



Exploring the Impact of the RAC Program on Hospitals Nationwide

Results of AHA RACTrac Survey, 4th Quarter 2011

February 15, 2012

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.



RACTrac Background

- AHA created *RACTrac*—a free, web-based survey—in response to a lack of data provided by CMS on the impact of the RAC program on America's hospitals.
 - Hospitals use AHA's online survey application, *RACTrac* (accessed at www.aharactrac.com), to submit their data regarding the impact of the RAC program.
 - Survey questions are designed to collect *cumulative* RAC experience data, from the inception of a hospital's RAC activity through the 4th quarter of 2011.
 - Survey registration information and *RACTrac* support can be accessed at ractracsupport@providercs.com or 1-888-722-8712.
- The AHA recently enhanced the *RACTrac* survey to capture more detailed information on medical necessity review denials and the administrative burden due to problems with the RAC process.



Executive Summary

- 2172 hospitals have participated in *RAC*Trac since data collection began in January of 2010.
- Nearly two-thirds of medical records reviewed by RACs **did not** contain an improper payment.
- \$444 million in denied claims have been reported since the first quarter of 2010.
- The majority of complex denials are short-stay medical necessity denials.
- The majority 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 not medically necessary.
- Nearly three-quarters of participating hospitals with RAC activity reported receiving at least one underpayment determination.
- Hospitals reported appealing nearly one-third of all RAC denials, with a 74% success rate in the appeals process.



Executive Summary (cont.)

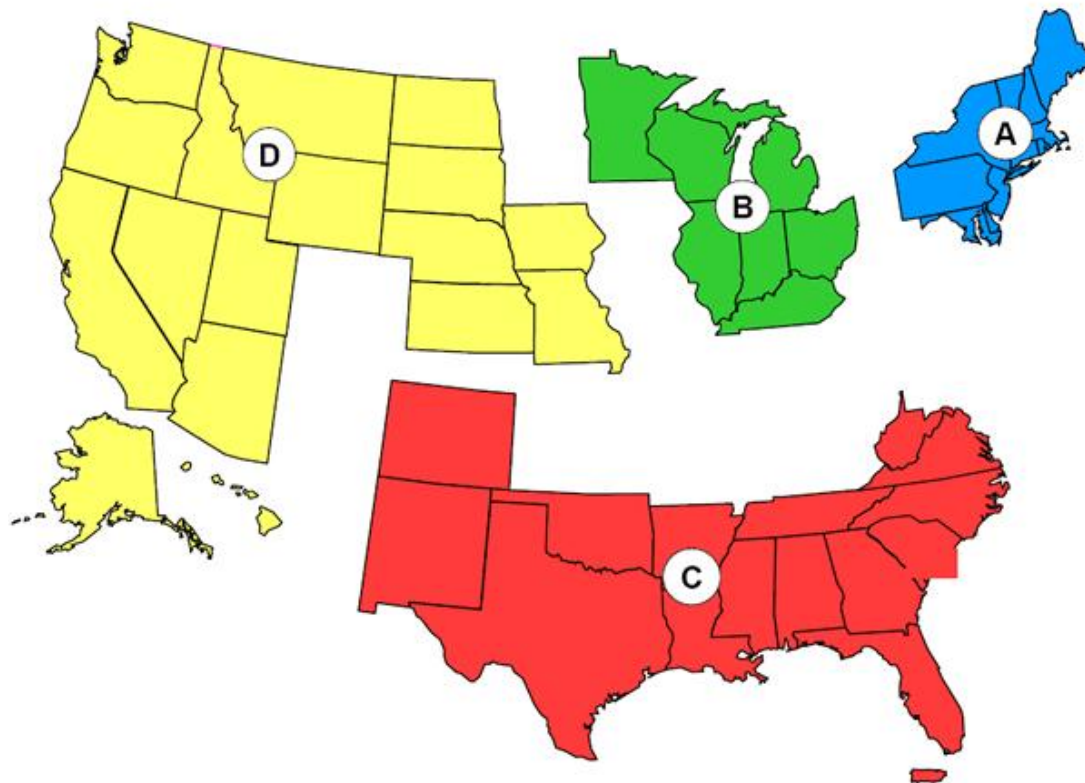
- Nearly half of all hospitals filing a RAC appeal during the 4th Quarter of 2011 reported appealing short stay medically unnecessary denials.
- Nearly three-fourths of all appealed claims are still sitting in the appeals process.
- 73% of participating hospitals reported that RAC impacted their organization this quarter and 51% reported increased administrative costs.
- 56% of respondents indicated they have yet to receive any education related to avoiding payment errors from CMS or its contractors.
- 49% of hospitals reported problems reconciling recoupments due to insufficient or confusing information on the remittance advice.
- 16% of hospitals reported that RACs are rescinding medical record requests after the hospital has already submitted the records.
- The average wait time for a RAC response varied significantly, with 15% of hospitals reporting it took 14 days or more to receive a response from their RAC.



There are four RAC regions nationwide. Participation in RACTrac is generally consistent with hospital representation in each of the RAC regions.

Distribution of Hospitals by RAC Region and Hospitals Participating in RACTrac by RAC Region, through 4th Quarter, 2011

	Percent of Hospitals Nationwide	Percent of Participating Hospitals by Region
Region A	15%	15%
Region B	19%	24%
Region C	40%	36%
Region D	26%	25%



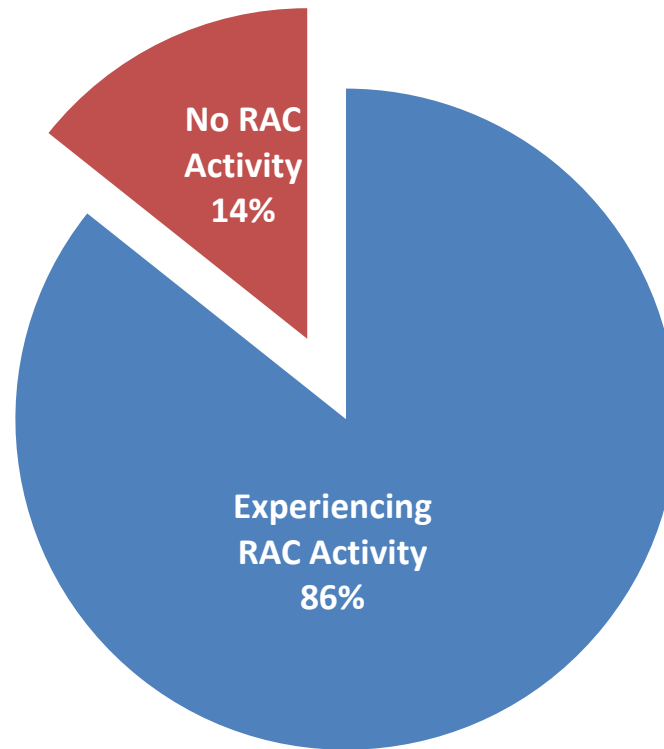
Source: Centers for Medicare and Medicaid Services



RAC Activity

More than four out of five hospitals participating in RACTrac reported experiencing RAC activity through December of 2011.

Percent of Participating Hospitals Experiencing RAC Activity, 4th Quarter 2011

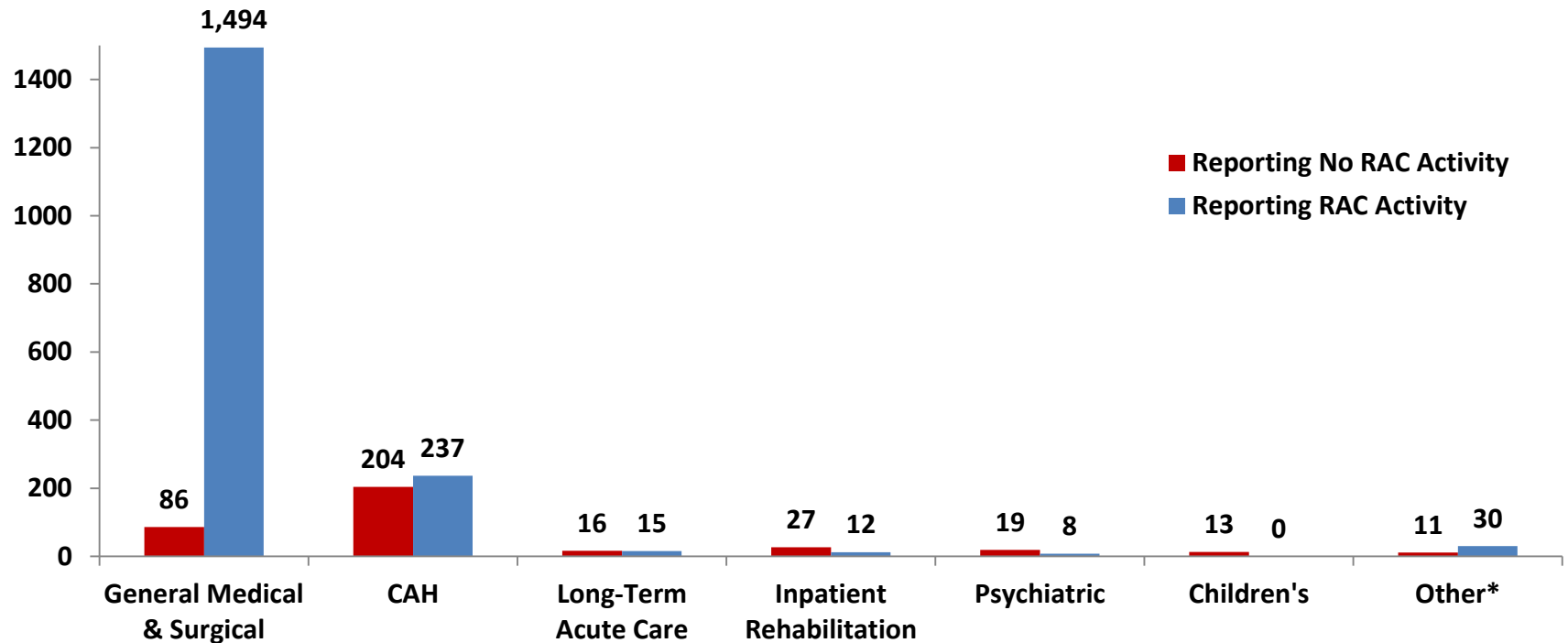


Source: AHA. (January 2012). *RACTrac Survey*

AHA analysis of survey data collected from 2,172 hospitals: 1,796 reporting activity, 376 reporting no activity through December 2011. 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.

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

Number of Hospitals Reporting RAC Activity by Hospital Type, through 4th Quarter 2011



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

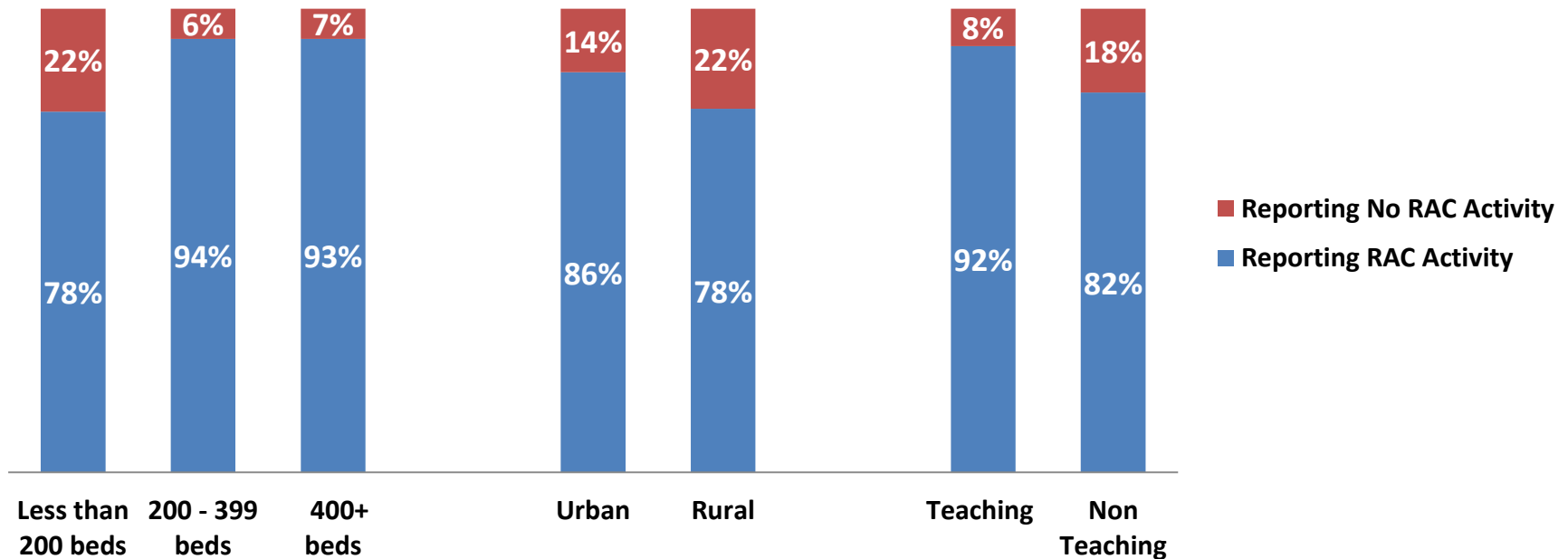
Source: AHA. (January 2012). RACTrac Survey

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Different types and sizes of hospitals reported that they were subject to RAC review.

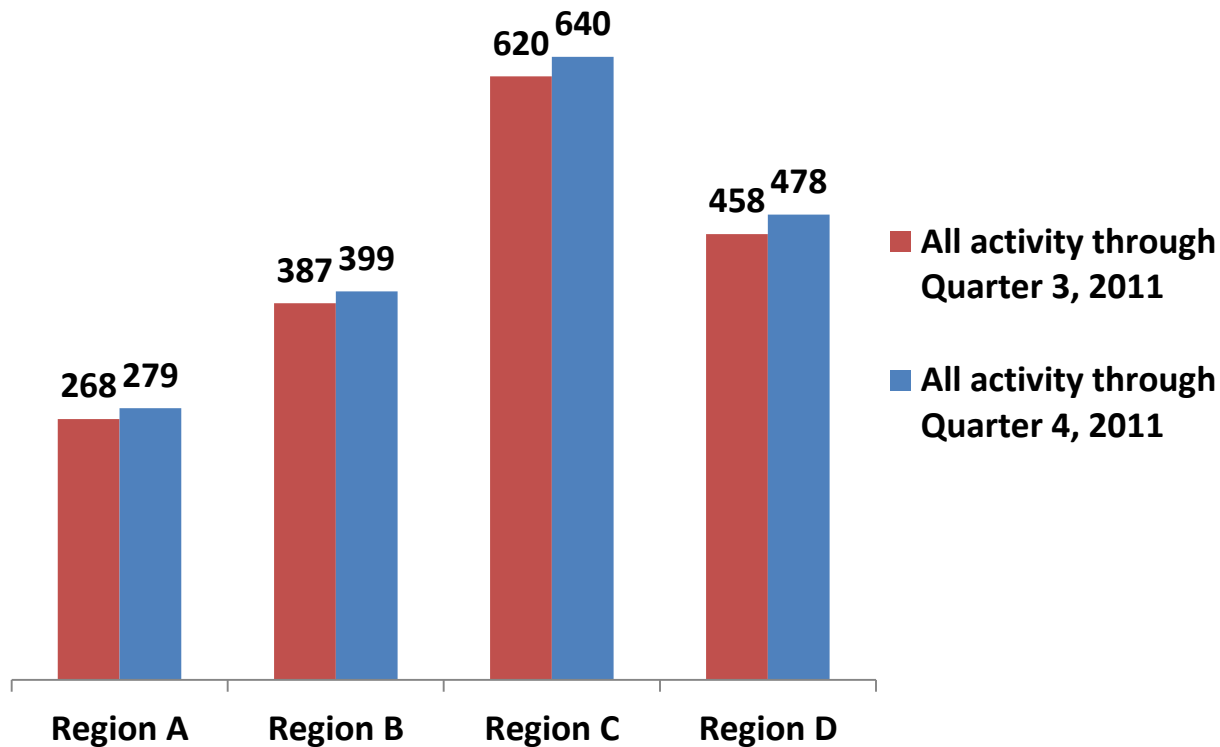
Percent Reporting RAC Activity vs. No RAC Activity by Type of Participating Hospital, through 4th Quarter 2011



Source: AHA. (January 2012). RACTrac 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 4th Quarter 2011



States By RAC Region

Region A: Connecticut, Delaware, District of Columbia, Maine, Maryland, Massachusetts, New Hampshire, New Jersey, New York, Pennsylvania, Rhode Island, and Vermont

Region B: Illinois, Indiana, Kentucky, Michigan, Minnesota, Ohio, and Wisconsin

Region C: Alabama, Arkansas, Colorado, Florida, Georgia, Louisiana, Mississippi, New Mexico, North Carolina, Oklahoma, South Carolina, Tennessee, Texas, Virginia, West Virginia, Puerto Rico, and U.S. Virgin Islands

Region D: Alaska, Arizona, California, Hawaii, Idaho, Iowa, Kansas, Missouri, Montana, North Dakota, Nebraska, Nevada, Oregon, South Dakota, Utah, Washington, Wyoming, Guam, American Samoa, and Northern Marianas



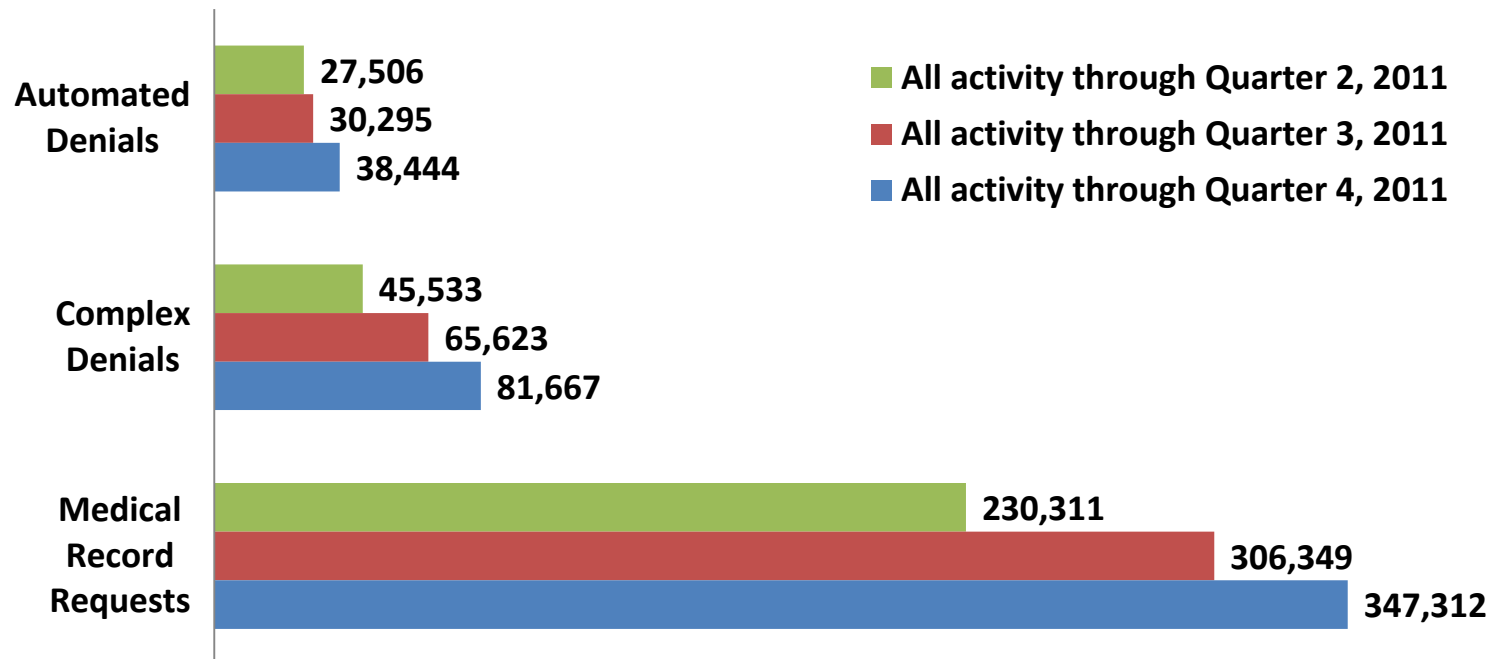
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RAC Reviews

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

Reported Automated Denials, Complex Denials and Medical Records Requests by Participating Hospitals, through 4th Quarter 2011



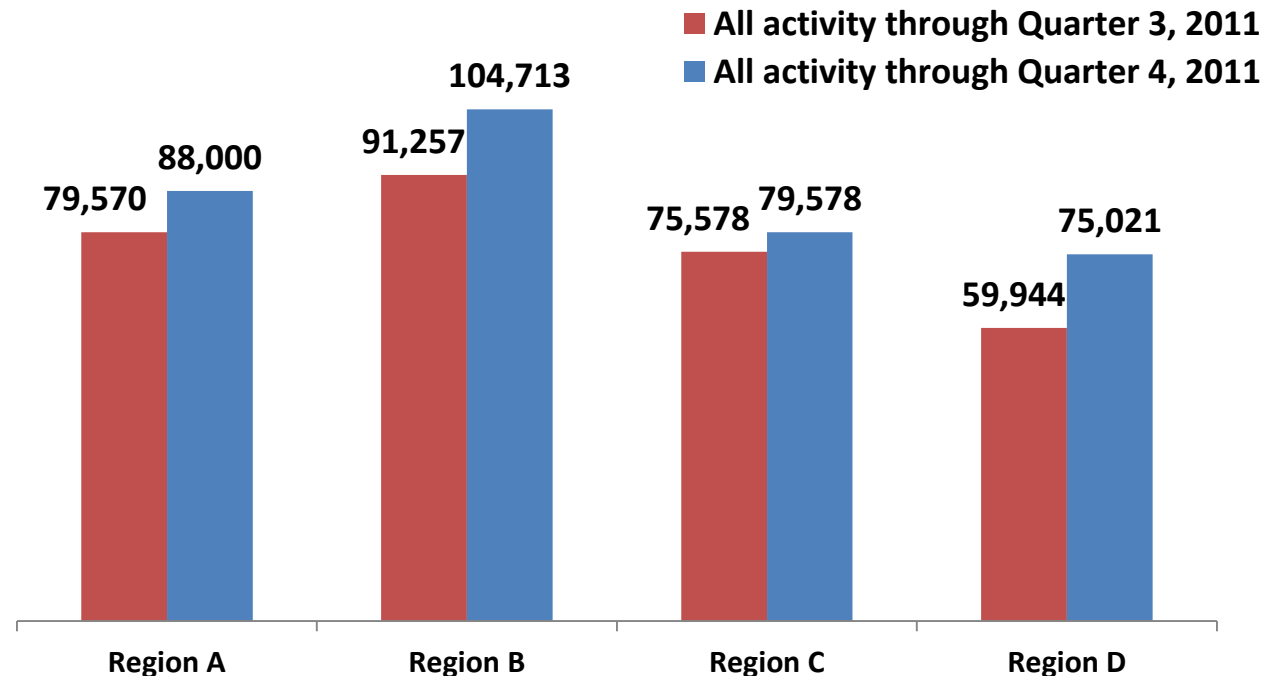
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Region B hospitals are experiencing the greatest volume of medical record requests overall, but Region A is experiencing the highest average number of requests per hospital.

Number of Medical Records Requested from Participating Hospitals With Complex Medical Record RAC Activity, through 4th Quarter 2011

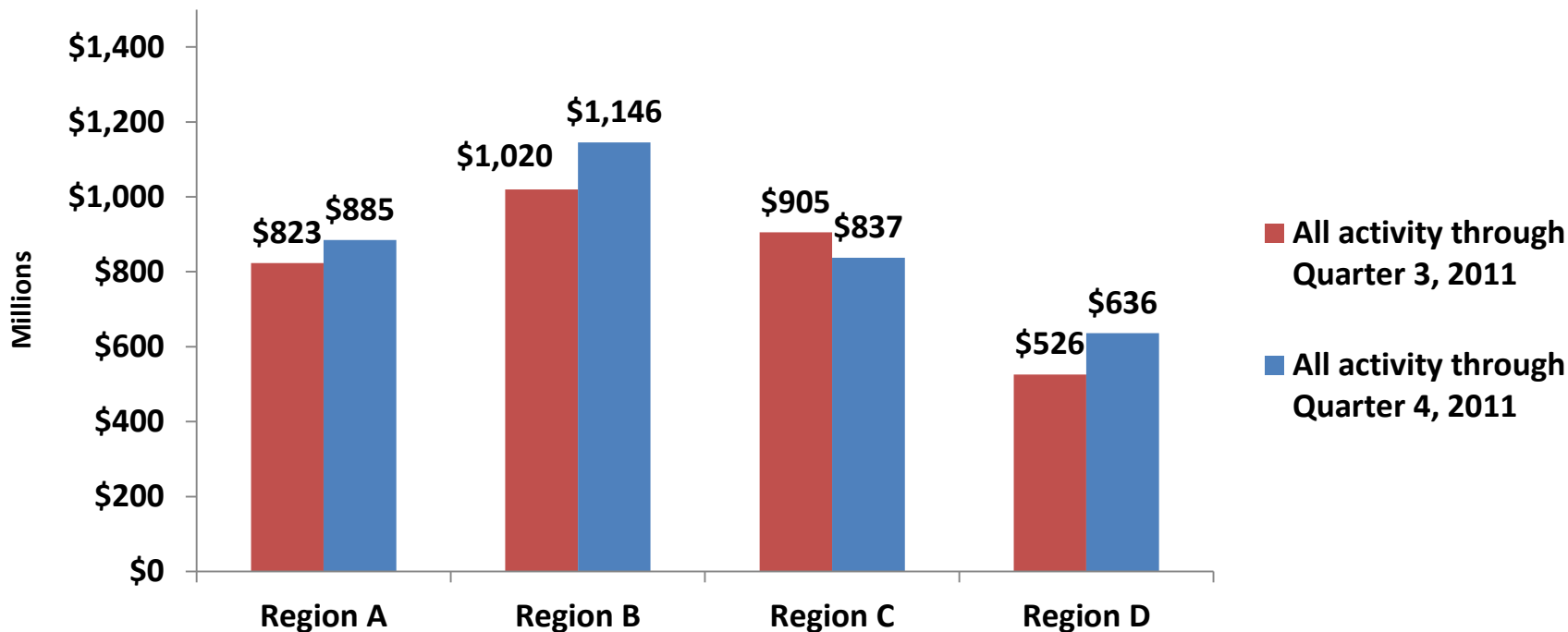
Average Number of Medical Record Requests per Reporting Hospital, through Q4, 2011	
Region A	620
Region B	506
Region C	277
Region D	434



Source: AHA. (January 2012). RACTrac Survey
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Among participating hospitals, \$3.5 billion in Medicare payments were targeted for medical record requests through the 4th quarter of 2011.

Medicare Payments Associated with Medical Records Requested from Participating Hospitals, through 4th Quarter 2011, in Millions

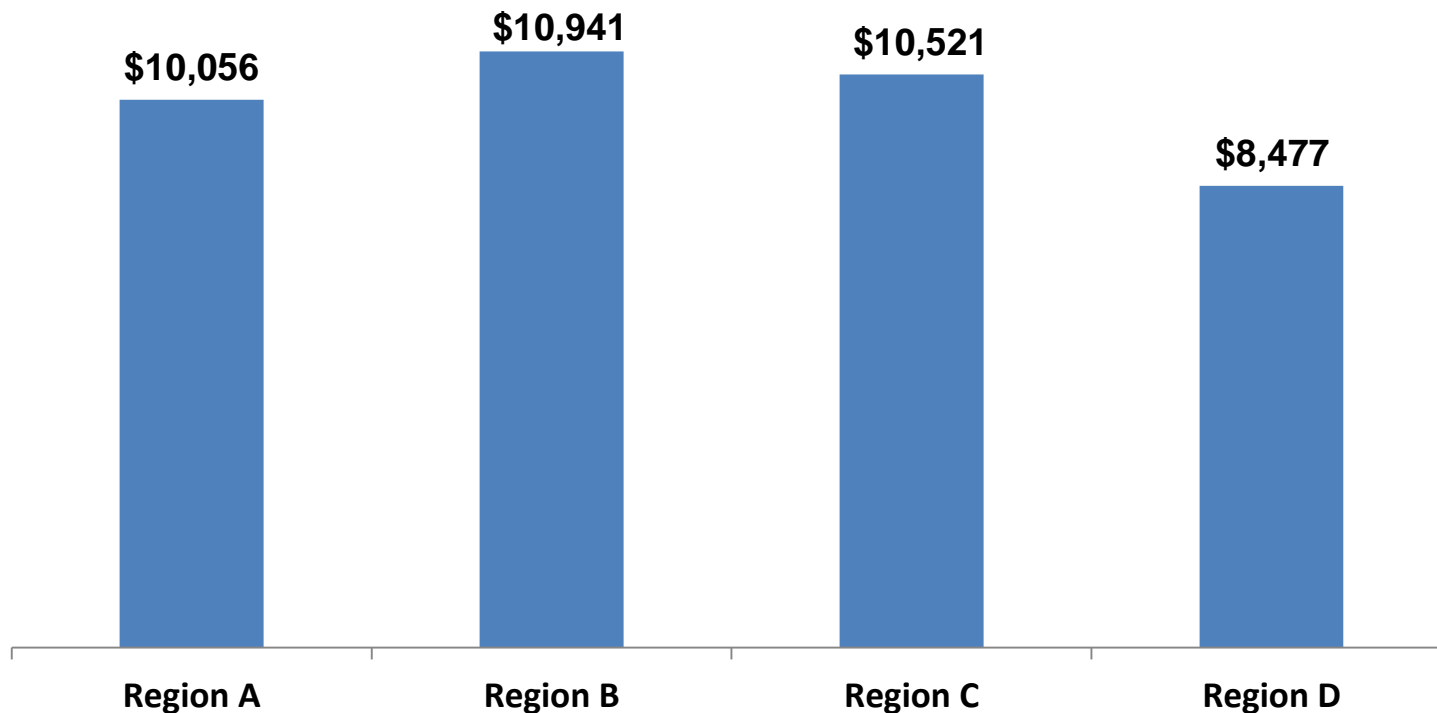


Source: AHA. (January 2012). RACTrac Survey

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The average value of a medical record requested in a complex review varied slightly across RAC Regions.

Average Value of a Medical Record Requested in a Complex Review Among Hospitals Reporting RAC Activity, through 4th Quarter 2011

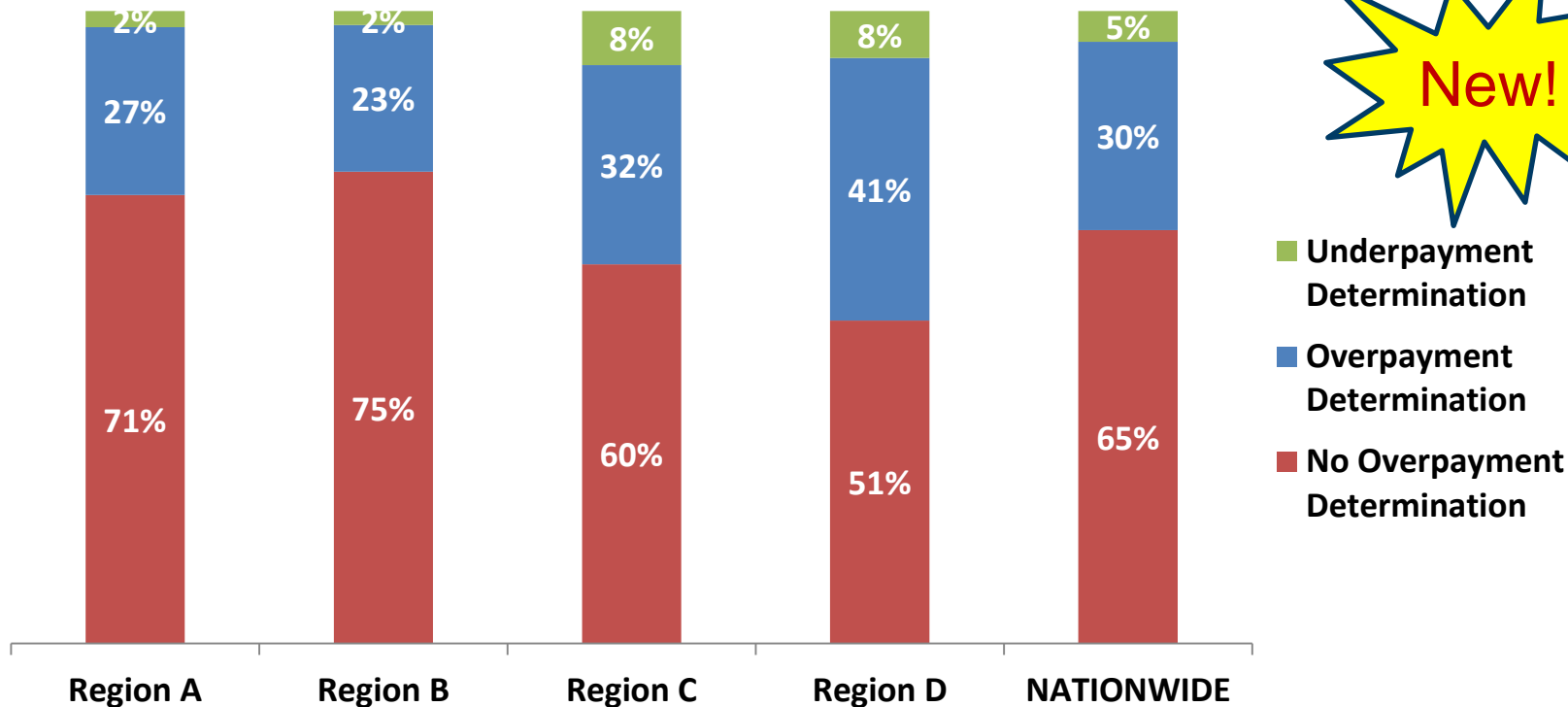


Source: AHA. (January 2012). *RACTrac Survey*

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Nearly two-thirds 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 4th Quarter 2011



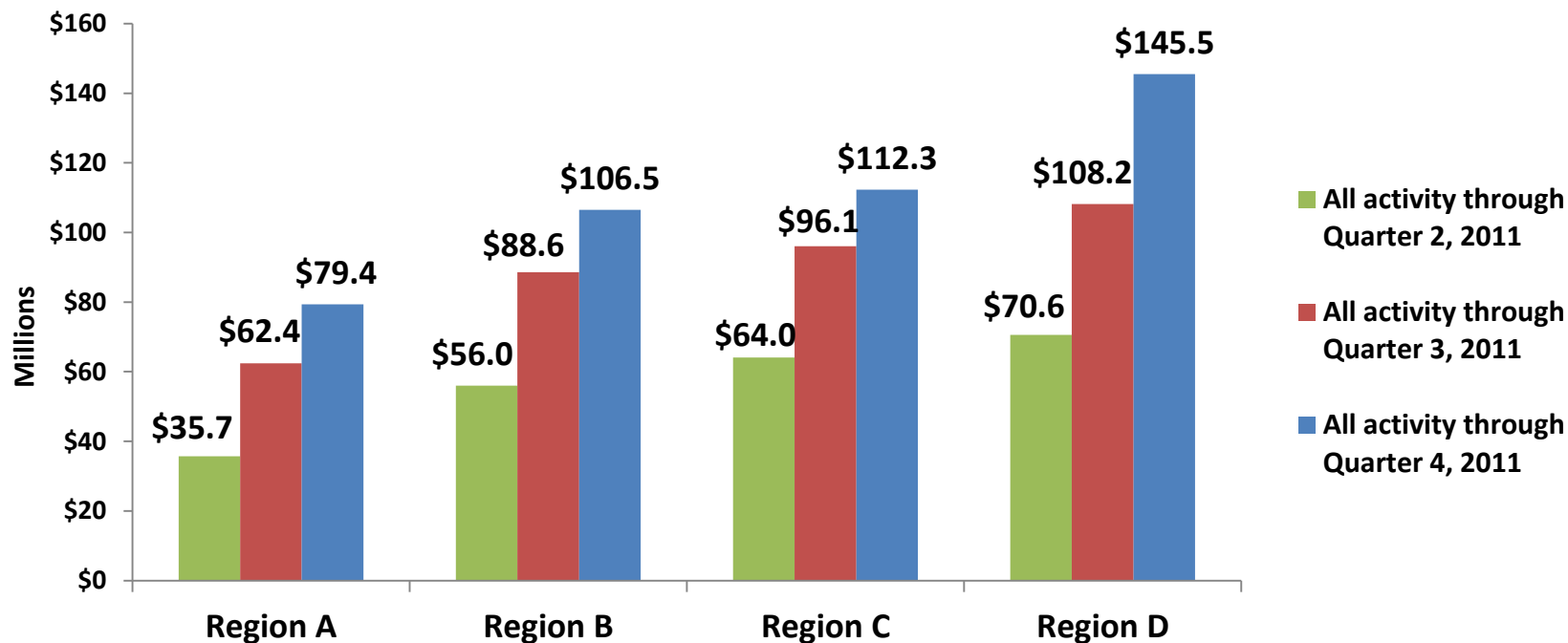
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RAC Denials

\$444 million in denials have been reported, a significant increase from the \$355 million in denials reported last quarter.

Dollar Value of Automated and Complex Denials by RAC Region for Participating Hospitals, through 4th Quarter 2011, Millions

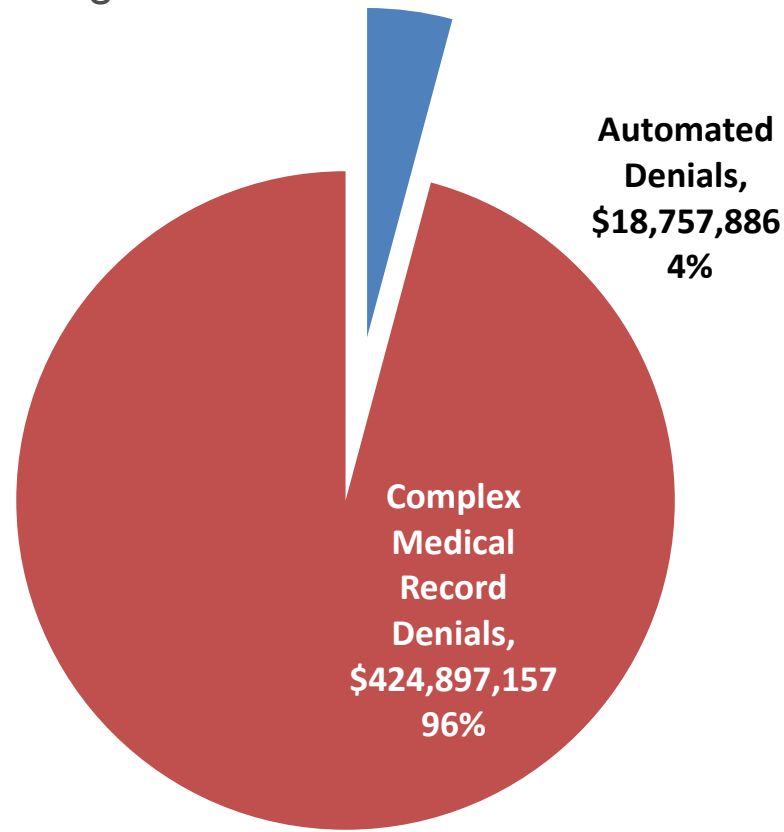


Source: AHA. (January 2012). RACTrac Survey

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96% of denied dollars were complex denials.

Percent and Dollar Amounts of Automated Denials Versus Complex Denials for Participating Hospitals, through 4th Quarter 2011

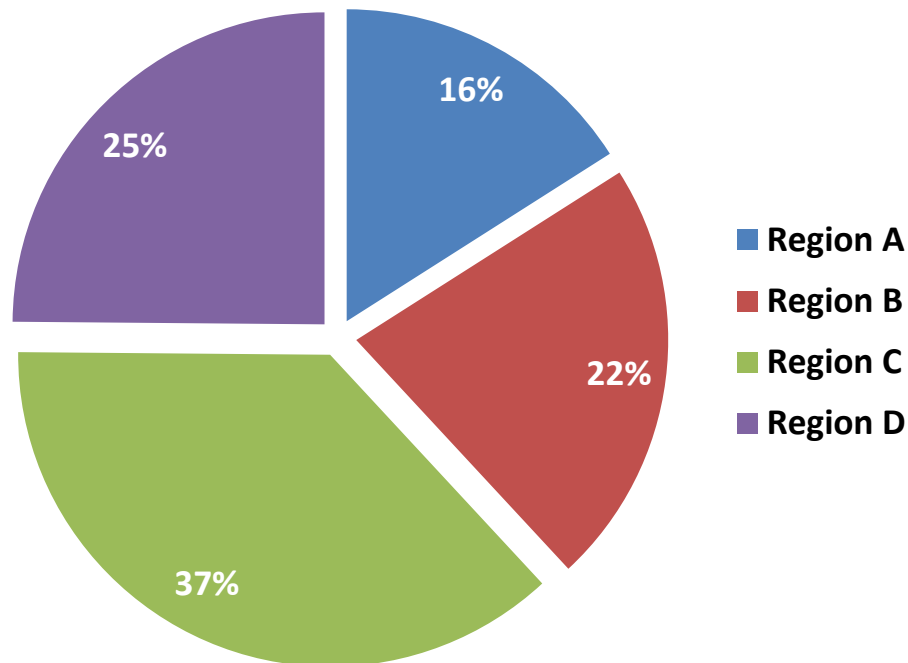


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RAC denials are spread among all four RAC regions.

Percent of Automated and Complex Denials by RAC Region for Participating Hospitals, through 4th Quarter 2011



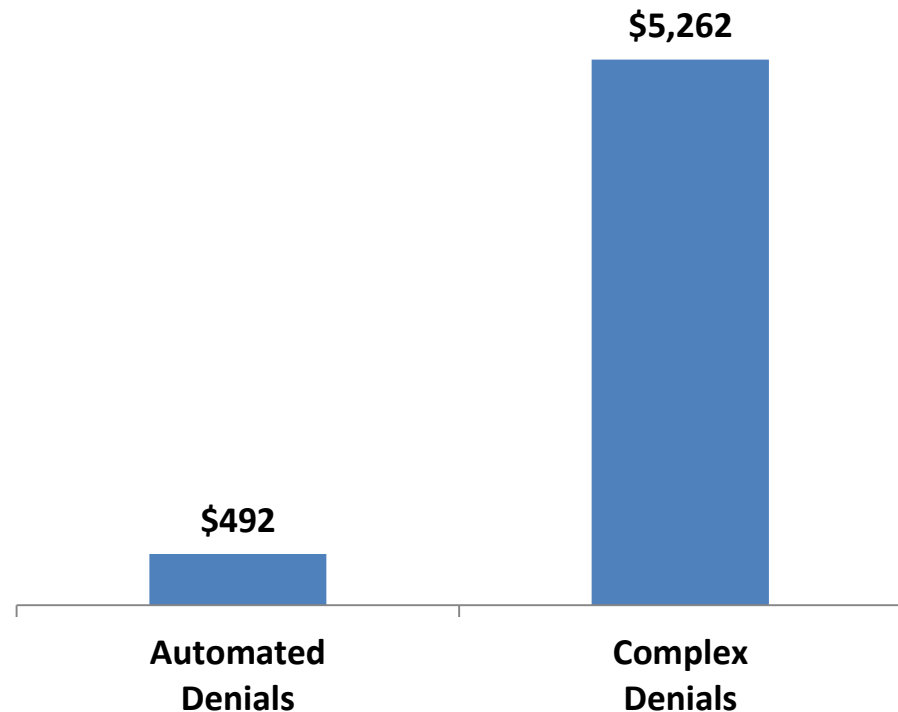
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The average dollar value of an automated denial was \$492 and the average dollar value of a complex denial was \$5,262.

Average Dollar Value of Automated and Complex Denials Among Hospitals Reporting RAC Denials, through 4th Quarter 2011

Average Dollar Amount of Automated and Complex Denials Among Reporting Hospitals, by Region		
RAC Region	Automated Denial	Complex Denial
NATIONWIDE	\$492	\$5,262
Region A	\$278	\$4,430
Region B	\$543	\$5,221
Region C	\$453	\$5,140
Region D	\$647	\$6,031

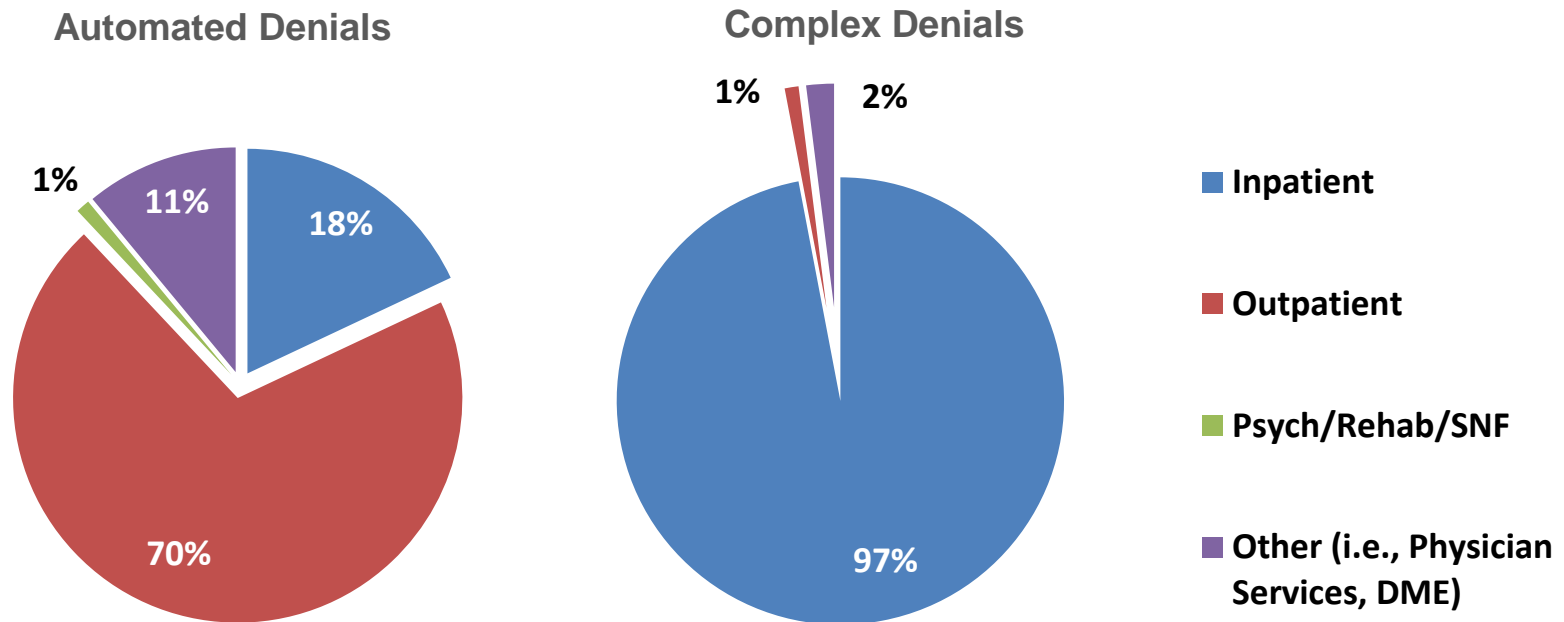


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Outpatient services had the largest financial impact through automated activity while inpatient services had the largest financial impact through complex denials.

Percent of Participating Hospitals by Top Service Area for Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011

Survey participants were asked to rank denials by service, according to dollars impacted.



Source: AHA. (January 2012). RACTrac Survey
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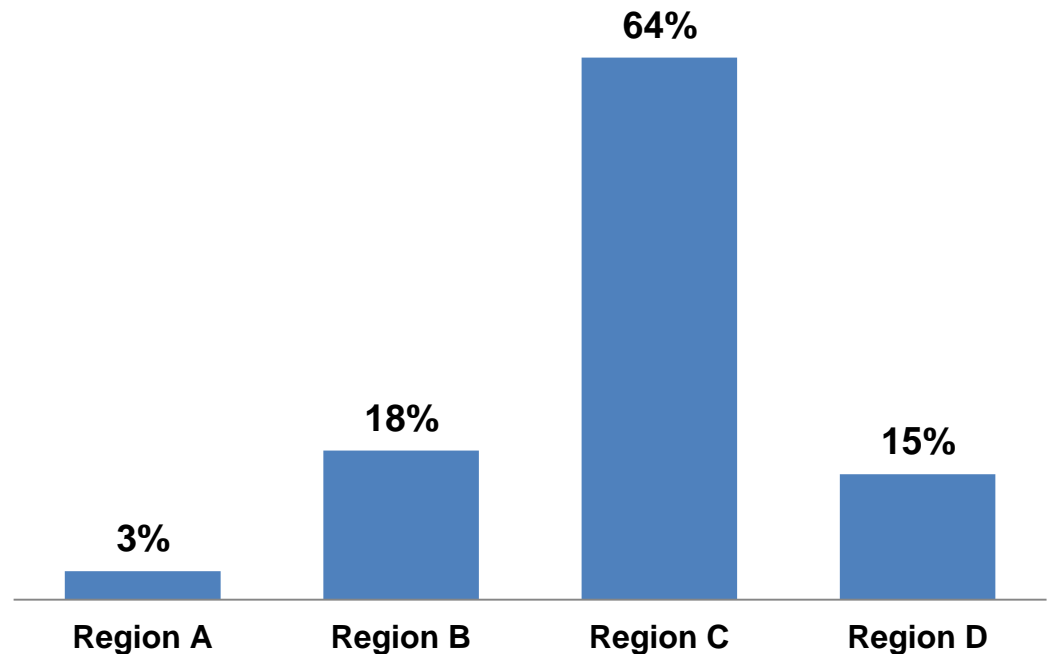


Automated RAC Denials

Region C has 64% of all reported automated denials.

Percent and Number of Reported Automated Denials for Participating Hospitals, by Region, through 4th Quarter 2011

	Total Number of Automated Denials by RAC Region
Region A	1,288
Region B	6,787
Region C	24,667
Region D	5,702



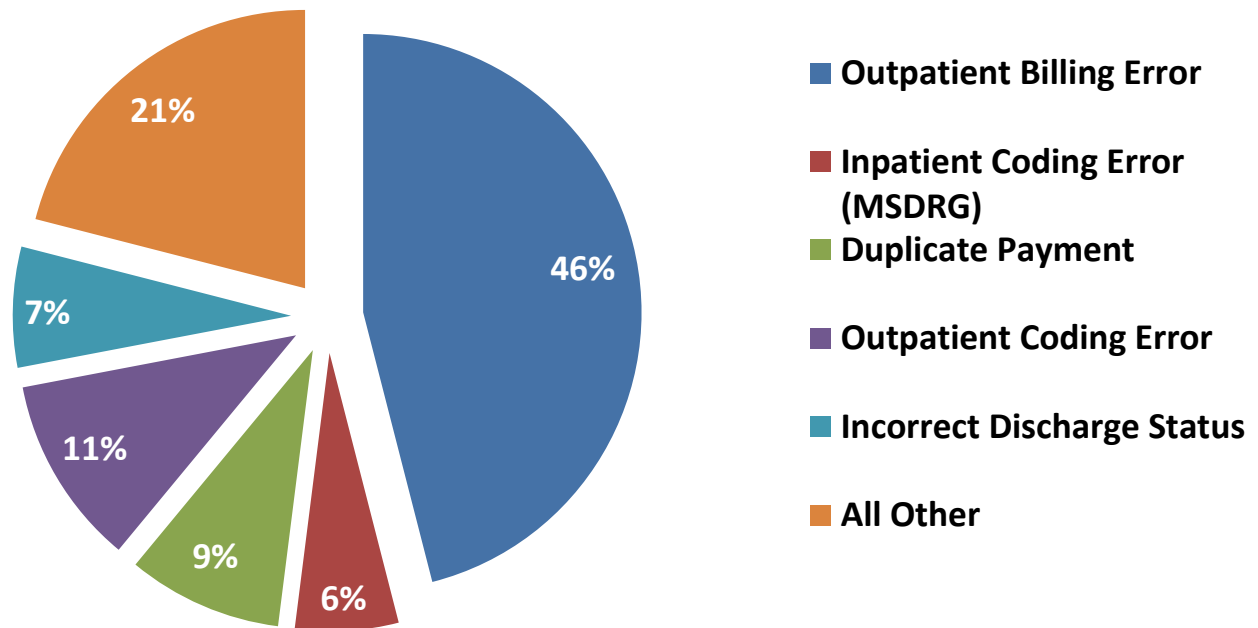
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RACs are issuing automated denials for many different reasons.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011

Survey participants were asked to rank denials by reason, according to dollars impacted.

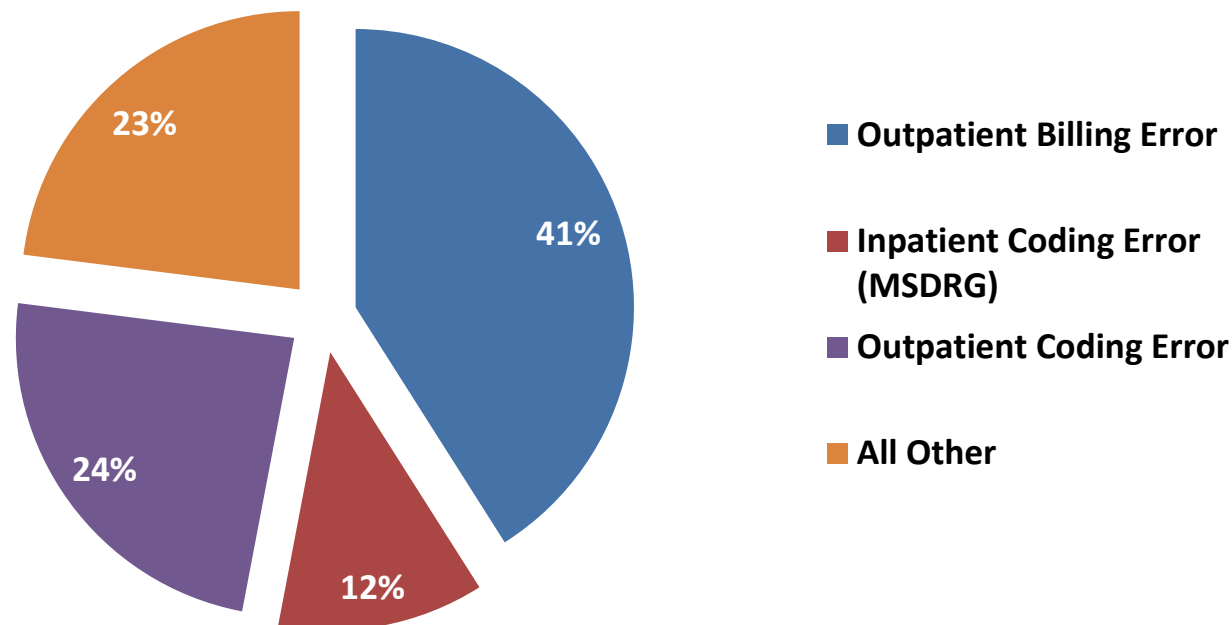


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Region A: Hospitals more commonly ranked both inpatient and outpatient coding error as the top reason for automated denials than in other regions.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011, Region A

Survey participants were asked to rank denials by reason, according to dollars impacted.



Only 17 survey participants are represented in this chart.

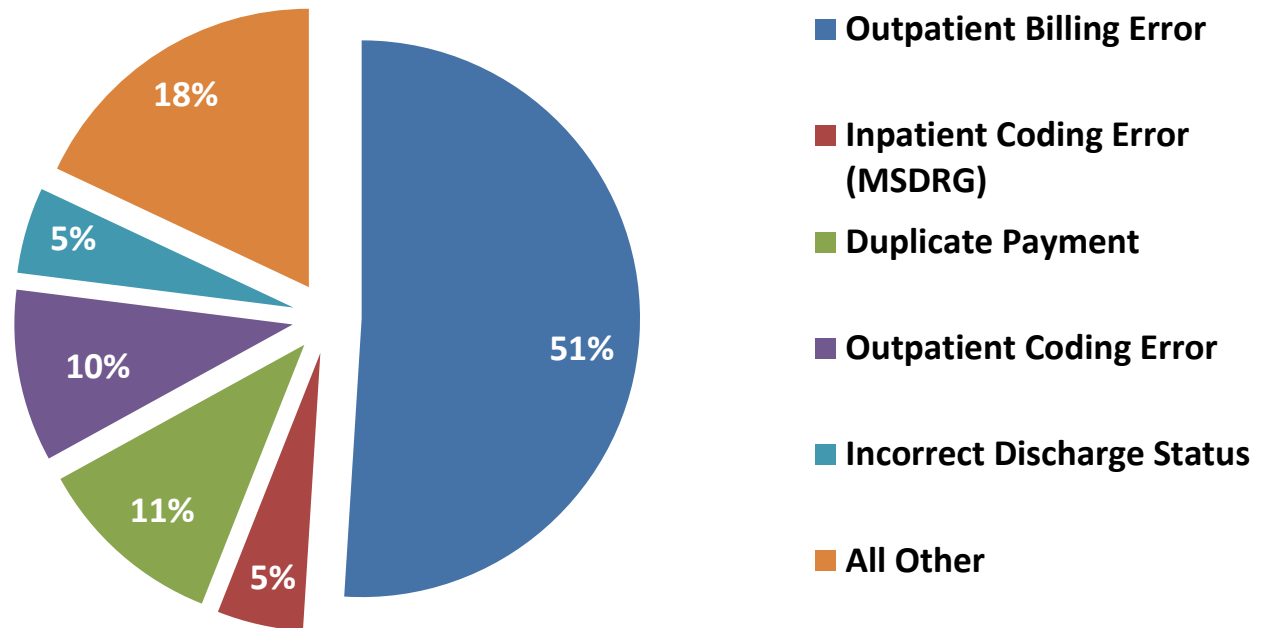


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Region B: Outpatient billing error is the top reason for denial.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011, Region B

Survey participants were asked to rank denials by reason, according to dollars impacted.

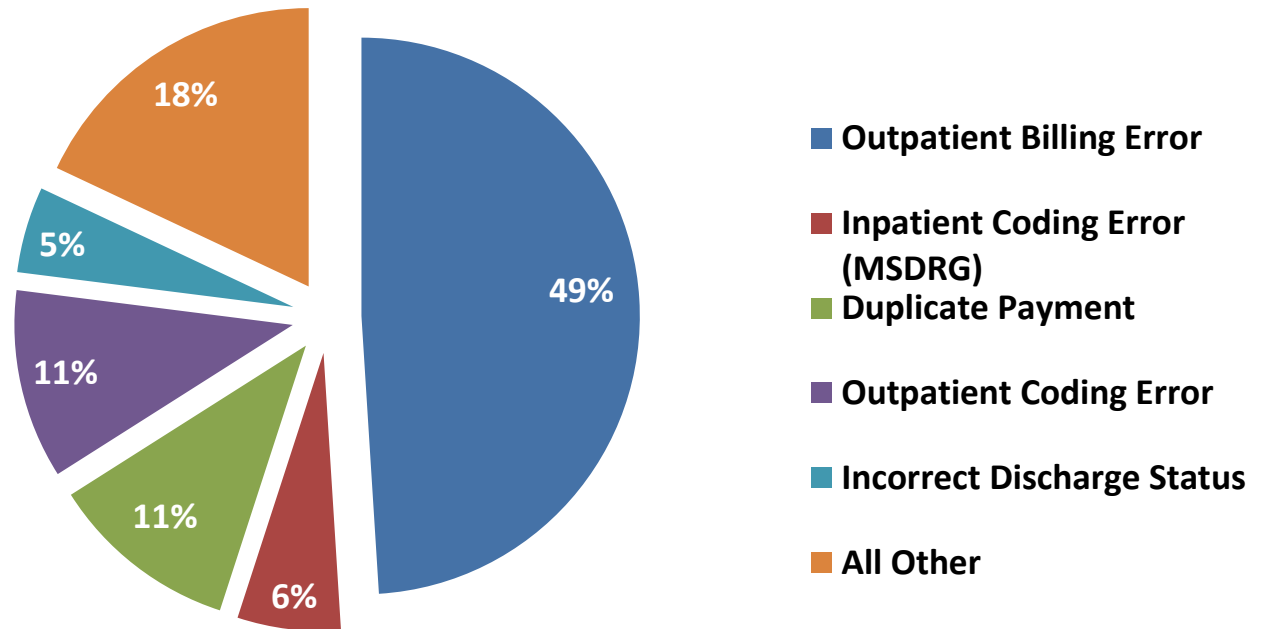


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Region C: Top denial reasons were consistent with national trend.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011, Region C

Survey participants were asked to rank denials by reason, according to dollars impacted.



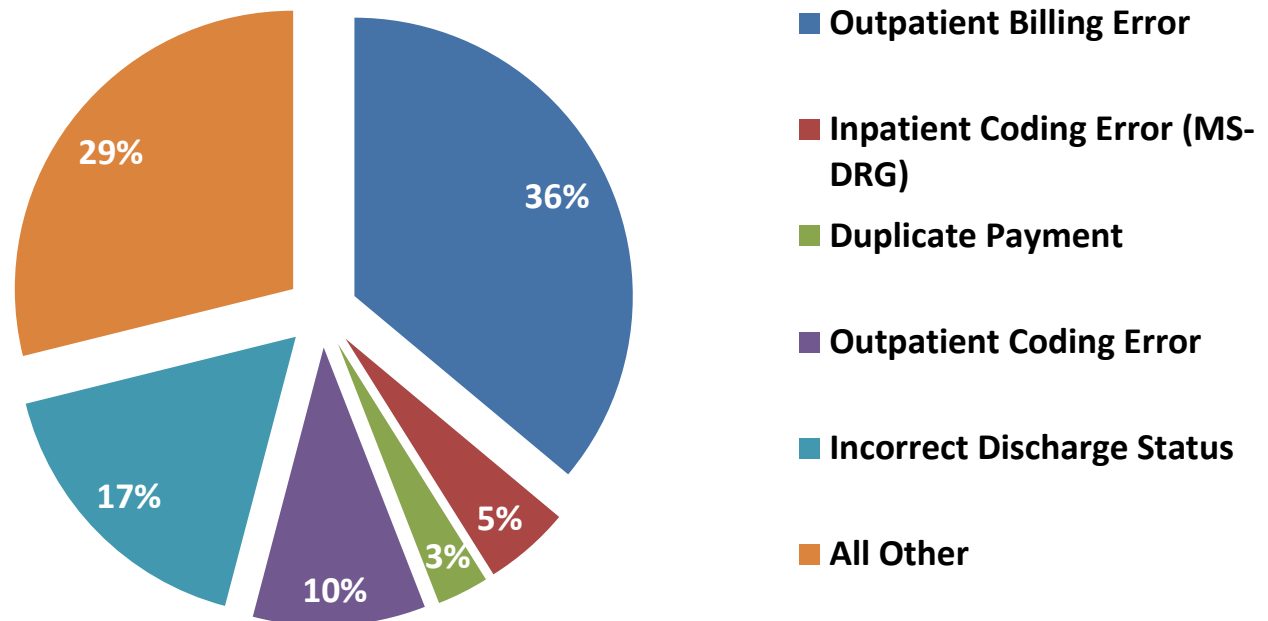
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Region D: A significant portion of hospitals cited “other” as the top reason for automated denial in Region D.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011, Region D

Survey participants were asked to rank denials by reason, according to dollars impacted.



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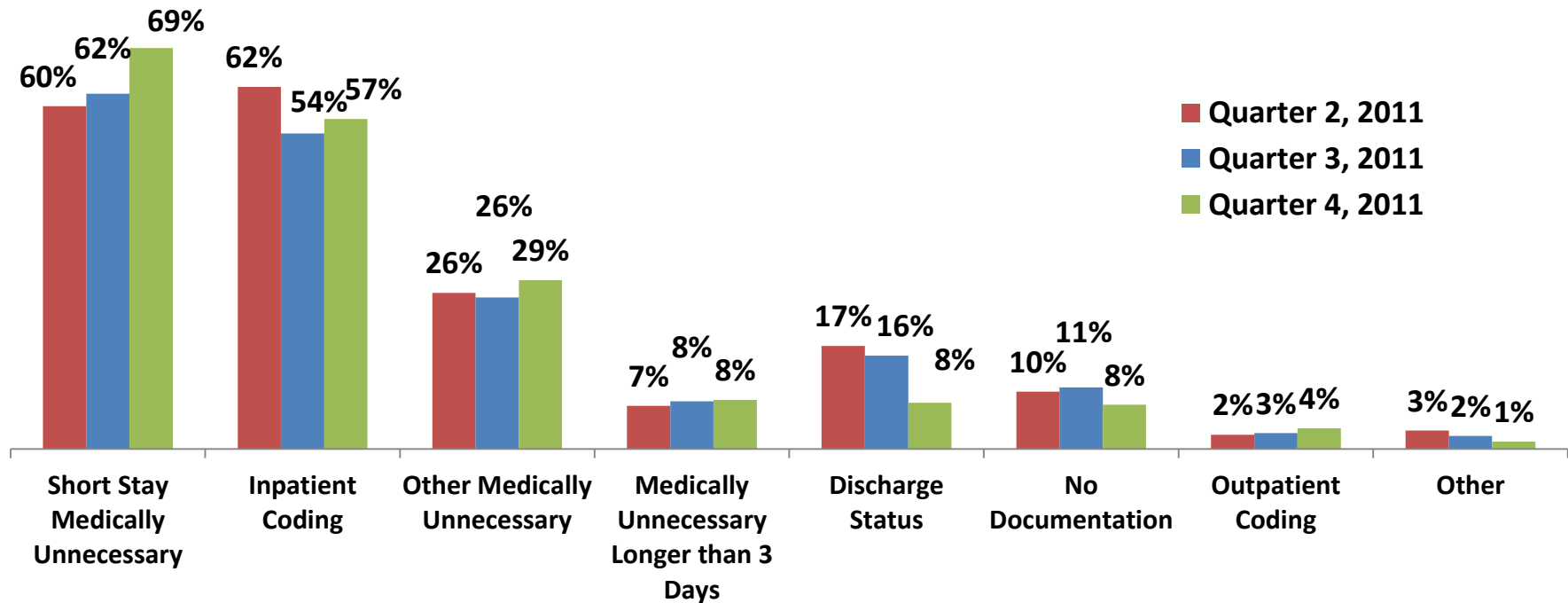


Complex RAC Denials

The majority of complex denials are short-stay medical necessity denials.

Percent of Participating Medical/Surgical Acute Hospitals with RAC Activity Experiencing Complex Denials by Reason, 2nd, 3rd and 4th Quarter 2011

Survey participants were asked to select all reasons for denial.

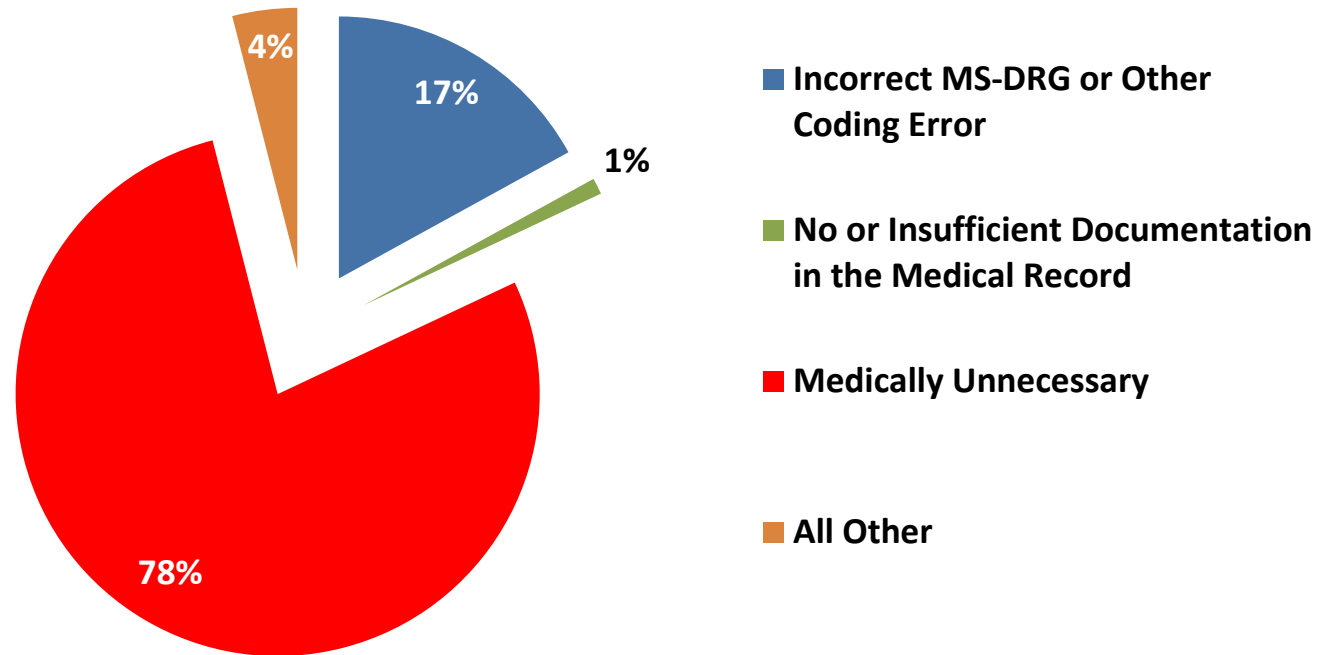


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Medical necessity denials continue to be the denials with the largest financial impact.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011

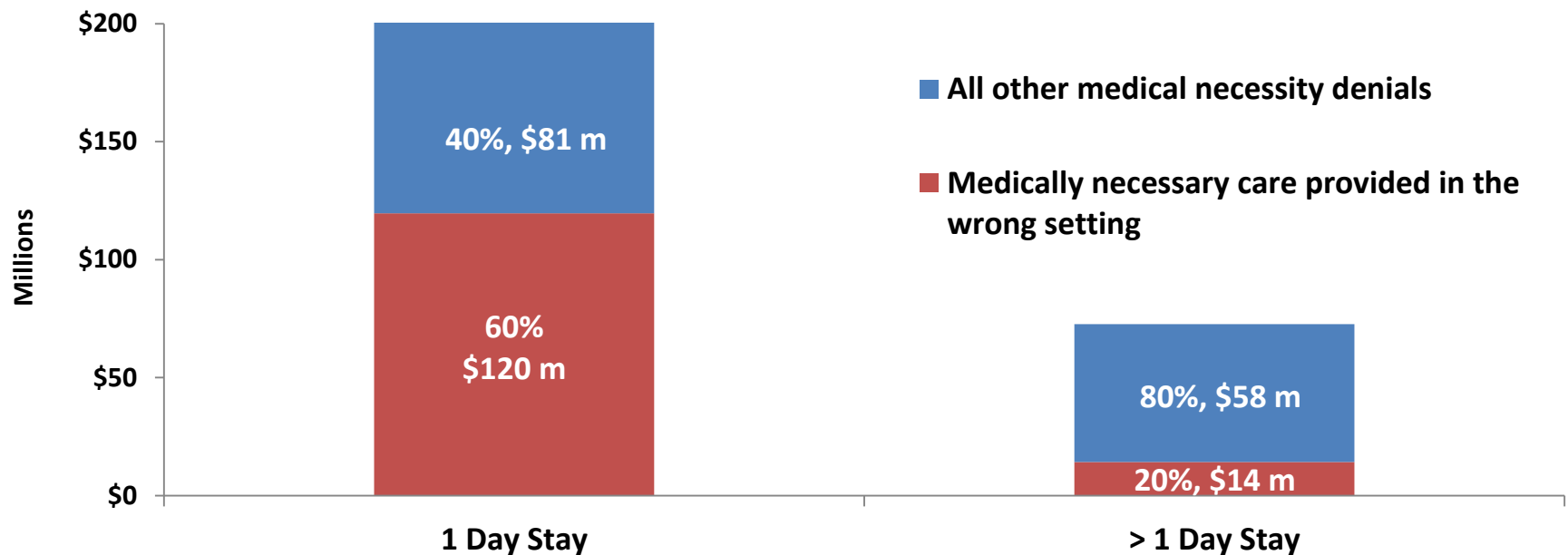
Survey participants were asked to rank denials by reason, according to dollars impacted.



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The majority of short-stay medical necessity denials were because the care was provided in the wrong setting, not because the care was not medically necessary.

Reason for Medical Necessity Denials by Length of Stay Among Hospitals Reporting Medical Necessity Denials, 4th Quarter 2011



Not all RACTrac 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.

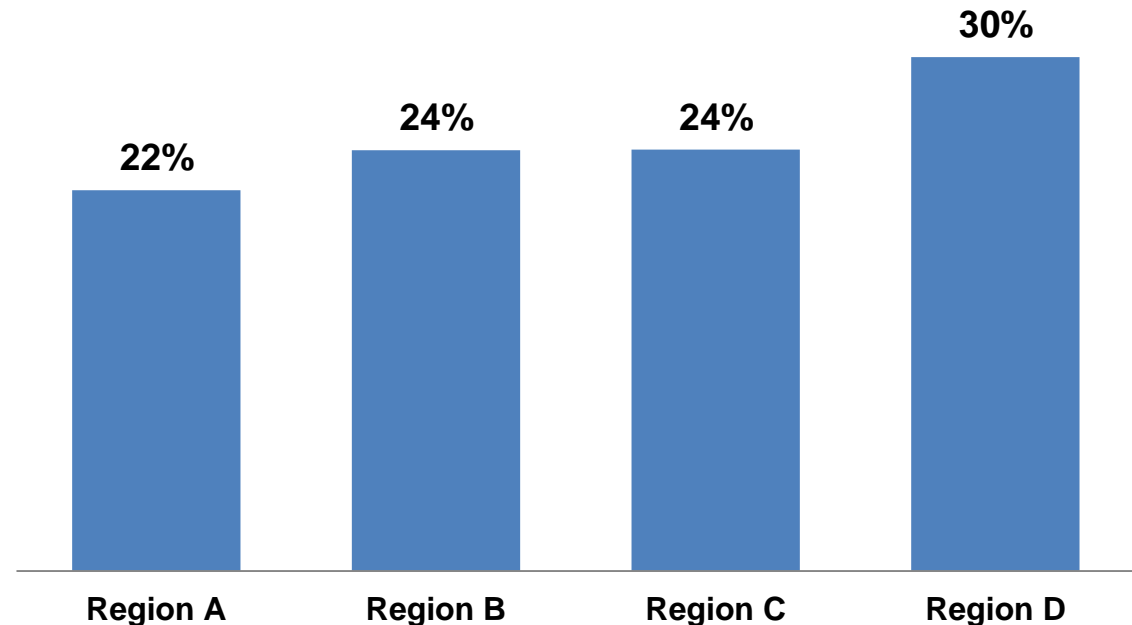


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All regions are reporting a significant number of complex denials.

Percent and Number of Reported RAC Complex Denials for Participating Hospitals, by Region, 4th Quarter 2011

	Total Number of Claims with Overpayment Determination
Region A	17,905
Region B	19,782
Region C	19,814
Region D	24,166



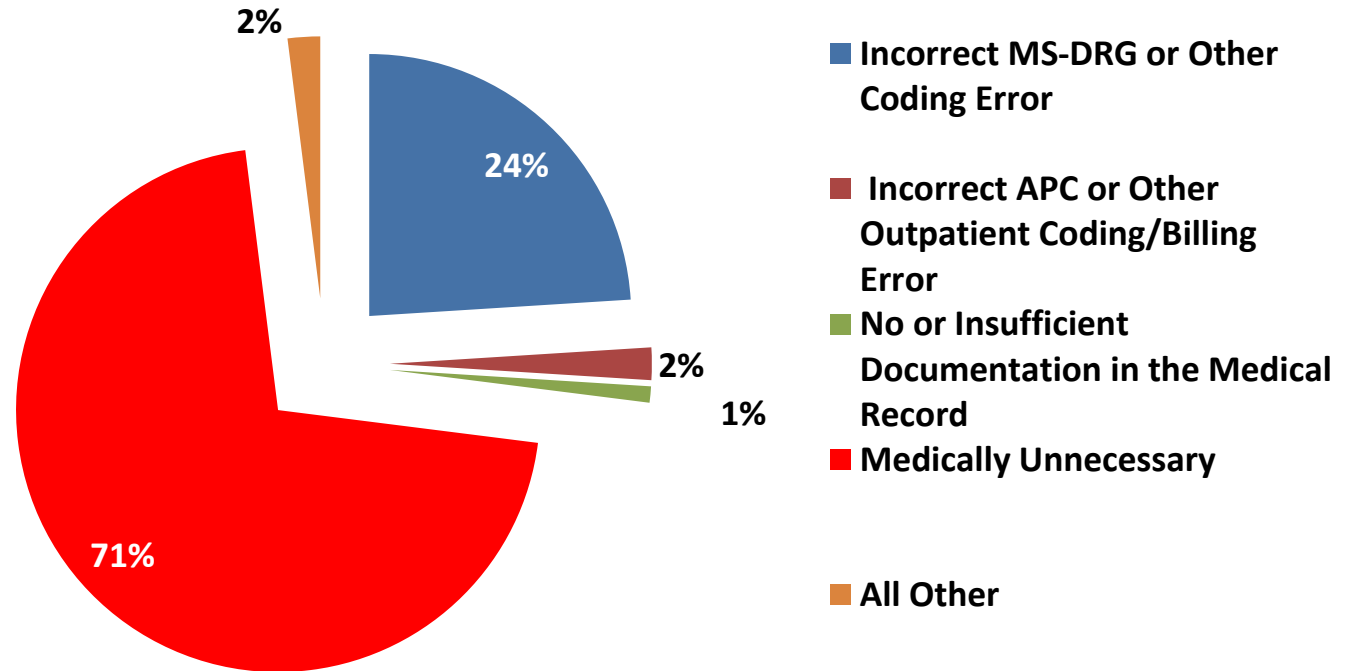
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Region A: Medically unnecessary was identified by 71% of hospitals as the top reason for complex denials.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011, Region A

Survey participants were asked to rank denials by reason, according to dollars impacted.

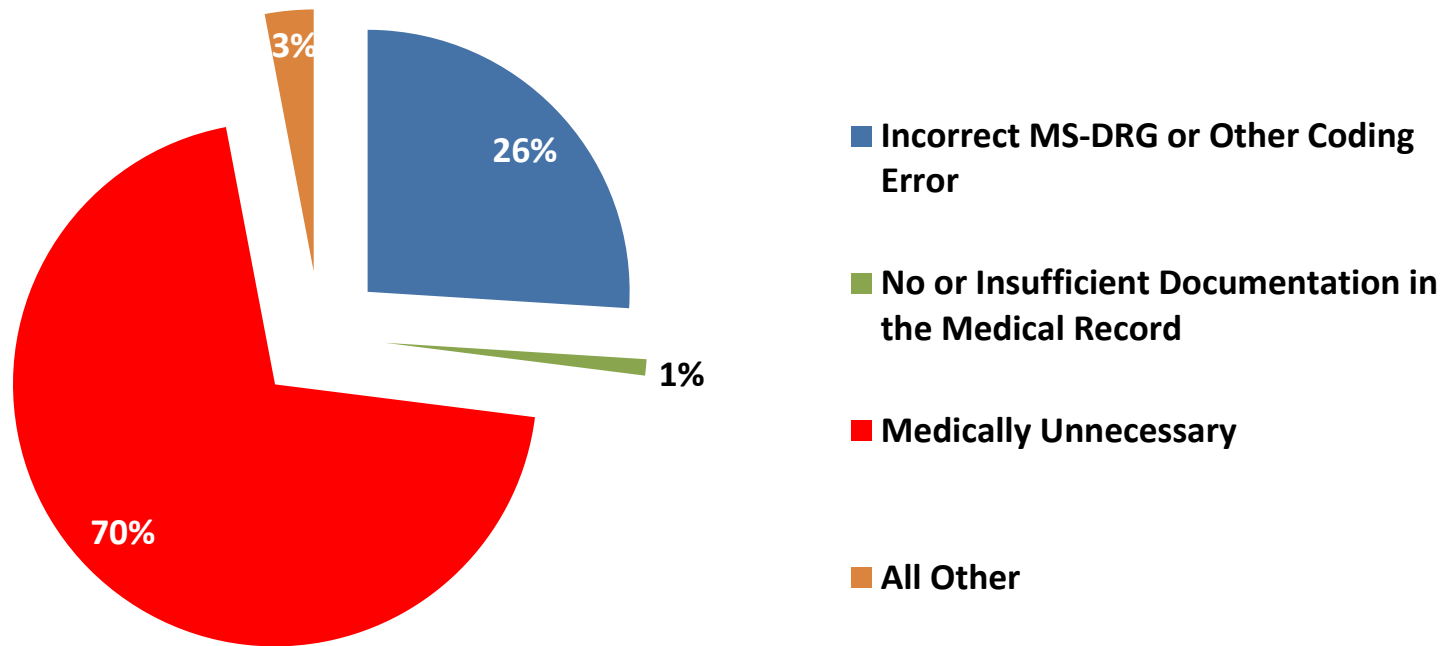


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Region B: Medically unnecessary was identified by 70% of hospitals as the top reason for complex denials.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011, Region B

Survey participants were asked to rank denials by reason, according to dollars impacted.

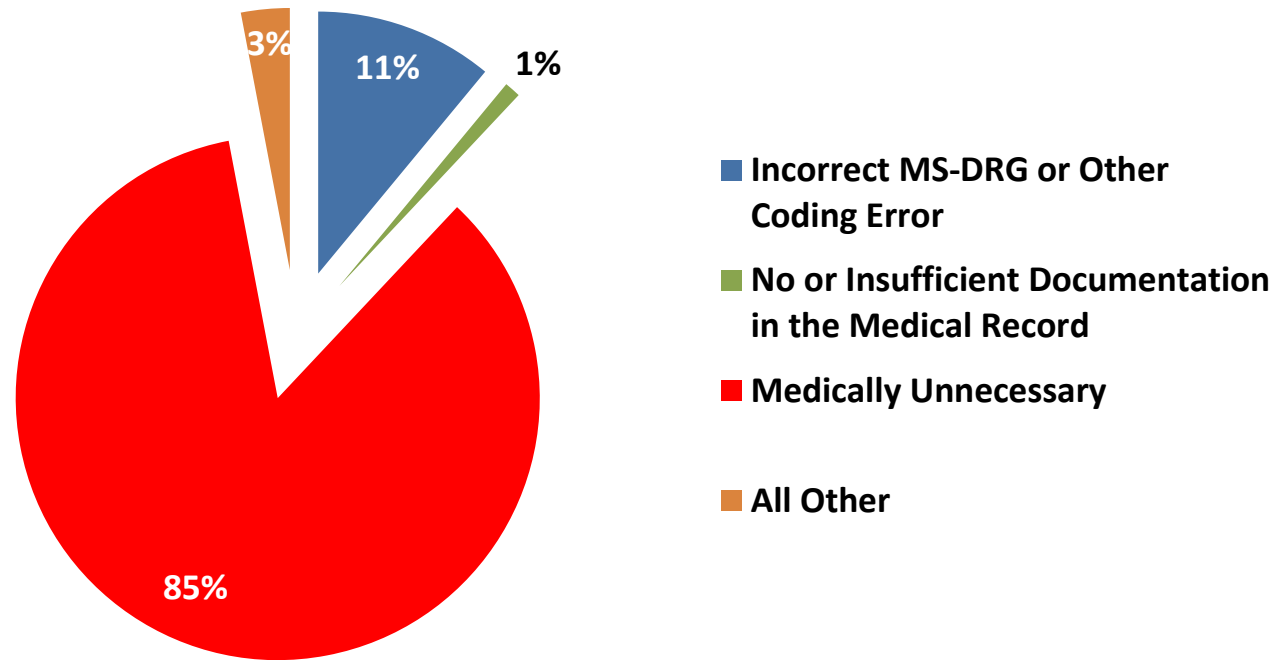


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Region C: Medically unnecessary was identified by 85% of hospitals as the top reason for complex denials.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011, Region C

Survey participants were asked to rank denials by reason, according to dollars impacted.

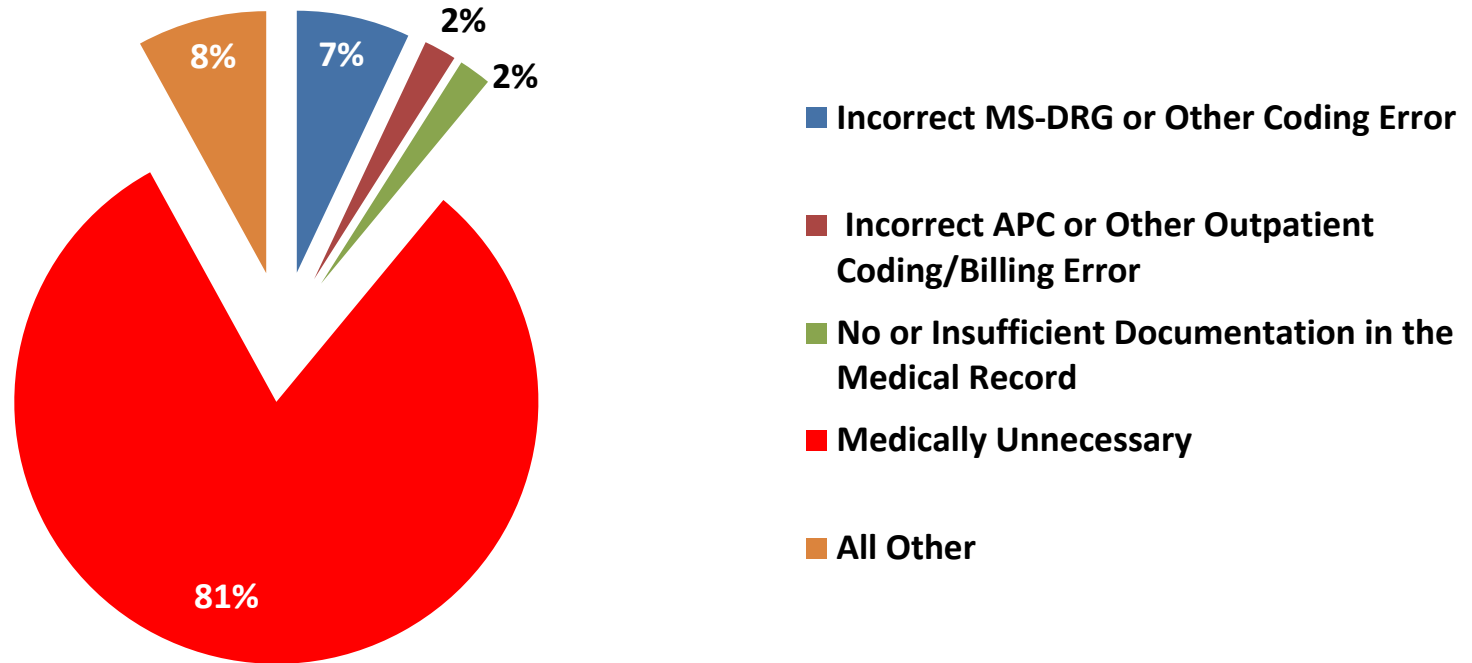


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Region D: Medically unnecessary was identified by 81% of hospitals as the top reason for complex denials.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 4th Quarter 2011, Region D

Survey participants were asked to rank denials by reason, according to dollars impacted.



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Syncope & Collapse was a common MS-DRG denied by RACs. Other top denied MS-DRG codes varied significantly among reporting hospitals.

Percent of Participating Hospitals Reporting the MS-DRG for Medically Unnecessary and all other Complex Denials With the Largest Financial Impact, 4th Quarter 2011

Survey participants were asked to identify top MS-DRGs, according to dollars impacted.

Medical Necessity Denials

MS-DRG	Description	% of Total Denials
312	SYNCOPE & COLLAPSE	21%
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	14%
313	CHEST PAIN	8%
69	TRANSIENT ISCHEMIA	8%
249	PERC CARDIOVASC PROC W NON-DRUG-ELUTING STENT W/O MCC	4%

All Other Complex Denials

MS-DRG	Description	% of Total Denials
312	SYNCOPE & COLLAPSE	7%
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	5%
190	CHRONIC OBSTRUCTIVE PULMONARY DISEASE W MCC	4%
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	4%
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	4%



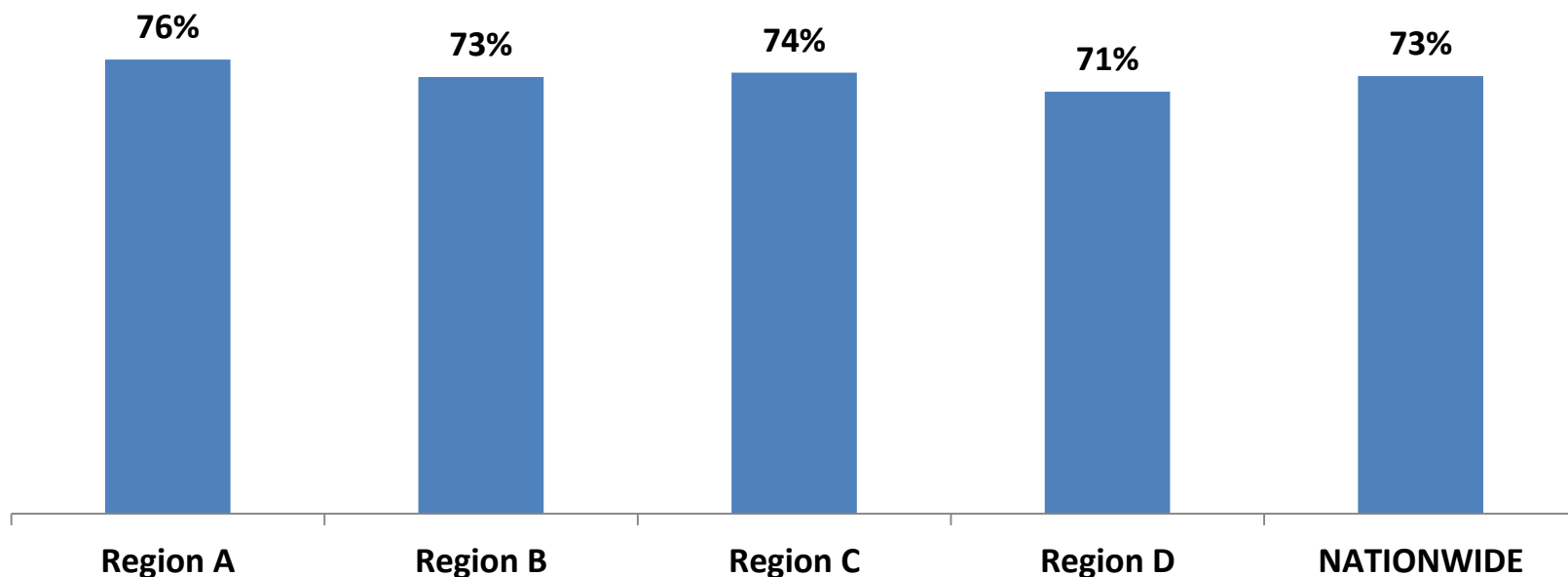
Source: AHA. (January 2012). RACTrac Survey
 AHA analysis of survey data collected from 2,172 hospitals: 1,796 reporting activity, 376 reporting no activity through December 2011. Data were collected from general medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals), long-term acute care hospitals, inpatient rehabilitation hospitals and inpatient psychiatric hospitals.



Underpayments

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

Percent of Hospitals Reporting Underpayment Determinations, By Region, through 4th Quarter 2011



Source: AHA. (January 2012). RACTrac Survey

AHA analysis of survey data collected from 2,172 hospitals: 1,796 reporting activity, 376 reporting no activity through December 2011. 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 RAC identified underpayments totaling \$64 million dollars.

Total Dollar Value of Underpayment Determinations for Participating Hospitals, By Region, through 4th Quarter 2011, Millions

	Number of RAC Underpayment Determinations
NATIONWIDE	13,221
Region A	1,703
Region B	1,850
Region C	5,345
Region D	4,323



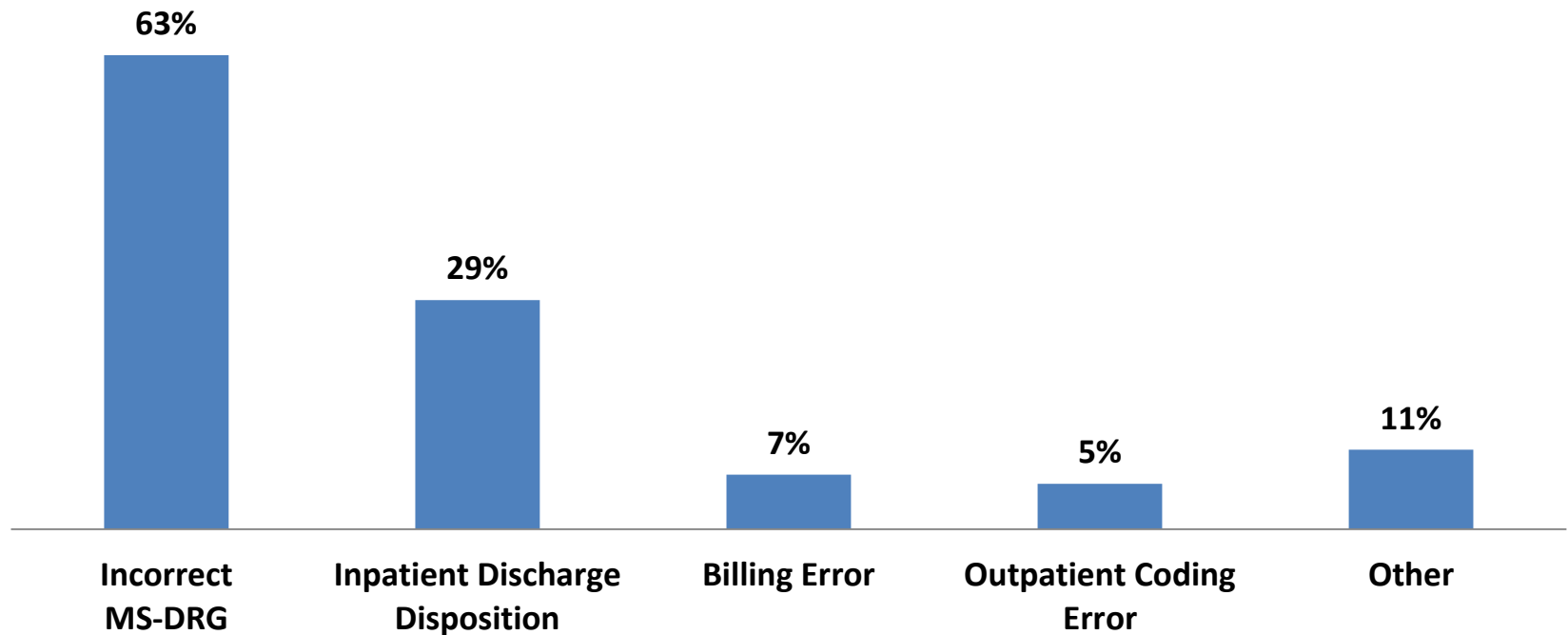
Source: AHA. (January 2012). RACTrac Survey

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63% of hospitals with underpayment determinations cited incorrect MS-DRG as a reason for the underpayment and 29% cited discharge disposition.

Percent of Participating Hospitals with RAC Activity Experiencing Underpayments by Reason, 4th Quarter 2011

Survey participants were asked to select all reasons for underpayment.



Source: AHA. (January 2012). RACTrac Survey

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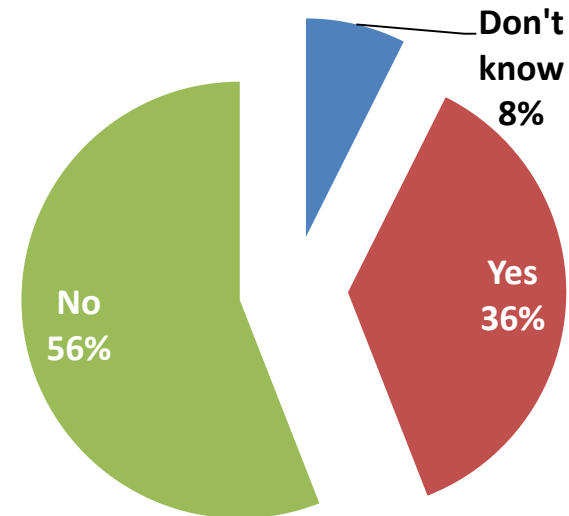
Appeals

More than one-third of participating hospitals report having a denial reversed during the discussion period.

Percent of Participating Hospitals With Denials Reversed During the Discussion Period, National and By Region, 4th Quarter 2011

Reversed Denials by RAC Region

	Yes	No	Don't Know
Region A	43%	49%	8%
Region B	37%	57%	6%
Region C	32%	61%	7%
Region D	35%	54%	11%



*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.*



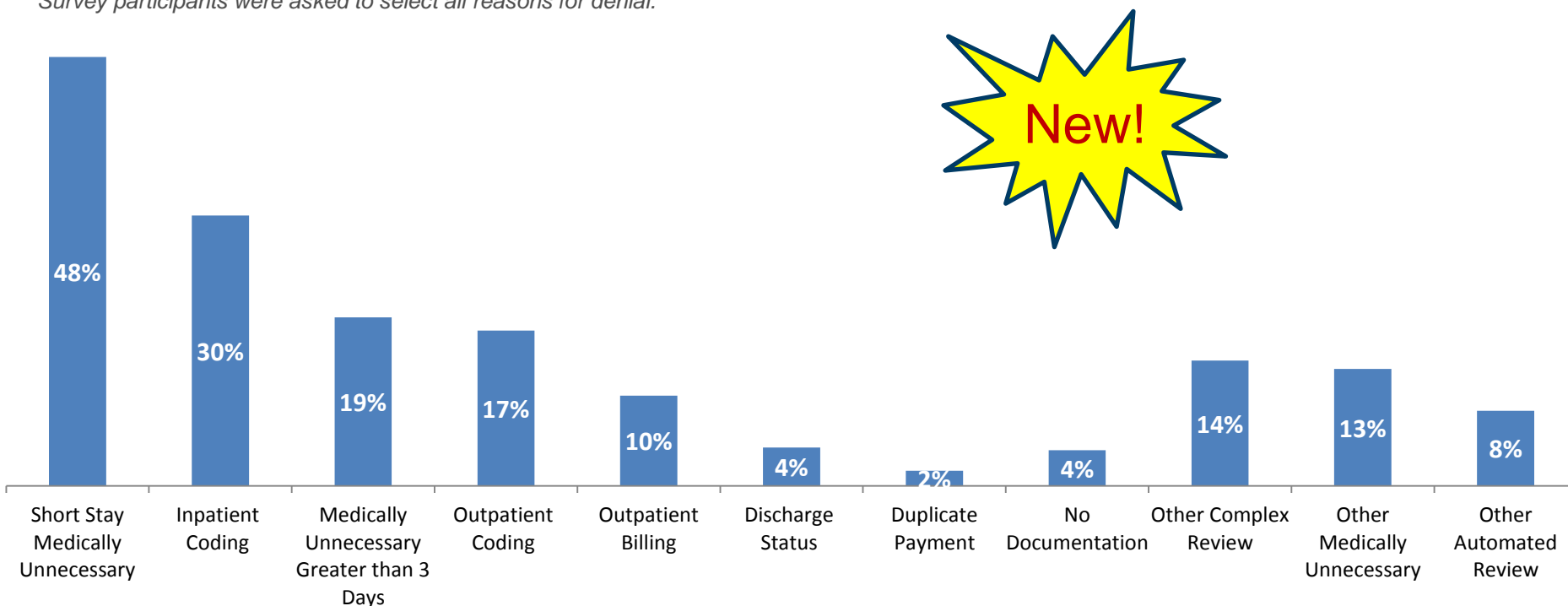
Source: AHA. (January 2012). RACTrac Survey

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Nearly half of all hospitals filing a RAC appeal during the 4th Quarter of 2011 reported appealing short stay medically unnecessary denials.

Percent of Participating Medical/Surgical Acute Hospitals Reporting RAC Appeals by Denial Reason, 4th Quarter 2011

Survey participants were asked to select all reasons for denial.



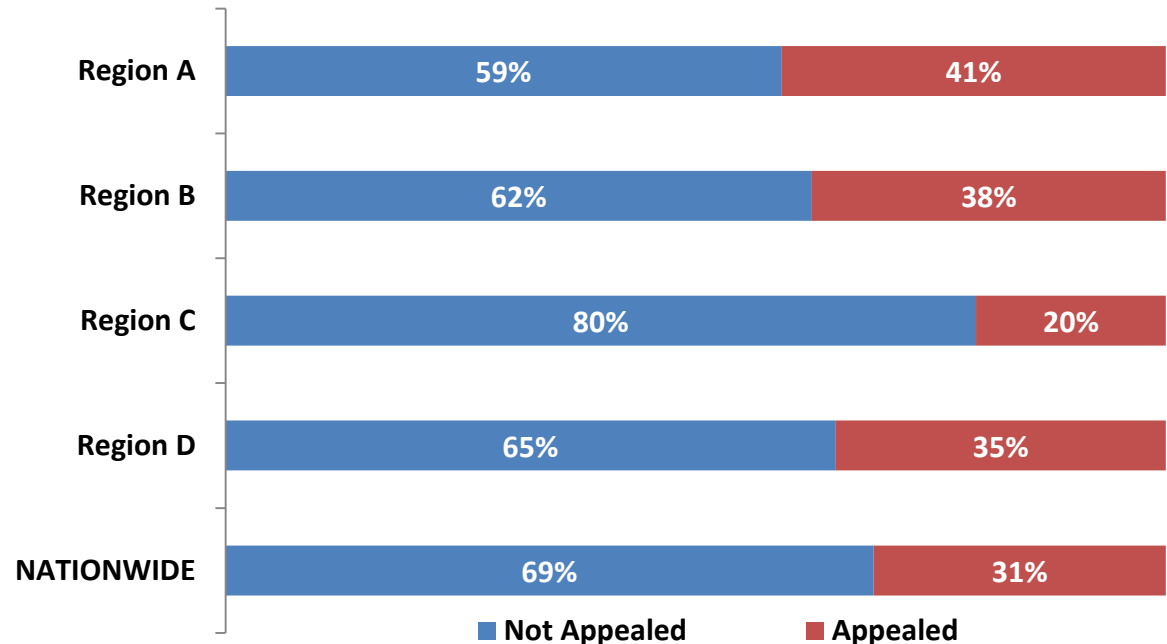
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Nationwide hospitals reported appealing nearly one-third of all denials. The appeal rate was highest in Region A.

Total Number and Percent of Automated and Complex Denials Appealed by Hospitals with RAC Activity, by Region, through 4th Quarter 2011

	Total Number of Denials Available* for Appeal	Total Number of Denials Appealed
NATIONWIDE	120,111	37,336
Region A	19,193	7843
Region B	26,569	10,005
Region C	44,481	8984
Region D	29,868	10,504



* Available for appeal means that the hospital received a demand letter for this claim, either as a result of automated or complex review.

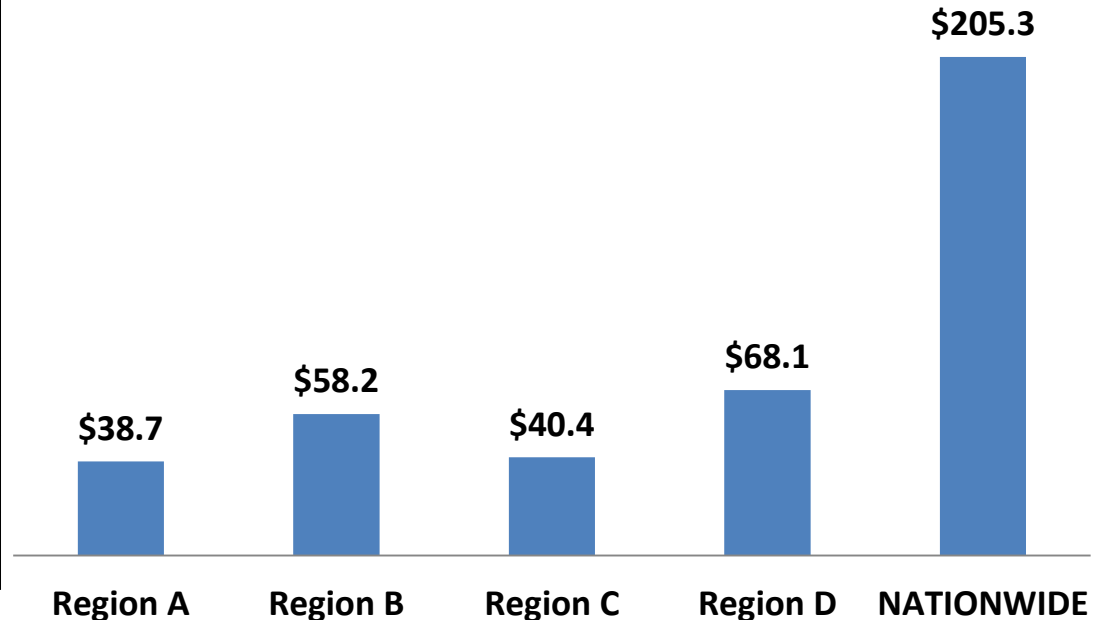
Source: AHA. (January 2012). RACTrac Survey
 AHA analysis of survey data collected from 2,172 hospitals: 1,796 reporting activity, 376 reporting no activity through December 2011. Data were collected from general medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals), long-term acute care hospitals, inpatient rehabilitation hospitals and inpatient psychiatric hospitals.



81% of hospitals reported appealing at least one RAC denial. On average, hospitals report appealing 54 denials.

Total Dollar Value, Percent and Average Number of Appealed Claims for Hospitals with Automated or Complex RAC Denials, through 4th Quarter 2011, Millions

	Percent of Hospitals with Any Appealed Denials	Average Number of Appealed Denials per Hospital
NATIONWIDE	81%	54
Region A	84%	66
Region B	90%	53
Region C	78%	39
Region D	75%	69



Source: AHA. (January 2012). RACTrac Survey
 AHA analysis of survey data collected from 2,172 hospitals: 1,796 reporting activity, 376 reporting no activity through December 2011. 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, 74% were overturned in favor of the provider.

Summary of Appeal Rate and Determinations in Favor of the Provider, for Hospitals with RAC Activity, through 4th Quarter 2011

	Number of Claims Appealed	Percent of Denials Appealed	Number of Claims Pending Appeals Determination	Number of Claims Withdrawn from Appeals Process	Number of Denials Overturned in the Appeals Process	Percent of Appealed Denials Overturned (as a Percent of Overturned or Withdrawn claims)
NATIONWIDE	37,336	31%	26,785	2317	6,560	74%
Region A	7,843	41%	5,600	547	1,045	66%
Region B	10,005	38%	5,756	564	3,374	86%
Region C	8,984	20%	6,978	497	1,369	73%
Region D	10,504	35%	8,451	709	772	52%

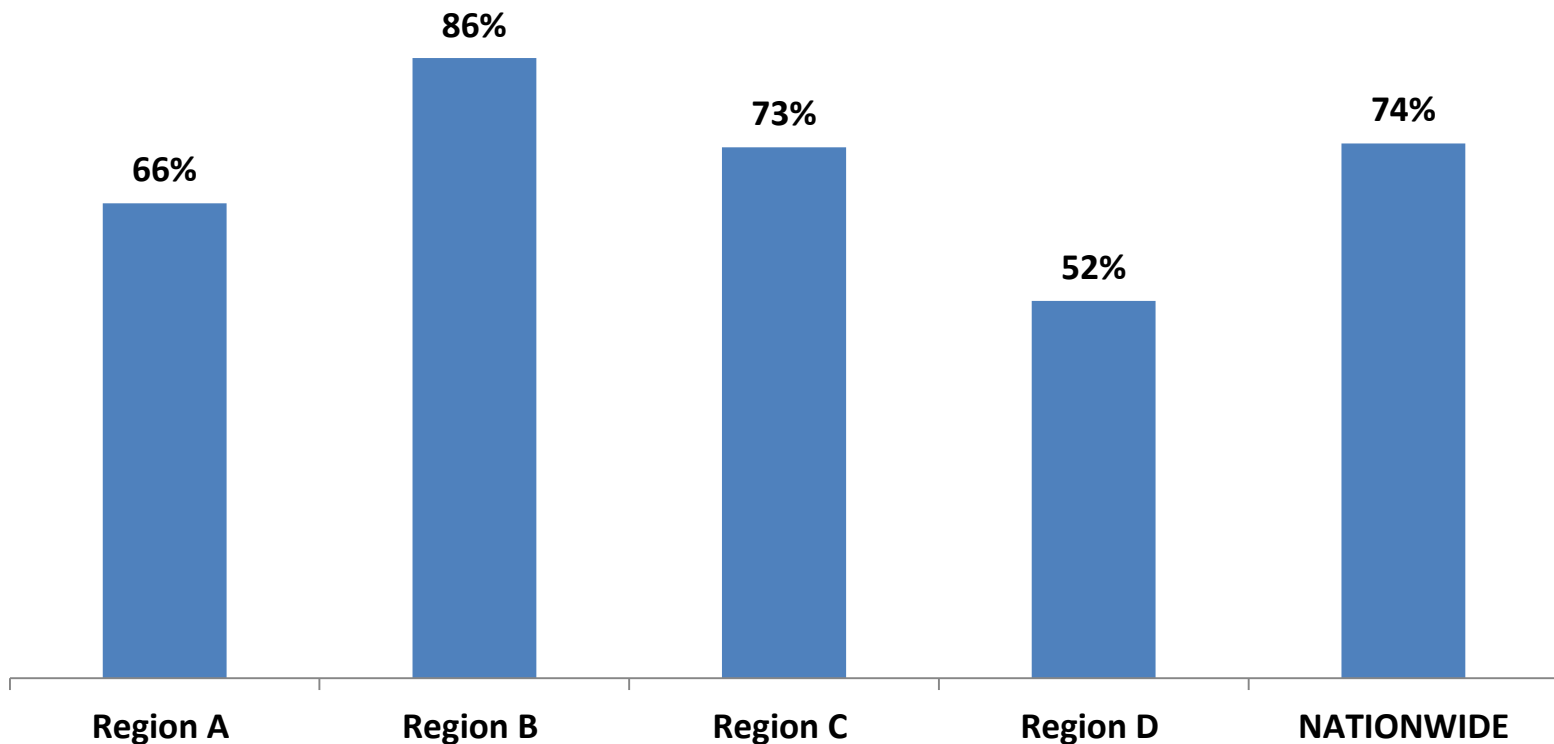
Due to survey submission error, total appeals may be greater than the sum of pending/withdrawn/overturned appeals.



Source: AHA. (January 2012). RACTrac Survey
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Region B has the highest overturn rate upon appeal at 86%.

Percent of Completed Appeals with Denials Overturned for Participating Hospitals, by Region, through 4th Quarter 2011

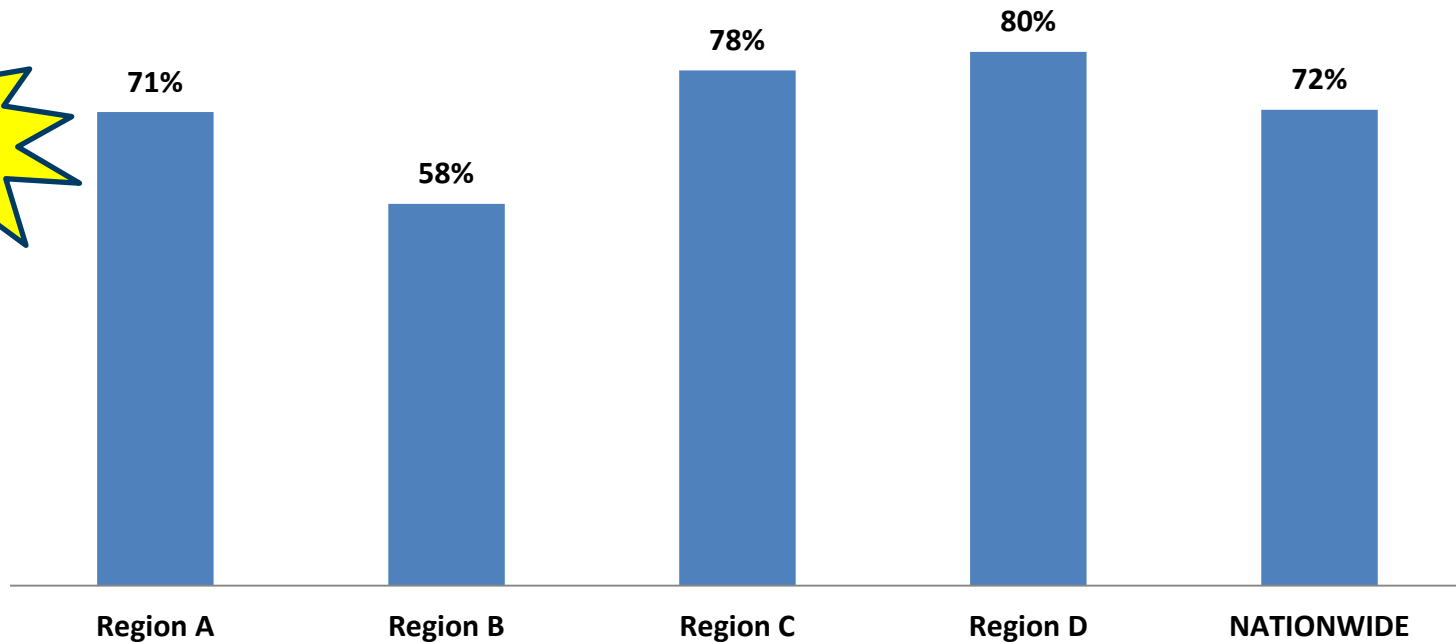


Source: AHA. (January 2012). *RACTrac Survey*

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Nearly 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 4th Quarter 2011

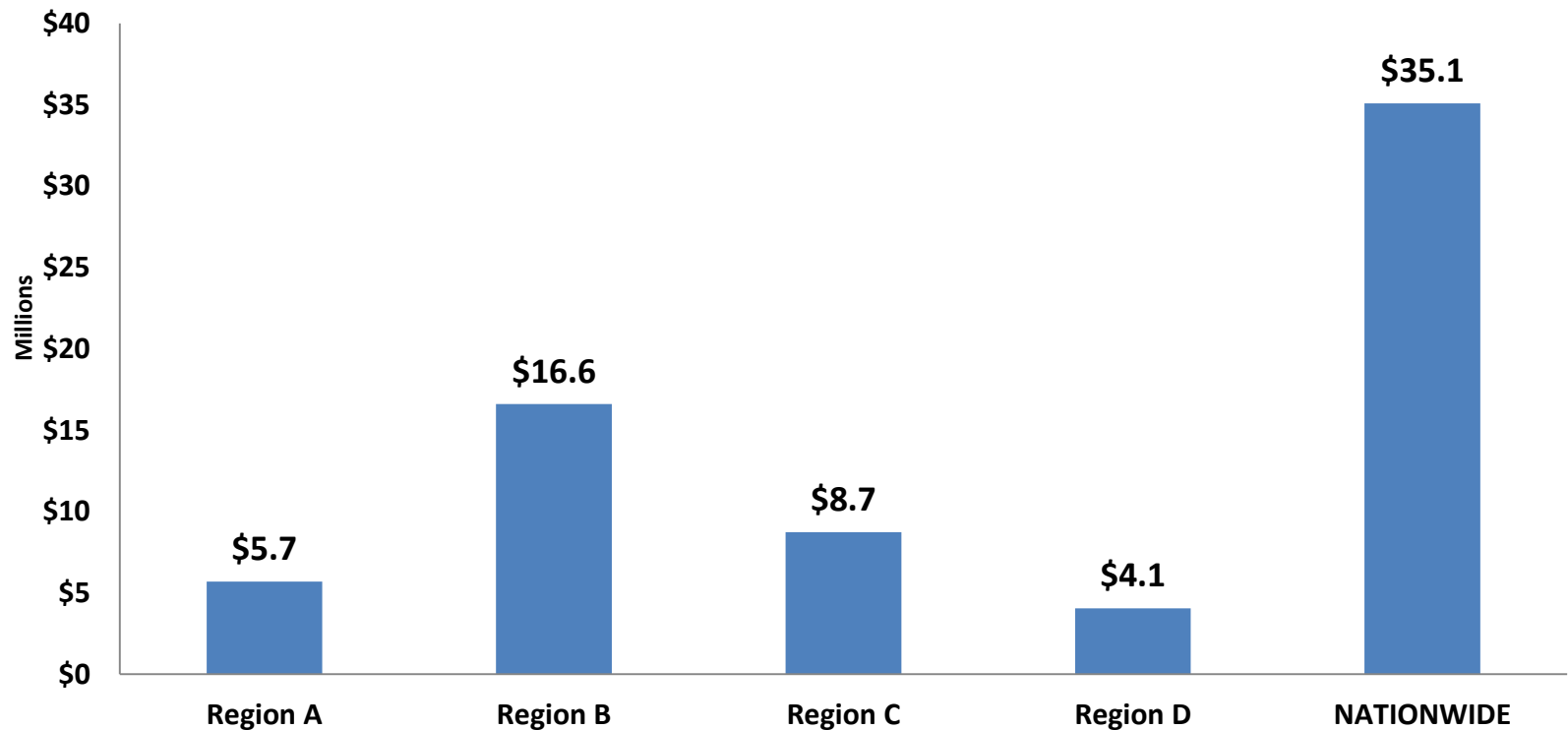


Source: AHA. (January 2012). RACTrac Survey

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Hospitals reported a total of \$35.1 million in overturned denials, with \$16.6 million in Region B alone.

Value of Denials Overturned in the Appeals Process, by Region, through 4th Quarter 2011, Millions



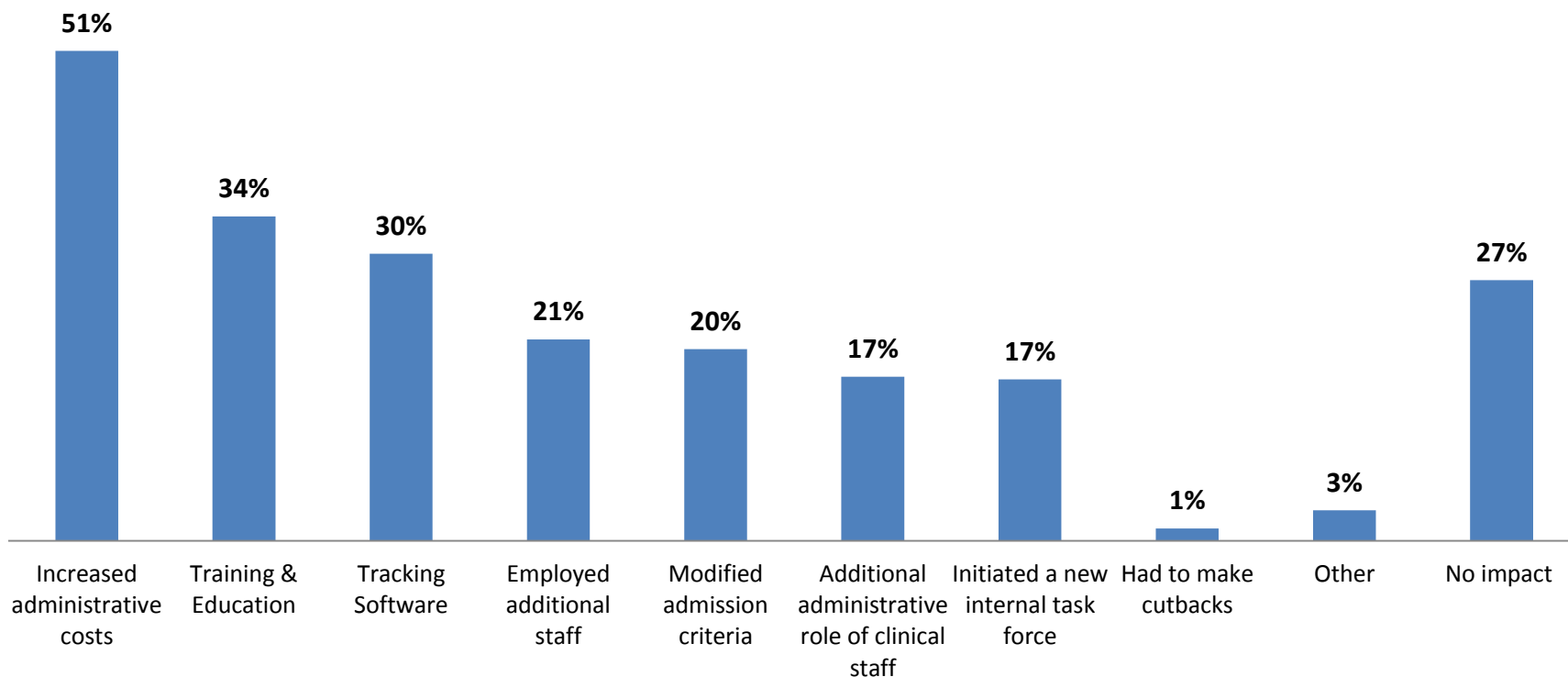
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Administrative Burden

73% of participating hospitals reported that RAC impacted their organization this quarter and 51% reported increased administrative costs.

Impact of RAC on Participating Hospitals* by Type of Impact, 4th Quarter 2011



* Includes participating hospitals with and without RAC activity

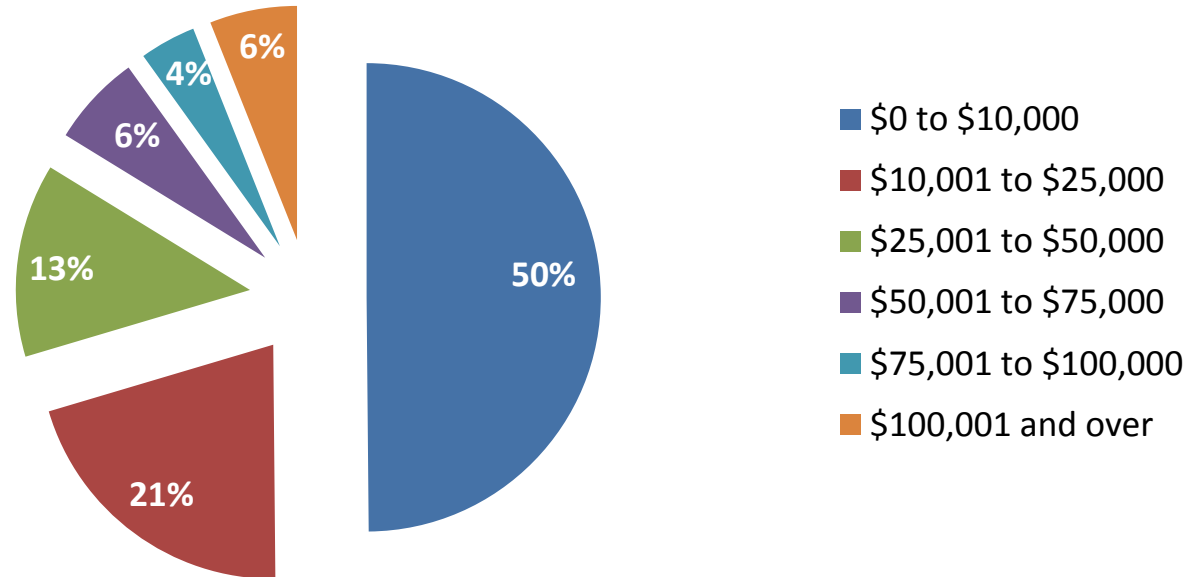
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50% of all hospitals reported spending more than \$10,000 managing the RAC process during the final quarter of 2011.

Percent of Participating Hospitals* Reporting Average Cost dealing with the RAC Program, 4th Quarter 2011



* Includes participating hospitals with and without RAC activity

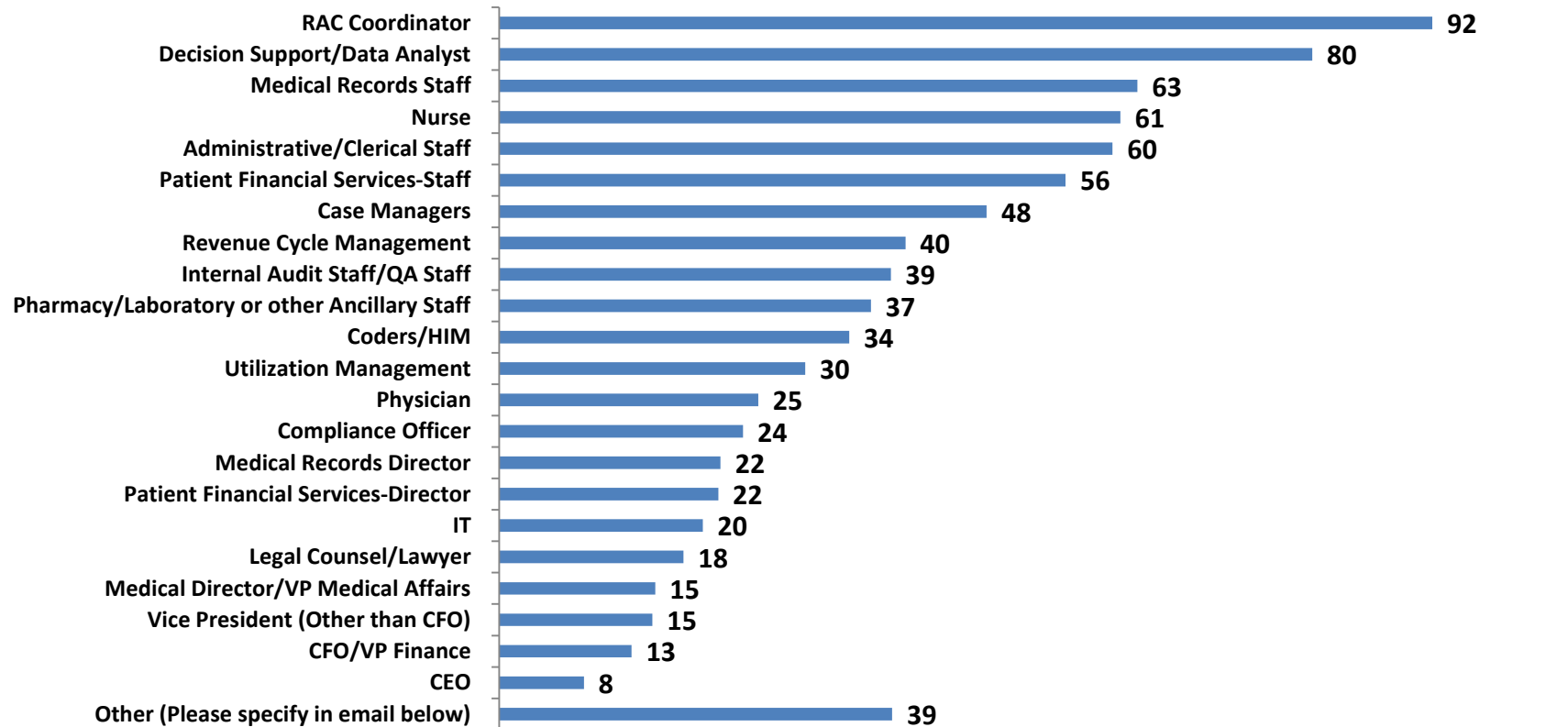
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The administrative burden of RAC is spread across all types of hospital staff. RAC coordinators spent the most time responding to RAC activity.

Average Hours of Staff Time Spent Per Participating Hospital* on RAC by Staff Type, 4th Quarter 2011



* Includes participating hospitals with and without RAC activity

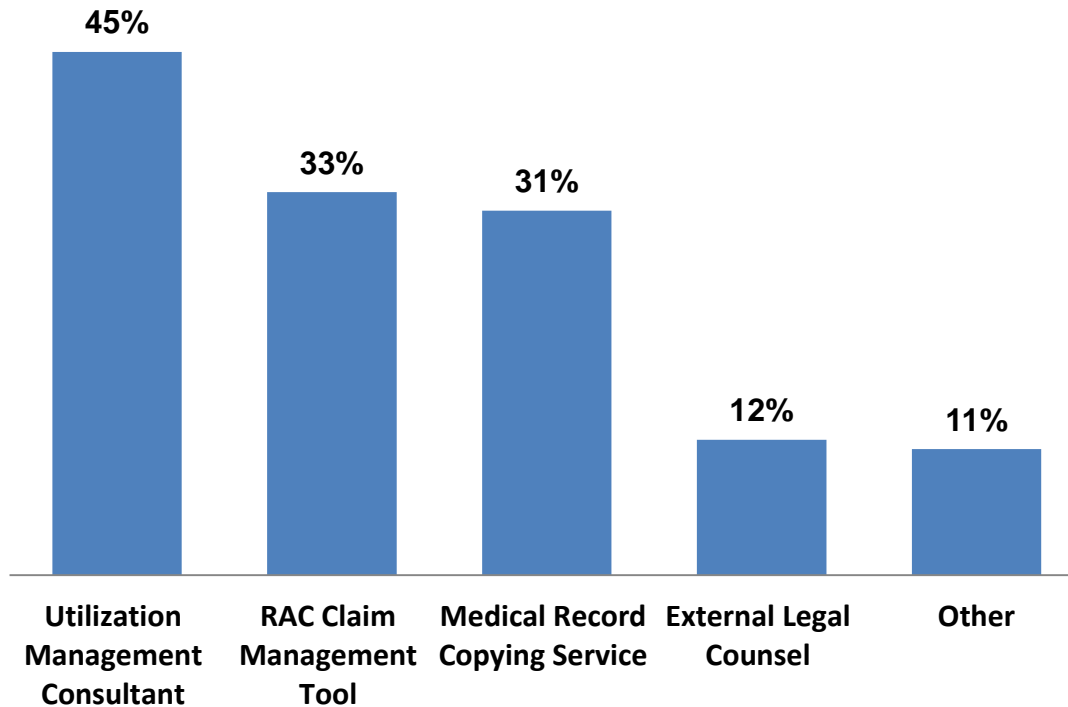
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Many hospitals report spending on external resources such as outside consultants to deal with the RAC process.

Percent of Participating Hospitals* Using External Resources by Type and Average Dollars Spent *this quarter*, 4th Quarter 2011



Administrative Burden	Average Dollar Amount This Quarter
Utilization Management Consultant	\$29,025
External Legal Counsel	\$20,129
RAC Claim Management Tool	\$5,848
Medical Record Copying Service	\$2,168
Other	\$10,841

Average dollars spent by hospitals that reported utilizing external resources.

* Includes participating hospitals with and without RAC activity

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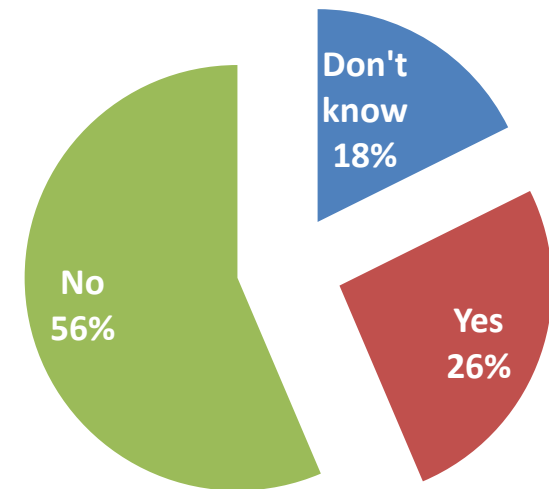
56% of respondents indicated they have yet to receive any education related to avoiding payment errors from CMS or its contractors.

Percent of Participating Hospitals Reporting they Received Education from CMS or its Contractors, National and by Region, 4th Quarter 2011

Reported Education by RAC Region

	Yes	No	Don't Know
Region A	27%	54%	19%
Region B	19%	66%	15%
Region C	35%	47%	18%
Region D	20%	61%	19%

National Reporting



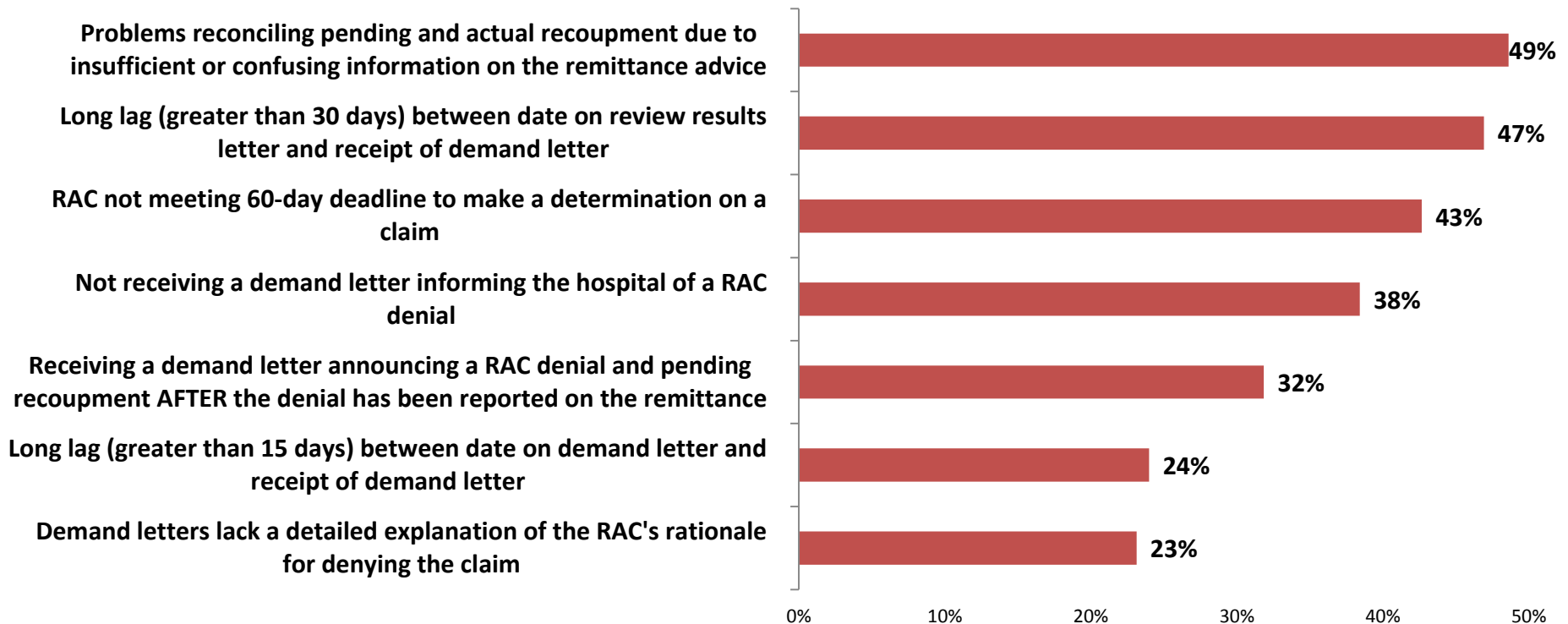
* Includes participating hospitals with and without RAC activity

Source: AHA. (January 2012). RACTrac Survey
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Problems reconciling recoupments is now the top RAC process issue, followed by untimely demand letters.

Percent of Participating Hospitals Reporting RAC Process Issues, by Issue, 4th Quarter 2011



* Includes participating hospitals with and without RAC activity

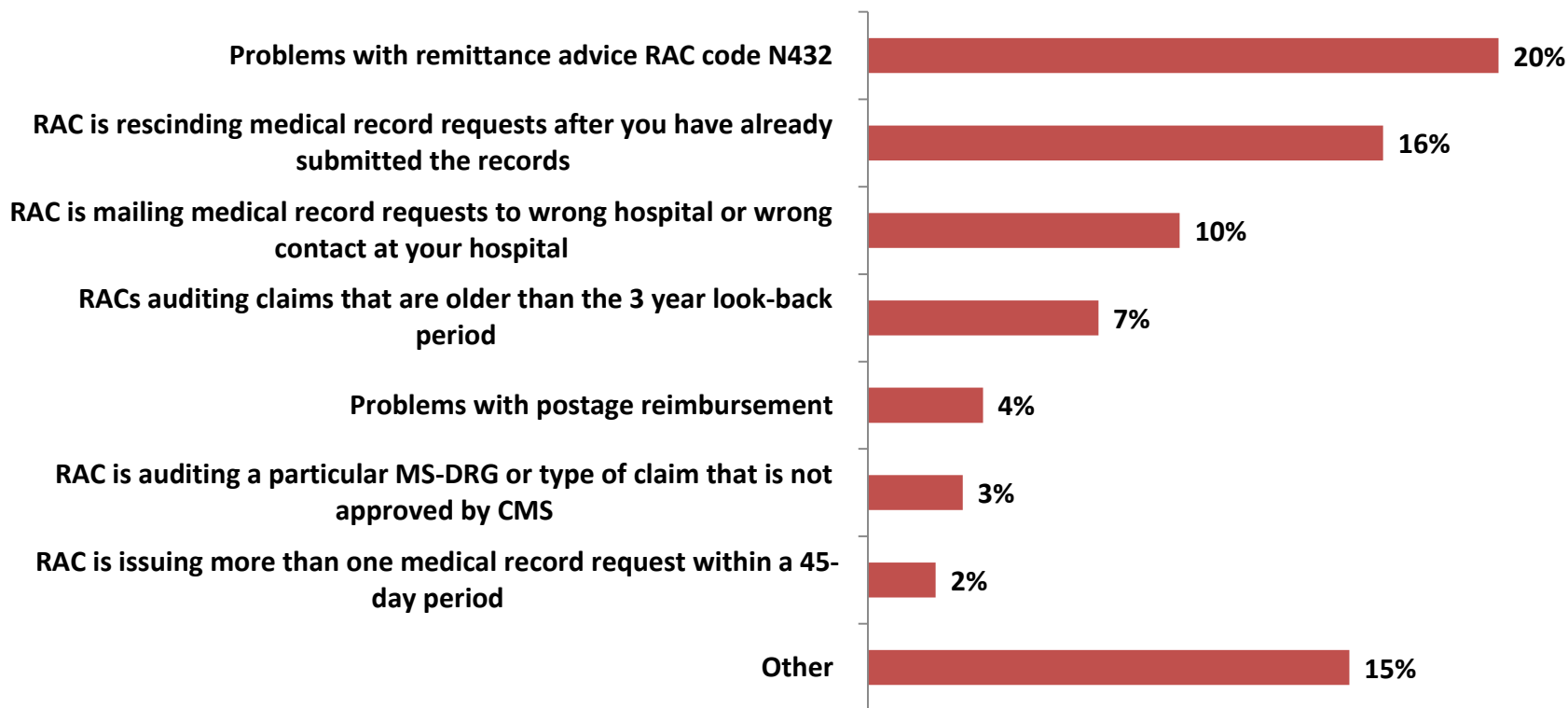
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Hospitals continue to report that RACs are rescinding medical record requests after the hospital has already submitted the records.

Percent of Participating Hospitals Reporting RAC Process Issues, by Issue, 4th Quarter 2011



* Includes participating hospitals with and without RAC activity

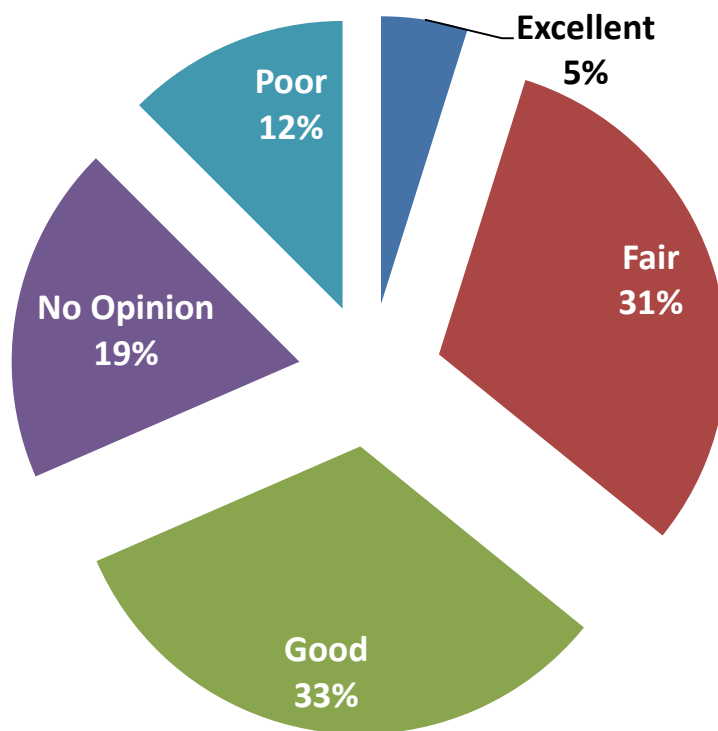
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The majority of hospital respondents indicated RAC responsiveness and overall communication was “fair” or “good.”

Participating Hospitals Rating of RAC Responsiveness and Overall Communication, 4th Quarter 2011



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Participating hospitals rated RAC responsiveness and communication lowest in Region B and Region C.

Participating Hospital Rating of RAC Responsiveness and Overall Communication, by Region, 4th Quarter 2011

	Excellent	Good	Fair	Poor	No Opinion
Region A	8%	52%	20%	6%	14%
Region B	1%	26%	39%	19%	15%
Region C	4%	29%	35%	13%	19%
Region D	9%	32%	23%	9%	27%

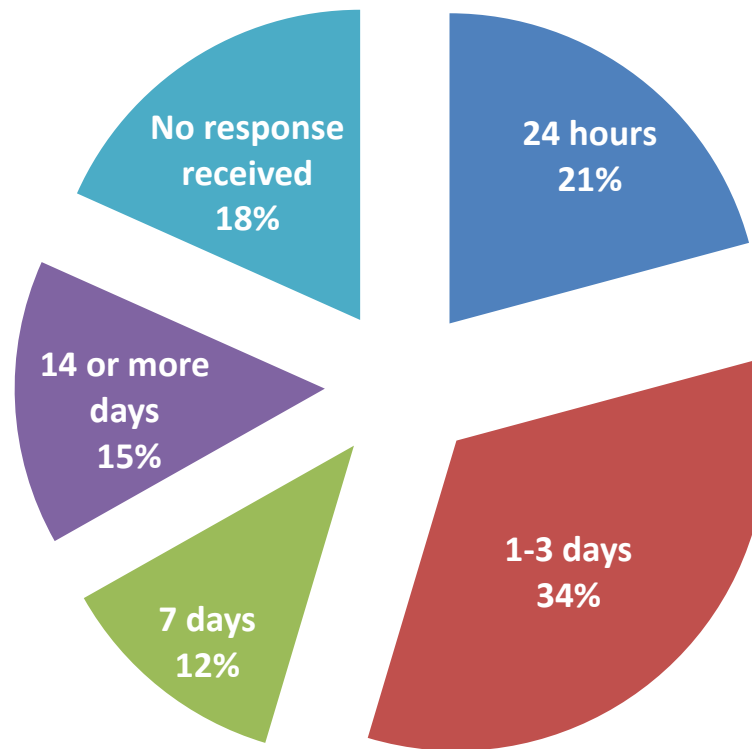


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The average wait time for a RAC response varied significantly, with 18% of hospitals reporting they did not receive a response from their RAC.

Average Number of Days it Took RACs to Respond to Hospital Inquiries for Participating Hospitals, 4th Quarter 2011



Source: AHA. (January 2012). RACTrac Survey
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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, 4th Quarter 2011

	24 hours	1-3 days	7 days	14 or more days	No Response Received
Region A	35%	37%	12%	7%	9%
Region B	4%	37%	18%	18%	23%
Region C	23%	37%	8%	13%	19%
Region D	28%	22%	11%	21%	18%



Source: AHA. (January 2012). RACTrac Survey

AHA analysis of survey data collected from 2,172 hospitals: 1,796 reporting activity, 376 reporting no activity through December 2011. Data were collected from general medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals), long-term acute care hospitals, inpatient rehabilitation hospitals and inpatient psychiatric hospitals.



For more information visit AHA's *RAC*Trac website:

<http://www.aha.org/aha/issues/RAC/ractrac.html>