

# Appendices – Fiscal Year (FY) 2017

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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 2017**

<b>Overpayments Collected</b>		<b>Underpayments Restored</b>		<b>Amount Overturned on Appeal<sup>1</sup></b>		<b>Recovery Auditors Contingency Fees</b>		<b>CMS Administration Costs</b>		<b>Amount Returned to Medicare Trust Funds</b>
\$24.33	-	\$6.74	-	\$19.44	-	\$10.95	-	\$49.64	=	\$(62.44)

**Appendix C: FY 2017 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	\$ 1,876,970.98	705	\$ 477,762.63	178	\$ 2,354,733.61	883
Region 2: Cotiviti	\$ 1,915,472.82	314	\$ 566,827.27	224	\$ 2,482,300.09	538
Region 3: Cotiviti	\$ 3,210,500.78	566	\$ 728,172.96	317	\$ 3,938,673.74	883
Region 4: HDI/HMS	\$ 1,306,411.24	1,605	\$ 79,934.56	28	\$ 1,386,345.80	1,633
Region 5: Performant	\$ 1,104,020.19	2,037	\$ -	-	\$ 1,104,020.19	2,037
Region A: Performant	\$ (1,148,588.03)	8,581	\$ 22,883.65	26	\$ (1,125,704.38)	8,607
Region B: CGI	\$ 13,488,256.61	15,431	\$ 522,089.44	161	\$ 14,010,346.05	15,592
Region C: Cotiviti	\$ 3,313,923.95	34,663	\$ 2,200,408.29	2,992	\$ 5,514,332.24	37,655
Region D: HDI	\$ 2,652,522.02	7,561	\$ 57,301.17	58	\$ 2,709,823.19	7,619
Unknown	\$ (3,390,218.96)	3,081	\$ 2,089,144.27	658	\$ (1,301,074.69)	3,739
<b>TOTALS</b>	<b>\$ 24,329,271.60</b>	<b>74,544</b>	<b>\$ 6,744,524.24</b>	<b>4,642</b>	<b>\$ 31,073,795.84</b>	<b>79,186</b>

<sup>1</sup> This includes only those appeals overturned at the first level.

**Appendix D: FY 2017 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	\$22,321,484.90	50,537	\$1,383,021.36	2,873	\$23,704,506.26	53,410
Complex	\$4,911,110.76	20,128	\$3,076,914.09	1,029	\$7,988,024.85	21,157
Semi-Automated	\$214,529.38	211	\$194.01	2	\$214,723.39	213
Unknown <sup>2</sup>	\$-3,117,853.44	3,668	\$2,284,394.78	738	\$-833,458.66	4,406
<b>Total</b>	<b>\$24,329,271.60</b>	<b>74,544</b>	<b>\$6,744,524.24</b>	<b>4,642</b>	<b>\$31,073,795.84</b>	<b>79,186</b>

<sup>2</sup> These claims could not be attributed to a specific review type.

**Appendix E: FY 2017 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	\$63,273.54	0.26%	43	0.06%	\$0	0.00%	0	0.00%	\$63,273.54	0.20%	43	0.05%
	Complex	\$1,813,697.44	7.45%	662	0.89%	\$477,762.63	7.08%	178	3.83%	\$2,291,460.07	7.37%	840	1.06%
Region 2: Cotiviti	Automated	\$0	0.00%	0	0.00%	\$0	0.00%	0	0.00%	\$0	0.00%	0	0.00%
	Complex	\$1,915,472.82	7.87%	314	0.42%	\$566,827.27	8.40%	224	4.83%	\$2,482,300.09	7.99%	538	0.68%
Region 3: Cotiviti	Automated	\$0	0.00%	0	0.00%	\$0	0.00%	0	0.00%	\$0	0.00%	0	0.00%
	Complex	\$3,210,500.78	13.20%	566	0.76%	\$728,172.96	10.80%	317	6.83%	\$3,938,673.74	12.68%	883	1.12%
Region 4: HDI/HMS	Automated	\$427,192.01	1.76%	1,452	1.95%	\$3,872.52	0.06%	7	0.15%	\$431,064.53	1.39%	1,459	1.84%
	Complex	\$879,219.23	3.61%	153	0.21%	\$76,062.04	1.13%	21	0.45%	\$955,281.27	3.07%	174	0.22%
Region 5: Performant	Automated	\$1,014,914.50	4.17%	1,917	2.57%	\$0	0.00%	0	0.00%	\$1,014,914.50	3.27%	1,917	2.42%
	Complex	\$89,105.69	0.37%	120	0.16%	\$0	0.00%	0	0.00%	\$89,105.69	0.29%	120	0.15%
Region A: Performant	Automated	\$783,611.29	3.22%	7,120	9.55%	\$3,401.38	0.05%	1	0.02%	\$787,012.67	2.53%	7,121	8.99%
	Complex	(\$1,921,443.47)	-7.90%	1,433	1.92%	\$7,698.95	0.11%	4	0.09%	(\$1,913,744.52)	-6.16%	1,437	1.81%
	Semi-Automated	\$1,859.20	0.01%	2	0.00%	\$92.46	0.00%	1	0.02%	\$1,951.66	0.01%	3	0.00%
	Unknown	(\$12,615.05)	-0.05%	26	0.03%	\$11,690.86	0.17%	20	0.43%	(\$924.19)	0.00%	46	0.06%
Region B: CGI	Automated	\$4,925,727.16	20.25%	5,138	6.89%	\$3,267.02	0.05%	3	0.06%	\$4,928,994.18	15.86%	5,141	6.49%
	Complex	\$8,317,884.26	34.19%	9,786	13.13%	\$425,207.26	6.30%	129	2.78%	\$8,743,091.52	28.14%	9,915	12.52%
	Semi-Automated	\$190,579.64	0.78%	134	0.18%	\$0	0.00%	0	0.00%	\$190,579.64	0.61%	134	0.17%
	Unknown	\$54,065.55	0.22%	373	0.50%	\$93,615.16	1.39%	29	0.62%	\$147,680.71	0.48%	402	0.51%
Region C: Cotiviti	Automated	\$14,363,553.72	59.04%	28,223	37.86%	\$1,372,895.36	20.36%	2,852	61.44%	\$15,736,449.08	50.64%	31,075	39.24%
	Complex	(\$11,217,815.93)	-46.11%	6,380	8.56%	\$765,843.23	11.36%	126	2.71%	(\$10,451,972.70)	-33.64%	6,506	8.22%

	Semi-Automated	\$6,786.89	0.03%	10	0.01%	\$101.55	0.00%	1	0.02%	\$6,888.44	0.02%	11	0.01%
	Unknown	\$161,399.27	0.66%	50	0.07%	\$61,568.15	0.91%	13	0.28%	\$222,967.42	0.72%	63	0.08%
Region D: HDI/HMS	Automated	\$743,212.68	3.05%	6,644	8.91%	(\$414.92)	-0.01%	10	0.22%	\$742,797.76	2.39%	6,654	8.40%
	Complex	\$1,824,489.94	7.50%	714	0.96%	\$29,339.75	0.44%	30	0.65%	\$1,853,829.69	5.97%	744	0.94%
	Semi-Automated	\$15,303.65	0.06%	65	0.09%	\$0	0.00%	0	0.00%	\$15,303.65	0.05%	65	0.08%
	Unknown	\$69,515.75	0.29%	138	0.19%	\$28,376.34	0.42%	18	0.39%	\$97,892.09	0.32%	156	0.20%
Unknown	Unknown	(\$3,390,218.96)	-13.93%	3,081	4.13%	\$2,089,144.27	30.98%	658	14.17%	(\$1,301,074.69)	-4.19%	3,739	4.72%
<b>TOTALS</b>		<b>\$24,329,271.60</b>	<b>100.00%</b>	<b>74,544</b>	<b>100.00%</b>	<b>\$6,744,524.24</b>	<b>100.00%</b>	<b>4,642</b>	<b>100.00%</b>	<b>\$31,073,795.84</b>	<b>100.00%</b>	<b>79,186</b>	<b>100.00%</b>

**Appendix F: FY 2017 Total Corrections by RAC Region/Contract<sup>3</sup> and Type of Claim (Dollar Amounts and Number of Claims)**

<i>RAC Regions</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>
<b>Regions 1-5</b>	Part A	\$ 8,185,505.85	2307	\$ 1,852,697.42	747	\$ 10,038,203.27	3054
	Part B	\$ 123,849.97	883	\$ -	0	\$ 123,849.97	883
	DME	\$ 1,104,020.19	2037	\$ -	0	\$ 1,104,020.19	2037
	<b>Subtotal</b>	<b>\$ 9,413,376.01</b>	<b>5227</b>	<b>\$ 1,852,697.42</b>	<b>747</b>	<b>\$ 11,266,073.43</b>	<b>5974</b>
<b>Regions A-D</b>	A	\$ 10,186,416.11	46737	\$ 4,824,135.92	3706	\$ 15,010,552.03	50443
	B	\$ 2,130,838.00	14460	\$ 67,690.90	188	\$ 2,198,528.90	14648
	DME	\$ 2,598,641.48	8120	\$ -	1	\$ 2,598,641.48	8121
	<b>Subtotal</b>	<b>\$ 14,915,895.59</b>	<b>69317</b>	<b>\$ 4,891,826.82</b>	<b>3895</b>	<b>\$ 19,807,722.41</b>	<b>73212</b>
<b>Totals</b>		<b>\$ 24,329,271.60</b>	<b>74544</b>	<b>\$ 6,744,524.24</b>	<b>4642</b>	<b>\$ 31,073,795.84</b>	<b>79,186</b>

<sup>3</sup> On October 31, 2016, contracts were awarded for RAC Regions 1-5. These new regions include different combinations of MAC jurisdictions than the original RAC contracts (Regions A-D).

**Appendix G: FY 2017 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	\$ 1,876,970.98	705	\$ 477,762.63	178	\$ 2,355,438.61	883
	Part B	\$ -	0	\$ -	0	\$ -	0
	<i>Subtotal</i>	<i>\$ 1,876,970.98</i>	<i>705</i>	<i>\$ 477,762.63</i>	<i>178</i>	<i>\$ 2,355,438.61</i>	<i>883</i>
2 - Cotiviti	Part A	\$ 1,912,398.63	311	\$ 566,827.27	224	\$ 2,479,536.90	535
	Part B	\$ 3,074.19	3	\$ -	0	\$ 3,077.19	3
	<i>Subtotal</i>	<i>\$ 1,915,472.82</i>	<i>314</i>	<i>\$ 566,827.27</i>	<i>224</i>	<i>\$ 2,482,614.09</i>	<i>538</i>
3 - Cotiviti	Part A	\$ 3,209,087.05	563	\$ 728,172.96	317	\$ 3,937,823.01	880
	Part B	\$ 1,413.73	3	\$ -	0	\$ 1,416.73	3
	<i>Subtotal</i>	<i>\$ 3,210,500.78</i>	<i>566</i>	<i>\$ 728,172.96</i>	<i>317</i>	<i>\$ 3,939,239.74</i>	<i>883</i>
4 - HDI/HMS	Part A	\$ 1,187,049.19	728	\$ 79,934.56	28	\$ 1,267,711.75	756
	Part B	\$ 119,362.05	877	\$ -	0	\$ 120,239.05	877
	<i>Subtotal</i>	<i>\$ 1,306,411.24</i>	<i>1605</i>	<i>\$ 79,934.56</i>	<i>28</i>	<i>\$ 1,387,950.80</i>	<i>1633</i>
5 - Performant	DME	\$ 1,104,020.19	2037	\$ -	0	\$ 1,106,057.19	2037
	<i>Subtotal</i>	<i>\$ 1,104,020.19</i>	<i>2037</i>	<i>\$ -</i>	<i>0</i>	<i>\$ 1,106,057.19</i>	<i>2037</i>
<b><i>RAC 1-5 Totals</i></b>		<b><i>\$ 9,413,376.01</i></b>	<b><i>5227</i></b>	<b><i>\$ 1,852,697.42</i></b>	<b><i>747</i></b>	<b><i>\$ 11,271,300.43</i></b>	<b><i>5974</i></b>
A / Performant	A	\$ (2,723,649.17)	972	\$ 21,677.81	7	\$ (2,700,999.36)	979
	B	\$ 290,563.20	4240	\$ 1,205.84	19	\$ 296,009.04	4259
	DME	\$ 1,284,497.94	3369	\$ -	0	\$ 1,287,866.94	3369
	<i>Subtotal</i>	<i>\$ (1,148,588.03)</i>	<i>8581</i>	<i>\$ 22,883.65</i>	<i>26</i>	<i>\$ (1,117,123.38)</i>	<i>8607</i>
B / CGI	A	\$ 12,976,039.31	12106	\$ 519,367.73	156	\$ 13,507,513.04	12262
	B	\$ 458,625.10	2865	\$ 2,721.71	5	\$ 464,211.81	2870
	DME	\$ 53,592.20	460	\$ -	0	\$ 54,052.20	460
	<i>Subtotal</i>	<i>\$ 13,488,256.61</i>	<i>15431</i>	<i>\$ 522,089.44</i>	<i>161</i>	<i>\$ 14,025,777.05</i>	<i>15592</i>
C / Cotiviti	A	\$ 2,038,276.87	30853	\$ 2,183,309.97	2970	\$ 4,252,439.84	33823

	B	\$ 622,963.64	1361	\$ 17,098.32	21	\$ 641,422.96	1382
	DME	\$ 652,683.44	2449	\$ -	1	\$ 655,132.44	2450
	<i>Subtotal</i>	<i>\$ 3,313,923.95</i>	<i>34663</i>	<i>\$ 2,200,408.29</i>	<i>2992</i>	<i>\$ 5,548,995.24</i>	<i>37655</i>
D / HDI	A	\$ 1,364,238.75	656	\$ 39,058.87	10	\$ 1,403,953.62	666
	B	\$ 778,456.50	5620	\$ 18,242.30	48	\$ 802,318.80	5668
	DME	\$ 509,826.77	1285	.	0	\$ 511,111.77	1285
	<i>Subtotal</i>	<i>\$ 2,652,522.02</i>	<i>7561</i>	<i>\$ 57,301.17</i>	<i>58</i>	<i>\$ 2,717,384.19</i>	<i>7619</i>
Unknown	A	\$ (3,468,489.65)	2150	\$ 2,060,721.54	563	\$ (1,405,618.11)	2713
	B	\$ (19,770.44)	374	\$ 28,422.73	95	\$ 9,026.29	469
	DME	\$ 98,041.13	557	.	0	\$ 98,598.13	557
	<i>Subtotal</i>	<i>\$ (3,390,218.96)</i>	<i>3081</i>	<i>\$ 2,089,144.27</i>	<i>658</i>	<i>\$ (1,301,074.69)</i>	<i>3739</i>
<b>RAC A-D</b>							
<b>Totals</b>		<b>\$14,915,895.59</b>	<b>69317</b>	<b>\$ 4,891,826.82</b>	<b>3895</b>	<b>\$ 19,877,039.41</b>	<b>73212</b>
<b>Grand Totals</b>		<b>\$24,329,271.60</b>	<b>74544</b>	<b>\$6,744,524.24</b>	<b>4642</b>	<b>\$31,148,339.84</b>	<b>79186</b>

**Appendix H: FY 2017 Corrections by Provider Type (Dollar Amount and Percentage of Total)**

<b>Provider Type</b>	<b>Overpayments Collected</b>	<b>% of Total</b>	<b>Underpayments Restored</b>	<b>% of Total</b>	<b>Total Amount Corrected</b>	<b>% of Total</b>
Inpatient	\$2,358,955.57	10%	\$2,897,212.16	43%	\$5,256,167.73	17%
Outpatient	\$4,232,625.16	17%	\$146,328.88	2%	\$4,378,954.04	14%
Physician	\$2,245,894.95	9%	\$33,666.50	0.5%	\$2,279,561.45	7%
DME	\$3,604,194.25	15%	-	-	\$3,604,194.25	12%
SNF	\$1,985,726.17	8%	\$7,786.10	0.1%	\$1,993,512.27	6%
Hospice	-\$23,196.47	< - 0.1%	-	-	-\$23,196.47	< - 0.1 %
Home Health	\$13,042,925.41	54%	\$1,375,135.82	20%	\$14,418,061.23	46%
Unknown	-\$3,117,853.44	-13%	\$2,284,394.78	34%	-\$833,458.66	-3%
<b>Total</b>	<b>\$24,329,271.60</b>	<b>100%</b>	<b>\$6,744,524.24</b>	<b>100%</b>	<b>\$31,073,795.84</b>	<b>100%</b>

**Appendix I. FY 2017 Total Corrections by RAC Region and Provider Type (Dollar Amounts and Number of Claims)**

<i>RAC Region and Contractor Name</i>	<i>Provider Type</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	1. Lab/Ambulance	\$ -	-	\$ -	-	\$ -	-
	2. Outpatient	\$ 63,273.54	43	\$ -	-	\$ 63,273.54	43
	5. Professional Services	\$ -	-	\$ -	-	\$ -	-
	7. Skilled Nursing Facility	\$ -	-	\$ -	-	\$ -	-
	8. Inpatient (Acute) Hospital	\$ 1,813,697.44	662	\$ 477,762.63	178	\$ 2,291,460.07	840
	9. Inpatient Rehab Facility	\$ -	-	\$ -	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	\$ -	-	\$ -	-
	11. Long Term Care Hospital	\$ -	-	\$ -	-	\$ -	-
	13. Ambulatory Surgical Center	\$ -	-	\$ -	-	\$ -	-
	14. Other	\$ -	-	\$ -	-	\$ -	-
	Unknown	\$ -	-	\$ -	-	\$ -	-
<b>Region 1 Totals</b>		<b>\$ 1,876,970.98</b>	<b>705</b>	<b>\$ 477,762.63</b>	<b>178</b>	<b>\$ 2,354,733.61</b>	<b>883</b>
Region 2: Cotiviti	1. Lab/Ambulance	\$ -	-	\$ -	-	\$ -	-
	2. Outpatient	\$ 136,076.70	76	\$ 0	1	\$ 136,076.70	77
	5. Professional Services	\$ 3,074.19	3	\$ -	-	\$ 3,074.19	3
	7. Skilled Nursing Facility	\$ -	-	\$ -	-	\$ -	-
	8. Inpatient (Acute) Hospital	\$ 1,776,321.93	235	\$ 566,827.27	223	\$ 2,343,149.20	458
	9. Inpatient Rehab Facility	\$ -	-	\$ -	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	\$ -	-	\$ -	-
	11. Long Term Care Hospital	\$ -	-	\$ -	-	\$ -	-
	13. Ambulatory Surgical Center	\$ -	-	\$ -	-	\$ -	-
	14. Other	\$ -	-	\$ -	-	\$ -	-
	Unknown	\$ -	-	\$ -	-	\$ -	-
<b>Region 2 Totals</b>		<b>\$ 1,915,472.82</b>	<b>314</b>	<b>\$ 566,827.27</b>	<b>224</b>	<b>\$ 2,482,300.09</b>	<b>538</b>
Region 3: Cotiviti	1. Lab/Ambulance	\$ -	-	\$ -	-	\$ -	-
	2. Outpatient	\$ 301,310.53	130	\$ -	-	\$ 301,310.53	130

	5. Professional Services	\$ 1,413.73	3	\$ -	-	\$ 1,413.73	3
	7. Skilled Nursing Facility	\$ -	-	\$ -	-	\$ -	-
	8. Inpatient (Acute) Hospital	\$ 2,907,776.52	433	\$ 728,172.96	317	\$ 3,635,949.48	750
	9. Inpatient Rehab Facility	\$ -	-	\$ -	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	\$ -	-	\$ -	-
	11. Long Term Care Hospital	\$ -	-	\$ -	-	\$ -	-
	13. Ambulatory Surgical Center	\$ -	-	\$ -	-	\$ -	-
	14. Other	\$ -	-	\$ -	-	\$ -	-
	Unknown	\$ -	-	\$ -	-	\$ -	-
<b>Region 3 Totals</b>		<b>\$ 3,210,500.78</b>	<b>566</b>	<b>\$ 728,172.96</b>	<b>317</b>	<b>\$ 3,938,673.74</b>	<b>883</b>
Region 4: HMS	1. Lab/Ambulance	\$ -	-	\$ -	-	\$ -	-
	2. Outpatient	\$ 320,367.09	558	\$ 3,872.52	7	\$ 324,239.61	565
	5. Professional Services	\$ 119,362.05	877	\$ -	-	\$ 119,362.05	877
	7. Skilled Nursing Facility	\$ -	-	\$ -	-	\$ -	-
	8. Inpatient (Acute) Hospital	\$ 866,682.10	170	\$ 76,062.04	21	\$ 942,744.14	191
	9. Inpatient Rehab Facility	\$ -	-	\$ -	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	\$ -	-	\$ -	-
	11. Long Term Care Hospital	\$ -	-	\$ -	-	\$ -	-
	13. Ambulatory Surgical Center	\$ -	-	\$ -	-	\$ -	-
	14. Other	\$ -	-	\$ -	-	\$ -	-
	Unknown	\$ -	-	\$ -	-	\$ -	-
<b>Region 4 Totals</b>		<b>\$ 1,306,411.24</b>	<b>1,605</b>	<b>\$ 79,934.56</b>	<b>28</b>	<b>\$ 1,386,345.80</b>	<b>1,633</b>
Region 5: Performant	3. Home Health	\$ -	-	\$ -	-	\$ -	-
	4. Hospice	\$ -	-	\$ -	-	\$ -	-
	6. DME Supplier	\$ 1,007,712.72	1,927	\$ -	-	\$ 1,007,712.72	1,927
	12. DME Physician	\$ 96,307.47	110	\$ -	-	\$ 96,307.47	110
	Unknown	\$ -	-	\$ -	-	\$ -	-
<b>Region 5 Totals</b>		<b>\$ 1,104,020.19</b>	<b>2,037</b>	<b>\$ -</b>	<b>-</b>	<b>\$ 1,104,020.19</b>	<b>2,037</b>
Region A: Performant	1. Lab/Ambulance	\$ (40,414.88)	75	\$ -	-	\$ (40,414.88)	75
	2. Outpatient	\$ 2,046.49	7	\$ 3,401.38	1	\$ 5,447.87	8
	3. Home Health	\$ (2,183.91)	1	\$ -	-	\$ (2,183.91)	1

	4. Hospice	\$ -	-	-	-	\$ -	-
	5. Professional Services	\$ 293,292.40	4,135	\$92.46	1	\$ 293,384.86	4,136
	6. DME Supplier	\$ 846,774.88	3,095	-	-	\$ 846,774.88	3,095
	7. Skilled Nursing Facility	\$ 1,860.39	28	-	-	\$ 1,860.39	28
	8. Inpatient (Acute) Hospital	\$ (2,674,258.02)	926	\$7,698.95	4	\$ (2,666,559.07)	930
	9. Inpatient Rehab Facility	\$ -	-	-	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	-	-	\$ -	-
	11. Long Term Care Hospital	\$ -	-	-	-	\$ -	-
	12. DME Physician	\$ 437,723.06	274	-	-	\$ 437,723.06	274
	13. Ambulatory Surgical Center	\$ (813.39)	14	-	-	\$ (813.39)	14
	14. Other	\$ -	-	-	-	\$ -	-
	Unknown	\$ (12,615.05)	26	11,690.86	20	\$ (924.19)	46
<b>Region A Totals</b>		<b>\$ (1,148,588.03)</b>	<b>8,581</b>	<b>\$22,883.65</b>	<b>26</b>	<b>\$ (1,125,704.38)</b>	<b>8,607</b>
Region B: CGI	1. Lab/Ambulance	\$ 3,881.71	18	-	-	\$ 3,881.71	18
	2. Outpatient	\$ 3,306,636.67	7,227	\$40,227.09	14	\$ 3,346,863.76	7,241
	3. Home Health	\$ -	-	-	-	\$ -	-
	4. Hospice	\$ -	-	-	-	\$ -	-
	5. Professional Services	\$ 527,853.31	2,561	\$16.33	1	\$ 527,869.64	2,562
	6. DME Supplier	\$ 6,987.81	45	-	-	\$ 6,987.81	45
	7. Skilled Nursing Facility	\$ (756,011.78)	787	-	-	\$ (756,011.78)	787
	8. Inpatient (Acute) Hospital	\$ 10,129,056.72	3,937	\$388,230.86	117	\$ 10,517,287.58	4,054
	9. Inpatient Rehab Facility	\$ -	-	-	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	-	-	\$ -	-
	11. Long Term Care Hospital	\$ 241,808.95	15	-	-	\$ 241,808.95	15
	12. DME Physician	\$ 27,508.04	235	-	-	\$ 27,508.04	235
	13. Ambulatory Surgical Center	\$ -	-	-	-	\$ -	-
	14. Other	\$ (53,530.37)	233	-	-	\$ (53,530.37)	233
	Unknown	\$ 54,065.55	373	\$93,615.16	29	\$ 147,680.71	402
<b>Region B Totals</b>		<b>\$ 13,488,256.61</b>	<b>15,431</b>	<b>\$522,089.44</b>	<b>161</b>	<b>\$ 14,010,346.05</b>	<b>15,592</b>
Region C: Cotiviti	1. Lab/Ambulance	\$ 4,698.53	34	-	-	\$ 4,698.53	34
	2. Outpatient	\$ 1,682,728.33	2,201	\$95,760.10	39	\$ 1,769,676.22	2,240
	3. Home Health	\$ 12,974,265.77	24,213	\$1,375,135.82	2,658	\$ 14,220,279.98	26,871

	4. Hospice	\$ 38,534.92	48	\$129,121.61	194	\$ 167,656.53	242
	5. Professional Services	\$ 595,044.98	1,299	\$17,029.39	18	\$ 612,074.37	1,317
	6. DME Supplier	\$ 496,535.51	2,169	-	1	\$ 496,535.51	2,170
	7. Skilled Nursing Facility	\$ 947,415.08	1,194	\$7,786.10	3	\$ 962,986.75	1,197
	8. Inpatient (Acute) Hospital	\$ (12,927,395.84)	2,402	\$643,128.73	65	\$ (12,284,267.11)	2,467
	9. Inpatient Rehab Facility	\$ 189,313.39	17	-	-	\$ 189,313.39	17
	10. Critical Access Hospital	\$ 868.38	2	-	-	\$ 868.38	2
	11. Long Term Care Hospital	\$ (30,655.26)	7	-	-	\$ (30,655.26)	7
	12. DME Physician	\$ 156,714.06	282	-	-	\$ 156,714.06	282
	13. Ambulatory Surgical Center	\$ 7,811.87	3	-	-	\$ 7,811.87	3
	14. Other	\$ (983,355.04)	742	-	1	\$ (982,328.40)	743
	Unknown	\$ 161,399.27	50	\$61,568.15	13	\$ 222,967.42	63
<b>Region C Totals</b>		<b>\$ 3,313,923.95</b>	<b>34,663</b>	<b>\$2,200,408.29</b>	<b>2,992</b>	<b>\$ 5,514,332.24</b>	<b>37,655</b>
Region D: HDI	1. Lab/Ambulance	\$ 19,635.43	668	-	-	\$ 19,635.43	668
	2. Outpatient	\$ 133,697.44	84	\$3,067.79	2	\$ 136,765.23	86
	3. Home Health	\$ -	-	-	-	\$ -	-
	4. Hospice	\$ -	-	-	-	\$ -	-
	5. Professional Services	\$ 751,770.68	4,819	\$16,528.32	33	\$ 768,299.00	4,852
	6. DME Supplier	\$ 284,404.05	915	-	-	\$ 284,404.05	915
	7. Skilled Nursing Facility	\$ 1,138,645.30	209	-	-	\$ 1,138,645.30	209
	8. Inpatient (Acute) Hospital	\$ 27,373.68	334	\$9,328.72	5	\$ 36,702.40	339
	9. Inpatient Rehab Facility	\$ -	-	-	-	\$ -	-
	10. Critical Access Hospital	\$ -	-	-	-	\$ -	-
	11. Long Term Care Hospital	\$ -	-	-	-	\$ -	-
	12. DME Physician	\$ 226,200.98	388	-	-	\$ 226,200.98	388
	13. Ambulatory Surgical Center	\$ 1,278.71	6	-	-	\$ 1,278.71	6
	14. Other	\$ -	-	-	-	\$ -	-
	Unknown	\$ 69,515.75	138	\$28,376.34	18	\$ 97,892.09	156
<b>Region D Totals</b>		<b>\$ 2,652,522.02</b>	<b>7,561</b>	<b>\$7,301.17</b>	<b>58</b>	<b>\$ 2,709,823.19</b>	<b>7,619</b>
Unknown	Unknown	\$ (3,390,218.96)	3,081	2,089,144.27	658	\$ (1,301,074.69)	3,739
<b>Grand Totals</b>		<b>\$ 24,329,271.60</b>	<b>74,544</b>	<b>\$ 6,744,524.24</b>	<b>4,642</b>	<b>\$ 31,073,795.84</b>	<b>79,186</b>

**Appendix J: FY 2017 Total Corrections by State and RAC Regions/Contracts (Dollar Amounts and Number of Claims)**

<i>State</i>	<b>RAC Regions A-D</b>						<b>RAC Regions 1-5</b>					
	<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>	<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	\$ 4,909.82	27	\$ 17,721.36	1	\$ 22,658.18	28	\$ 5,397.99	29	\$ -	-	\$ 5,397.99	29
AL	\$ (593,428.99)	1,206	\$ 62,393.62	62	\$ (529,829.37)	1,268	\$ 515,750.62	146	\$ 61,945.43	33	\$ 577,696.05	179
AR	\$ 109,120.02	507	\$ 14,601.58	36	\$ 124,228.60	543	\$ 111,129.23	29	\$ 17,855.75	11	\$ 128,984.98	40
AZ	\$ (591,022.63)	701	\$ -	3	\$ (590,321.63)	704	\$ 222,388.85	65	\$ 3,808.83	3	\$ 226,197.68	68
CA	\$ 1,914,868.43	3,791	\$ 12,855.23	28	\$ 1,931,514.66	3,819	\$ 705,236.41	1,165	\$ 34,144.88	13	\$ 739,381.29	1,178
CO	\$ (1,026,449.18)	200	\$ 8,248.38	1	\$ (1,018,000.80)	201	\$ 56,544.63	21	\$ 34,012.95	16	\$ 90,557.58	37
CT	\$ (805,887.83)	605	\$ -	-	\$ (805,282.83)	605	\$ 170,915.30	71	\$ 47,570.51	18	\$ 218,485.81	89
DC	\$ 8,467.36	312	\$ -	-	\$ 8,779.36	312	\$ 1,045.52	2	\$ -	-	\$ 1,045.52	2
DE	\$ 73,728.53	294	\$ 92.46	1	\$ 74,114.99	295	\$ 14,919.52	26	\$ -	-	\$ 14,919.52	26
FL	\$ 2,239,389.91	8,354	\$ 726,922.14	1,374	\$ 2,974,666.05	9,728	\$ 681,150.28	213	\$ 197,364.33	70	\$ 878,514.61	283
GA	\$ 1,048,384.72	1,325	\$ 156,927.57	101	\$ 1,206,637.29	1,426	\$ 533,080.80	166	\$ 126,981.77	57	\$ 660,062.57	223
GU	\$ 1,562.34	31	\$ -	-	\$ 1,593.34	31	\$ 171.25	1	\$ -	-	\$ 171.25	1
HI	\$ 18,392.83	51	\$ 3,296.75	5	\$ 21,740.58	56	\$ 17,821.61	33	\$ -	-	\$ 17,821.61	33
IA	\$ 46,497.44	196	\$ -	-	\$ 46,693.44	196	\$ 43,789.52	19	\$ 5,064.34	3	\$ 48,853.86	22
ID	\$ 6,214.99	78	\$ -	-	\$ 6,292.99	78	\$ 14,921.52	58	\$ -	-	\$ 14,921.52	58
IL	\$ (1,662,064.94)	2,125	\$ 5,869.13	2	\$ (1,654,070.81)	2,127	\$ 181,128.18	92	\$ 35,357.20	19	\$ 216,485.38	111
IN	\$ 1,036,147.25	992	\$ 27,655.26	5	\$ 1,064,794.51	997	\$ 210,177.50	127	\$ 44,713.64	19	\$ 254,891.14	146
KS	\$ 64,012.81	252	\$ -	-	\$ 64,264.81	252	\$ 75,732.18	47	\$ 13,447.48	4	\$ 89,179.66	51
KY	\$ 1,892,281.35	922	\$ 144,563.66	42	\$ 2,037,767.01	964	\$ 91,844.39	66	\$ 14,219.49	11	\$ 106,063.88	77
LA	\$ 218,226.60	1,575	\$ 50,922.51	108	\$ 270,724.11	1,683	\$ 158,436.57	65	\$ 42,666.49	19	\$ 201,103.06	84
MA	\$ 316,943.41	814	\$ -	-	\$ 317,757.41	814	\$ 161,252.52	99	\$ 44,965.59	14	\$ 206,218.11	113
MD	\$ 99,438.87	602	\$ -	-	\$ 100,040.87	602	\$ 24,938.36	61	\$ -	-	\$ 24,938.36	61
ME	\$ (62,333.07)	210	\$ 2,911.67	1	\$ (59,211.40)	211	\$ 63,265.30	50	\$ 20,534.96	10	\$ 83,800.26	60
MI	\$ 4,540,820.88	2,230	\$ 16,187.37	5	\$ 4,559,238.25	2,235	\$ 532,597.10	266	\$ 62,431.17	24	\$ 595,028.27	290
MN	\$ 140,614.25	1,051	\$ 13,260.91	5	\$ 154,926.16	1,056	\$ 100,308.50	22	\$ 26,678.67	10	\$ 126,987.17	32
MO	\$ 52,714.49	523	\$ 12,336.83	3	\$ 65,574.32	526	\$ 34,630.51	32	\$ 18,528.56	4	\$ 53,159.07	36

MS	\$ 215,088.70	847	\$ 16,563.81	39	\$ 232,499.51	886	\$ 124.61	1	\$ -	-	\$ 124.61	1
MT	\$ 32,943.64	71	\$ -	-	\$ 33,014.64	71	\$ 98,540.24	46	\$ 44,344.00	16	\$ 142,884.24	62
NC	\$ (2,715,896.07)	1,958	\$ 72,523.68	166	\$ (2,641,414.39)	2,124	\$ 28,838.71	43	\$ 17,667.44	3	\$ 46,506.15	46
ND	\$ 4,612.85	29	\$ 436.02	1	\$ 5,077.87	30	\$ 325,437.51	90	\$ 59,718.84	37	\$ 385,156.35	127
NE	\$ 56,146.06	141	\$ -	-	\$ 56,287.06	141	\$ 2,382.01	14	\$ -	-	\$ 2,382.01	14
NH	\$ (59,649.98)	159	\$ -	-	\$ (59,490.98)	159	\$ 17,656.68	4	\$ 12,628.11	6	\$ 30,284.79	10
NJ	\$ (511,895.40)	2,072	\$ -	-	\$ (509,823.40)	2,072	\$ 41,733.59	27	\$ 14,809.00	5	\$ 56,542.59	32
NM	\$ 335,090.36	293	\$ 13,320.01	24	\$ 348,703.37	317	\$ 120,553.59	189	\$ -	-	\$ 120,553.59	189
NV	\$ 151,567.36	515	\$ -	-	\$ 152,082.36	515	\$ 100,062.18	15	\$ 9,378.81	3	\$ 109,440.99	18
NY	\$ 264,432.22	1,992	\$ -	-	\$ 266,424.22	1,992	\$ 47,337.06	42	\$ 155.12	1	\$ 47,492.18	43
OH	\$ 7,912,410.14	5,375	\$ 218,058.67	71	\$ 8,135,843.81	5,446	\$ 626,232.55	339	\$ 165,403.76	46	\$ 791,636.31	385
OK	\$ 121,900.53	1,487	\$ 46,189.90	80	\$ 169,577.43	1,567	\$ 207,398.58	153	\$ 49,556.79	26	\$ 256,955.37	179
OR	\$ 46,946.41	199	\$ -	-	\$ 47,145.41	199	\$ 177,733.19	51	\$ 44,361.37	20	\$ 222,094.56	71
PA	\$ (56,744.32)	1,783	\$ 5,752.92	3	\$ (49,208.40)	1,786	\$ 59,483.23	76	\$ 19,084.53	3	\$ 78,567.76	79
PR	\$ 39,103.79	14	\$ -	-	\$ 39,117.79	14	\$ 50,735.65	105	\$ -	-	\$ 50,735.65	105
RI	\$ (37,189.91)	59	\$ 2,435.74	1	\$ (34,695.17)	60	\$ 50,838.56	27	\$ 3,424.21	2	\$ 54,262.77	29
SC	\$ (236,639.29)	1,284	\$ 37,523.45	84	\$ (197,831.84)	1,368	\$ 62,473.35	21	\$ 10,730.08	3	\$ 73,203.43	24
SD	\$ 1,911.34	44	\$ -	-	\$ 1,955.34	44	\$ 201,106.78	85	\$ 103,992.87	21	\$ 305,099.65	106
TN	\$ 1,689,846.11	1,841	\$ 169,782.80	142	\$ 1,861,469.91	1,983	\$ 108,840.84	85	\$ 398.37	1	\$ 109,239.21	86
TX	\$ 3,841,832.78	12,317	\$ 744,686.66	757	\$ 4,598,836.44	13,074	\$ 434,311.41	115	\$ 86,869.33	47	\$ 521,180.74	162
UT	\$ 47,389.29	108	\$ -	-	\$ 47,497.29	108	\$ 1,001,392.66	299	\$ 224,889.90	85	\$ 1,226,282.56	384
VA	\$ (2,174,026.29)	1,354	\$ 643.70	5	\$ (2,172,028.59)	1,359	\$ 79,028.13	63	\$ 469.23	1	\$ 79,497.36	64
VI	\$ 31,139.88	41	\$ -	-	\$ 31,180.88	41	\$ 409,979.59	112	\$ 85,612.18	41	\$ 495,591.77	153
VT	\$ (5,035.04)	94	\$ -	-	\$ (4,941.04)	94	\$ 29,664.06	14	\$ 2,827.64	2	\$ 32,491.70	16
WA	\$ 356,579.05	458	\$ -	-	\$ 357,037.05	458	\$ 108,873.48	149	\$ 4,206.16	3	\$ 113,079.64	152
WI	\$ (150,789.41)	1,643	\$ 2,748.25	1	\$ (146,398.16)	1,644	\$ 4,699.21	7	\$ -	-	\$ 4,699.21	7
WV	\$ (297,896.95)	418	\$ -	-	\$ (297,478.95)	418	\$ 248,874.84	68	\$ 39,877.64	17	\$ 288,752.48	85
WY	\$ 39,021.52	79	\$ -	-	\$ 39,100.52	79	\$ 40,469.56	16	\$ -	-	\$ 40,469.56	16
Unknown	\$ (3,117,853.44)	3,668	\$ 2,284,394.78	738	\$ (833,458.66)	4,406	\$ -	-	\$ -	-	\$ -	-
<b>Total</b>	<b>\$ 14,915,895.59</b>	<b>69,317</b>	<b>\$ 4,891,827</b>	<b>3,895</b>	<b>\$ 19,873,371</b>	<b>73,212</b>	<b>\$ 9,413,376</b>	<b>5,227</b>	<b>\$ 1,852,697</b>	<b>747</b>	<b>\$ 11,266,073</b>	<b>5,974</b>

**Appendix K: FY 2017 Improper Payments Identified through Complex Review (Number and Percentage Rate)**

<b>RAC</b>	<b>Number of ADRs Fulfilled by Providers</b>	<b>Improper Payment Identifications*</b>	<b>Improper Payment Identification Rate</b>
1-Performant	5,174	1,129	21.8%
2-Cotiviti	5,699	858	15.1%
3-Cotiviti	6,312	1,030	16.3%
4-HDI/HMS	3,550	324	9.1%
5-Performant	841	128	15.2%
A-Performant	32,106	7,404	23.1%
B-CGI	17,148	12,203	71.2%
C-Cotiviti	71,647	27,290	38.1%
D-HDI	75,704	23,153	30.6%
<b>Total</b>	<b>218,181</b>	<b>73,519</b>	<b>33.7%</b>

\*Identifications include claims with demanded overpayments and underpayments

**Appendix L: FY 2017 Cumulative Accuracy Scores by RAC Region (Accuracy Percentage)**

<b>RAC</b>	<b>Accuracy Score</b>
A-Performant	99.2%
B-CGI	91.5%
C-Cotiviti	98.0%
D-HDI	99.3%

Note: In FY 2017, Cumulative Accuracy Scores were not calculated for RAC Regions 1-5 due to the small number of reviews performed.

**Appendix M: FY 2017 RAC Appeal Dispositions - Level 1 (MAC) Redetermination – by MAC and Type of Claim (Number of Dispositions by Disposition Type)**

<b>MAC</b>	<b>Claims Decided</b>	<b>Favorable to Appellant</b>	<b>Partially Favorable to Appellant</b>	<b>Unfavorable to Appellant</b>	<b>Claims Dismissed</b>
DME A - Noridian	399	40	11	290	58
DME B - CGS	44	20	0	22	2
DME C - CGS	118	52	0	52	14
DME D - Noridian	93	21	0	63	9
J5 - WPS Part A	236	42	7	120	67
J5 - WPS Part B	130	50	0	52	28
J6 - NGS Part A	1,763	994	42	690	37
J6 - NGS Part B	194	123	15	44	12
J8 - WPS Part A	602	139	23	359	81
J8 - WPS Part B	111	95	0	7	9
J15 - CGS Part A	4,288	1,734	144	2,220	190

J15 - CGS Part B	56	38	4	11	3
JE - Noridian Part A	166	34	35	74	23
JE - Noridian Part B	1,280	807	26	310	137
JF - Noridian Part A	104	28	20	35	21
JF - Noridian Part B	576	353	43	90	90
JH - Novitas Part A	739	162	10	489	78
JH - Novitas Part B	59	19	5	29	6
JJ - Cahaba Part A	461	168	14	234	45
JJ - Cahaba Part B	0	0	0	0	0
JK - NGS Part A	95	43	0	40	12
JK - NGS Part B	348	200	0	78	70
JL - Novitas Part A	59	25	2	24	8
JL - Novitas Part B	119	53	1	28	37
JM - PGBA Part A	25,938	10,969	13,605	1,275	89
JM - PGBA Part B	29	7	0	11	11
JN - FCSO Part A	282	160	2	96	24
JN - FCSO Part B	37	21	0	9	7
<b>Total</b>	<b>38,326</b>	<b>16,397</b>	<b>14,009</b>	<b>6,752</b>	<b>1,168</b>

Source: CMS MAS System

**Appendix N: FY 2017 RAC Appeal Dispositions - Level 2 (QIC) Reconsideration by RAC Region (Number of Dispositions by Disposition Type)**

RAC	Claims Decided	Favorable to Appellant	Partially Favorable to Appellant	Unfavorable to Appellant	Claims Dismissed
1 - Performant	10	4	0	6	0
2 - Cotiviti	2	0	0	2	0
3 - Cotiviti	0	0	0	0	0
4 - HMS/HDI	5	1	0	4	0
5 - Performant	2	2	0	0	0
A - Performant	904	111	1	784	8
B - CGI	7638	820	55	6641	122
C - Cotiviti	7357	751	48	6394	164
D - HDI	1681	317	9	1319	34
<b>Total</b>	<b>17,599</b>	<b>2,006</b>	<b>113</b>	<b>15,150</b>	<b>328</b>

Source: Q2Administrators, LLC

Note: Claims may have had initial overpayment determinations made prior to FY 2017. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels

during FY 2017. For example, if a claim was appealed to the first level and received a decision in FY 2017, then appealed to the second level and received a decision in FY 2017, both decisions are counted.

**Appendix O: FY 2017 RAC Appeal Dispositions - Level 3 (ALJ)\* 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
A-Performant	A	39,467	732	804	3	37,927
	B	42	27	11	0	4
	DME	44	15	18	0	11
	<b>Subtotal</b>	<b>39,553</b>	<b>774</b>	<b>833</b>	<b>3</b>	<b>37,942</b>
B-CGI	A	26,254	999	2,122	10	23,122
	B	4	1	3	0	0
	DME	15	8	2	0	5
	<b>Subtotal</b>	<b>26,273</b>	<b>1,008</b>	<b>2,127</b>	<b>10</b>	<b>23,127</b>
C-Cotiviti	A	56,763	2,730	5,331	13	48,689
	B	109	0	76	0	33
	DME	445	142	170	1	103
	<b>Subtotal</b>	<b>57,317</b>	<b>2,872</b>	<b>5,577</b>	<b>14</b>	<b>48,825</b>
D-HDI	A	29,727	3,063	5,206	15	21,435
	B	174	3	103	0	68
	DME	117	32	38	0	47
	<b>Subtotal</b>	<b>30,018</b>	<b>3,098</b>	<b>5,347</b>	<b>15</b>	<b>21,550</b>
Unspecified	A	1,357	298	775	8	268
	B	7	1	3	0	3
	DME	20	3	0	1	3
	<b>Subtotal</b>	<b>1,384</b>	<b>302</b>	<b>778</b>	<b>10</b>	<b>274</b>
<b>Total</b>		<b>154,564</b>	<b>8,056</b>	<b>14,667</b>	<b>51</b>	<b>131,721</b>

\*Claims with Decision Letter Mailed Date in FY17, combined appeals are excluded, Part A includes Part B of A claims; all Level 3 (ALJ) appeals in FY17 were from Regions A – D.

Source: MAS - ALJ Appeal Lifecycle Star Package

Note: Claims may have had initial overpayment determinations made prior to FY 2017. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2017. For example, if a claim was appealed to the first level and received a decision in FY 2017, then appealed to the second level and received a decision in FY 2017, both decisions are counted.

**Appendix P: FY 2017 RAC Appeal Dispositions - Level 4 (DAB)\* 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	76	0	0	4	62	10
	B	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	<b>Subtotal</b>	<b>76</b>	<b>0</b>	<b>0</b>	<b>4</b>	<b>62</b>	<b>10</b>
B - CGI	A	46	0	0	3	23	20
	B	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	<b>Subtotal</b>	<b>46</b>	<b>0</b>	<b>0</b>	<b>3</b>	<b>23</b>	<b>20</b>
C - Cotiviti	A	85	0	0	2	58	25
	B	0	0	0	0	0	0
	DME	9	0	0	4	0	5
	<b>Subtotal</b>	<b>94</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>58</b>	<b>30</b>
D - HDI	A	140	0	0	6	98	36
	B	0	0	0	0	0	0
	DME	0	0	0	0	0	0
	<b>Subtotal</b>	<b>140</b>	<b>0</b>	<b>0</b>	<b>6</b>	<b>98</b>	<b>36</b>
<b>Total</b>		<b>356</b>	<b>0</b>	<b>0</b>	<b>19</b>	<b>241</b>	<b>96</b>

\*All level 4 appeals in FY17 were from RAC Regions A – D.

Source: Q2Administrators, LLC

Note: Claims may have had initial overpayment determinations made prior to FY 2017. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2017. For example, if a claim was appealed to the first level and received a decision in FY 2017, then appealed to the second level and received a decision in FY 2017, both decisions are counted.

#### Appendix Q: FY 2017 Provider Medical Records Submission Methods by RAC Region (Percentage)

RAC	Method	FY17 Percentage
1 - Performant	esMD	39.4%
	CD/DVD	18.4%
	Paper	41.6%
	Fax	<0.1%
	Other	-
2 - Cotiviti	esMD	17%
	CD/DVD	21%
	Paper	32%
	Fax	5%
	Other	24%
3 - Cotiviti	esMD	26%
	CD/DVD	18%
	Paper	19%
	Fax	6%
	Other	31%
4 - HDI/HMS	esMD	37%

	CD/DVD	21%
	Paper	28%
	Fax	14%
	Other	-
5 - Performant	esMD	6.1%
	CD/DVD	0.1%
	Paper	49.8%
	Fax	43.3%
	Other	-

**Appendix R: Medicare FFS Recovery Audit Program Informational Resources**

Website	Information Provided
<a href="http://go.cms.gov/RAC">go.cms.gov/RAC</a>	This Recovery Audit Program specific agency website includes background information on the program, RAC information for each region, the RAC Statement of Work, appeals information, limitations on recoupment, identified vulnerabilities, and other program updates.
<a href="http://www.cms.gov/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf">http://www.cms.gov/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf</a>	Contains archived provider compliance articles to help address common billing errors.
Medicare FFS 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"> <li>• Region 1, Region 5/Performant Recovery: <a href="http://performantrac.com">performantrac.com</a></li> <li>• Region 2, Region 3/Cotiviti: <a href="http://www.cotiviti.com/cotiviti-healthcare/cms-rac-provider-resources">http://www.cotiviti.com/cotiviti-healthcare/cms-rac-provider-resources</a></li> <li>• Region 4/HMS: <a href="https://racinfo.hms.com/home.aspx">https://racinfo.hms.com/home.aspx</a></li> </ul>