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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 2022

Overpayment s Collected		Underpayment s Restored		Amount Over- turned on Appeal¹		Recovery Auditors Contingency Fees		CMS Administration Costs		Amount Returned to Medicare Trust Funds
\$464.74	-	\$41.94	-	\$115.70	-	\$72.94	-	\$13.42	=	\$220.74

Appendix C: FY 2022 Total Corrections by RAC Region (Dollar Amounts and Number of Claims)

RAC Region and Contractor Name	Collected Overpayment Amounts	Number of Claims with Collected Overpayments	Restored Underpayment Amounts	Number of Claims with Restored Underpayment s	Total Corrected Amount	Total Number of Corrected Claims
Region 1: Performant	\$86,378,130.43	37,790	\$2,986,772.04	6,033	\$89,364,902.47	43,823
Region 2: Cotiviti	\$100,824,539.61	28,207	\$15,610,361.07	5,446	\$116,434,900.68	33,653
Region 3: Cotiviti	\$67,595,441.52	20,414	\$10,827,305.99	4,586	\$78,422,747.51	25,000
Region 4: Cotiviti GS	\$137,176,123.78	37,975	\$12,516,071.63	3,357	\$149,692,195.41	41,332
Region 5: Performant	\$72,768,384.84	84,384	\$1,837.64	7	\$72,770,222.48	84,391
TOTALS	\$464,742,620.18	208,770	\$41,942,348.37	19,429	\$506,684,968.55	228,199

¹ This includes only those appeals overturned at the first level.

Appendix D: FY 2022 Total Corrections by Review Type (Dollar Amounts and Number of Claims)

	Overpayments Collected		Underpayments Restored		Total Corrected	
Review Type	Amount Collected	No. of Claims	Amount Restored	No. of Claims	Amount Corrected	No. of Claims
Automated	\$6,193,716.72	37,592	\$142,882.17	4,525	\$6,336,598.89	42,117
Complex	\$458,548,903.46	171,178	\$41,799,466.20	14,904	\$500,348,369.66	186,082
TOTALS	\$464,742,620.18	208,770	\$41,942,348.37	19,429	\$506,684,968.55	228,199

Appendix E: FY 2022 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 Collect -ions</i>	<i>Restored Underpay -ment Amounts</i>	<i>% of Total Collected Amount</i>	<i>Number of Claims with Restored Underpay -ments</i>	<i>% of Total Claims with Collect -ions</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	\$1,090,473.97	0.23%	10,211	4.89%	\$94,901.11	0.23%	4,054	20.87%	\$1,185,375.08	0.23%	14,265	6.25%
	Complex	\$85,287,656.46	18.35%	27,579	13.21%	\$2,891,870.93	6.89%	1,979	10.19%	\$88,179,527.39	17.40%	29,558	12.95%
Region 2: Cotiviti	Automated	\$21,138.01	<0.01%	156	0.07%	\$733.44	<0.01%	2	0.01%	\$21,871.45	<0.01%	158	0.07%
	Complex	\$100,803,401.60	21.69%	28,051	13.44%	\$15,609,627.63	37.22%	5,444	28.02%	\$116,413,029.23	22.98%	33,495	14.68%
Region 3: Cotiviti	Automated	\$34,479.00	0.01%	240	0.11%	\$10,260.43	0.02%	3	0.02%	\$44,739.43	0.01%	243	0.11%
	Complex	\$67,560,962.52	14.54%	20,174	9.66%	\$10,817,045.56	25.79%	4,583	23.59%	\$78,378,008.08	15.47%	24,757	10.85%
Region 4: Cotiviti GS	Automated	\$3,632,322.23	0.78%	19,983	9.57%	\$36,057.82	0.09%	465	2.39%	\$3,668,380.05	0.72%	20,448	8.96%
	Complex	\$133,543,801.55	28.74%	17,992	8.62%	\$12,480,013.81	29.76%	2,892	14.88%	\$146,023,815.36	28.82%	20,884	9.15%
Region 5: Performant	Automated	\$1,415,303.51	0.30%	7,002	3.35%	\$929.37	<0.01%	1	0.01%	\$1,416,232.88	0.28%	7,003	3.07%
	Complex	\$71,353,081.33	15.35%	77,382	37.07%	\$908.27	<0.01%	6	0.03%	\$71,353,989.60	14.08%	77,388	33.91%
TOTALS		\$464,742,620.18	100.0%	208,770	100.0%	\$41,942,348.37	100.0%	19,429	100.0%	\$506,684,968.55	100.0%	228,199	100.0%

Appendix F: FY 2022 Total Corrections by Type of Claim (Dollar Amounts and Number of Claims)

Type of Claim	Collected Overpayment Amounts	Number of Claims with Collected Overpayments	Restored Underpayment Amounts	Number of Claims with Restored Underpayments	Total Corrected Amount	Total
Part A	\$317,761,337.08	58,396	\$39,298,988.16	10,946	\$357,060,325.24	69,342
Part B	\$75,141,803.23	66,261	\$2,641,629.68	8,477	\$77,783,432.91	74,738
DME	\$71,839,479.87	84,113	\$1,730.53	6	\$71,841,210.40	84,119
Totals	\$464,742,620.18	208,770	\$41,942,348.37	19,429	\$506,684,968.55	228,199

Appendix G: FY 2022 Total Corrections by RAC Region and Type of Claim (Dollar Amounts and Number of Claims)

Recovery Auditor	Type of Claim	Collected Overpayments	Number of Claims with Collected Overpayments	Restored Underpayments	Number of Claims with Restored Underpayments	Total Corrected Amount	Total Number of Corrected Claims
1 - Performant	Part A	\$61,449,429.53	15,085	\$2,030,236.87	1,032	\$63,479,666.40	16,117
	Part B	\$24,928,700.90	22,705	\$956,535.17	5,001	\$25,885,236.07	27,706
	<i>Subtotal</i>	<i>\$86,378,130.43</i>	<i>37,790</i>	<i>\$2,986,772.04</i>	<i>6,033</i>	<i>\$89,364,902.47</i>	<i>43,823</i>
2 - Cotiviti	Part A	\$88,159,371.34	19,453	\$14,937,881.38	4,140	\$103,097,252.72	23,593
	Part B	\$12,665,168.27	8,754	\$672,479.69	1,306	\$13,337,647.96	10,060
	<i>Subtotal</i>	<i>\$100,824,539.61</i>	<i>28,207</i>	<i>\$15,610,361.07</i>	<i>5,446</i>	<i>\$116,434,900.68</i>	<i>33,653</i>
3 - Cotiviti	Part A	\$53,855,360.95	9,650	\$10,158,045.79	2,988	\$64,013,406.74	12,638
	Part B	\$13,740,080.57	10,764	\$669,260.20	1,598	\$14,409,340.77	12,362
	<i>Subtotal</i>	<i>\$67,595,441.52</i>	<i>20,414</i>	<i>\$10,827,305.99</i>	<i>4,586</i>	<i>\$78,422,747.51</i>	<i>25,000</i>
4 - Cotiviti GS	Part A	\$113,368,270.29	13,937	\$12,172,717.01	2,785	\$125,540,987.30	16,722
	Part B	\$23,807,853.49	24,038	\$343,354.62	572	\$24,151,208.11	24,610
	<i>Subtotal</i>	<i>\$137,176,123.78</i>	<i>37,975</i>	<i>\$12,516,071.63</i>	<i>3,357</i>	<i>\$149,692,195.41</i>	<i>41,332</i>
5 - Performant	Part A	\$928,904.97	271	\$107.11	1	\$929,012.08	272
	DME	\$71,839,479.87	84,113	\$1,730.53	6	\$71,841,210.40	84,119
	<i>Subtotal</i>	<i>\$72,768,384.84</i>	<i>84,384</i>	<i>\$1,837.64</i>	<i>7</i>	<i>\$72,770,222.48</i>	<i>84,391</i>
Totals		\$464,742,620.18	208,770	\$41,942,348.37	19,429	\$506,684,968.55	228,199

Appendix H: FY 2022 Corrections by Provider Type (Dollar Amount and Percentage of Total)

Provider Type	Overpayments Collected	% of Total	Underpayments Restored	% of Total	Total Amount Corrected	% of Total
Inpatient	\$115,875,796.84	24.93%	\$3,427,263.01	8.17%	\$119,303,059.85	23.55%
SNF	\$26,967,593.06	5.80%	\$7,558.43	0.02%	\$26,975,151.49	5.32%
Outpatient	\$173,989,042.21	37.44%	\$35,864,059.61	85.51%	\$209,853,101.82	41.42%
Home Health	\$928,904.97	0.20%	\$107.11	<0.01%	\$929,012.08	0.18%
Physician	\$75,141,803.23	16.17%	\$2,641,629.68	6.30%	\$77,783,432.91	15.35%
DME	\$71,839,479.87	15.46%	\$1,730.53	<0.01%	\$71,841,210.40	14.18%
Total	\$464,742,620.18	100%	\$41,942,348.37	100%	\$506,684,968.55	100%

Appendix I: FY 2022 Total Corrections by RAC Region and Provider Type (Dollar Amounts and Number of Claims)

RAC Region and Contractor Name	Provider Type	Collected Overpayment Amounts	Number of Claims with Collected Overpayments	Restored Underpayment Amounts	Number of Claims with Restored Underpayments	Total Corrected Amount	Total Number of Corrected Claims
Region 1: Performant	Lab/Ambulatory	\$ 191,406.35	598	\$273.32	2	\$191,679.67	600
	Outpatient	\$35,622,344.70	11,563	\$1,506,290.64	877	\$37,128,635.34	12,440
	Professional Services	\$23,145,841.52	21,813	\$956,261.85	4,999	\$24,102,103.37	26,812
	SNF	\$11,965,542.23	1,634	\$1,552.97	2	\$11,967,095.20	1,636
	Inpatient	\$13,248,415.70	1,819	\$522,393.26	153	\$13,770,808.96	1,972
	IRF	\$277,318.88	16	\$0	0	\$277,318.88	16
	ASC	\$1,592,934.23	310	\$0	0	\$1,592,934.23	310
	Inpatient Psychiatric Facility	\$333,525.96	11	\$0	0	\$333,525.96	11
Outpatient Rehab Facility	\$800.86	26	\$0	0	\$800.86	26	
Region 1 Totals		\$86,378,130.43	37,790	\$2,986,772.04	6,033	\$89,364,902.47	43,823
Region 2: Cotiviti	Lab/Ambulatory	\$357,702.85	275	\$0	0	\$357,702.85	275
	Outpatient	\$40,908,679.33	13,577	\$14,120,900.93	3,938	\$55,029,580.26	17,515
	Professional Services	\$7,715,459.17	6,810	\$445,074.36	966	\$8,160,533.53	7,776
	SNF	\$9,145,382.12	1,689	\$0	0	\$9,145,382.12	1,689
	Inpatient	\$31,153,184.66	3,877	\$816,980.45	202	\$31,970,165.11	4,079
	IRF	\$6,952,125.23	310	\$0	0	\$6,952,125.23	310
ASC	\$4,592,006.25	1,669	\$227,405.33	340	\$4,819,411.58	2,009	
Region 2 Totals		\$100,824,539.61	28,207	\$15,610,361.07	5,446	\$116,434,900.68	33,653
	Lab/Ambulatory	\$232,619.70	135	\$0	0	\$232,619.70	135

Region 3: Cotiviti	Outpatient	\$20,382,087.89	5,184	\$9,253,108.90	2,780	\$29,635,196.79	7,964
	Professional Services	\$9,294,553.17	8,454	\$481,273.01	1,257	\$9,775,826.18	9,711
	SNF	\$1,990,801.08	401	\$0	0	\$1,990,801.08	401
	Inpatient	\$29,308,292.27	3,890	\$904,936.89	208	\$30,213,229.16	4,098
	IRF	\$2,174,179.71	175	\$0	0	\$2,174,179.71	175
	ASC	\$4,212,907.70	2,175	\$187,987.19	341	\$4,400,894.89	2,516
Region 3 Totals		\$67,595,441.52	20,414	\$10,827,305.99	4,586	\$78,422,747.51	25,000
Region 4: Cotiviti Gov. Services	Lab/Ambulatory	\$1,183,828.77	6,740	\$0	0	\$1,183,828.77	6,740
	Outpatient	\$77,029,059.45	10,458	\$10,983,709.98	2,532	\$88,012,769.43	12,990
	Professional Services	\$15,899,876.52	16,191	\$339,544.68	571	\$16,239,421.20	16,762
	SNF	\$3,908,845.35	944	\$6,054.62	9	\$3,914,899.97	953
	Inpatient	\$31,606,421.33	2,499	\$1,182,952.41	244	\$32,789,373.74	2,743
	IRF	\$689,702.16	33	\$0	0	\$689,702.16	33
	ASC	\$6,724,148.20	1,107	\$3,809.94	1	\$6,727,958.14	1,108
	Inpatient Psychiatric Facility	\$134,242.00	3	\$0	0	\$134,242.00	3
Region 4 Totals		\$137,176,123.78	37,975	\$12,516,071.63	3,357	\$149,692,195.41	41,332
Region 5: Performant	HHA	\$928,904.97	271	\$107.11	1	\$929,012.08	272
	DME Supplier	\$54,180,286.13	59,546	\$1,389.57	4	\$54,181,675.70	59,550
	DME Physician	\$17,659,193.74	24,567	\$340.96	2	\$17,659,534.70	24,569
Region 5 Totals		\$72,768,384.84	84,384	\$1,837.64	7	\$72,770,222.48	84,391
Totals		\$464,742,620.18	208,770	\$41,942,348.37	19,429	\$506,684,968.55	228,199

Appendix J: FY 2022 Total Corrections by State and RAC Regions/Contracts (Dollar Amounts and Number of Claims)

State	Collected Overpayments	Number of Claims	Restored Underpayments	Number of Claims	Total Corrected Amount	Number of Claims
AK	\$1,451,088.11	514	\$81,191.56	31	\$1,532,279.67	545
AL	\$4,913,272.94	2,845	\$153,585.66	111	\$5,066,858.60	2,956
AR	\$3,990,105.88	2,021	\$597,826.78	197	\$4,587,932.66	2,218
AS	\$115,577.56	31	\$0	0	\$115,577.56	31
AZ	\$12,969,263.26	4,202	\$720,736.05	278	\$13,689,999.31	4,480
CA	\$66,717,924.41	21,924	\$4,269,643.18	1,046	\$70,987,567.59	22,970
CO	\$5,072,590.48	2,513	\$665,904.21	232	\$5,738,494.69	2,745
CT	\$4,742,786.63	3,112	\$113,483.02	162	\$4,856,269.65	3,274
DC	\$1,593,393.62	528	\$99,815.60	28	\$1,693,209.22	556
DE	\$1,360,481.05	762	\$136,577.49	61	\$1,497,058.54	823
FL	\$31,489,377.77	13,627	\$3,980,502.42	1,746	\$35,469,880.19	15,373
GA	\$8,162,523.12	3,940	\$264,947.97	345	\$8,427,471.09	4,285
GU	\$249,490.41	66	\$9,420.03	1	\$258,910.44	67
HI	\$1,294,790.61	483	\$259,126.90	50	\$1,553,917.51	533
IA	\$2,887,492.97	1,484	\$433,635.17	240	\$3,321,128.14	1,724
ID	\$4,423,841.28	1,059	\$424,417.05	120	\$4,848,258.33	1,179
IL	\$18,045,066.26	8,434	\$1,714,683.72	794	\$19,759,749.98	9,228
IN	\$12,500,431.44	6,605	\$338,813.46	761	\$12,839,244.90	7,366
KS	\$3,280,792.73	1,543	\$912,699.68	276	\$4,193,492.41	1,819
KY	\$6,959,127.36	4,980	\$372,382.43	771	\$7,331,509.79	5,751
LA	\$6,027,508.53	2,882	\$749,830.35	298	\$6,777,338.88	3,180
MA	\$9,476,089.12	5,533	\$1,167,752.46	855	\$10,643,841.58	6,388
MD	\$4,763,888.77	4,326	\$22,822.27	139	\$4,786,711.04	4,465

ME	\$1,601,347.57	1,137	\$26,265.22	47	\$1,627,612.79	1,184
MI	\$14,442,872.36	8,970	\$482,922.33	739	\$14,925,794.69	9,709
MN	\$4,041,844.87	2,824	\$545,155.72	149	\$4,587,000.59	2,973
MO	\$5,763,934.60	2,380	\$1,381,345.28	436	\$7,145,279.88	2,816
MP	\$4,225.17	12	\$687,949.73	4	\$692,174.90	16
MS	\$5,346,218.37	2,877	\$635,210.80	172	\$5,981,429.17	3,049
MT	\$3,475,103.90	983	\$525,903.77	212	\$4,001,007.67	1,195
NC	\$11,116,734.95	5,347	\$1,816,092.82	642	\$12,932,827.77	5,989
ND	\$2,458,108.28	889	\$189,843.79	83	\$2,647,952.07	972
NE	\$3,568,155.71	1,225	\$665,912.62	194	\$4,234,068.33	1,419
NH	\$2,186,697.07	1,494	\$31,759.82	48	\$2,218,456.89	1,542
NJ	\$13,718,185.69	6,758	\$2,319,522.99	305	\$16,037,708.68	7,063
NM	\$2,065,897.96	1,006	\$235,739.89	112	\$2,301,637.85	1,118
NV	\$4,264,084.47	1,643	\$198,840.89	54	\$4,462,925.36	1,697
NY	\$30,136,744.86	16,352	\$855,464.35	1,790	\$30,992,209.21	18,142
OH	\$21,048,290.46	10,079	\$508,322.31	1,167	\$21,556,612.77	11,246
OK	\$5,482,191.26	2,225	\$1,036,276.37	336	\$6,518,467.63	2,561
OR	\$5,694,468.98	1,667	\$419,426.75	90	\$6,113,895.73	1,757
PA	\$19,674,826.83	9,337	\$1,088,145.23	423	\$20,762,972.06	9,760
PR	\$1,279,587.34	257	\$64,264.27	11	\$1,343,851.61	268
RI	\$1,264,970.76	661	\$21,341.36	25	\$1,286,312.12	686
SC	\$11,009,971.21	3,726	\$1,421,684.07	417	\$12,431,655.28	4,143
SD	\$1,663,188.56	842	\$216,685.04	81	\$1,879,873.60	923
TN	\$7,072,205.82	3,635	\$380,621.16	209	\$7,452,826.98	3,844
TX	\$34,462,068.84	14,357	\$2,870,785.10	1,038	\$37,332,853.94	15,395
UT	\$3,660,968.24	1,087	\$261,828.50	91	\$3,922,796.74	1,178
VA	\$11,700,965.76	4,494	\$2,016,951.21	592	\$13,717,916.97	5,086
VI	\$153,232.61	66	\$0	0	\$153,232.61	66

VT	\$669,190.33	555	\$26,040.01	8	\$695,230.34	563
WA	\$12,420,904.90	3,641	\$652,434.71	227	\$13,073,339.61	3,868
WI	\$5,485,999.05	2,719	\$806,573.41	284	\$6,292,572.46	3,003
WV	\$4,125,266.61	1,609	\$1,555,451.56	734	\$5,680,718.17	2,343
WY	\$1,197,262.48	502	\$507,789.83	167	\$1,705,052.31	669
Total	\$464,742,620.18	208,770	\$41,942,348.37	19,429	\$506,684,968.55	228,199

Appendix K: FY 2022 Improper Payments Identified Through Complex Review (Number and Percentage Rate)

RAC	Number of ADRs Fulfilled by Providers	Improper Payment Identifications*	Improper Payment Identification Rate
1-Performant	85,561	19,690	26.23%
2-Cotiviti	41,786	15,027	46.38%
3-Cotiviti	44,907	14,090	36.12%
4-Cotiviti GS	56,988	13,186	27.51%
5-Performant	94,275	47,355	39.61%
Total	323,517	109,348	33.80%

*Identifications include claims with demanded overpayments and underpayments.

Appendix L: FY 2022 Cumulative Accuracy Scores by RAC Region (Accuracy Percentage)

RAC	Accuracy Score
1-Performant	97.62%
2-Cotiviti	98.00%
3-Cotiviti	98.58%
4-Cotiviti Gov. Services	96.79%
5-Performant	98.91%

Appendix M: FY 2022 RAC Appeal Dispositions - Level 1 (MAC) Redetermination – by MAC and Type of Claim (Number of Dispositions by Disposition Type)

MAC	Claims Decided	Unfavorable to Appellant	Partially Favorable to Appellant	Favorable to Appellant	Claims Dismissed
DME A - Noridian	4,649	2,750	126	1,464	309
DME B - CGS	4,261	2,610	21	1,267	363
DME C - CGS	8,181	5,897	35	1,944	305
DME D - Noridian	4,723	2,779	100	1,538	306
J5 - WPS Part A	1,412	606	18	641	147
J5 - WPS Part B	137	98	0	31	8
J6 - NGS Part A	2,266	630	71	1,447	118
J6 - NGS Part B	228	190	0	38	0
J8 - WPS Part A	1,060	457	51	437	115
J8 - WPS Part B	482	283	0	108	91
J15 - CGS Part A	2,043	633	203	1,003	204
J15 - CGS Part B	1,534	448	334	717	35
JE - Noridian Part A	2,016	993	56	905	62

JE - Noridian Part B	1,889	573	482	675	159
JF - Noridian Part A	1,894	1,252	62	529	51
JF - Noridian Part B	968	244	218	437	69
JH - Novitas Part A	4,011	1,870	134	1,682	325
JH - Novitas Part B	1,794	895	180	615	104
JJ - PGBA Part A	405	160	5	223	17
JJ - PGBA Part B	877	420	87	321	49
JK - NGS Part A	1,787	566	84	1,044	93
JK - NGS Part B	2,546	1,860	19	538	129
JL - Novitas Part A	1,550	858	53	515	124
JL - Novitas Part B	1,419	547	61	728	83
JM - PGBA Part A	1,634	724	26	814	70
JM - PGBA Part B	833	223	71	492	47
JN - FCSO Part A	875	323	0	484	68
JN - FCSO Part B	1,992	721	225	910	136
Total	57,466	29,610	2,722	21,547	3,587

Source: CMS MAS System

Appendix N: FY 2022 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	1,130	488	24	550	68
2-Cotiviti	1,890	676	16	1,076	122
3-Cotiviti	992	256	13	664	59
4-Cotiviti GS	2,546	887	27	1,565	67
5-Performant	5,860	2,034	37	3,589	200
Total	12,444	4,351	117	7,460	516

Source: Q2Administrators, LLC

Note: Claims may have had initial overpayment determinations made prior to FY 2022. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2022. For example, if a claim was appealed to the first level and received a decision in FY 2022, then appealed to the second level and received a decision in FY 2022, both decisions are counted.

Appendix O: FY 2022 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	Other
1-Performant	A	627	238	275	0	114	0
	B	41	22	5	0	14	0
	DME	2	1	0	0	1	0
	Subtotal	670	261	280	0	129	0
2-Cotiviti	A	1,225	469	515	2	239	0
	B	31	4	14	0	13	0
	DME	0	0	0	0	0	0
	Subtotal	1,256	473	529	2	252	0
3-Cotiviti	A	368	120	170	4	74	0
	B	87	9	38	0	40	0
	DME	2	0	2	0	0	0
	Subtotal	457	129	210	4	114	0
4-Cotiviti GS	A	3,417	1,170	1,666	10	571	0
	B	67	28	30	0	9	0
	DME	0	0	0	0	0	0
	Subtotal	3,484	1,198	1,696	10	580	0
5-Performant	A	21	10	9	0	2	0
	B	312	137	91	0	84	0
	DME	1,998	416	1,017	2	563	0
	Subtotal	2,331	563	1,117	2	649	0
Unspecified	A	553	26	93	7	426	1
	B	5	5	0	0	0	0
	DME	8	0	8	0	0	0
	Subtotal	566	31	101	7	426	1
Total		8,764	2,655	3,933	25	2,150	1

*These totals include claims with decision letter mailed date in FY22, combined appeals are excluded, And Part A includes Part B of A claims. Source: MAS - ALJ Appeal Lifecycle Star Package

Note: Claims may have had initial overpayment determinations made prior to FY 2022. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2022. For example, if a claim was appealed to the first level and received a decision in FY 2022, then appealed to the second level and received a decision in FY 2022, both decisions are counted.

**Appendix P: FY 2022 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
1-Performant	A	2	0	0	0	2	0
2-Cotiviti	A	3	0	0	2	0	1
3-Cotiviti	A	1	0	0	0	0	1
4-Cotiviti GS	A	6	0	0	4	0	2
5-Performant	DME	6	0	0	4	2	0
Total		18	0	0	10	4	4

Source: Q2Administrators, LLC

Note: Claims may have had initial overpayment determinations made prior to FY 2022. Appealed claims may be counted multiple times if the claim had appeal decisions rendered at multiple levels during FY 2022. For example, if a claim was appealed to the first level and received a decision in FY 2022, then appealed to the second level and received a decision in FY 2022, both decisions are counted.

**Appendix Q: FY 2022 Provider Medical Records Submission Methods by RAC Region
(Percentage)**

RAC	Method	FY22 Percentage
1-Performant	esMD	37%
	CD/DVD	37%
	Paper	23%
	Fax	3%
	Other	0%
2-Cotiviti	esMD	%
	CD/DVD	%
	Paper	%
	Fax	%
	Other	%
3-Cotiviti	esMD	33.3%
	CD/DVD	7.3%
	Paper	22.7%
	Fax	20.1%
	Other	16.6%
4-Cotiviti GS	esMD	30.35%
	CD/DVD	2.95%
	Paper	15.75%
	Fax	8.57%
	Other	%
5-Performant	esMD	10%
	CD/DVD	75%

	Paper	9%
	Fax	6%
	Other	0%

Appendix R: Medicare FFS Recovery Audit Program Informational Resources

Website	Information Provided
go.cms.gov/RAC	This Recovery Audit Program specific agency website includes background information on the program, RAC information for each region, the final Statement of Work, appeals information, limitations on recoupment, quarterly updates on corrections and identified vulnerabilities, articles for provider education, and other program updates.
http://www.cms.gov/MLNProducts/downloads/MedQtrlyCompNL_Archive.pdf	Contains archived provider compliance articles to help address common billing errors
RAC Websites	<p>Contains updated information on audits conducted, approved new issues, as well as sample correspondence and documentation submission instructions. The RAC websites are as follows:</p> <ul style="list-style-type: none"> • Performant Recovery: performantrac.com • Cotiviti: http://www.cotiviti.com/cotiviti-healthcare/cms-rac-provider-resources • Cotiviti Gov. Services: https://rac4info.cotiviti.com/home.aspx