741	62.3%
	DME	514	24	0	260	50.6%
	Subtotal	37,847	65,621	156	19,503	51.5%
Unspecified	A	1,950	218	30	674	34.6%
	B	1	0	0	1	100.0%
	DME	0	0	0	0	0.0%
	Subtotal	1,951	218	30	675	34.6%
Total		135,492	214,562	366	56,723	41.9%

Note: The statistics above include first, second, third, and fourth level appeal decisions in FY 2015. Appealed claims may be counted multiple times if the claim had multiple appeal decisions rendered during FY 2015. For example, if a claim was appealed to the first level and received a decision in FY 2015, then appealed to the second level and received a decision in FY 2015, both decisions would be counted in the totals above. Claims may have overpayment determination dates prior to FY 2015.

Appendix K: FY 2016 Provider Medical Records Submission Methods by Region

RAC	Method	FY16 Percentage
Performant	esMD	39.66%
	CD/DVD	28.85%
	Paper	31.48%
	Other	N/A
CGI	esMD	20%
	CD/DVD	16.3%
	Paper	49%
	Other/Fax	14.8%
Cotiviti	esMD	33%
	CD/DVD	15%
	Paper	23%
	Fax	8%
	HealthPort	21%
HDI	esMD	31%
	CD/DVD	39%
	Paper	12%
	Other/Fax/Electronic	18%

Appendix L: Recovery Audit Program Informational Resources

Website	Information Provided
go.cms.gov/RAC	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.
http://www.cms.gov/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf	Contains archived provider compliance articles to help address common billing errors
RAC Websites	<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 A/Performant Recovery: performantrac.com • Region B/CGI: racb.cgi.com • Region C/Cotiviti: http://www.cotiviti.com/cotiviti-healthcare/cms-rac-provider-resources • Region D/HDI: healthdatainsights.com/rac