



# Exploring the Impact of the RAC Program on Hospitals Nationwide

Results of AHA RACTRAC Survey, 1<sup>st</sup> Quarter 2013

June 4, 2013

# RAC 101

- Centers for Medicare & Medicaid Services (CMS) Recovery Audit Contractors (RACs) conduct *automated reviews* of Medicare payments to health care providers—using computer software to detect improper payments. RACs also conduct *complex reviews* of provider payments—using human review of medical records and other medical documentation to identify improper payments to providers.
- 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 TRAC Background

- AHA created RAC TRAC—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 TRAC (accessed at [www.aharactrac.com](http://www.aharactrac.com)), to submit their data regarding the impact of the RAC program.
  - Survey questions are designed to collect *cumulative* RAC experience data, from the inception of a hospital's RAC activity through the 1<sup>st</sup> quarter of 2013.
  - Survey registration information and RAC TRAC support can be accessed at [ractracsupport@providercs.com](mailto:ractracsupport@providercs.com) or 1-888-722-8712.
- The AHA recently enhanced the RAC TRAC survey to capture more detailed information on medical necessity review denials and the administrative burden due to problems with the RAC process.



# Executive Summary

- 2,380 hospitals have participated in RACTRAC since data collection began in January of 2010. 1,324 hospitals participated this quarter.
- Participants continue to report dramatic increases in RAC activity:
  - The number of medical record requests for survey respondents has increased by 53% in comparison to the cumulative total reported in Q3 2012.
  - The total number of complex audit denials issued to respondents has increased by 42% in comparison to the cumulative total reported in Q3 2012.
- 60% of medical records reviewed by RACs **did not** contain an overpayment, according to the RAC.
- 96% of hospitals indicated medical necessity denials were the most costly complex denials.
- 68% of medical necessity denials reported were for 1-day stays where the care was found to have been provided in the wrong setting, not because the care was medically unnecessary.



## Executive Summary (cont.)

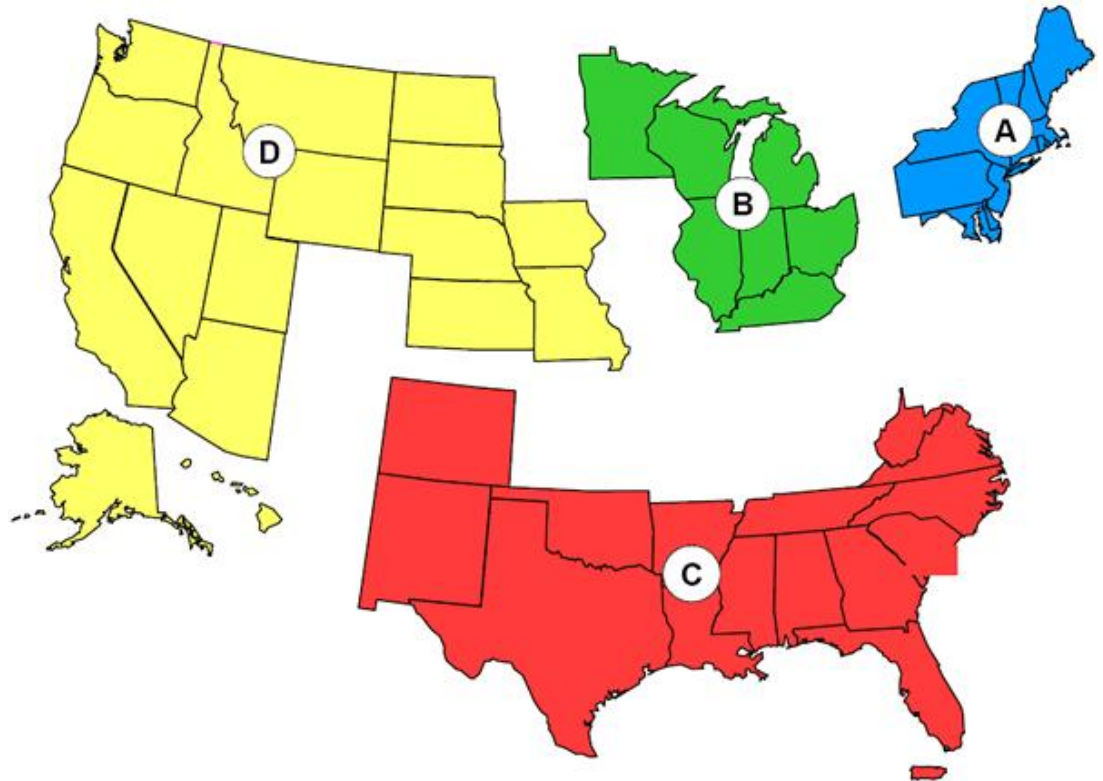
- Hospitals reported appealing 44% of all RAC denials, with a 72% success rate in the appeals process.
- Nearly 30% of participating hospitals reported having a RAC denial reversed through utilization of the discussion period.
- 71% of all hospitals filing a RAC appeal during the 1st quarter of 2013 reported appealing short stay medically unnecessary denials.
- Three-fourths of all appealed claims are still sitting in the appeals process.
- 63% of all hospitals reported spending more than \$10,000 managing the RAC process during the first quarter of 2013, 46% spent more than \$25,000 and 10% 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 1st Quarter, 2013

	Percent of Hospitals Nationwide	Percent of Participating Hospitals by Region
Region A	15%	15%
Region B	19%	24%
Region C	40%	35%
Region D	26%	26%



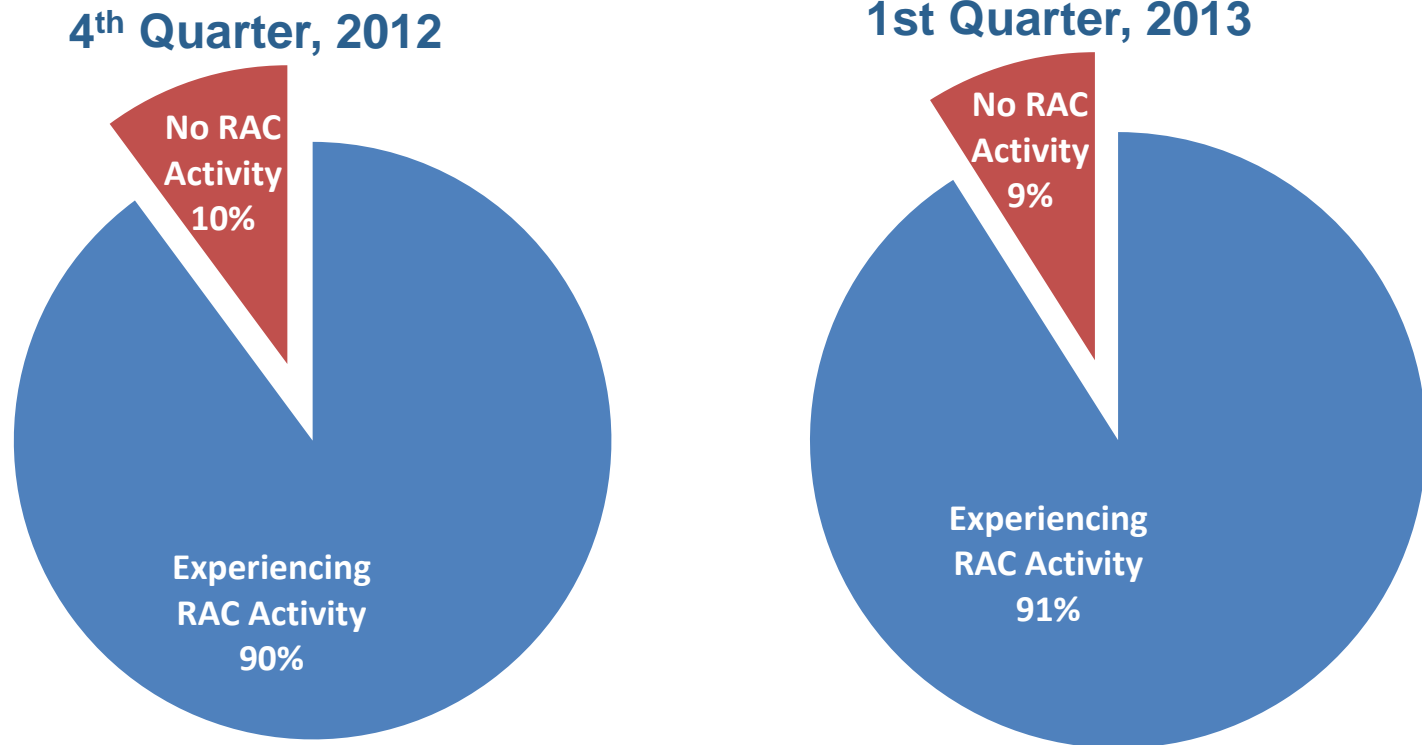
Source: Centers for Medicare and Medicaid Services



## RAC Activity

# Nine out of ten hospitals participating in RAC TRAC reported experiencing RAC activity through March 2013.

## Percent of Participating Hospitals Experiencing RAC Activity, 4<sup>th</sup> Quarter 2012 and 1<sup>st</sup> Quarter 2013



Source: AHA. (April 2013). RAC TRAC Survey

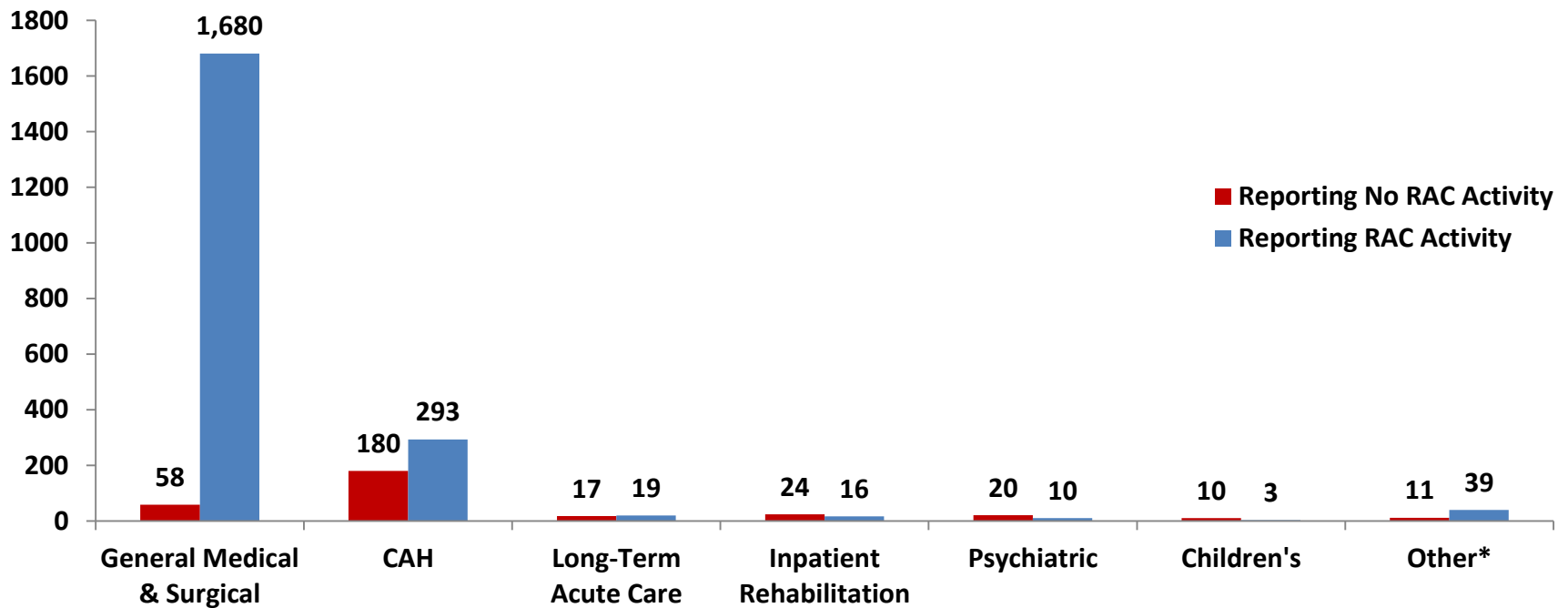
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# The majority of hospitals reporting RAC activity are general medical and surgical hospitals.

Number of Hospitals Reporting RAC Activity by Hospital Type, through 1<sup>st</sup> Quarter 2013



\*Other includes: Cancer, Chronic Disease, Alcohol and Other Chemical Dep., Heart, Obstetrics & Gynecology, Orthopedic, Other Specialty, and Surgical hospitals.

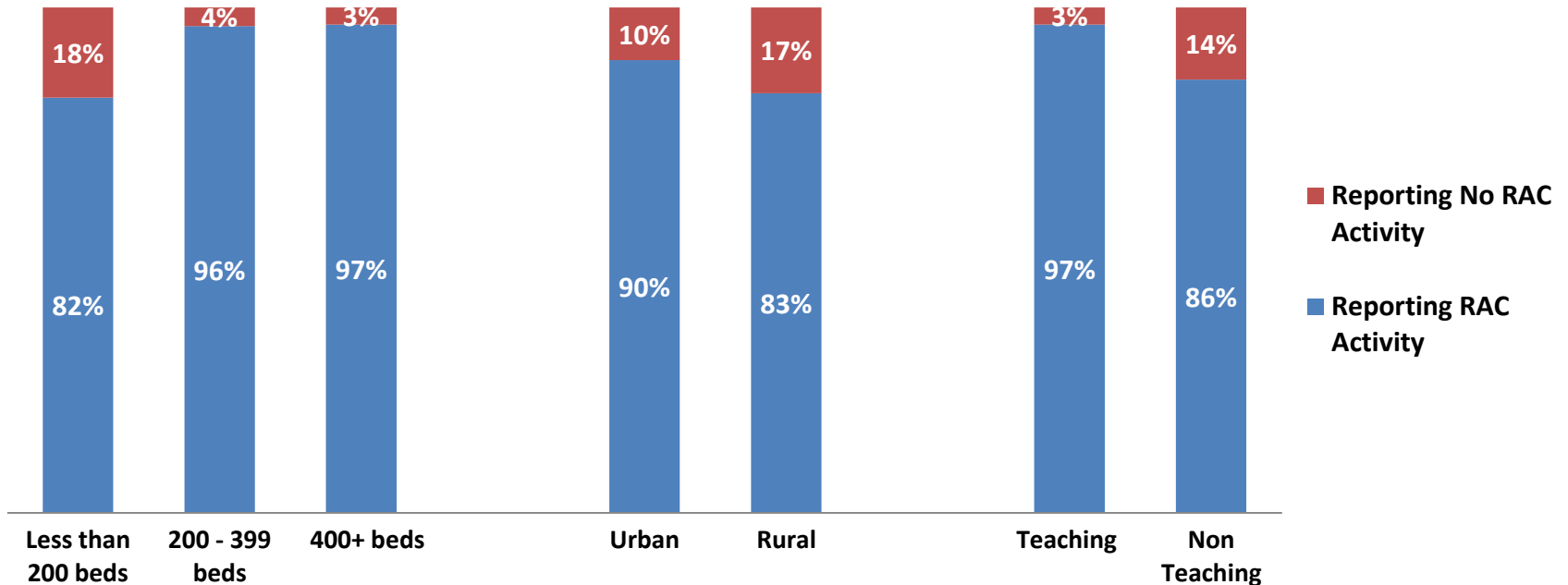


Source: AHA. (April 2013). RAC TRAC Survey

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# Most hospitals, regardless of characteristics, are reporting that they are experiencing RAC reviews.

Percent Reporting RAC Activity vs. No RAC Activity by Type of Participating Hospital, through 1<sup>st</sup> Quarter 2013

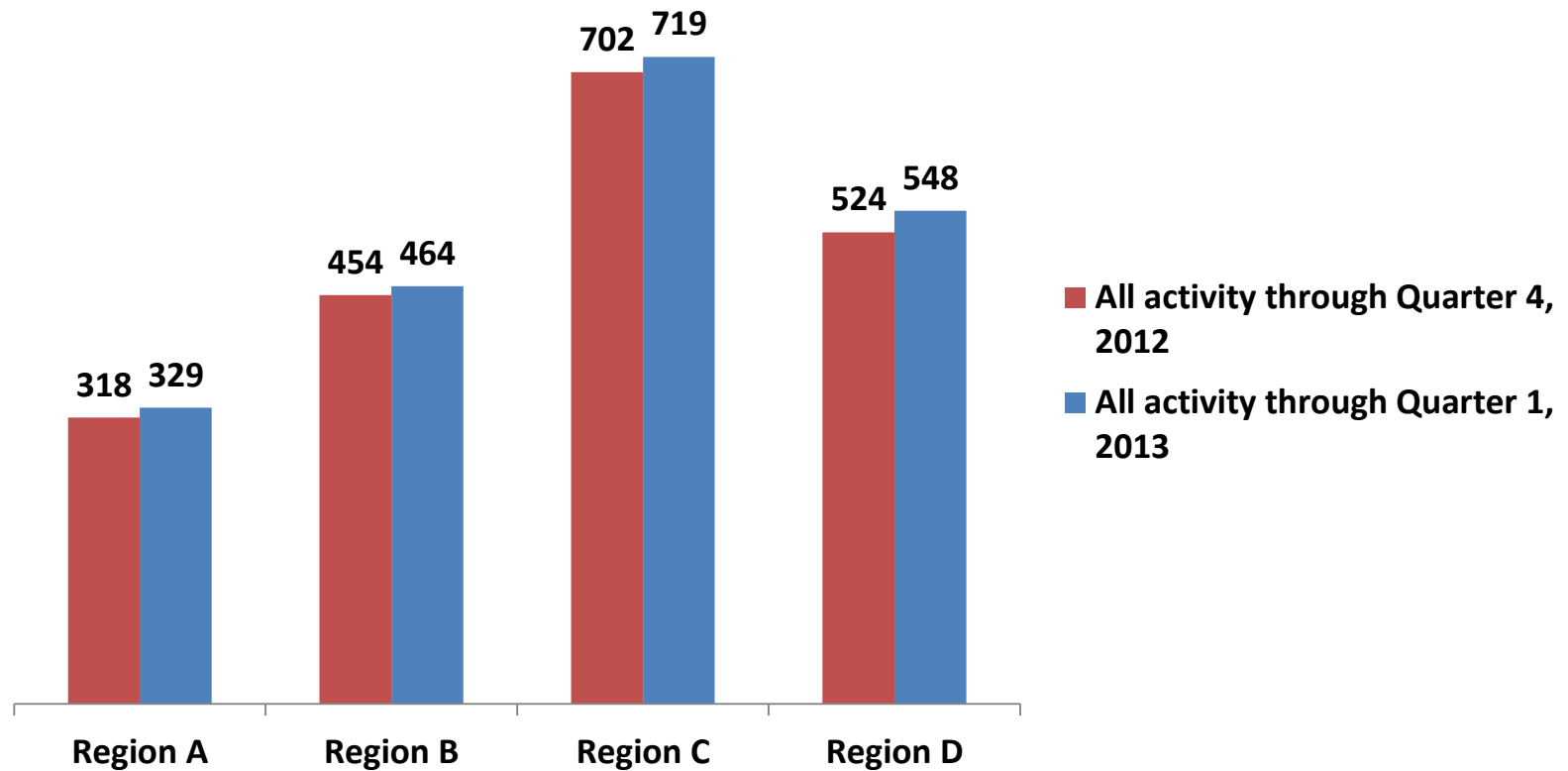


Source: AHA. (April 2013). RAC TRAC Survey

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# RAC Region C has the highest number of hospitals reporting RAC activity.

Number of Participating Hospitals Reporting RAC Activity by Region, through 1<sup>st</sup> Quarter 2013



Source: AHA. (April 2013). RAC TRAC Survey

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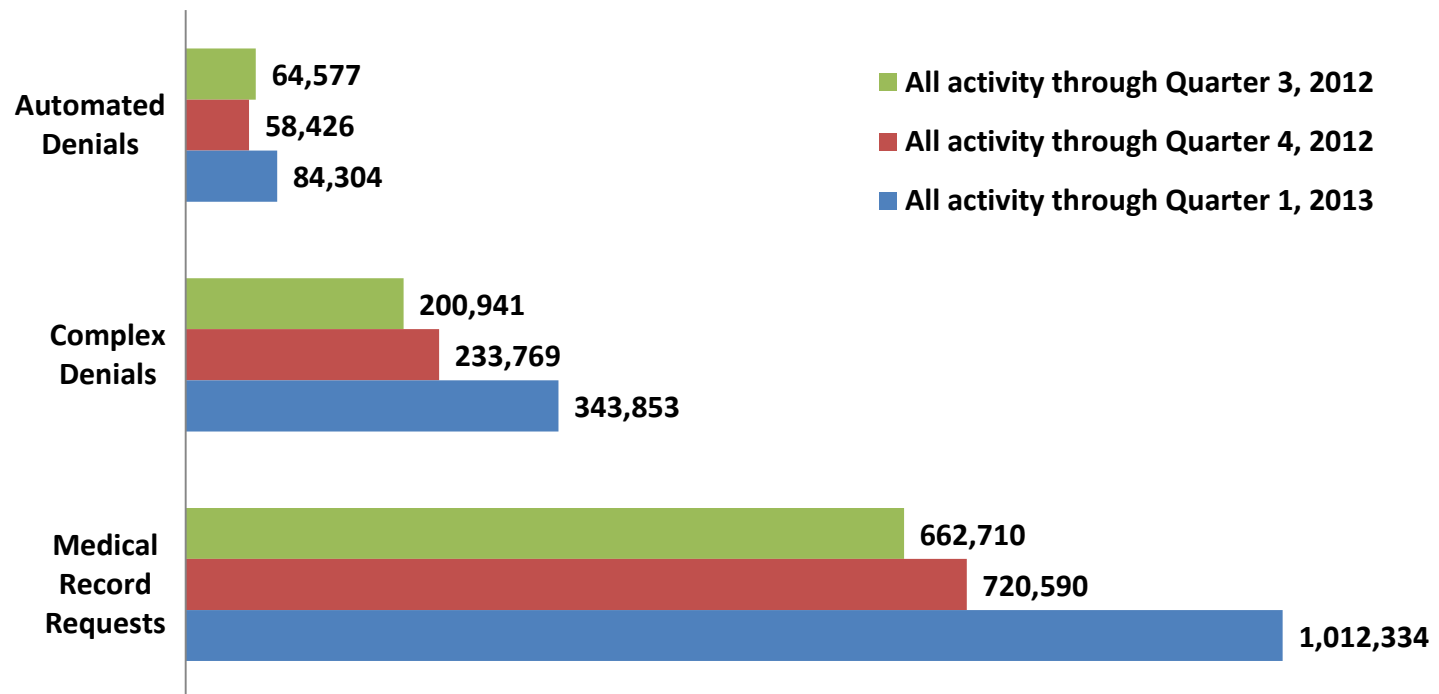
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## RAC Reviews

# Participants continue to report dramatic increases in RAC denials and medical record requests.

## Reported Automated Denials, Complex Denials and Medical Records Requests by Participating Hospitals, through 1<sup>st</sup> Quarter 2013\*



\*Response rates vary by quarter.

Source: AHA. (April 2013). RAC TRAC Survey

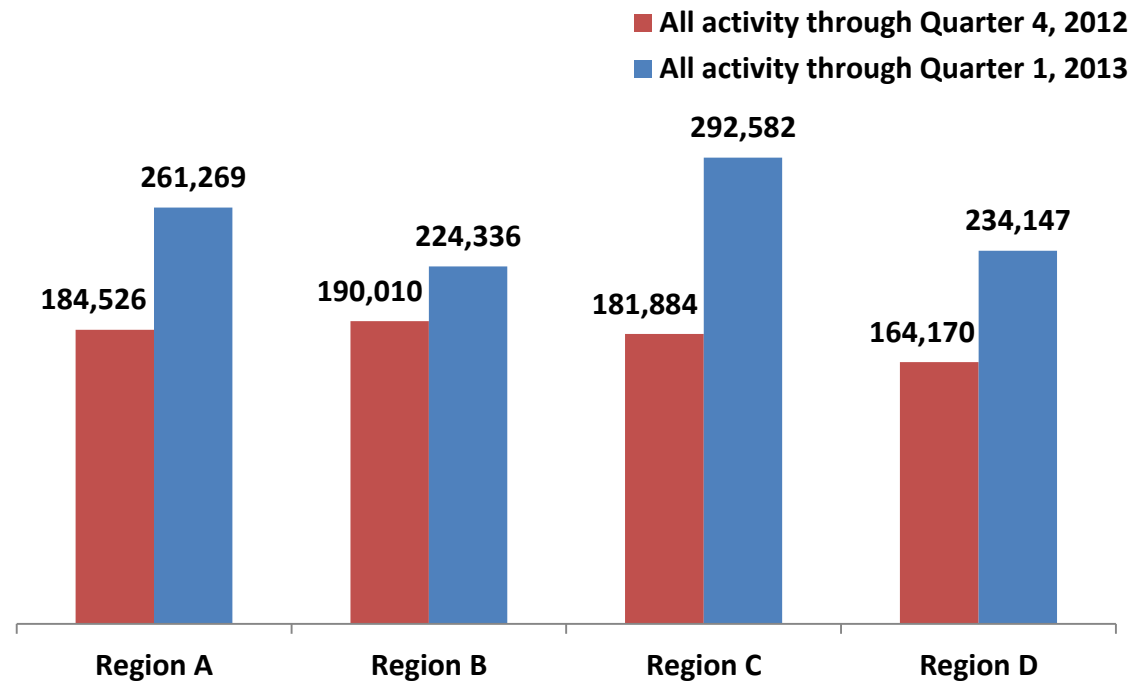
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# Region C reports the highest total number of medical record requests, while Region A has the highest average number of medical record requests per hospital.

Number of Medical Records Requested from Participating Hospitals With Complex Medical Record RAC Activity, through 1<sup>st</sup> Quarter 2013\*

Average Number of Medical Record Requests per Reporting Hospital, through Q1 2013	
Region A	1,420
Region B	975
Region C	917
Region D	1,183



\*Response rates vary by quarter.

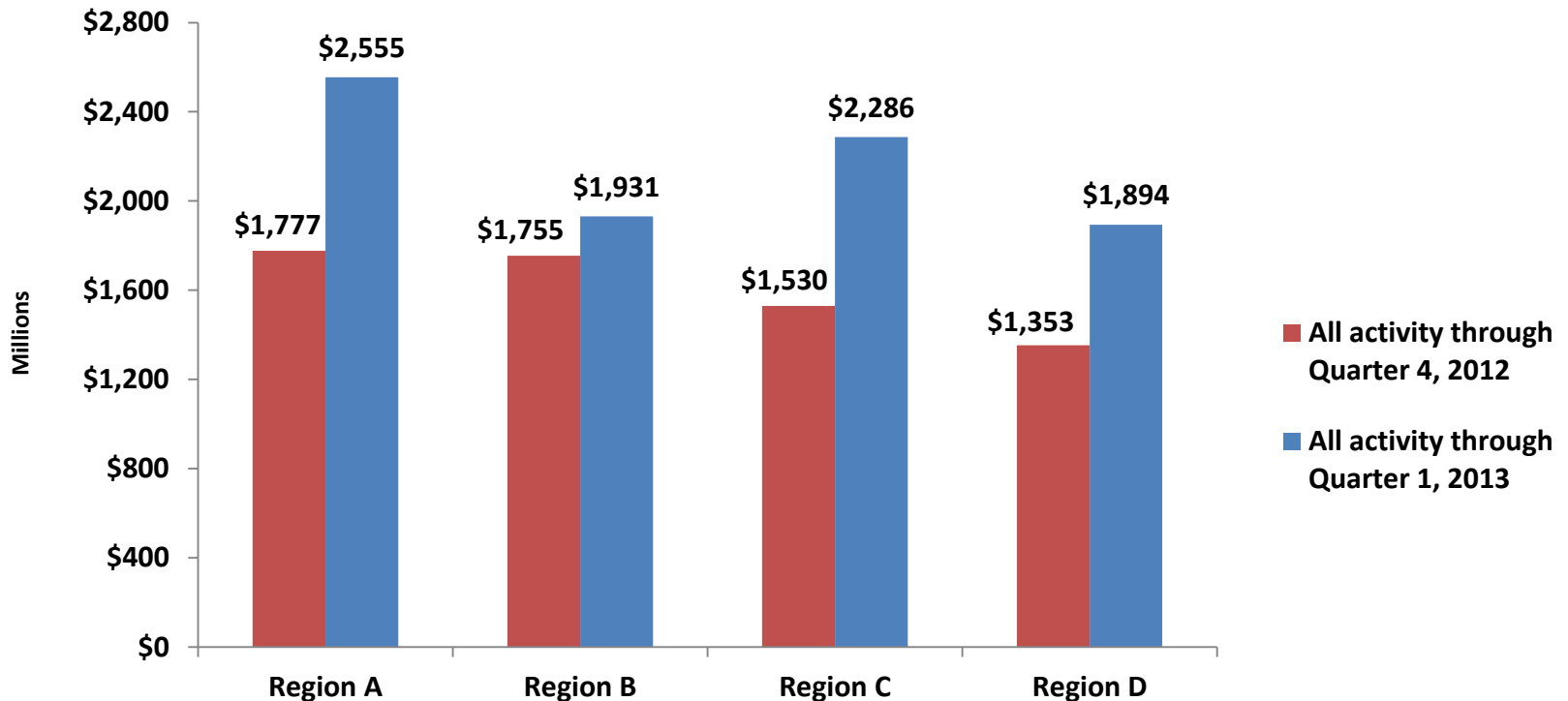
Source: AHA. (April 2013). RAC TRAC Survey

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# Among participating hospitals, \$8.7 billion in Medicare payments were targeted for medical record requests through the 1<sup>st</sup> quarter of 2013.

## Medicare Payments Associated with Medical Records Requested from Participating Hospitals, through 1<sup>st</sup> Quarter 2013, in Millions\*



\*Response rates vary by quarter.

Source: AHA. (April 2013). RAC TRAC Survey

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# The average value of a medical record requested in a complex review was highest in Region A.

## Average Value of a Medical Record Requested in a Complex Review Among Hospitals Reporting RAC Activity, through 1<sup>st</sup> Quarter 2013



Source: AHA. (April 2013). RAC TRAC Survey

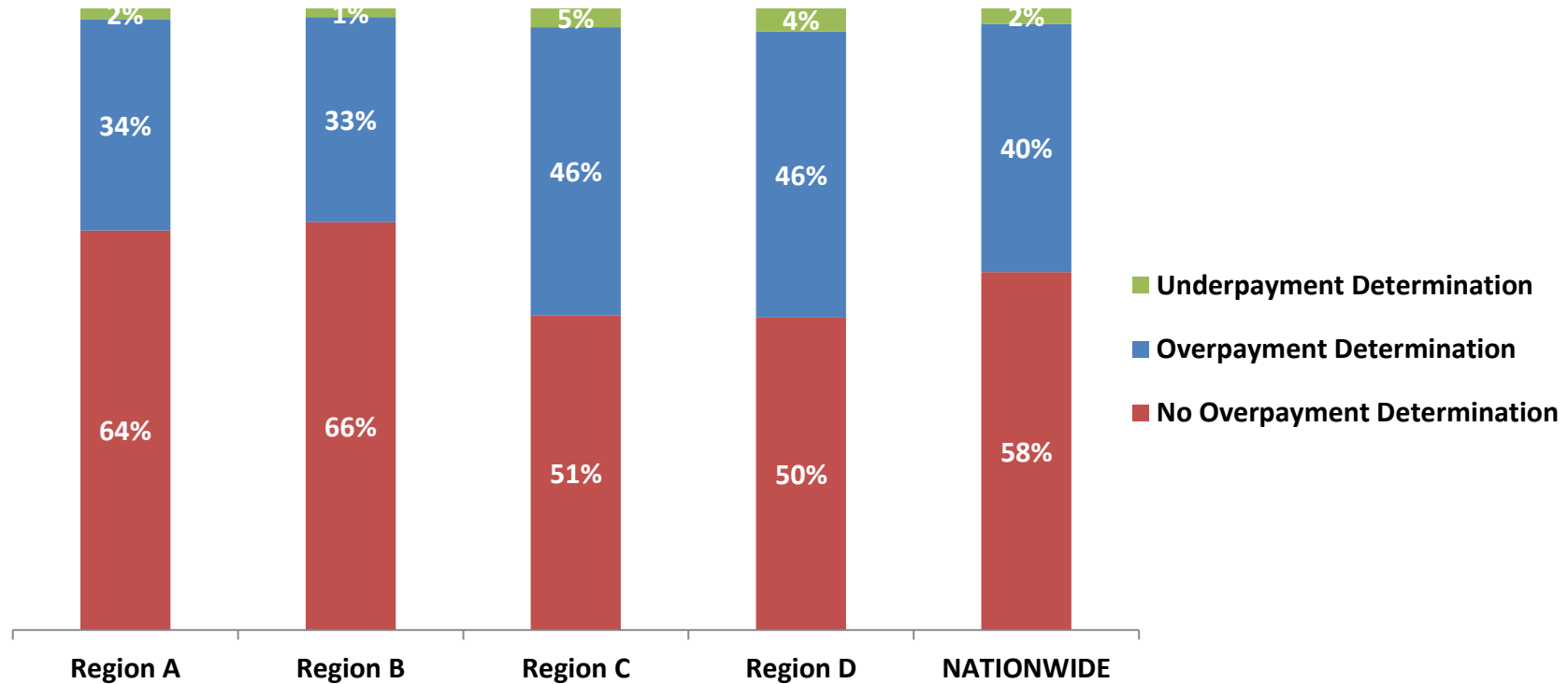
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# 58% of medical records reviewed by RACs did not contain an improper payment.

Percent of Completed Complex Reviews with and without Overpayment or Underpayment Determinations for Participating Hospitals, by Region, through 1<sup>st</sup> Quarter 2013



Source: AHA. (April 2013). RAC TRAC Survey

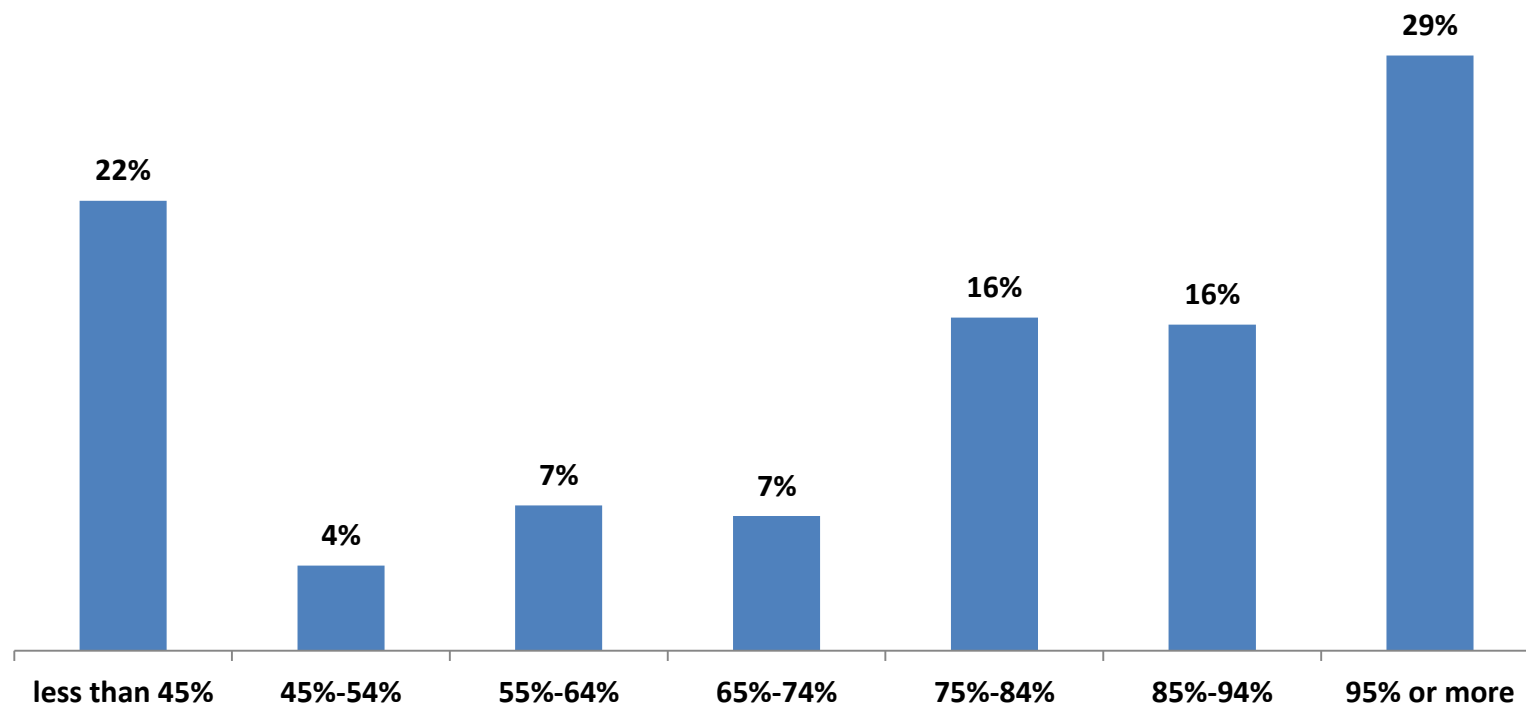
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More than 60% of hospitals reported that over two-thirds of their claims were requested by a RAC after the timely filing window had elapsed.

## Percent of Participating Hospitals Reporting the Percentage of Medical Records Requested after the Timely Filing Window had Elapsed, through 1st Quarter 2013



Source: AHA. (April 2013). RAC TRAC Survey

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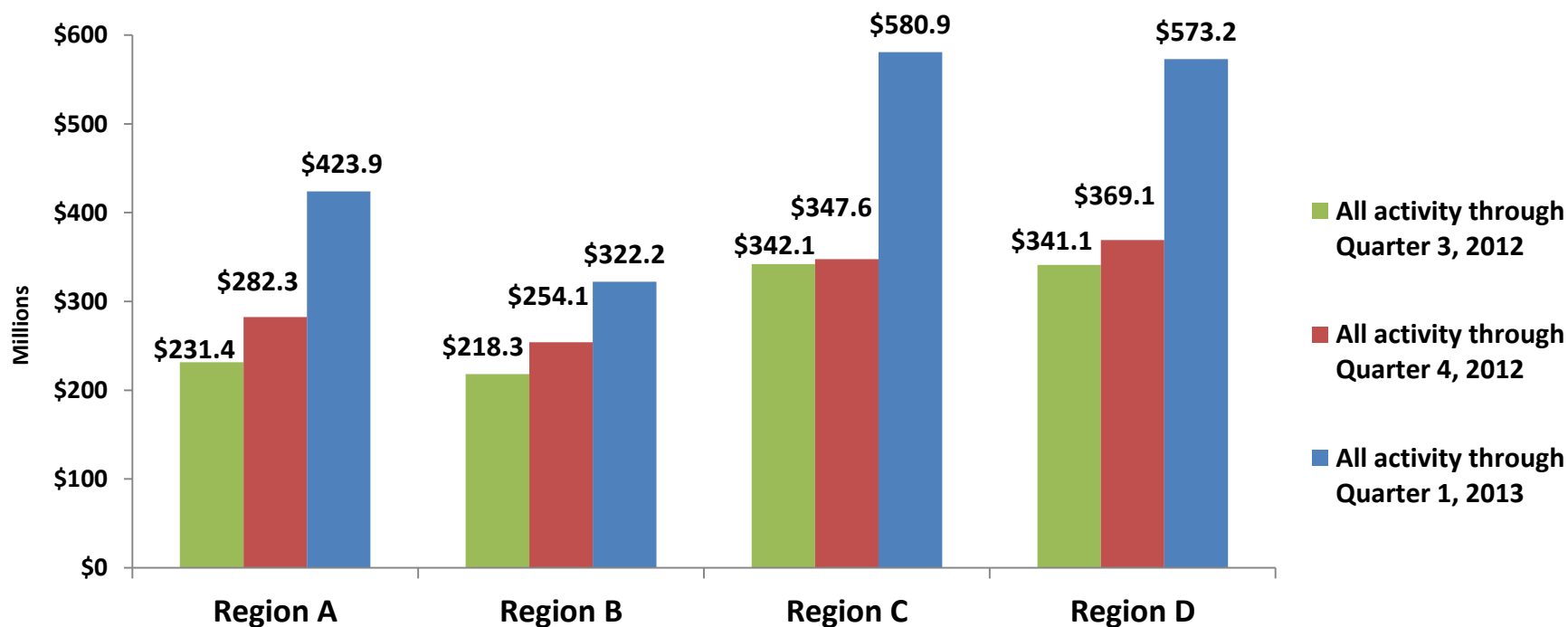




## RAC Denials

# \$1.9 billion in denials were reported through the first quarter of 2013.

Dollar Value of Automated and Complex Denials by RAC Region for Participating Hospitals, through 1<sup>st</sup> Quarter 2013, in Millions\*



\*Response rates vary by quarter.

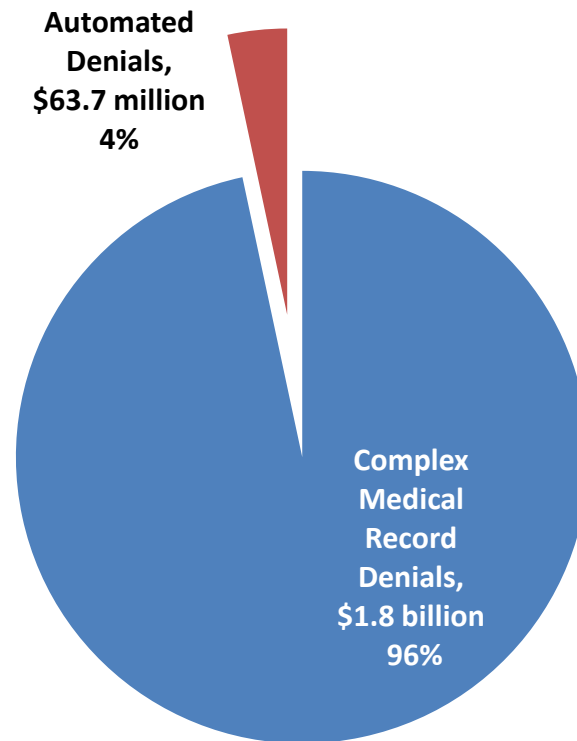
Source: AHA. (April 2013). RAC TRAC Survey

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# 96% of denied dollars were for complex denials.

## Percent and Dollar Amounts of Automated Denials Versus Complex Denials for Participating Hospitals, through 1<sup>st</sup> Quarter 2013



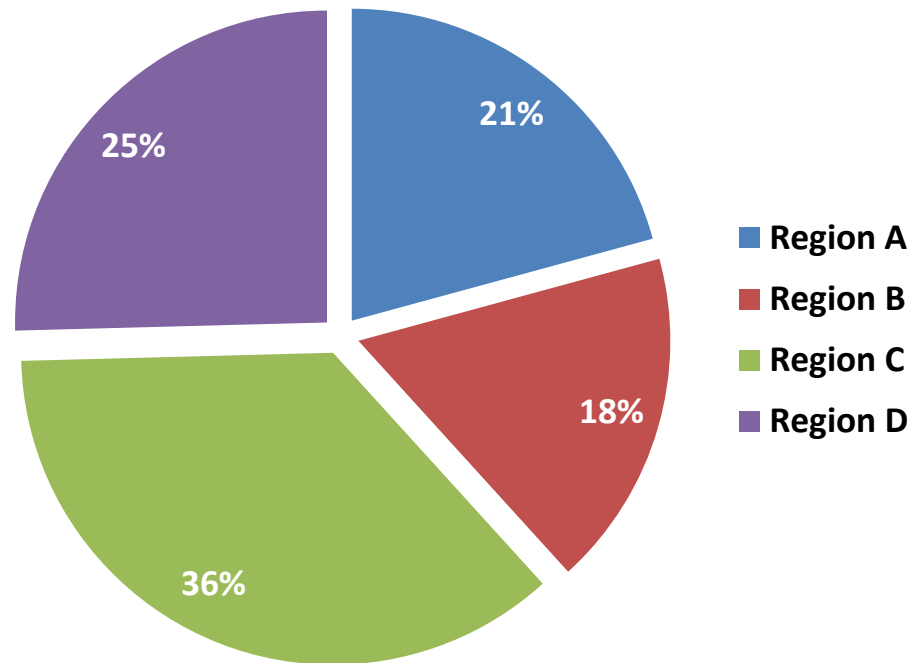
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# RAC denials are spread among all four RAC regions.

Percent of Automated and Complex Denials by RAC Region for Participating Hospitals, through 1<sup>st</sup> Quarter 2013



Source: AHA. (April 2013). RAC TRAC Survey

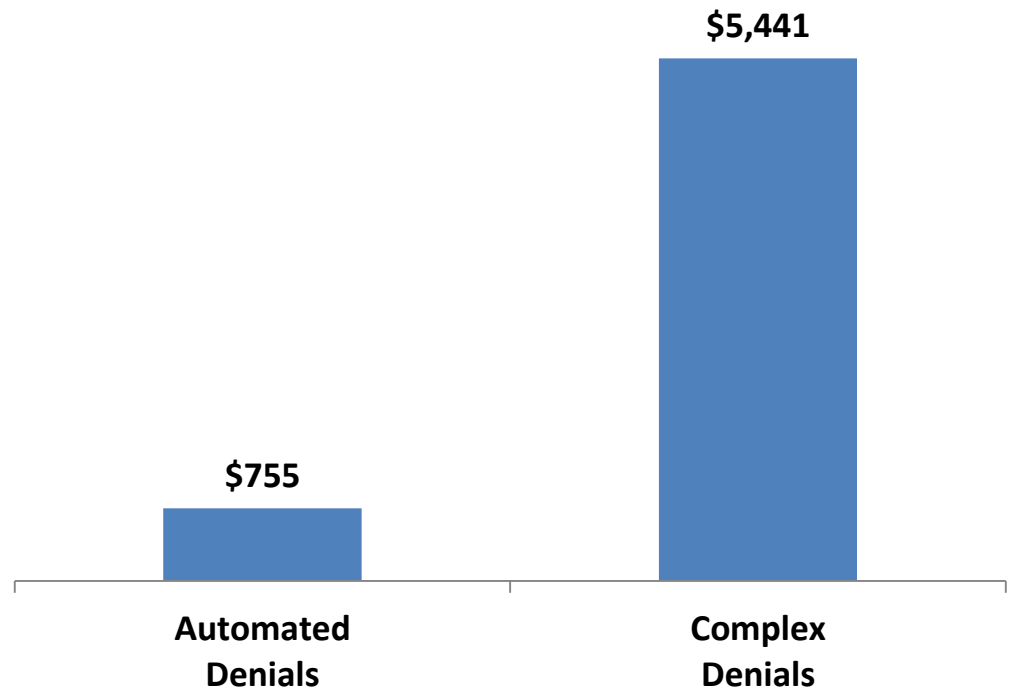
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The average dollar value of an automated denial was \$755 and the average dollar value of a complex denial was \$5,441.

## Average Dollar Value of Automated and Complex Denials Among Hospitals Reporting RAC Denials, through 1<sup>st</sup> Quarter 2013

Average Dollar Amount of Automated and Complex Denials Among Reporting Hospitals, by Region		
RAC Region	Automated Denial	Complex Denial
NATIONWIDE	\$755	\$5,441
Region A	\$491	\$5,455
Region B	\$553	\$5,041
Region C	\$815	\$5,162
Region D	\$894	\$6,025



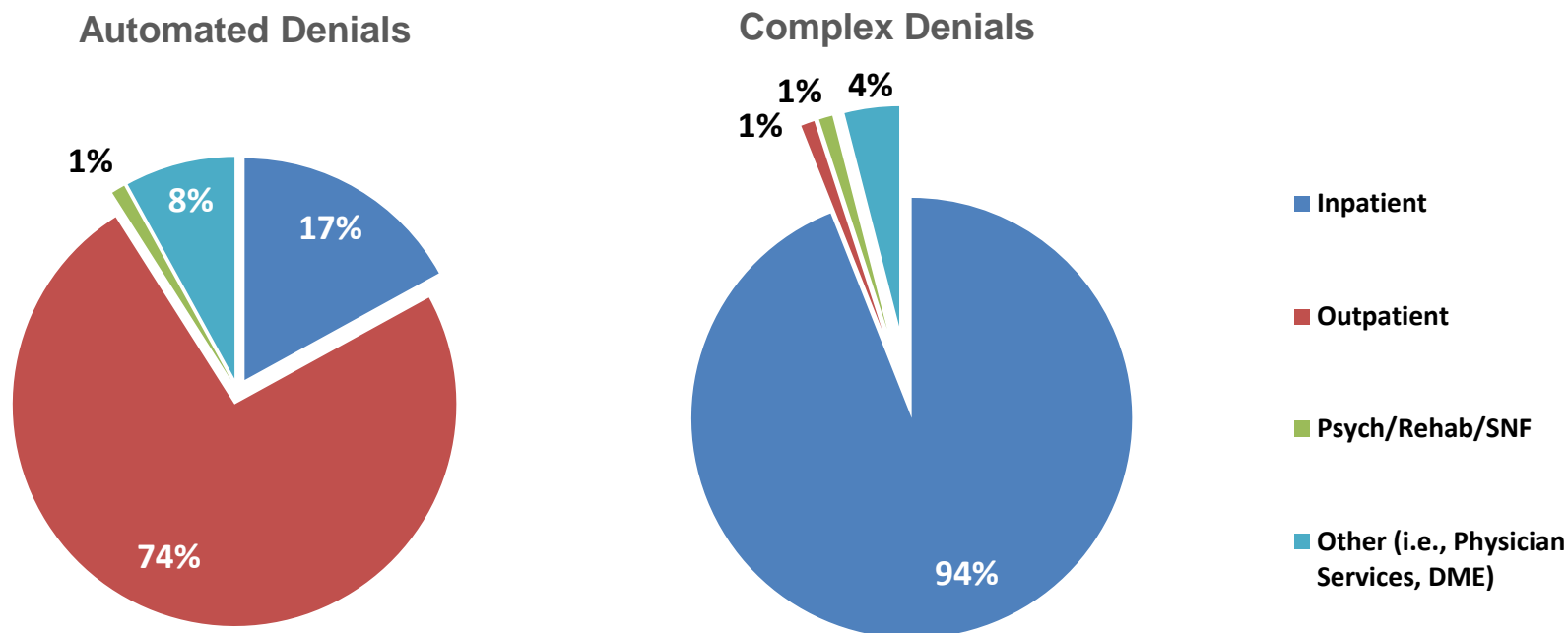
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# In terms of dollars, the top service area for automated denials was outpatient and for complex denials, inpatient.

## Percent of Participating Hospitals by Top Service Area for Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 1<sup>st</sup> Quarter 2013

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



Source: AHA. (April 2013). RAC TRAC Survey

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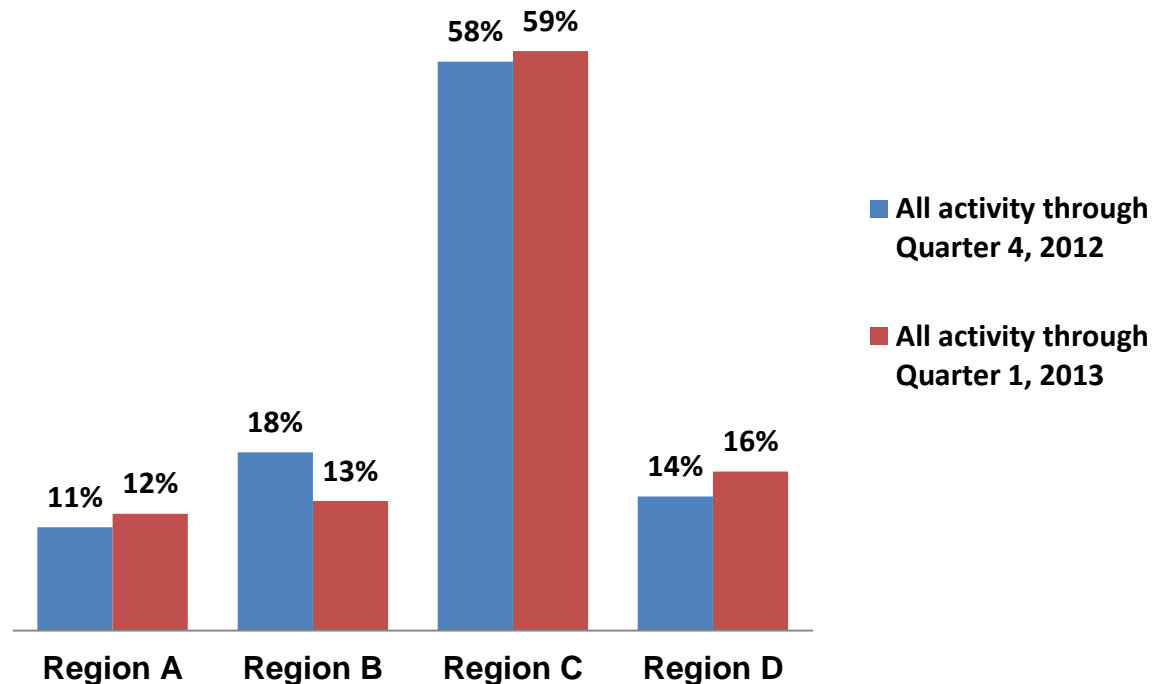


## Automated RAC Denials

# Region C continues to experience the vast majority of all automated denial activity.

Percent and Number of Reported Automated Denials for Participating Hospitals, by Region, through 1<sup>st</sup> Quarter 2013

	Total Number of Automated Denials by RAC Region through 1st Quarter 2013
Region A	10,030
Region B	10,874
Region C	49,744
Region D	13,656



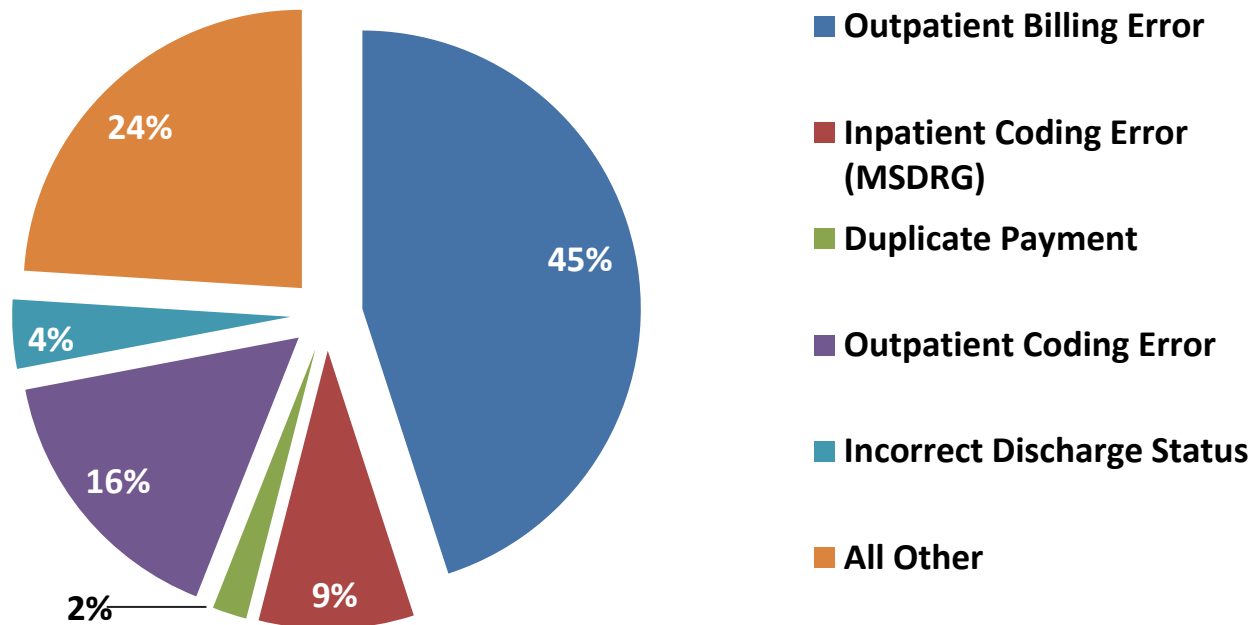
Source: AHA. (April 2013). RAC TRAC Survey

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# 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, 1<sup>st</sup> Quarter 2013

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



Source: AHA. (April 2013). RAC TRAC Survey

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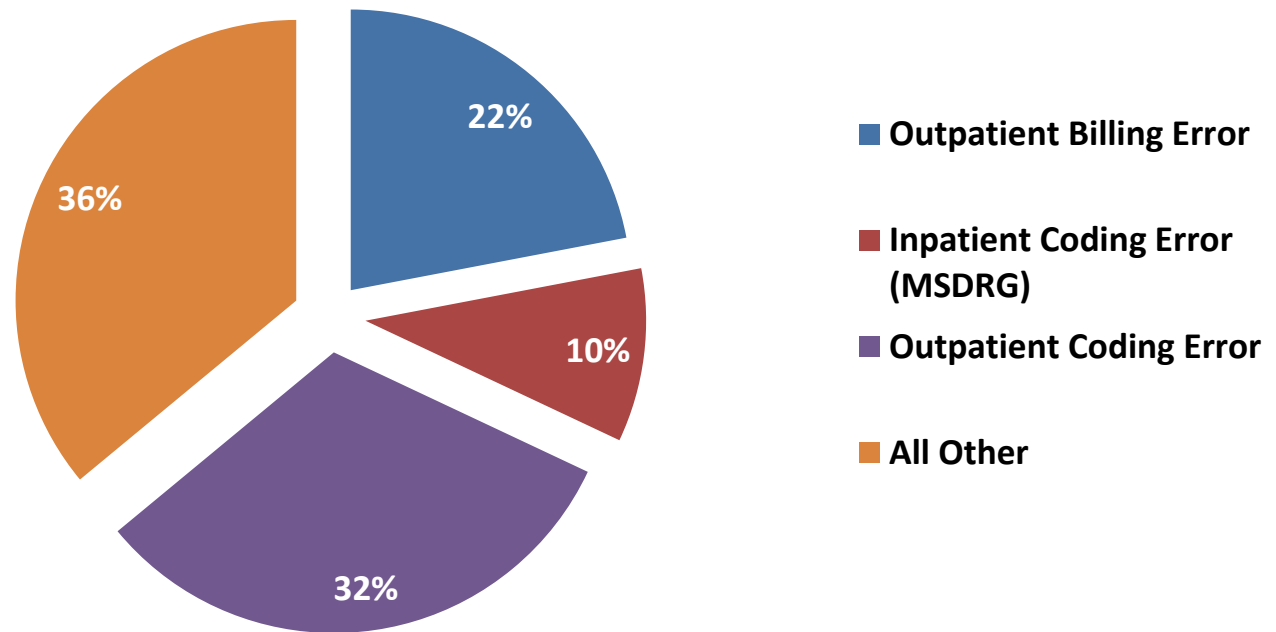
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# Region A: A significant portion of hospitals cited outpatient coding error as the top reason for automated denial.

## Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 1<sup>st</sup> Quarter 2013, Region A

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



Source: AHA. (April 2013). RAC TRAC Survey

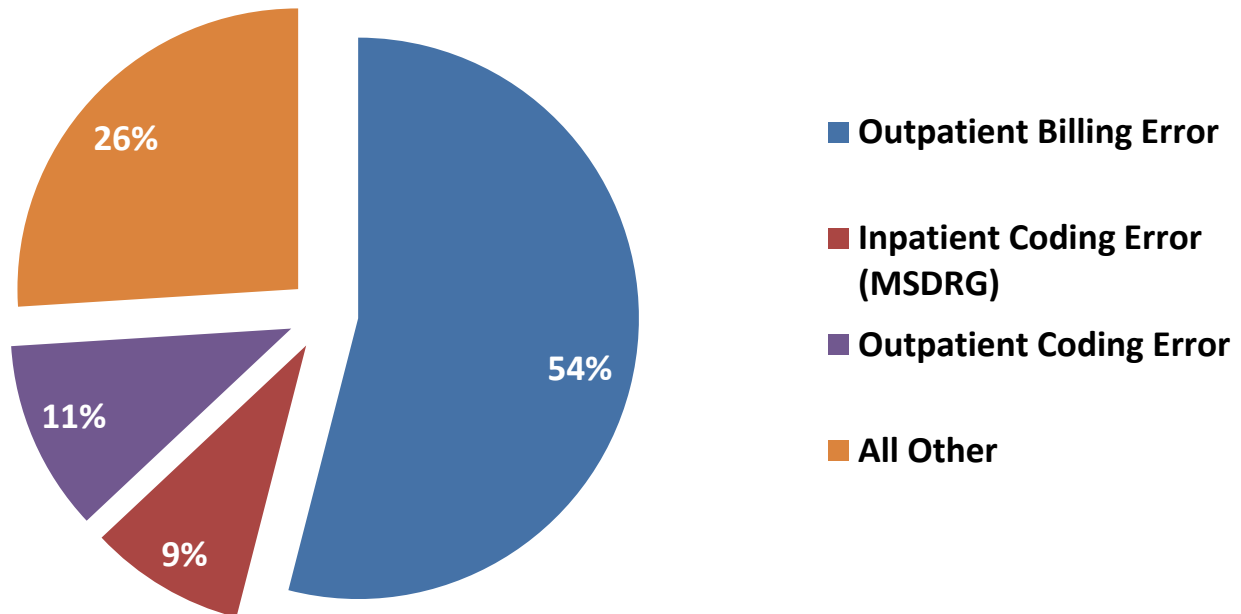
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# Region B: Hospitals more commonly ranked outpatient billing error as the top reason for automated denials than in other regions.

## Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 1<sup>st</sup> Quarter 2013, Region B

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



Source: AHA. (April 2013). RAC TRAC Survey

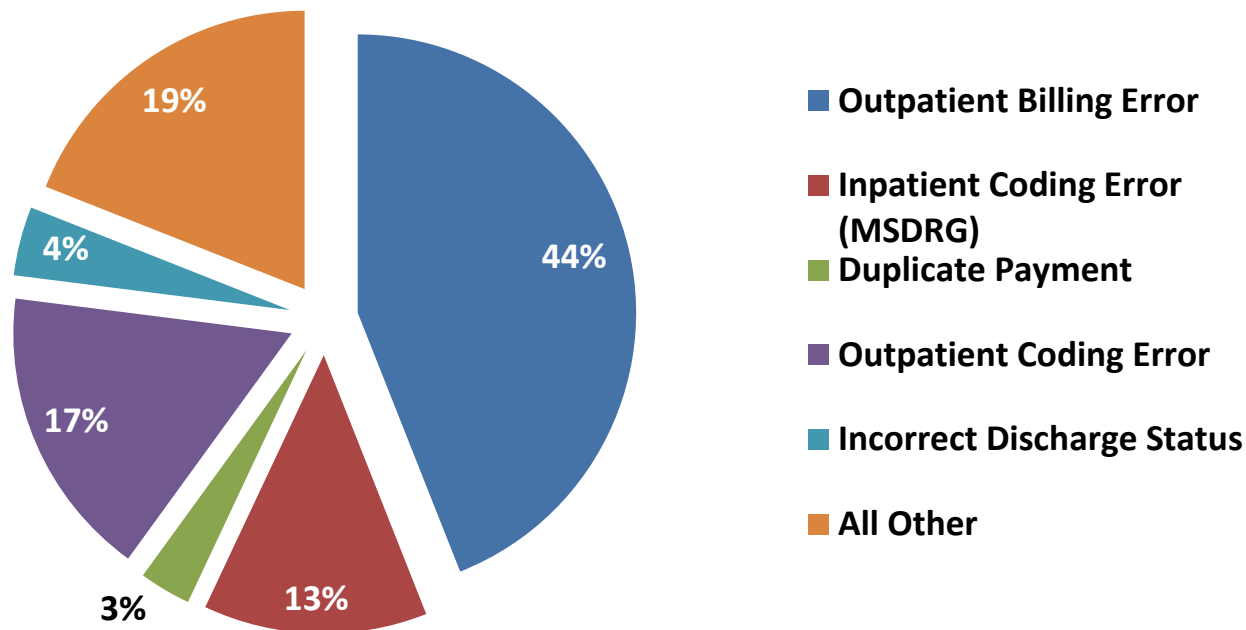
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# Region C: Top denial reasons were fairly consistent with the national trend reflecting a wide range of denial reasons.

## Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 1<sup>st</sup> Quarter 2013, Region C

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



Source: AHA. (April 2013). RAC TRAC Survey

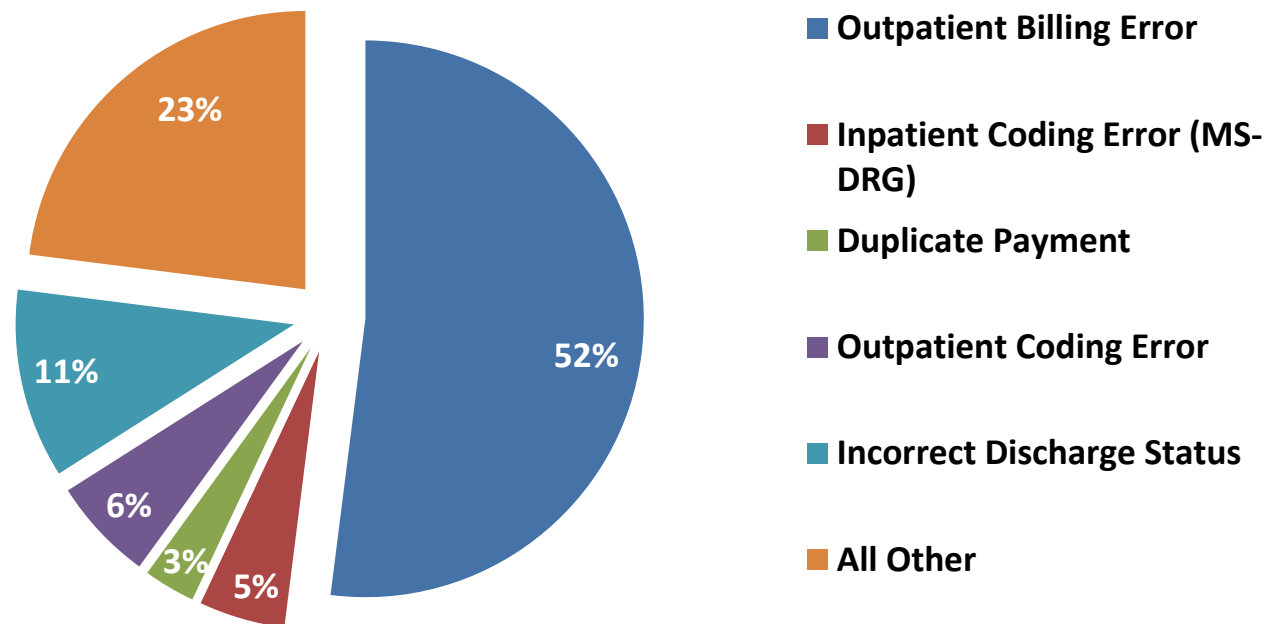
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# Region D: More than half of hospitals cited outpatient billing error as the top reason for automated denial.

## Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 1<sup>st</sup> Quarter 2013, Region D

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



Source: AHA. (April 2013). RAC TRAC Survey

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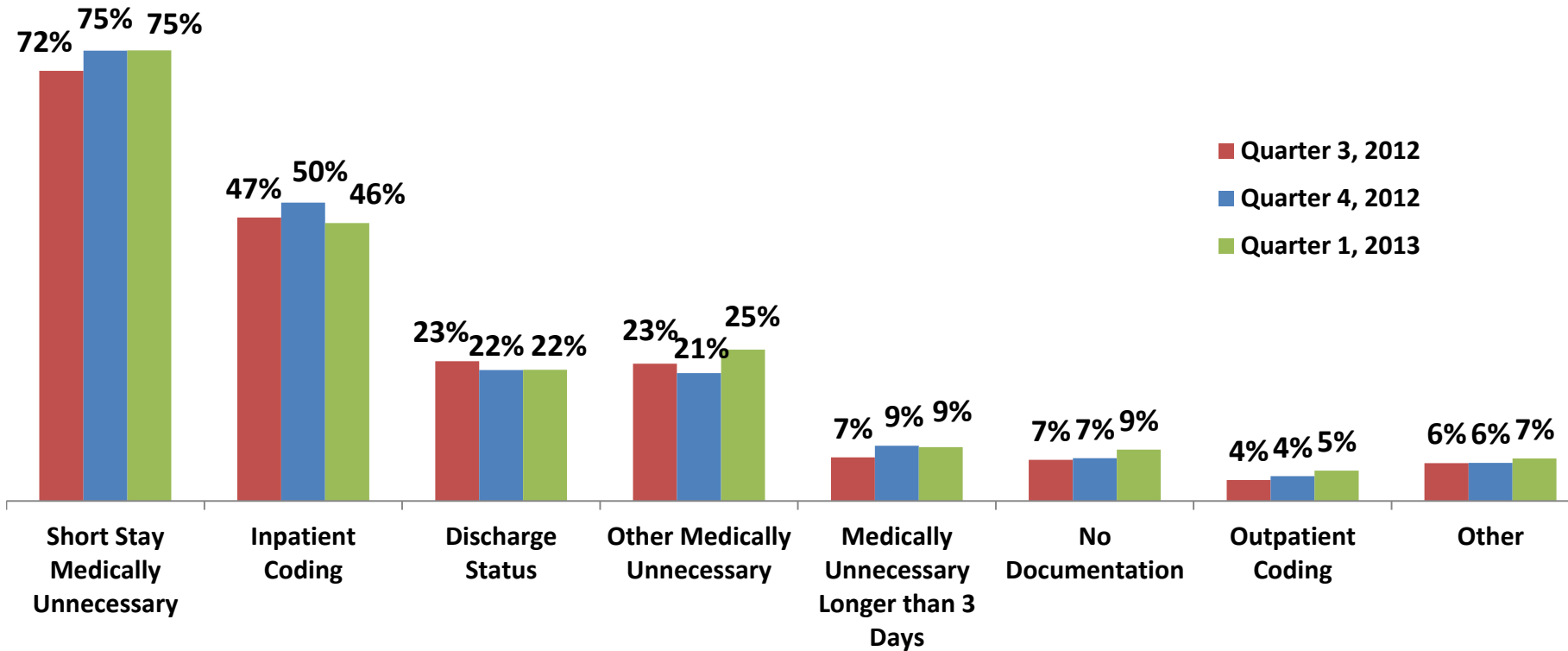
## Complex RAC Denials



# The most commonly cited reason for a complex denial was 'short-stay medically unnecessary.'

## Percent of Participating Medical/Surgical Acute Hospitals with RAC Activity Experiencing Complex Denials by Reason, 3<sup>rd</sup> Quarter 2012 – 1<sup>st</sup> Quarter 2013

Survey participants were asked to select all reasons for denial.



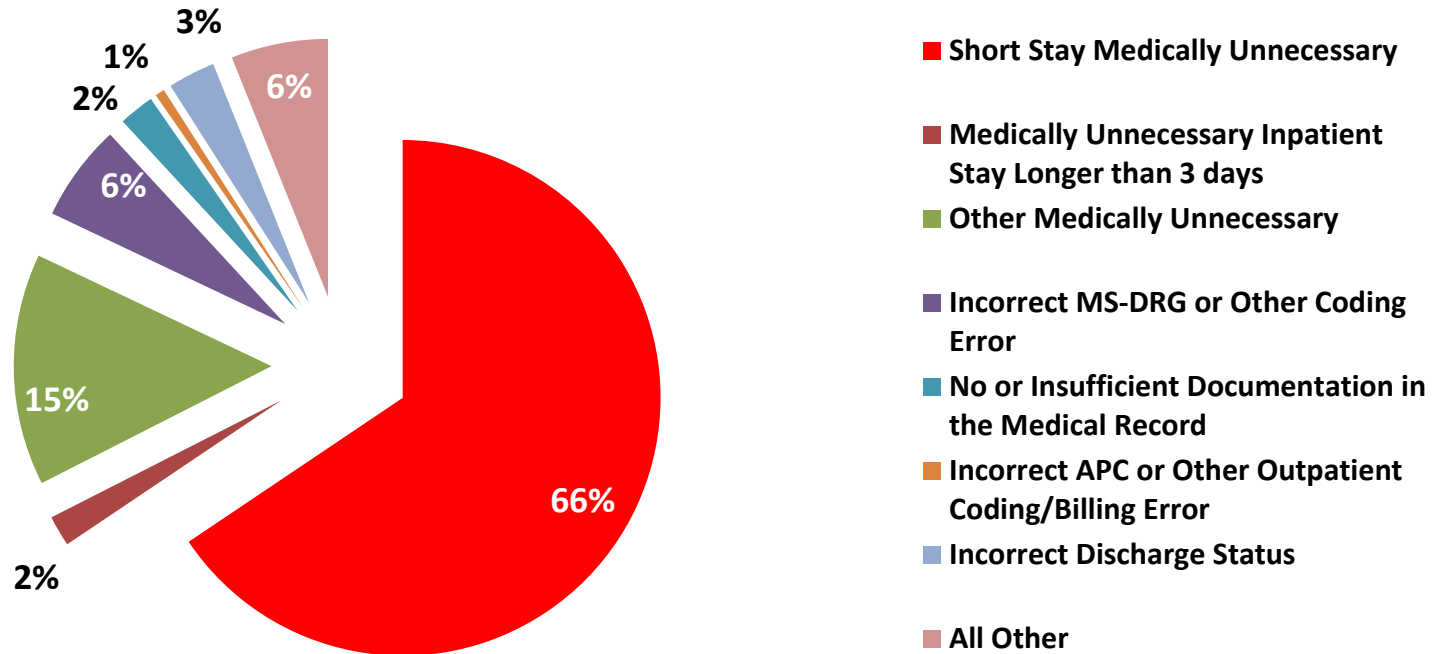
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# 66% of hospitals indicated short-stay medical necessity denials were the most costly complex denials.

## Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 1<sup>st</sup> Quarter 2013

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



Source: AHA. (April 2013). RAC TRAC Survey

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# Nearly 70% of short-stay medical necessity denial dollars were denied because the care was provided in the wrong setting, not because the care was medically unnecessary.

## Reason for Medical Necessity Denials by Length of Stay Among Hospitals Reporting Medical Necessity Denials, through 1<sup>st</sup> Quarter 2013

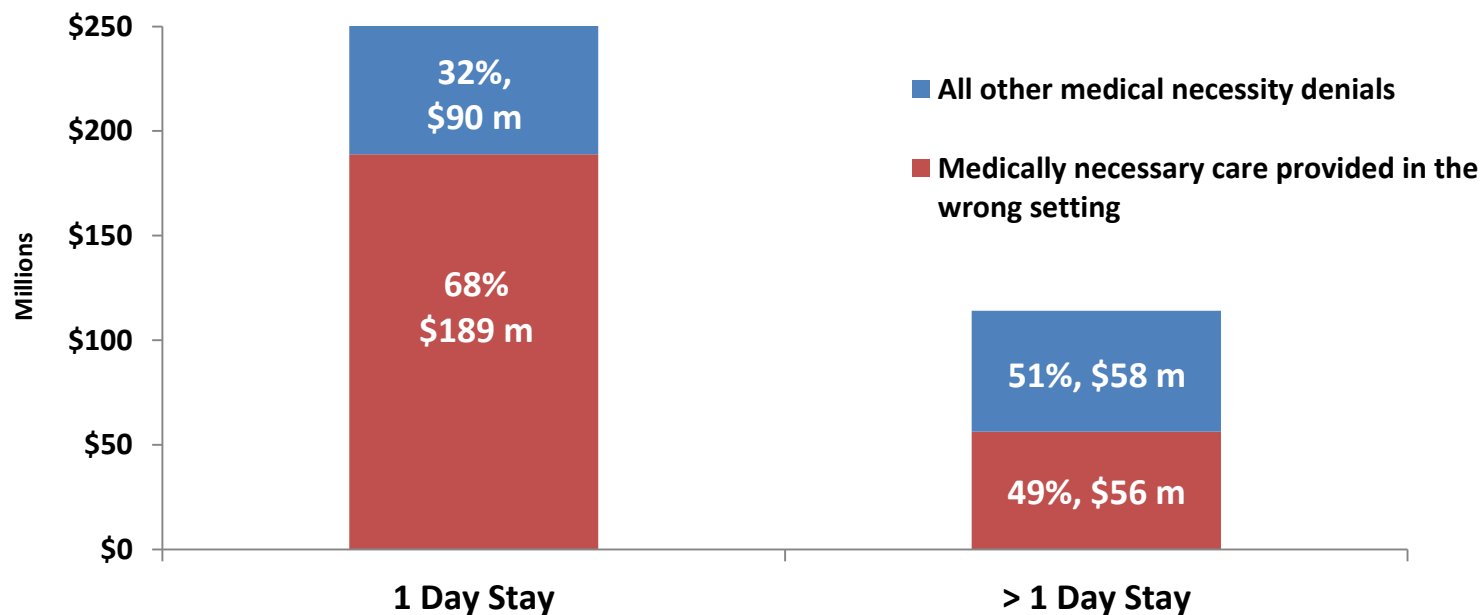


Chart includes hospitals reporting any inappropriate setting denials or the ability to track inappropriate setting denials. Not all hospital decision-support systems and RAC TRAC compatible vendors have made accommodations to allow hospitals to answer this question yet. As a result, the volume of medical necessity denials for inappropriate setting may be under-represented in this chart. Furthermore, older RAC claims may not be classified as "inappropriate setting" by the hospital.



Source: AHA. (April 2013). RAC TRAC Survey

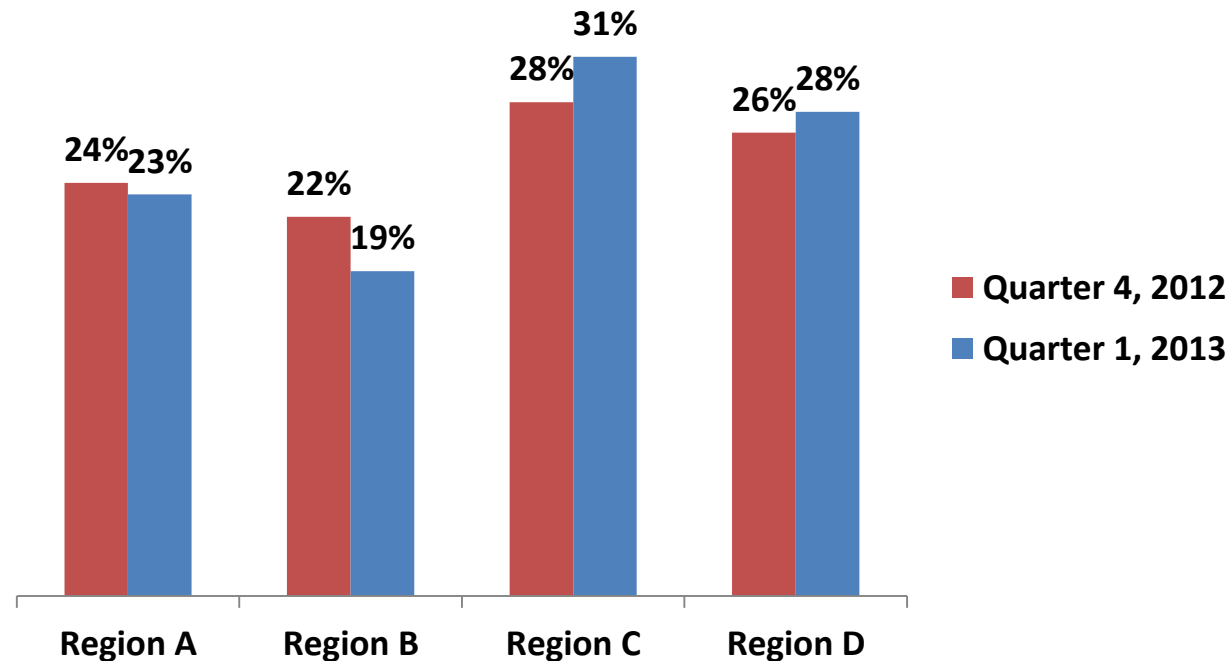
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# All regions are reporting a significant number of complex denials.

Percent and Number of Reported RAC Complex Denials for Participating Hospitals, by Region, 4<sup>th</sup> Quarter 2012 and 1<sup>st</sup> Quarter 2013

	Total Number of Claims with Overpayment Determination
Region A	78,935
Region B	63,836
Region C	106,000
Region D	95,221



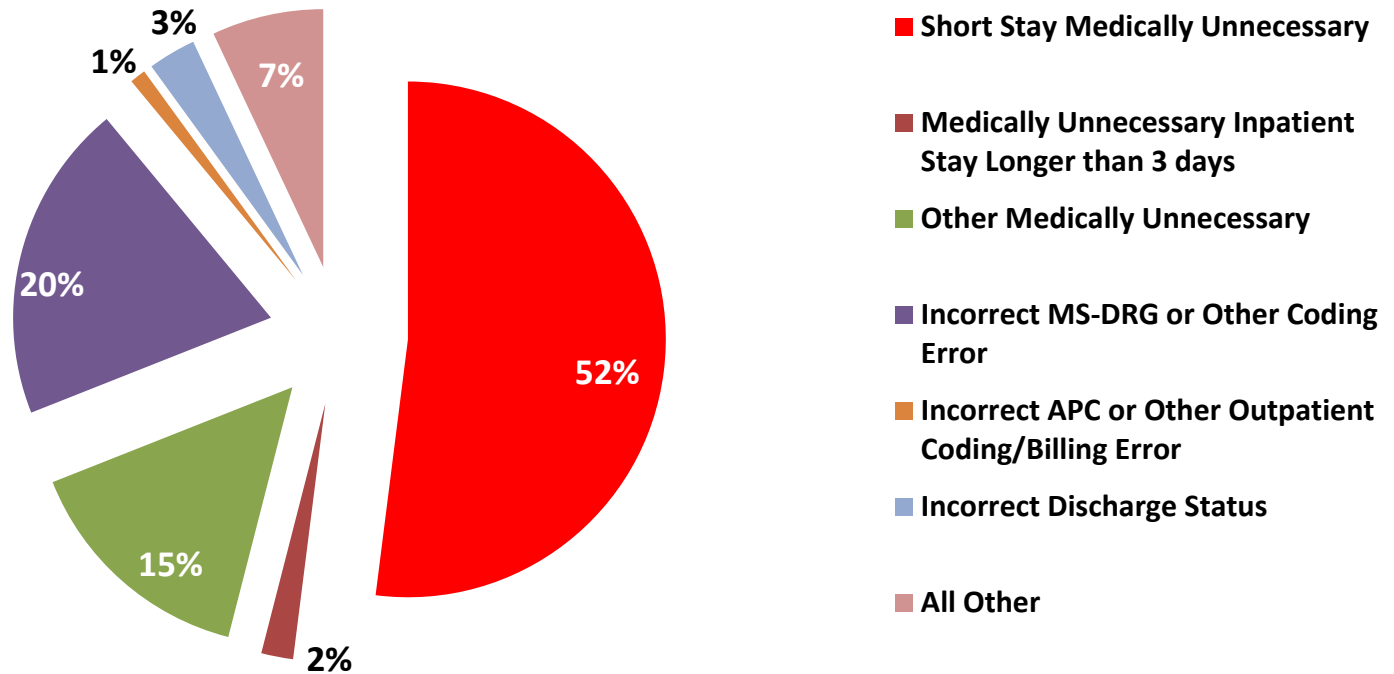
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# Region A: Short-stay medically unnecessary was identified by 52% of hospitals as the top reason for complex denials.

## Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 1<sup>st</sup> Quarter 2013, Region A

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



Source: AHA. (April 2013). RAC TRAC Survey

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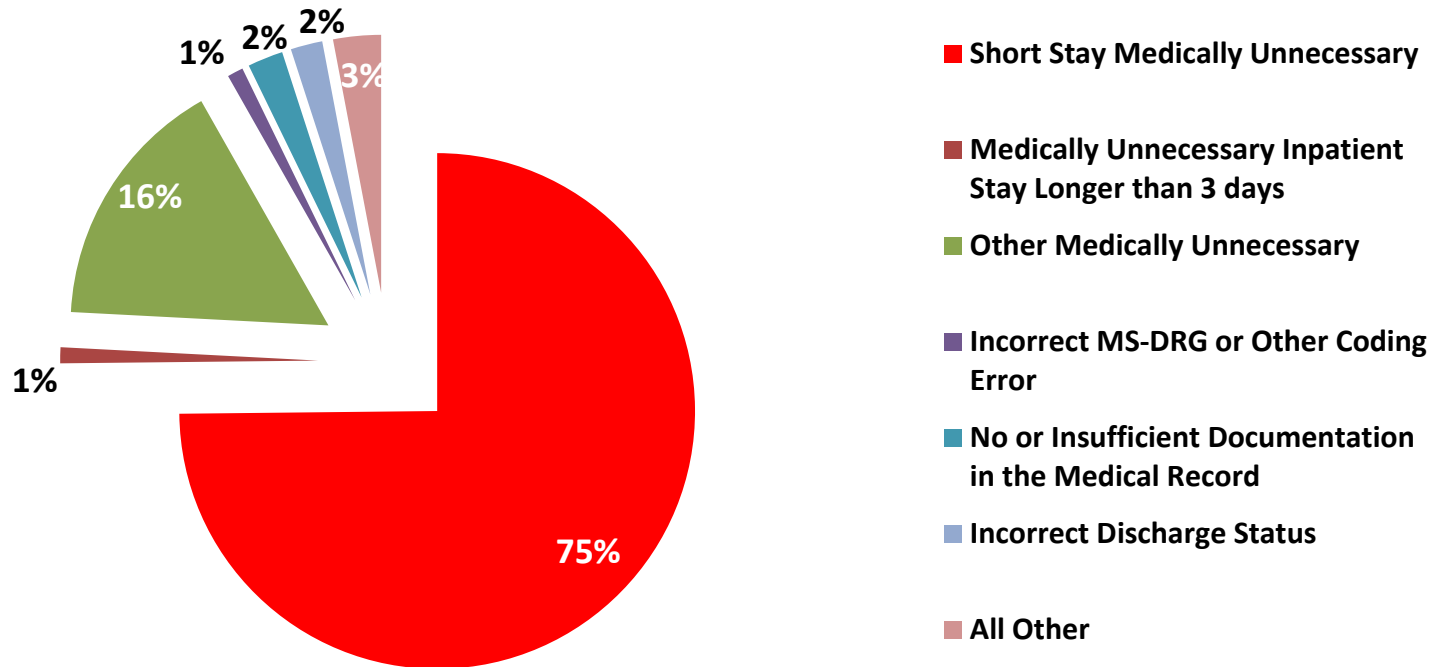
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# Region B: Short-stay medically unnecessary was identified by 75% of hospitals as the top reason for complex denials.

## Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 1<sup>st</sup> Quarter 2013, Region B

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



Source: AHA. (April 2013). RAC TRAC Survey

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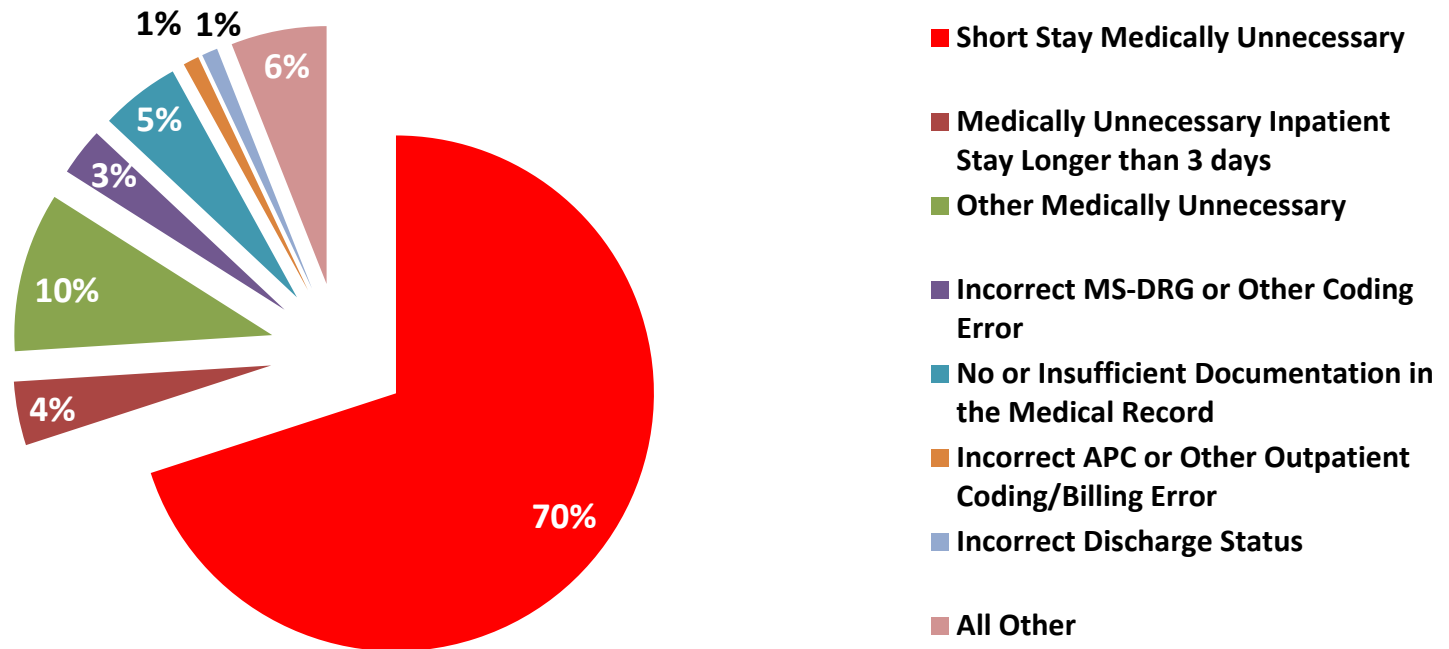
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# Region C: Short-stay medically unnecessary was identified by 70% of hospitals as the top reason for complex denials.

## Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 1<sup>st</sup> Quarter 2013, Region C

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



Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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.

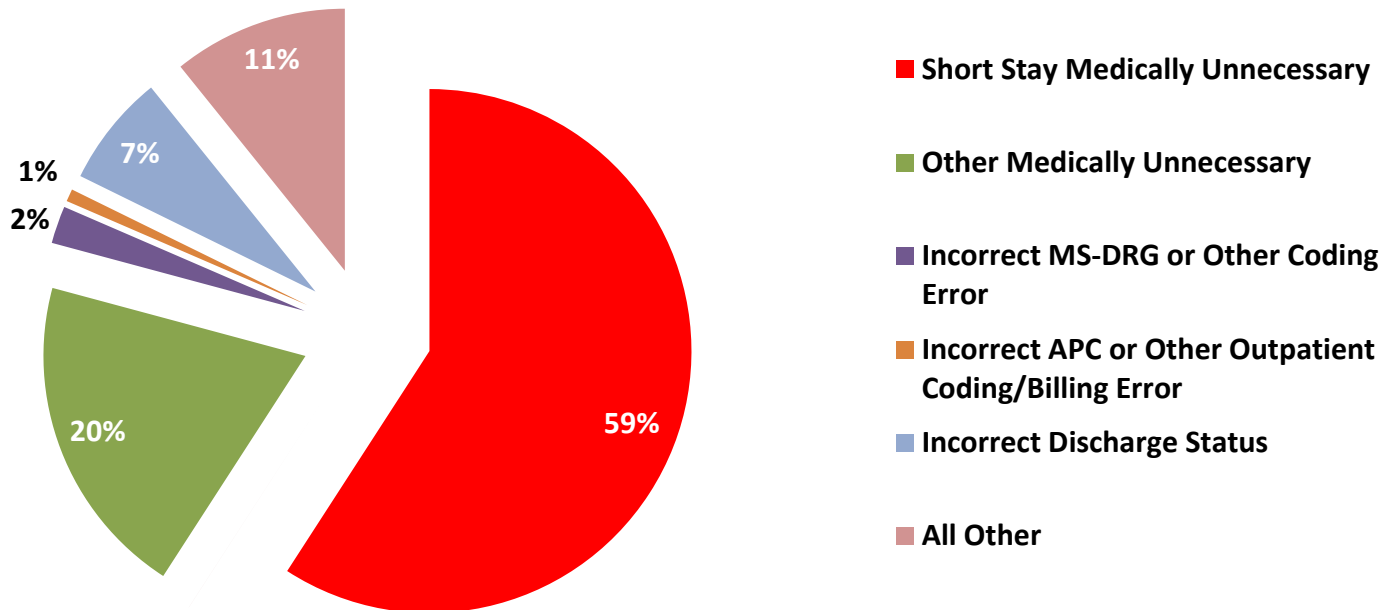
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# Region D: Short-stay medically unnecessary was identified by 59% of hospitals as the top reason for complex denials.

## Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 1<sup>st</sup> Quarter 2013, Region D

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



Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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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# Stents and Syncope & Collapse were the top MS-DRGs denied by RACs, in terms of dollar impact.

Percent of Participating Hospitals Reporting the MS-DRG for Medically Unnecessary and all Other Complex Denials with the Largest Financial Impact, through 1<sup>st</sup> Quarter 2013

*Survey participants were asked to identify top MS-DRGs, according to dollar impact.*

## Medical Necessity Denials

MS-DRG	Description	% of Hospitals
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	19%
312	SYNCOPE & COLLAPSE	18%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	16%
313	CHEST PAIN	10%
491	BACK & NECK PROC EXC SPINAL FUSION W/O CC/MCC	5%

## All Other Complex Denials

MS-DRG	Description	% of Hospitals
312	SYNCOPE & COLLAPSE	7%
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	6%
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	5%
392	ESOPHAGITIS, GASTROENT & MISC DIGEST DISORDERS W/O MCC	4%
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	4%



Source: AHA. (April 2013). RAC TRAC Survey

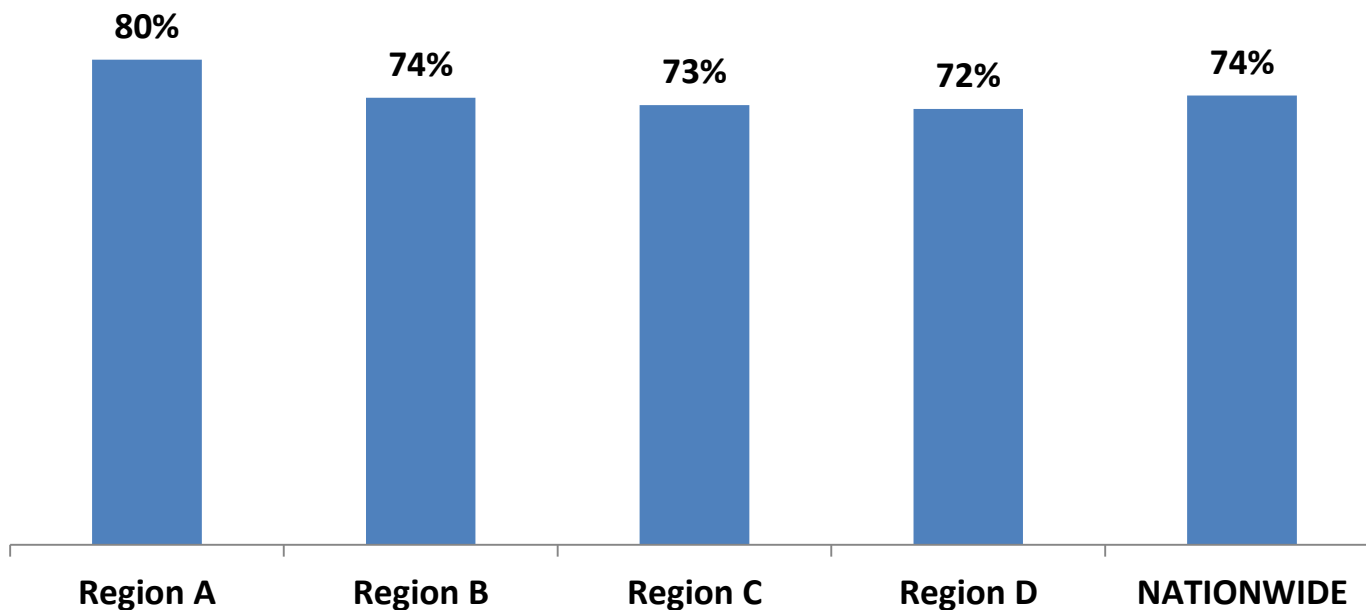
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Underpayments

# Nearly three-quarters of participating hospitals nationwide with RAC activity report receiving at least one underpayment determination.

Percent of Hospitals Reporting Underpayment Determinations, By Region, through 1<sup>st</sup> Quarter 2013



Source: AHA. (April 2013). RAC TRAC Survey

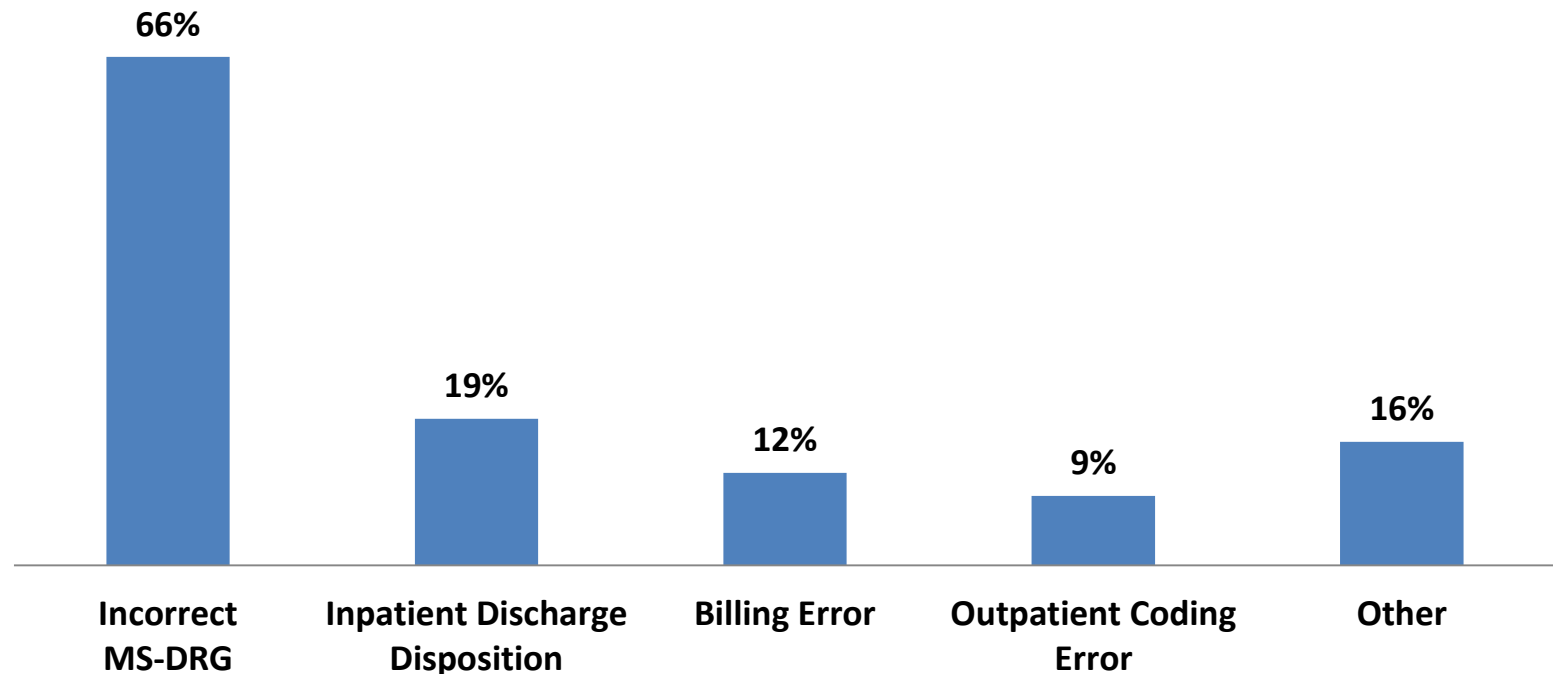
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# 66% of hospitals with underpayment determinations cited incorrect MS-DRG as the reason for the underpayment.

## Percent of Participating Hospitals with RAC Activity Experiencing Underpayments by Reason, 1<sup>st</sup> Quarter 2013

*Survey participants were asked to select all reasons for underpayment.*



Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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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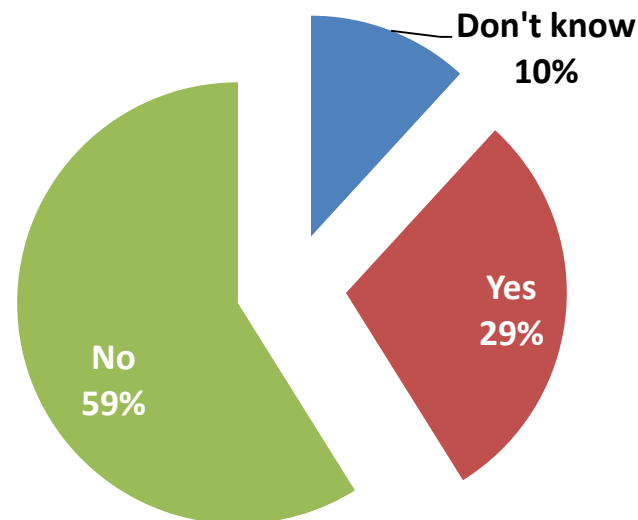
Appeals

# Nearly one-third of participating hospitals report having a denial reversed during the discussion period, including 40% of hospitals in Region A.

## Percent of Participating Hospitals with Denials Reversed During the Discussion Period, National and by Region, 1<sup>st</sup> Quarter 2013

### Reversed Denials by RAC Region

	Yes	No	Don't Know
<b>Region A</b>	40%	45%	15%
<b>Region B</b>	28%	58%	14%
<b>Region C</b>	26%	65%	9%
<b>Region D</b>	28%	60%	12%



*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. (April 2013). RAC TRAC Survey

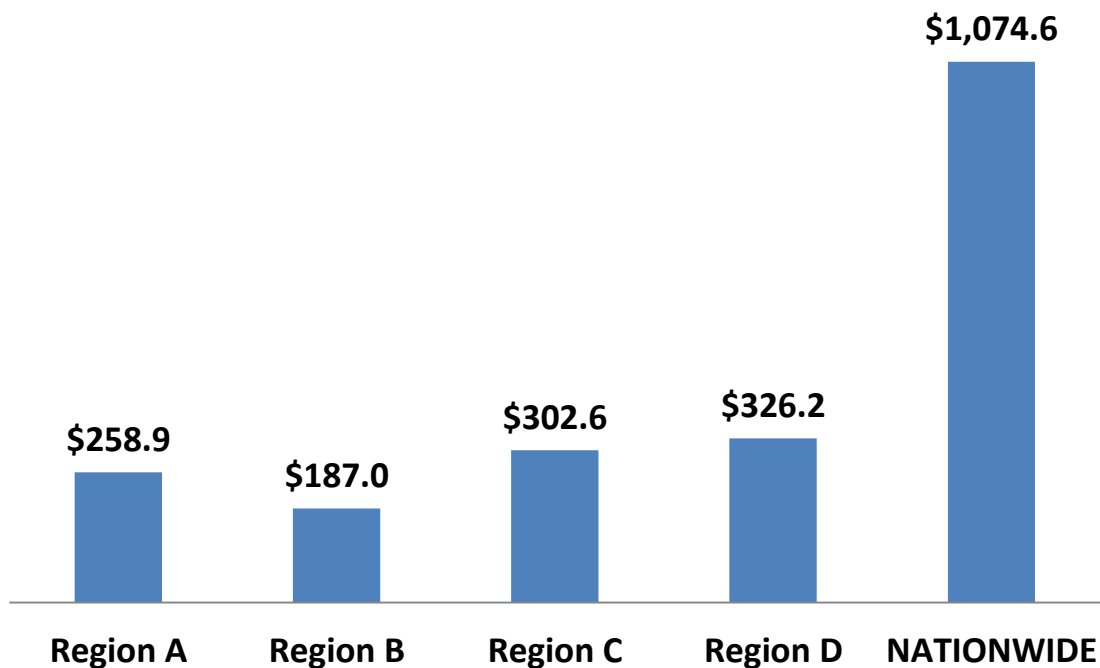
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The value of appealed claims is approaching \$1.1 billion dollars. On average, hospitals report appealing 226 claims to date.

Total Dollar Value, Percent and Average Number of Appealed Claims for Hospitals with Automated or Complex RAC Denials, through 1<sup>st</sup> Quarter 2013, Millions

	Percent of Hospitals with Any Appealed Denials	Average Number of Appealed Denials per Hospital
NATIONWIDE	87%	226
Region A	90%	251
Region B	88%	161
Region C	89%	214
Region D	80%	296



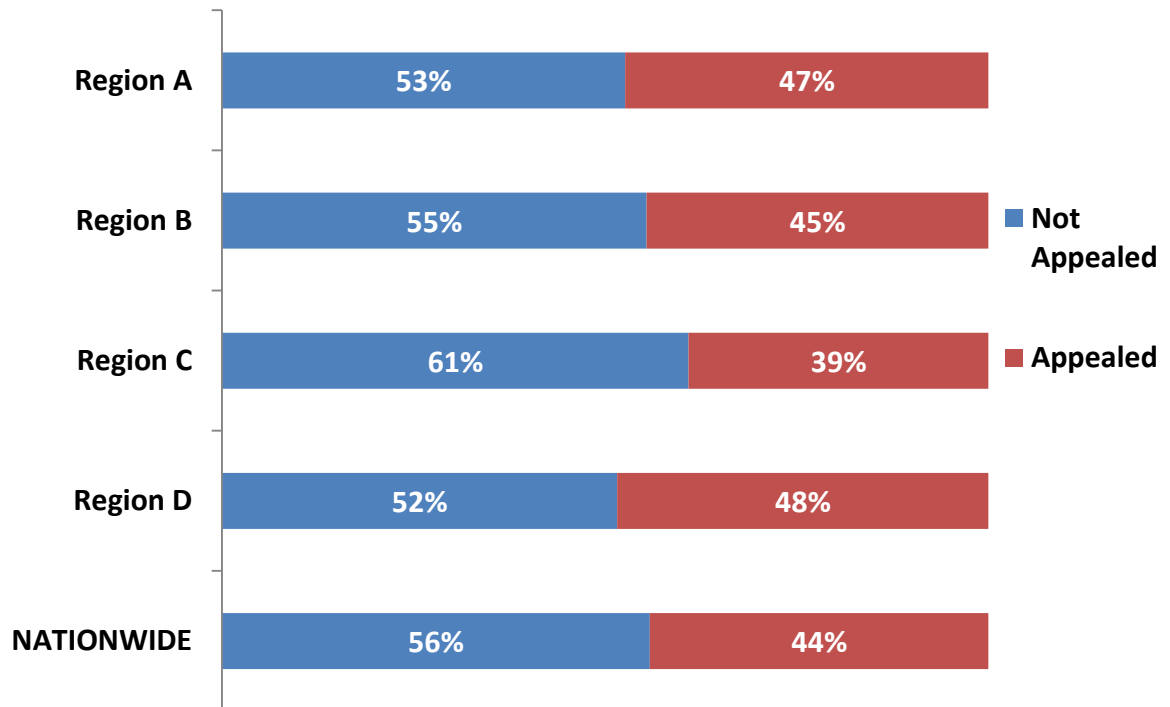
Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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.

# Nationwide, hospitals report appealing 44% of all denials. In Regions A & D, nearly half have been appealed.

Total Number and Percent of Automated and Complex Denials Appealed by Hospitals with Automated or Complex RAC Denials, by Region, through 1<sup>st</sup> Quarter 2013

	Total Number of Denials Available* for Appeal	Total Number of Denials Appealed
NATIONWIDE	428,296	189,071
Region A	88,965	42,158
Region B	74,710	33,315
Region C	155,744	60,849
Region D	108,877	52,749



\* 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. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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.

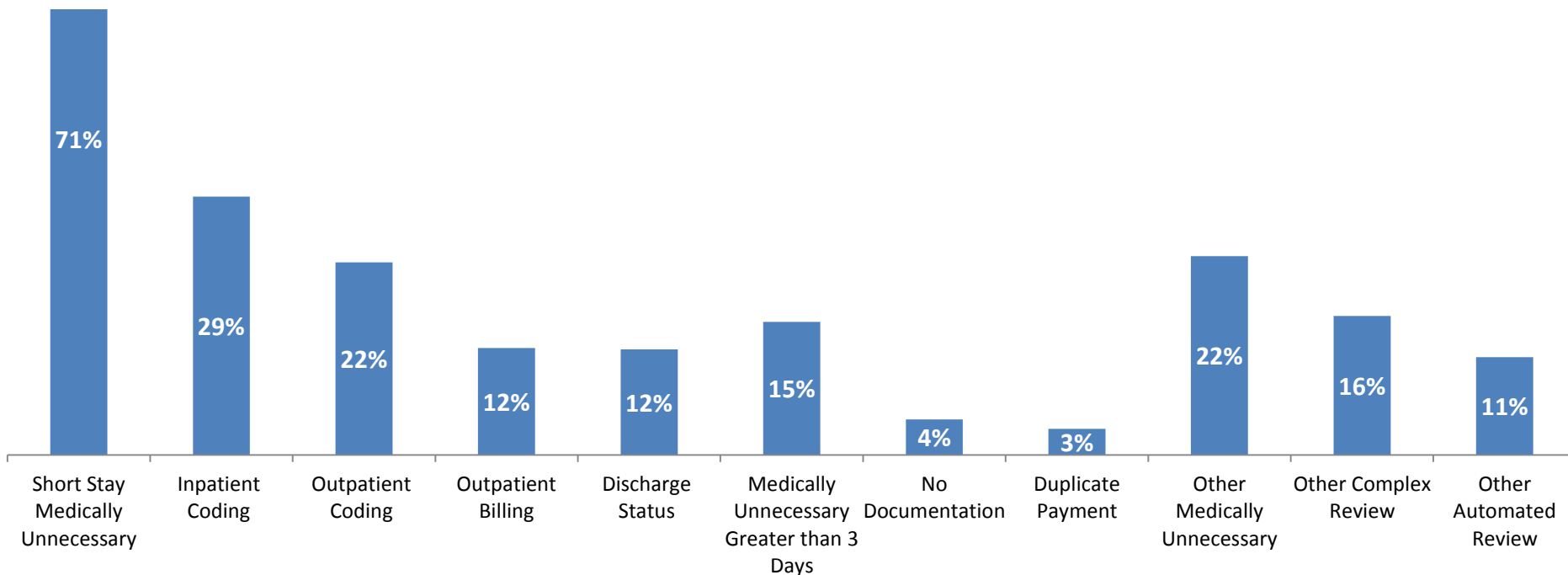




# More than 70% of all hospitals filing a RAC appeal during the 1st Quarter of 2013 reported appealing short stay medically unnecessary denials.

## Percent of Participating Medical/Surgical Acute Hospitals Reporting RAC Appeals by Denial Reason, 1<sup>st</sup> Quarter 2013

Survey participants were asked to select all reasons for denial.



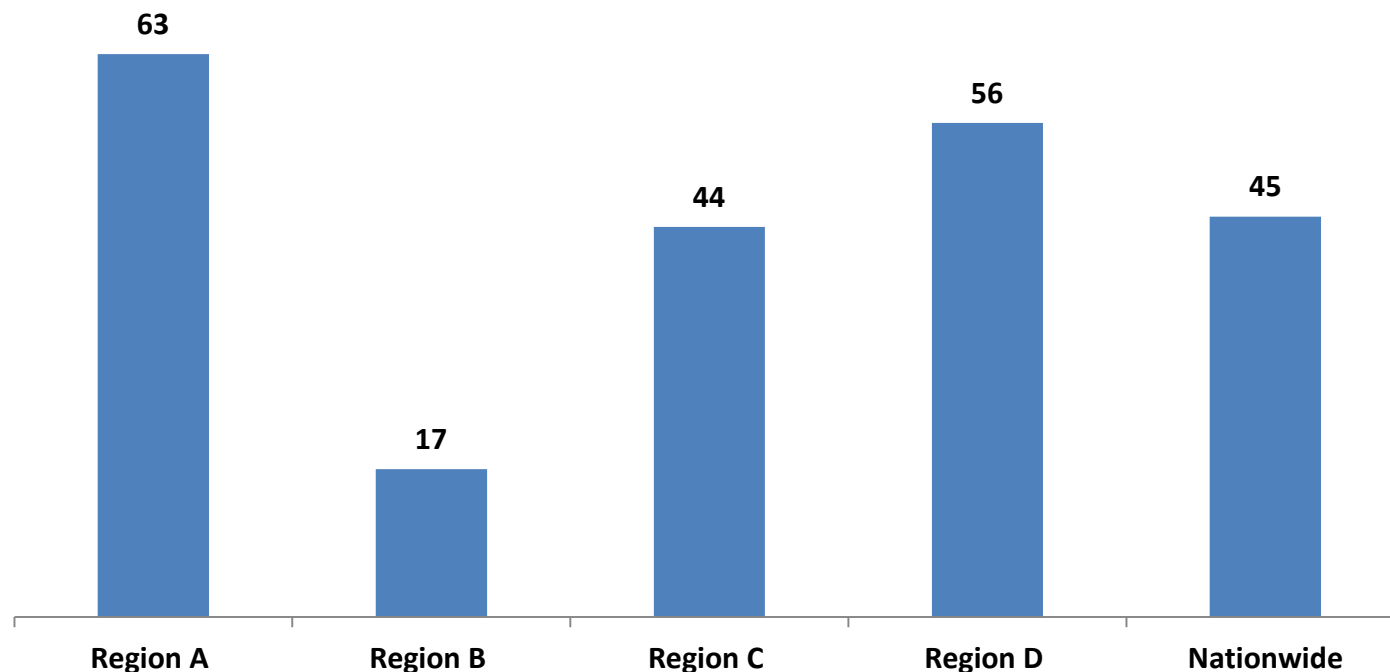
Source: AHA. (April 2013). RAC TRAC Survey

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# Hospitals are receiving widespread notices from QICs stating that issuing a determination on a RAC appeal will take longer than the statutory maximum of 60 days.

Average Number of Claims for which Participating Hospitals Received Communication from the QIC Reporting the Inability to Complete an Appeal Review within the Required 60 Day Window from Receipt, through 1st Quarter 2013



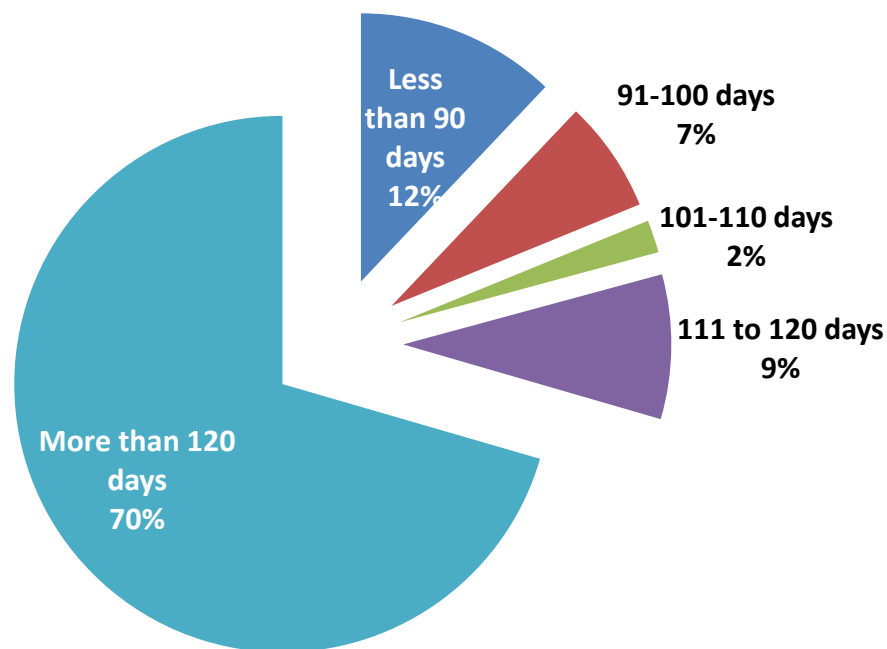
Source: AHA. (April 2013). RAC TRAC Survey

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88% of reporting hospitals have experienced at least one delay longer than the statutory limit of 90 days for an ALJ determination to be issued.

Percentage of Reporting Hospitals by Longest Delay Experienced for ALJ to Issue a Decision on an Appeal, for Participating Hospitals, 1<sup>st</sup> Quarter 2013



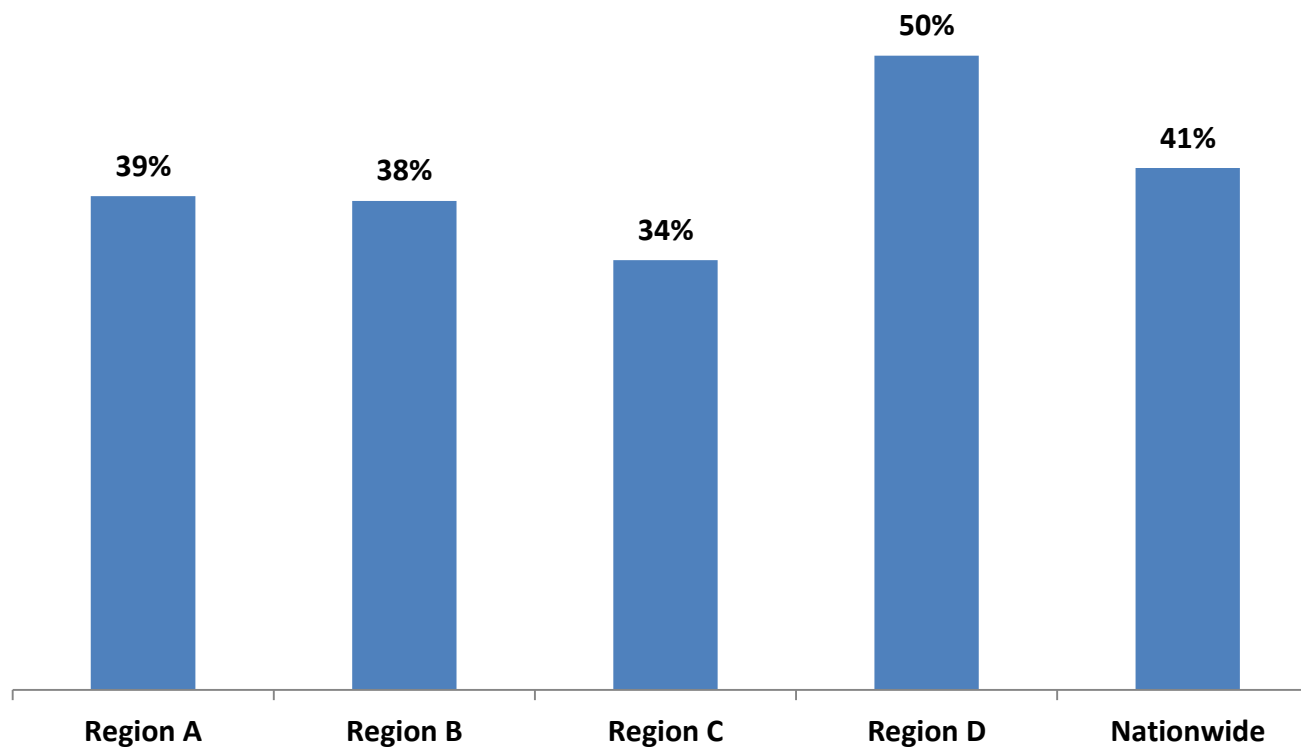
Source: AHA. (April 2013). RAC TRAC Survey

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# For over 40 percent 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 1st Quarter 2013



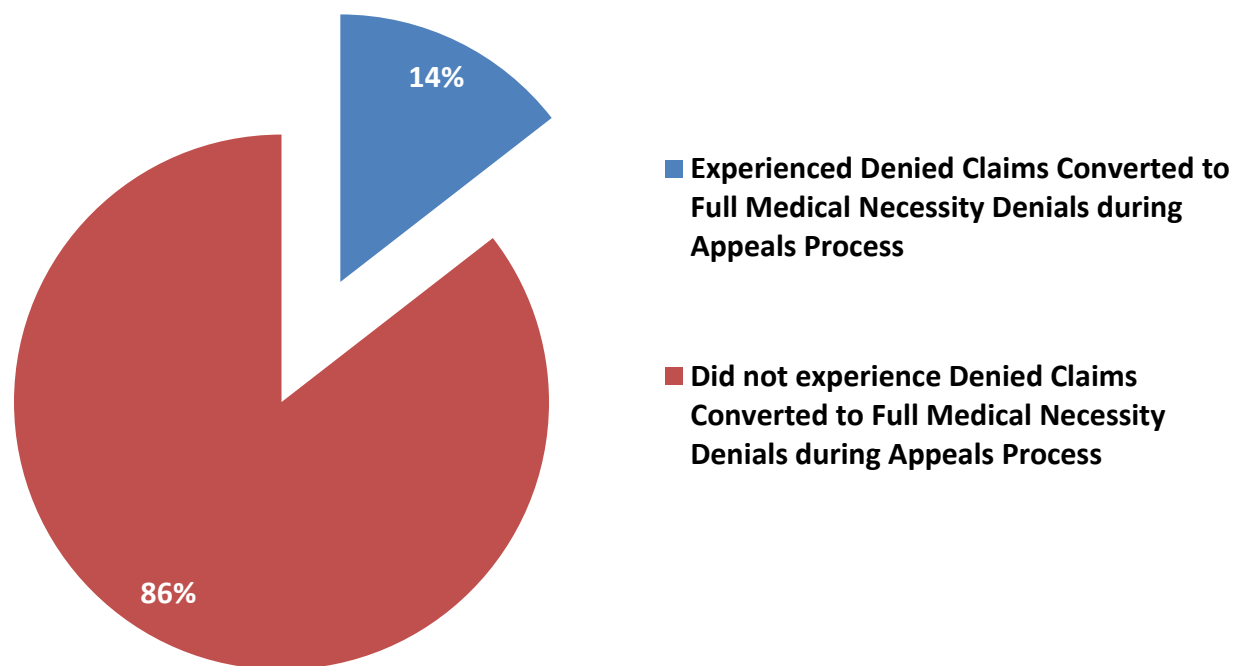
Source: AHA. (April 2013). RAC TRAC Survey

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# 14% of reporting hospitals reported having claims denied for DRG Validation converted into full medical necessity denials when the determination was appealed by the hospital.

Percent of Responding Hospitals Experiencing Denied Claims Converted to Full Medical Necessity Denials during Appeals Process, 1<sup>st</sup> Quarter 2013



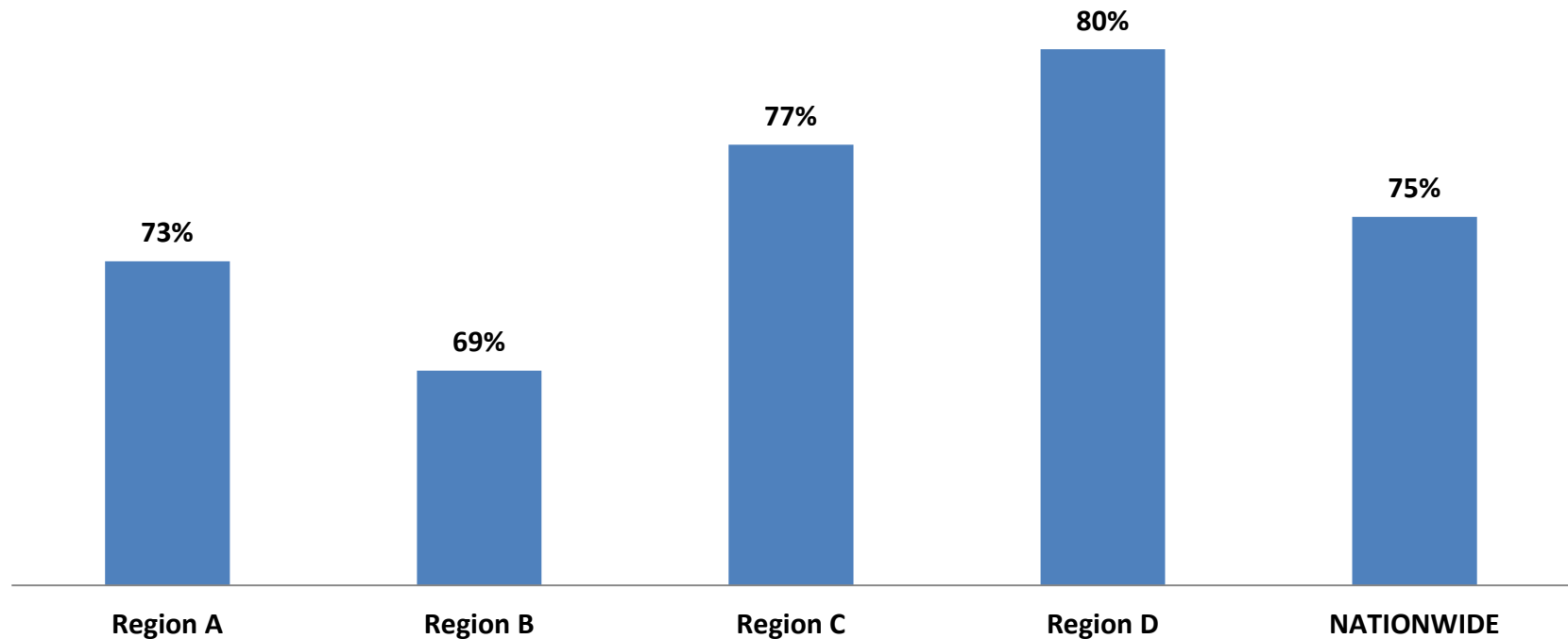
Source: AHA. (April 2013). RAC TRAC Survey

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# Three-fourths of all appealed claims are still sitting in the appeals process.

Percent of Appealed Claims Pending Determination for Participating Hospitals, by Region, through 1<sup>st</sup> Quarter 2013\*



*Manual survey entries only for Region A.*

\*Response rates vary by quarter.

Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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.



# Of the claims that have completed the appeals process, 72% 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 1<sup>st</sup> Quarter 2013\*

				Completed Appeals		
	Appealed	Percent of Denials Appealed	Number of Denials Awaiting Appeals Determination	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	160,747	44%	122,437	10,537	27,595	72%
Region A*	42,158	51%	10,107	799	2,926	79%
Region B	33,315	45%	23,097	2,153	8,007	79%
Region C	60,849	39%	46,876	3,404	10,495	76%
Region D	52,749	48%	42,357	4,181	6,167	60%

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

\*Response rates vary by quarter.

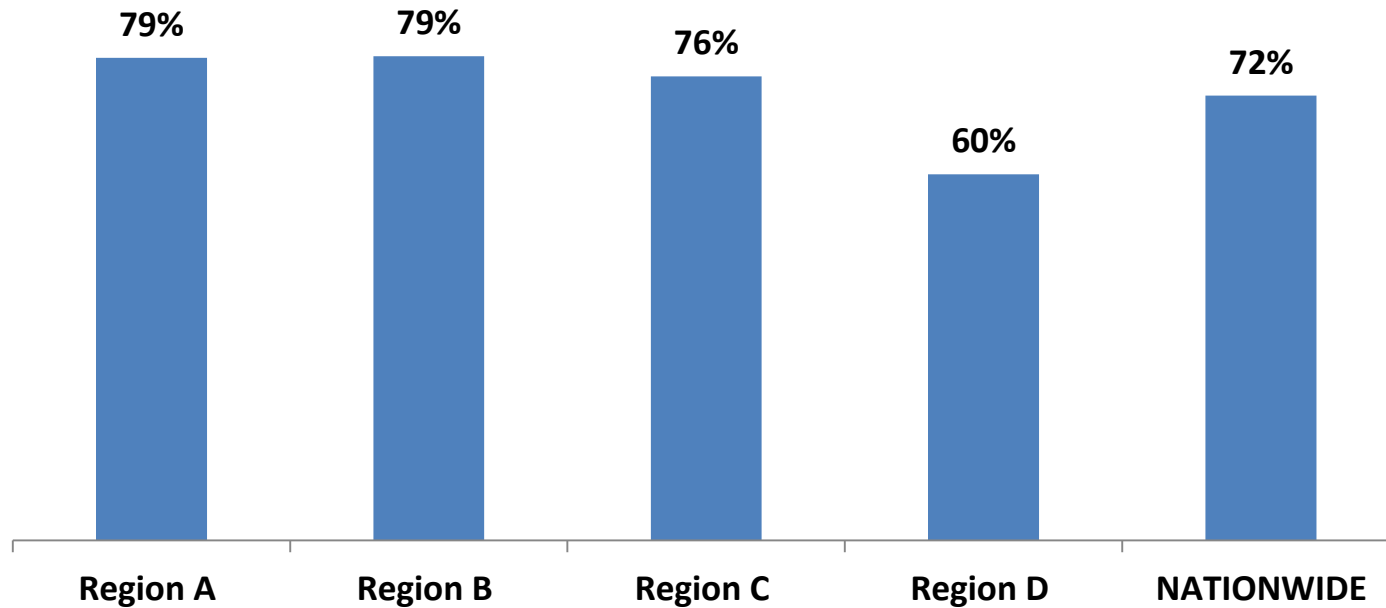
Source: AHA. (April 2013). RAC TRAC Survey

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When hospitals choose to appeal, they win 72% of the time. Regions A and B have the highest overturn rate upon appeal at 79%.

Percent of Completed Appeals with Denials Overturned for Participating Hospitals, by Region, through 1<sup>st</sup> Quarter 2013\*



*Manual survey entries only for Region A.*

\*Response rates vary by quarter.

Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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 reported a total of \$157.2 million in overturned denials, with \$44.1 million in Region C alone.

Value of Denials Overturned in the Appeals Process, by Region, through 1<sup>st</sup> Quarter 2013, in Millions



Source: AHA. (April 2013). RAC TRAC Survey

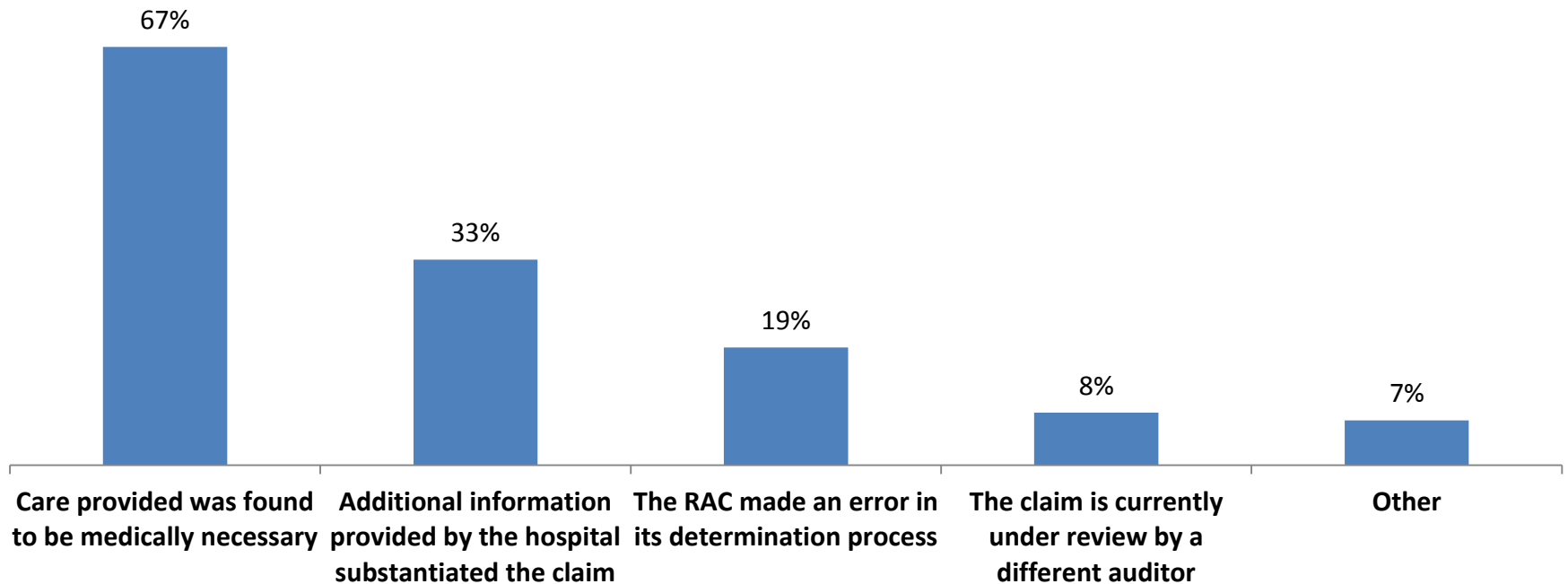
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# Two-thirds of all hospitals with a RAC denial overturned had a denial reversed because the care was found to be medically necessary.

## Percent of Participating Hospitals that had a Denial Overturned by Reason, 1<sup>st</sup> Quarter 2013

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



Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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.

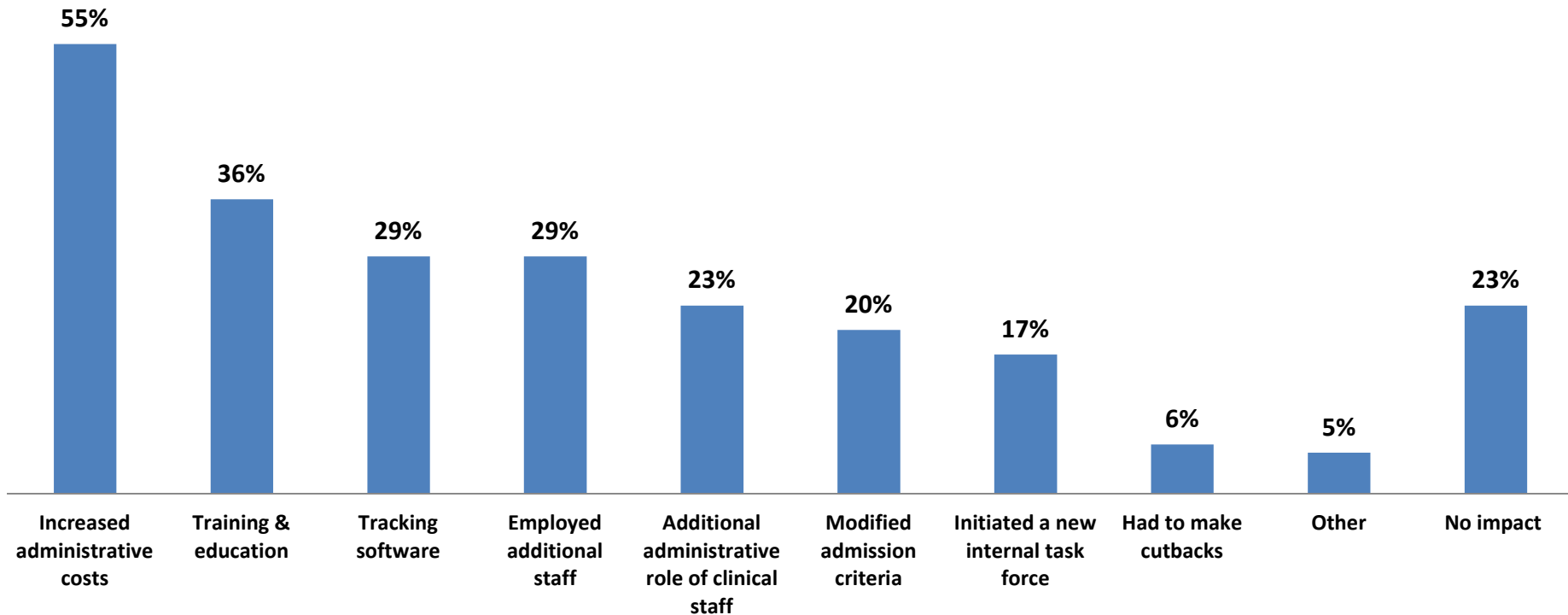
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# Administrative Burden

# Hospitals experience many types of impacts due to RACs; over half of all reporting hospitals noted they had increased administrative costs due to the program.

## Impact of RAC on Participating Hospitals\* by Type of Impact, 1<sup>st</sup> Quarter 2013



\* Includes participating hospitals with and without RAC activity

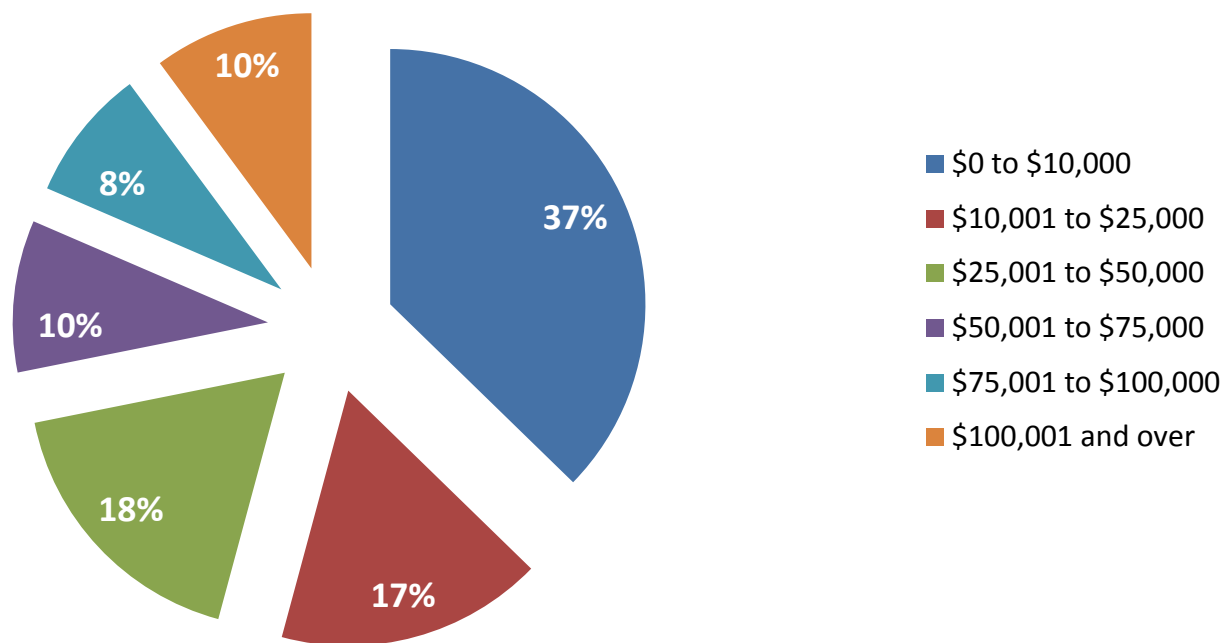
Source: AHA. (April 2013). RAC TRAC Survey

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63% of all hospitals reported spending more than \$10,000 managing the RAC process during the 1st quarter of 2013, 46% spent more than \$25,000 and 10% spent over \$100,000.

## Percent of Participating Hospitals\* Reporting Average Cost Dealing with the RAC Program, 1<sup>st</sup> Quarter 2013



\* Includes participating hospitals with and without RAC activity

Source: AHA. (April 2013). RAC TRAC Survey

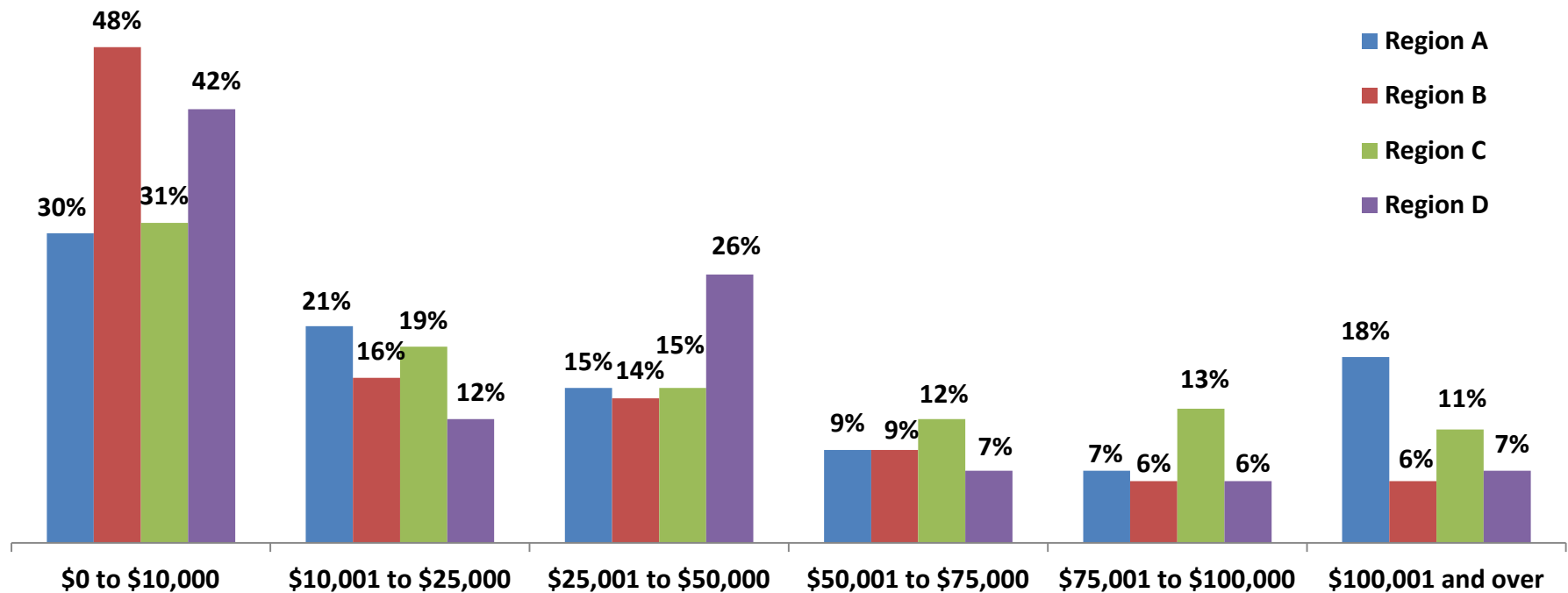
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# The additional cost of managing the RAC program varies by region.

Percent of Participating Hospitals\* Reporting Additional Cost of Managing the RAC Program, by Region, 1<sup>st</sup> Quarter 2013

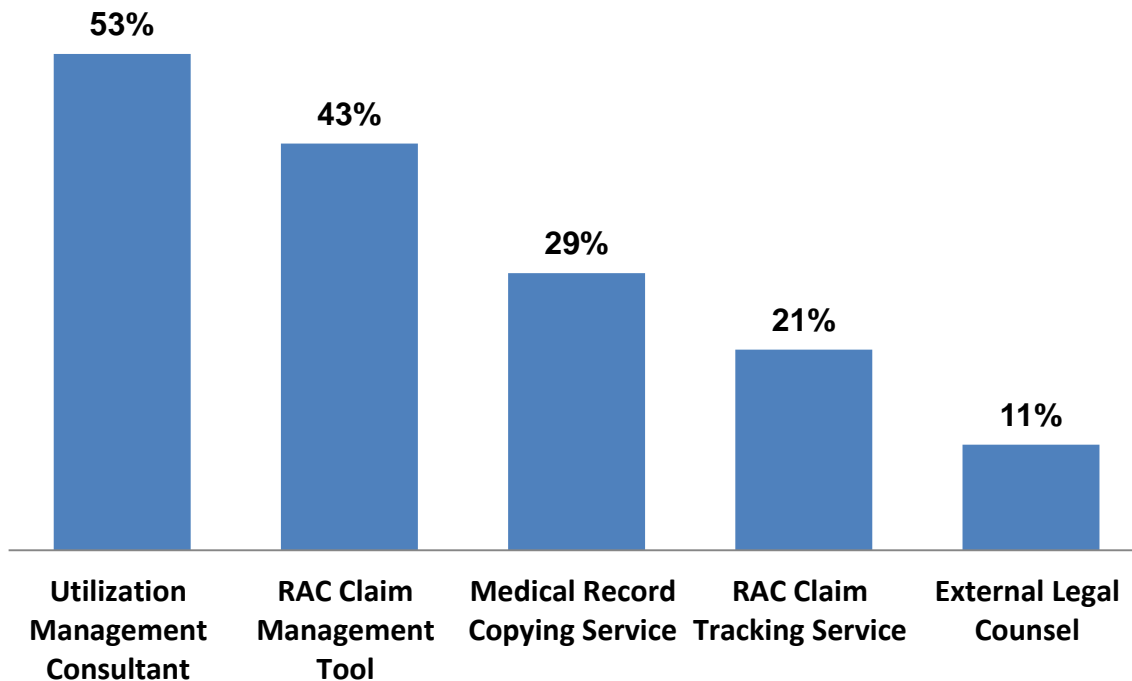


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# Many hospitals report spending on external resources, such as outside consultants, to deal with the RAC process.

Percent of Participating Hospitals\* that Use External Resources by Type and Average Dollars Spent *This Quarter*, 1<sup>st</sup> Quarter 2013



Administrative Burden	Average Dollar Amount This Quarter
External Legal Counsel	\$ 32,573
Utilization Management Consultant	\$ 58,320
RAC Claim Tracking Service	\$ 8,390
RAC Claim Management Tool	\$ 9,137
Medical Record Copying Service	\$ 3,775

\* Includes participating hospitals with and without RAC activity. Average dollars spent and percentages reflect only those hospitals that reported utilizing external resources.

Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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.



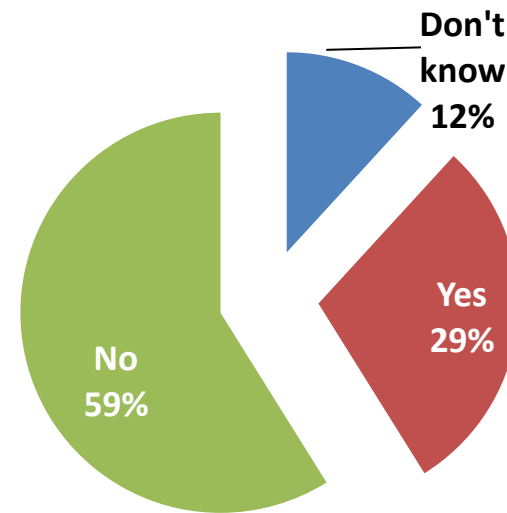
59% of respondents indicated they have yet to receive any education related to avoiding payment errors from CMS or its contractors.

Percent of Participating Hospitals Reporting they Received Education from CMS or its Contractors, National and by Region, through 1<sup>st</sup> Quarter 2013

### Reported Education by RAC Region

	Yes	No	Don't Know
Region A	40%	45%	15%
Region B	28%	58%	14%
Region C	26%	65%	9%
Region D	28%	60%	12%

### National Reporting



\* Includes participating hospitals with and without RAC activity

Source: AHA. (April 2013). RAC TRAC Survey

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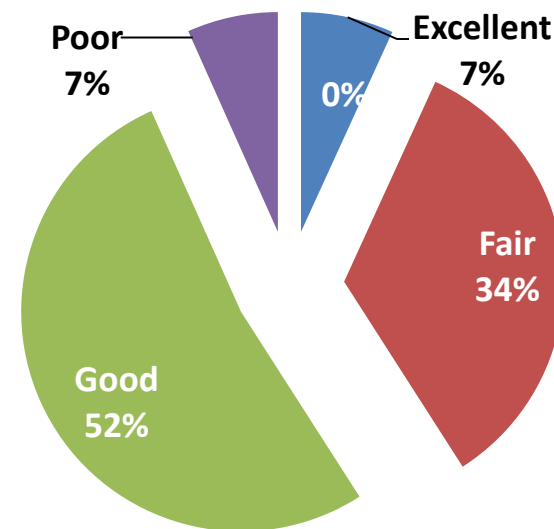
# For those hospitals that have received education, the perceived quality varied by region.

Percent of Participating Hospitals Reporting the Effectiveness of Received Education from CMS or its Contractors, National and by Region, through 1<sup>st</sup> Quarter 2013

## Reported Effectiveness of Education by RAC Region

	Excellent	Good	Fair	Poor
Region A	48%	18%	30%	4%
Region B	21%	42%	12%	26%
Region C	0%	30%	56%	14%
Region D	4%	42%	46%	9%

## National Reporting



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

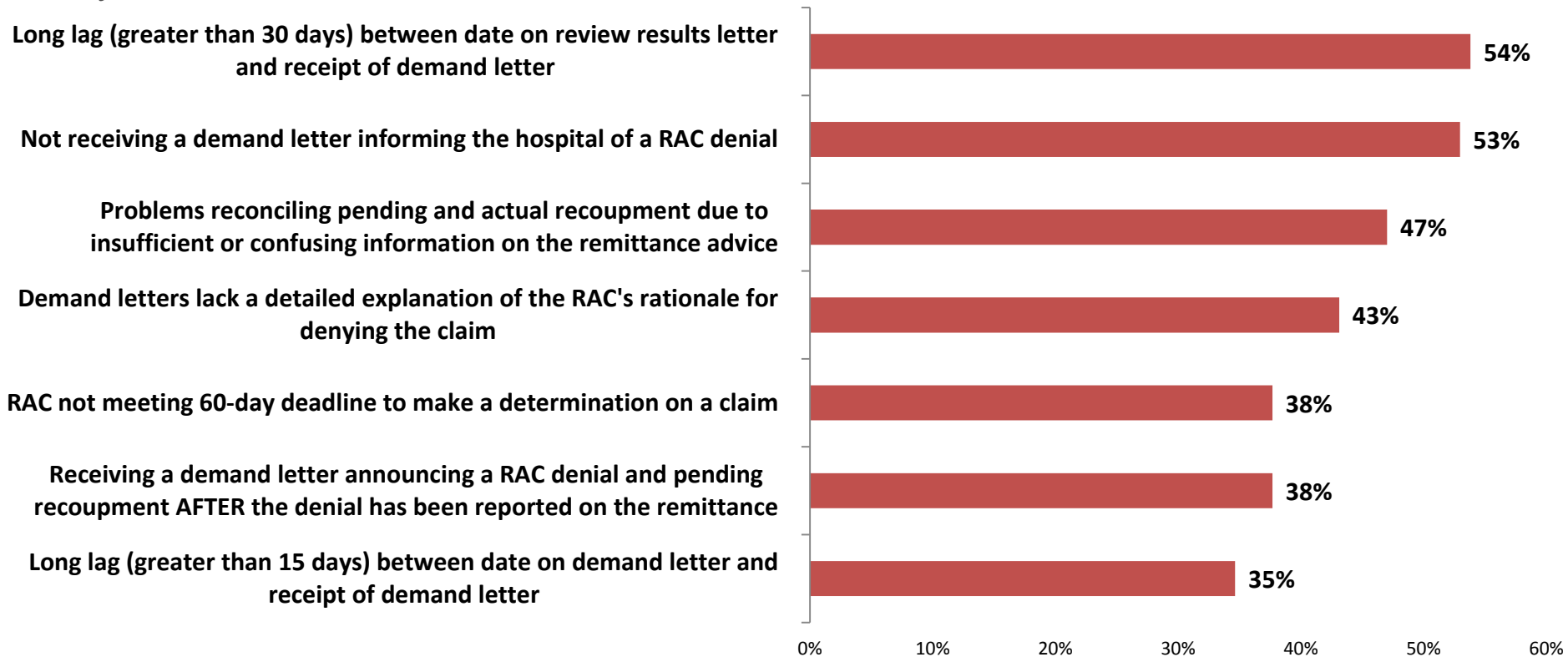
Source: AHA. (April 2013). RAC TRAC Survey

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# 54% of hospitals reporting RAC process issues cite 'excessively long delays between receipt of the review results letter and the demand letter' as an operational issue.

## Percent of Participating Hospitals Reporting RAC Process Issues, by Issue, 1<sup>st</sup> Quarter 2013



\* Includes participating hospitals with and without RAC activity

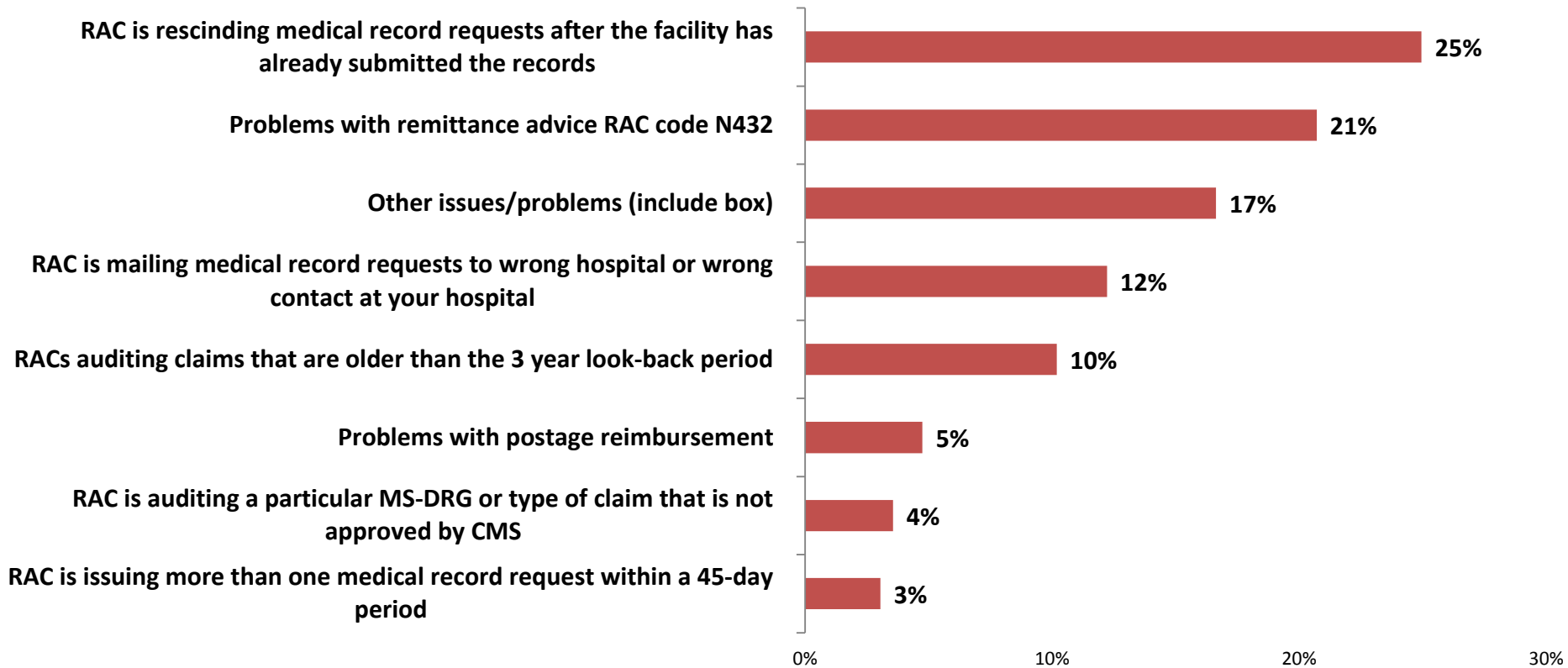
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# Hospitals continue to report a wide variety of RAC process problems.

## Percent of Participating Hospitals Reporting RAC Process Issues, by Issue, 1<sup>st</sup> Quarter 2013



\* Includes participating hospitals with and without RAC activity

Source: AHA. (April 2013). RAC TRAC Survey

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# The majority of hospital respondents indicated RAC responsiveness and overall communication was “fair” or “good.”

## Participating Hospitals Rating of RAC Responsiveness and Overall Communication, 1<sup>st</sup> Quarter 2013



Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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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# Participating hospitals rated RAC responsiveness and communication lowest in regions B and C.

## Participating Hospital Rating of RAC Responsiveness and Overall Communication, by Region, 1<sup>st</sup> Quarter 2013

	Excellent	Good	Fair	Poor
Region A	15%	60%	23%	2%
Region B	5%	49%	35%	11%
Region C	5%	50%	37%	8%
Region D	5%	54%	37%	4%

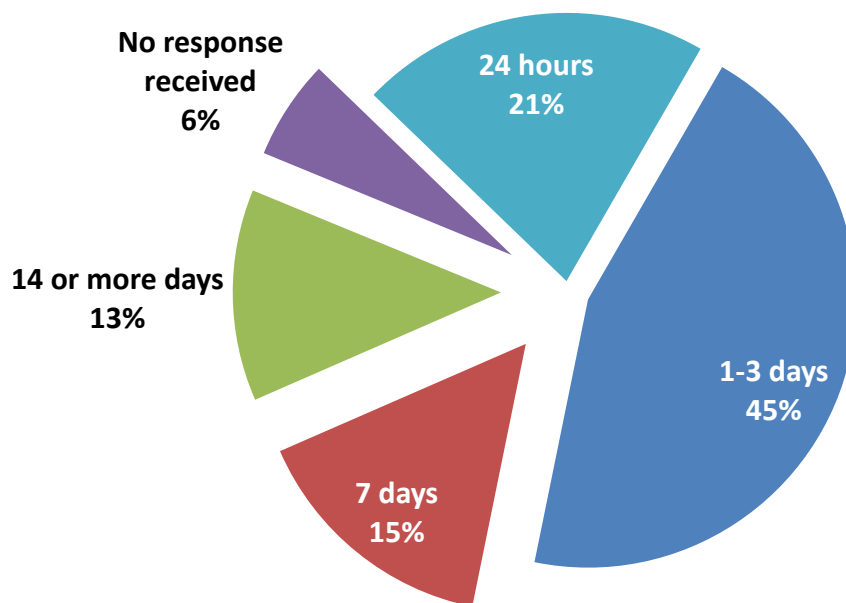


Source: AHA. (April 2013). RAC TRAC Survey

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The average wait time for a RAC response varied significantly, with nearly 20 percent of hospitals reporting they did not receive a response from their RAC within 2 weeks.

## Average Number of Days it Took RACs to Respond to Hospital Inquiries for Participating Hospitals, 1<sup>st</sup> Quarter 2013



Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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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# RAC response time varied by region.

Average Number of Days For RACs to Respond to Hospital Inquiries for Participating Hospitals, by Region, 1<sup>st</sup> Quarter 2013

	24 hours	1-3 days	7 days	14 or more days	No Response Received
Region A	39%	38%	15%	3%	5%
Region B	11%	44%	15%	22%	8%
Region C	23%	46%	13%	11%	7%
Region D	14%	50%	19%	14%	3%



Source: AHA. (April 2013). RAC TRAC Survey

AHA analysis of survey data collected from 2,380 hospitals: 2,060 reporting activity, 320 reporting no activity through March 2013. 1,324 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:

[www.aha.org/RACTrac](http://www.aha.org/RACTrac)