Exploring the Impact of the RAC Program on Hospitals Nationwide

Overview of AHA RACTrac Survey Results, 2nd Quarter 2010

For complete report go to: http://www.aha.org/aha/issues/RAC/ractrac.html
What is RACTrac?

- AHA created RACTrac—a free, web-based survey—in response to a lack of data and information provided by the Centers for Medicare & Medicaid Services (CMS) on the impact of the Recovery Audit Contractor (RAC) program on America's hospitals
- RACTrac collects RAC activity data from hospitals on a quarterly basis
- CMS administers the RAC program and there are four RAC regions nationwide
  - RAC Region C encompasses 40% of hospitals in the United States
  - Second quarter 2010 was generally consistent with hospital representation in each of the four RAC regions
• Participation in RACTrac has more than doubled since the first quarter of 2010, with 1389 hospitals participating.
• More than two thirds of the 1389 hospitals responding to RACTrac experienced RAC activity in the first quarter of 2010
  – The majority of hospitals reporting RAC activity were general medical and surgical hospitals
  – Different types and sizes of hospitals were subject to RAC review
  – RAC Region C had the highest number of hospitals reporting RAC activity, but RAC Region D had a higher percentage of participating hospitals reporting RAC activity
A higher percentage of hospitals reported automated reviews than the previous quarter, but RACs continue to focus their efforts on complex reviews.

Percent of Responding Hospitals with RAC Activity Experiencing Automated and/or Complex RAC Review, through 2nd Quarter 2010

Automated Activity: includes all automated reviews, which is a claim determination without a human review of the medical record. RACs use proprietary software that is designed to detect certain types of errors including but not limited to duplicate payments, billing or coding errors. The RAC notifies the provider via a demand letter when an overpayment has been identified through automated review.

Complex Activity: includes all complex reviews, which is a human review and determination of whether or not an improper payment has been identified once the medical record has been received. Upon that determination, a hospital will be notified via a review results letter if an improper payment was found and therefore the associated claim has been “denied”.

Source: AHA. (August 2010). RACTrac Survey
AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity through June 2010. 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 RAC activity through the 2nd quarter of 2010 has been medical record requests.

Total Reported Automated Denials, Complex Denials and Complex Medical Records Requests, through 2nd Quarter 2010

Automated Denials: 9,292

Complex Denials: 3,213

Complex Medical Record Requests: 32,926

Source: AHA. (August 2010). RACTrac Survey
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Region C had the highest amount of Medicare payments targeted in medical record requests, over $214 million.

Medicare Payments Associated with Medical Records Requested from Responding Hospitals, through 2nd Quarter 2010, in Millions

Source: AHA. (August 2010). RACTrac Survey
AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity through June 2010. 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.
$19.2 million in denied claims have been reported since the first quarter of 2010, nearly $11 million in Region C alone.

Dollar Value of Automated and Complex Denials by RAC Region, through 2nd Quarter 2010, Millions

Source: AHA. (August 2010). RACTrac Survey
AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity through June 2010. 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.
85% of denied dollars were complex denials totaling over $15.5 million dollars.

Percent and Dollar Amounts of Automated Denials Versus Complex Denials, through 2nd Quarter 2010

Source: AHA. (August 2010). RACTrac Survey
AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity through June 2010. 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.
By the second quarter of 2010, Region B had nearly half of all reported denials.

Percent of Automated and Complex Denials by RAC Region, through 2nd Quarter 2010

- Region A: 1%
- Region B: 49%
- Region C: 37%
- Region D: 13%

Source: AHA. (August 2010). RACTrac Survey
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The average dollar value of an automated denial was $311 and the average dollar value of a complex denial was $5,598.

Average Dollar Value of Automated and Complex Denials Among Hospitals Reporting RAC Denials, through 2nd Quarter 2010

<table>
<thead>
<tr>
<th>RAC Region</th>
<th>Automated Denial</th>
<th>Complex Denial</th>
</tr>
</thead>
<tbody>
<tr>
<td>Region A</td>
<td>Insufficient data</td>
<td>$6,227</td>
</tr>
<tr>
<td>Region B</td>
<td>$242</td>
<td>$5,576</td>
</tr>
<tr>
<td>Region C</td>
<td>$397</td>
<td>$5,717</td>
</tr>
<tr>
<td>Region D</td>
<td>$389</td>
<td>$4,868</td>
</tr>
</tbody>
</table>

Source: AHA. (August 2010). RACTrac Survey
AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity through June 2010. 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 reporting automated denials in the outpatient service area had the largest financial impact while complex denials in the inpatient service area had the largest financial impact.

Top Service Area for Denials by Dollar Amount for Hospitals with RAC Activity, 2nd Quarter 2010

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

Source: AHA. (August 2010). RACTrac Survey
AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity from April to June 2010. 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.
Automated denials for outpatient billing errors had the largest financial impact on reporting hospitals.

Top Reason for Automated Denials by Dollar Amount for Hospitals with RAC Activity, 2nd Quarter 2010

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

- Outpatient Billing Error: 15%
- Inpatient Coding Error (MSDRG): 5%
- Duplicate Payment: 9%
- Outpatient Coding Error: 15%
- Incorrect Discharge Status: 4%
- All Other: 51%

Source: AHA. (August 2010). RACTrac Survey
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Incorrect coding of MS-DRGs or other coding errors represented the top reason by dollars for complex denials for 86% of hospitals.

Top Reason for Complex Denials by Dollar Amount for Hospitals with RAC Activity, 2nd Quarter 2010

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

Source: AHA. (August 2010). RACTrac Survey
AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity from April to June 2010. 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.
Total Number of Automated and Complex Denials Appealed by Hospitals with RAC Activity, by Region, through 2nd Quarter 2010

<table>
<thead>
<tr>
<th>Region</th>
<th>Total Number of Denials Available for Appeal</th>
<th>Total Number of Appealed Denials</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONWIDE</td>
<td>12,090</td>
<td>1,892</td>
</tr>
<tr>
<td>Region A</td>
<td>93</td>
<td>27</td>
</tr>
<tr>
<td>Region B</td>
<td>6,081</td>
<td>1,261</td>
</tr>
<tr>
<td>Region C</td>
<td>4,272</td>
<td>412</td>
</tr>
<tr>
<td>Region D</td>
<td>1,644</td>
<td>192</td>
</tr>
</tbody>
</table>

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AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity through June 2010. 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.

*Available for appeal means that the hospital received a demand letter for this claim, either as a result of automated or complex review.
Hospitals reported appealing denials totaling over $5 million in value and 16% of hospitals reported appealing at least one RAC denial.

Total Dollar Value, Percent and Average Number of Appealed Claims for Hospitals with Automated or Complex RAC Denials, through 2nd Quarter 2010, Millions

<table>
<thead>
<tr>
<th>Region</th>
<th>Percent of Hospitals with Any Appealed Denials</th>
<th>Average Number of Appealed Denials per Hospital</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONWIDE</td>
<td>16%</td>
<td>8.4</td>
</tr>
<tr>
<td>Region A</td>
<td>29%</td>
<td>3.9</td>
</tr>
<tr>
<td>Region B</td>
<td>54%</td>
<td>14.0</td>
</tr>
<tr>
<td>Region C</td>
<td>37%</td>
<td>5.6</td>
</tr>
<tr>
<td>Region D</td>
<td>29%</td>
<td>3.6</td>
</tr>
</tbody>
</table>

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AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity through June 2010. 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, 13% were overturned in favor of the provider. 1,571 of claims are still in the appeals process.

Summary of Appeal Rate and Determinations in Favor of the Provider, for Hospitals with RAC Activity, through 2nd Quarter 2010

<table>
<thead>
<tr>
<th>Region</th>
<th>Appealed</th>
<th>Percent of Denials Appealed</th>
<th>Number of Claims Pending Appeals Determination</th>
<th>Number of Claims Withdrawn from Appeals Process</th>
<th>Number of Denials Overturned in the Appeals Process</th>
<th>Percent of Appealed Denials Overturned</th>
</tr>
</thead>
<tbody>
<tr>
<td>NATIONWIDE*</td>
<td>1,892</td>
<td>16%</td>
<td>1,571</td>
<td>61</td>
<td>238</td>
<td>13%</td>
</tr>
<tr>
<td>Region A</td>
<td>27</td>
<td>29%</td>
<td>21</td>
<td>3</td>
<td>3</td>
<td>11%</td>
</tr>
<tr>
<td>Region B</td>
<td>1261</td>
<td>21%</td>
<td>1,082</td>
<td>15</td>
<td>150</td>
<td>12%</td>
</tr>
<tr>
<td>Region C</td>
<td>412</td>
<td>10%</td>
<td>319</td>
<td>40</td>
<td>49</td>
<td>12%</td>
</tr>
<tr>
<td>Region D</td>
<td>192</td>
<td>12%</td>
<td>149</td>
<td>3</td>
<td>36</td>
<td>19%</td>
</tr>
</tbody>
</table>

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AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity through June 2010. 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. Note: the data does not reflect the outcome of appeals currently still in the appeals process, therefore the overturn rate may increase as more appeals complete the appeals process. *Hospitals did not specify the status of 22 of the appealed claims.
Of the claims that have completed the appeals process, two-thirds of the overturned denials were reported in Region D.

Percent of Overturned Denials by Region, through 2nd Quarter 2010

Source: AHA. (August 2010). RACTrac Survey
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*Note: the data does not reflect the outcome of appeals currently still in the appeals process, therefore the overturn rate may increase as more appeals complete the appeals process.
Hospitals reported a total of $420,870 in overturned denials, with $273,113 in Region C alone.

Total Value of Appeal Determinations in Favor of the Provider, for Hospitals with RAC Activity, through 2nd Quarter 2010

Source: AHA. (August 2010). RACTrac Survey
AHA analysis of survey data collected from 1,389 hospitals: 972 reporting activity, 417 reporting no activity through June 2010. 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.
86% of responding hospitals reported that RACs impacted their organization during the second quarter of 2010 and 51% reported increased administrative costs.

Impact of RAC on Responding Hospitals* by Type, through 2nd Quarter 2010

*Includes responding hospitals with and without RAC activity

Source: AHA. (August 2010). RACTrac Survey
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The administrative burden of RAC is spread across all types of hospital staff. Medical records staff spent the most time responding to RAC activity.

Average Hours of Staff Time Spent Per Responding Hospital* on RAC by Staff Type, 2nd Quarter 2010

<table>
<thead>
<tr>
<th>Staff Type</th>
<th>Average Hours of Staff Time Spent Per Responding Hospital*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Medical Records Staff</td>
<td>51</td>
</tr>
<tr>
<td>Clerical</td>
<td>37</td>
</tr>
<tr>
<td>Coders/Health Information Management (HIM)</td>
<td>35</td>
</tr>
<tr>
<td>Utilization Management</td>
<td>35</td>
</tr>
<tr>
<td>PFS Staff</td>
<td>28</td>
</tr>
<tr>
<td>Medical Director</td>
<td>24</td>
</tr>
<tr>
<td>Case Manager</td>
<td>22</td>
</tr>
<tr>
<td>Compliance Officer</td>
<td>22</td>
</tr>
<tr>
<td>Medical Records Director</td>
<td>20</td>
</tr>
<tr>
<td>Vice President</td>
<td>19</td>
</tr>
<tr>
<td>Patient Financial Services (PFS) Director</td>
<td>14</td>
</tr>
<tr>
<td>Chief Financial Officer</td>
<td>11</td>
</tr>
<tr>
<td>Lawyer</td>
<td>8</td>
</tr>
<tr>
<td>Other*</td>
<td>45</td>
</tr>
</tbody>
</table>

*Includes responding hospitals with and without RAC activity

Source: AHA. (August 2010). RACTrac Survey

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*Other includes other types of hospital staff, including RAC Coordinator and IT Department.
For more information visit AHA’s RACTrac Website:

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