



Exploring the Impact of the RAC Program on Hospitals Nationwide

Results of AHA RACTrac Survey, 3rd Quarter 2011

November 21, 2011

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 3rd 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

- 2127 hospitals have participated in *RAC*Trac since data collection began in January of 2010.
- Two-thirds of medical records reviewed by RACs **did not** contain an improper payment.
- \$355 million in denied claims have been reported since the first quarter of 2010.
- 96% of participating hospitals with complex denials cited medically unnecessary as a reason for denial.
- 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.
- Hospitals reported appealing nearly one-third of all RAC denials, with a 77% success rate in the appeals process.
- 81% of hospitals reported appealing at least one RAC denial.



Executive Summary (cont.)

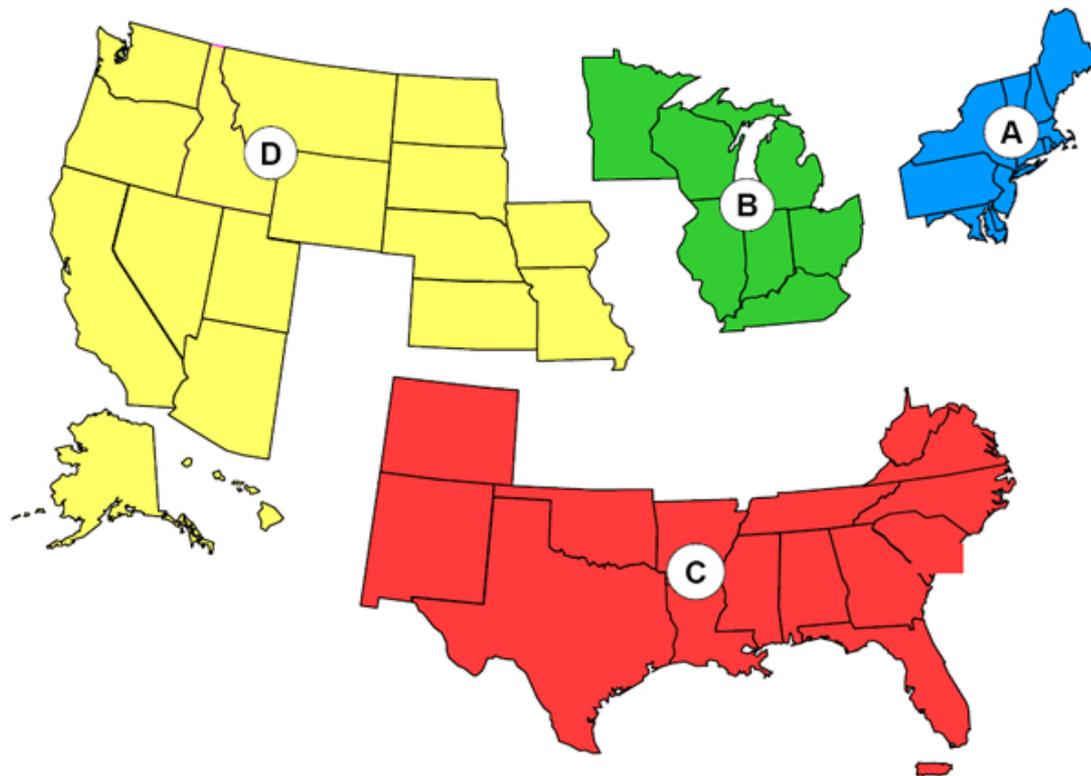
- 71% of participating hospitals reported that RAC impacted their organization this quarter and 51% reported increased administrative costs.
- 57% of respondents indicated they have yet to receive any education related to avoiding payment errors from CMS or its contractors.
- Hospital respondents continue to report problems with untimely demand letters.
- 47% of hospitals reported problems reconciling recoupments due to confusion with multiple postings of the N432 code on the remittance advice.
- 14% of hospitals reported that RACs are rescinding medical record requests after the hospital has already submitted the records.
- The majority of hospital respondents indicated RAC responsiveness and overall communication was “fair” or “good.”
- 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 3rd Quarter, 2011

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



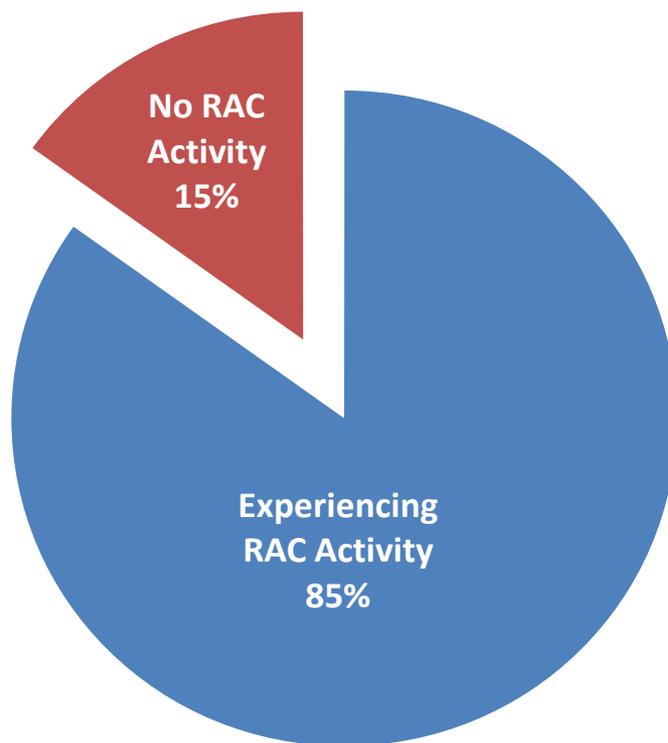
Source: Centers for Medicare and Medicaid Services



RAC Activity

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

Percent of Participating Hospitals Experiencing RAC Activity, 3rd Quarter 2011

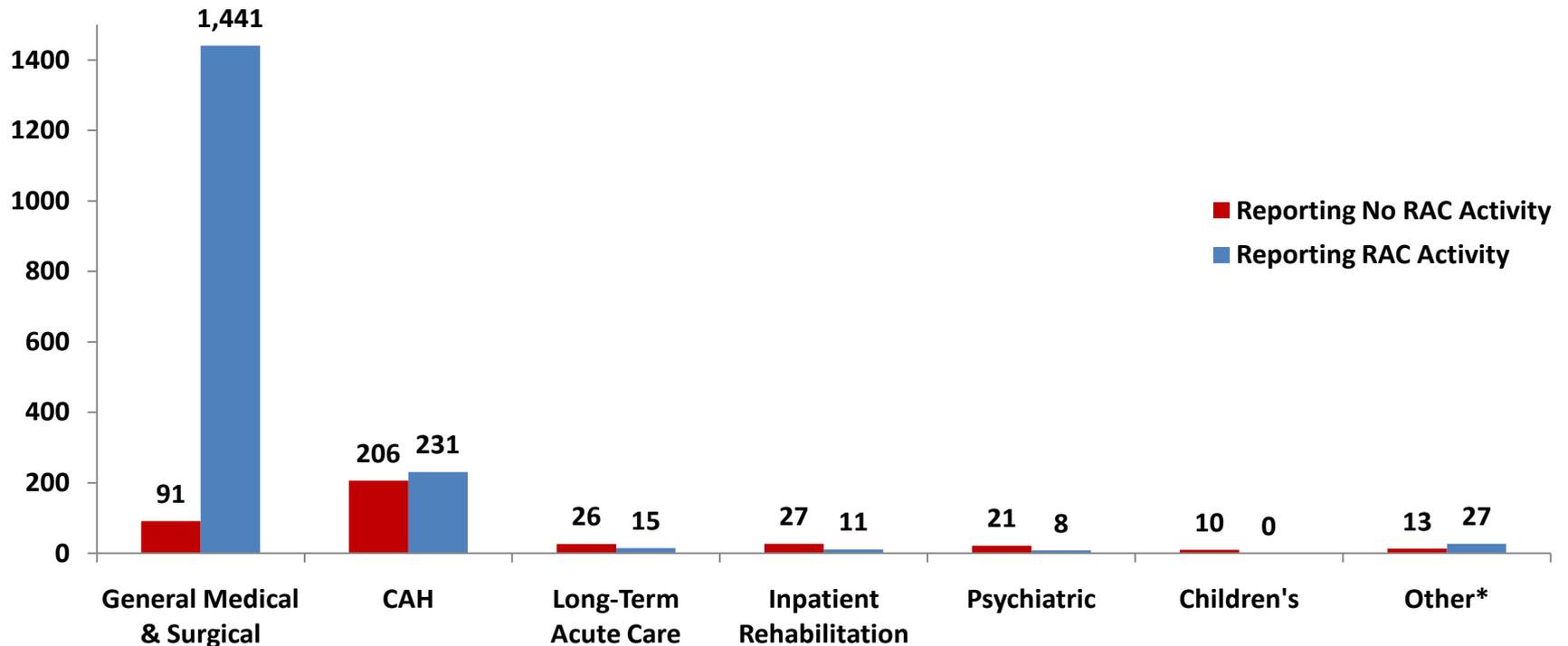


Source: AHA. (October 2011). *RAC*Trac Survey

AHA analysis of survey data collected from 2,127 hospitals: 1,733 reporting activity, 394 reporting no activity through September 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 3rd Quarter 2011



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

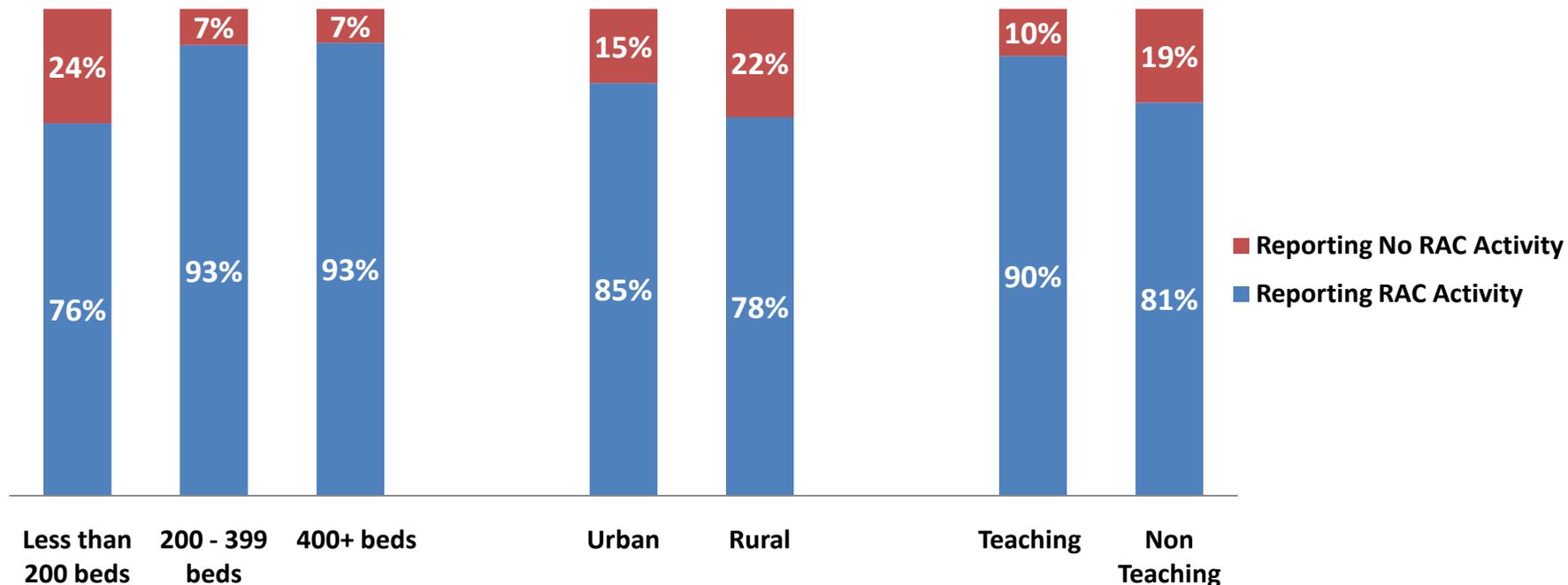
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Different types and sizes of hospitals reported that they were subject to RAC review.

Percent Reporting RAC Activity vs. No RAC Activity by Type of Participating Hospital, through 3rd Quarter 2011

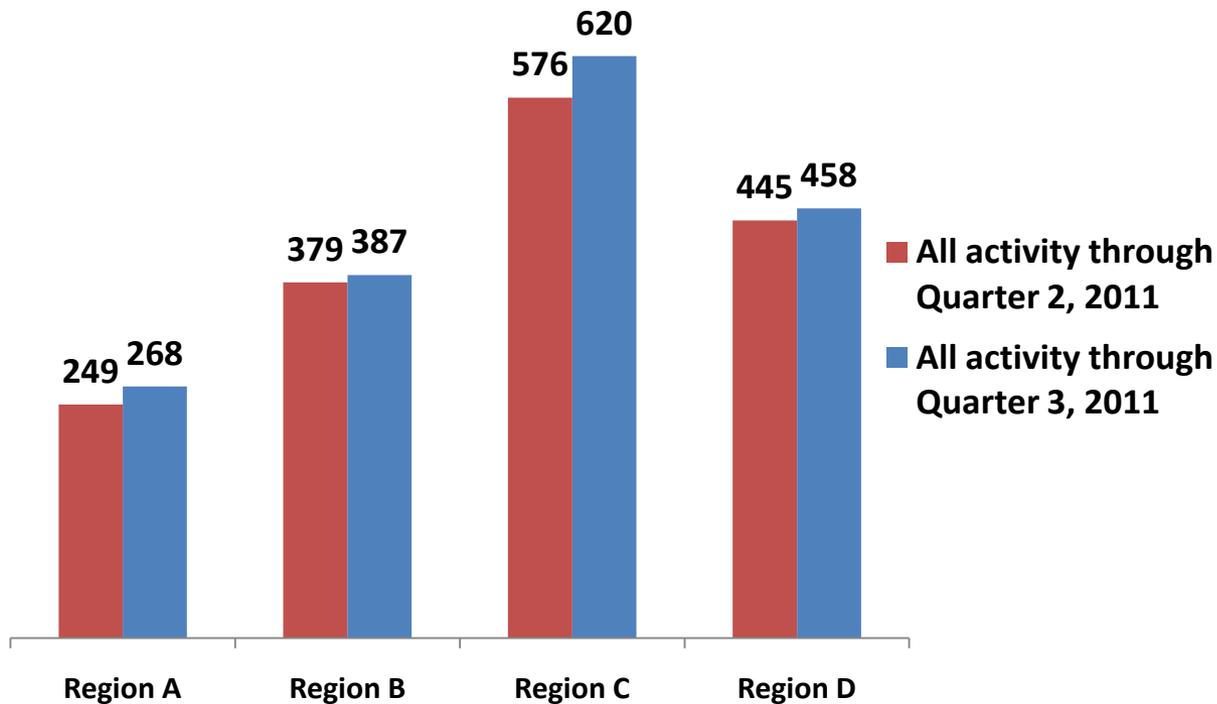


Source: AHA. (October 2011). RACTrac Survey

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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 3rd 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



Source: AHA. (October 2011). RACTrac Survey

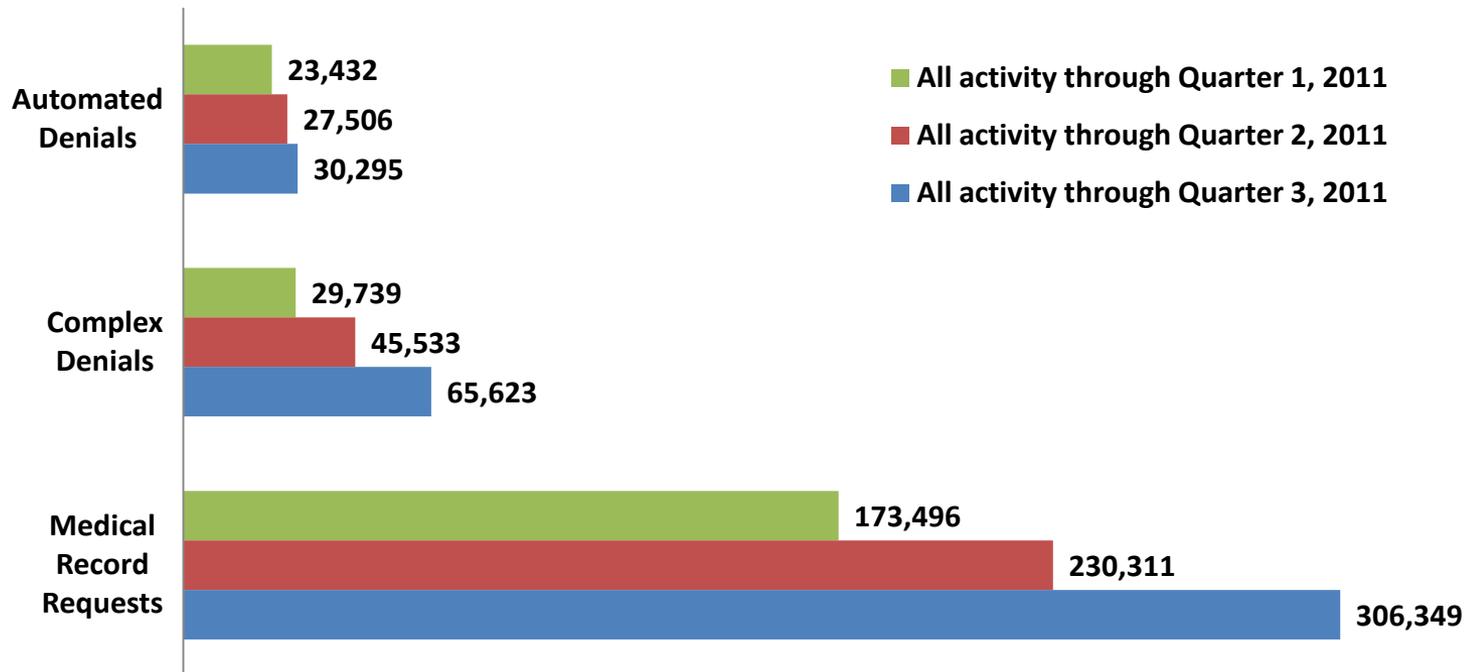
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RAC Reviews

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 3rd Quarter 2011



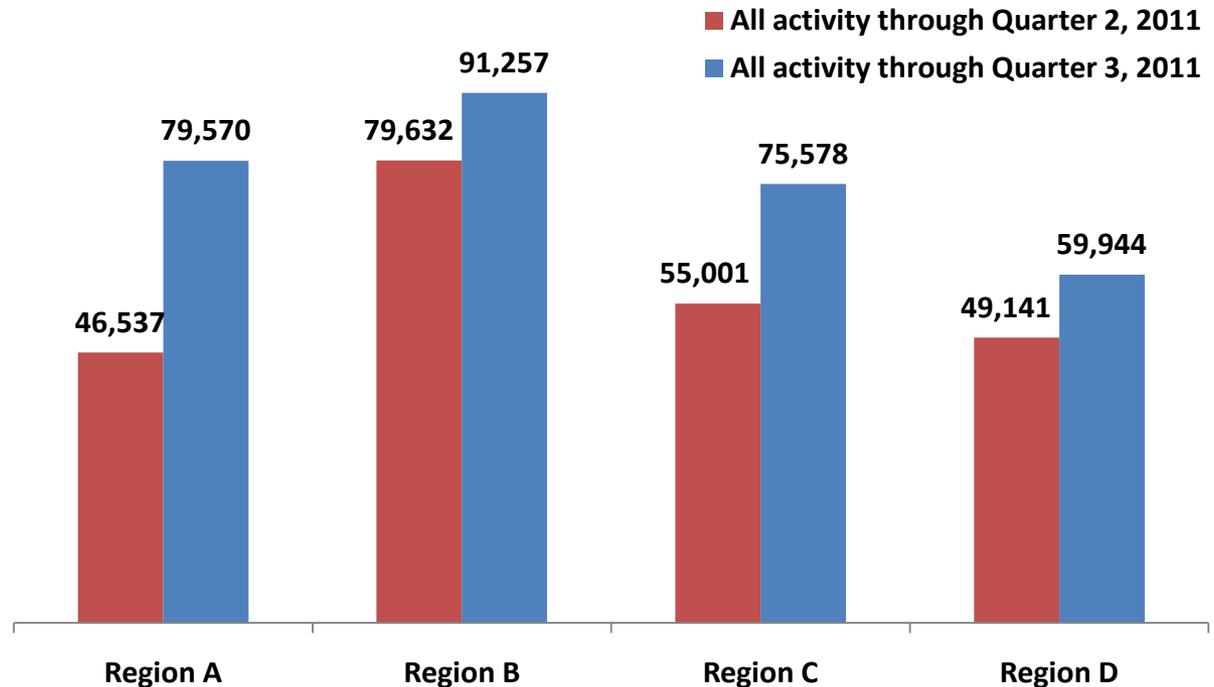
Source: AHA. (October 2011). RACTrac Survey

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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 3rd Quarter 2011

Average Number of Medical Record Requests per Reporting Hospital, through Q3, 2011	
Region A	507
Region B	439
Region C	231
Region D	335

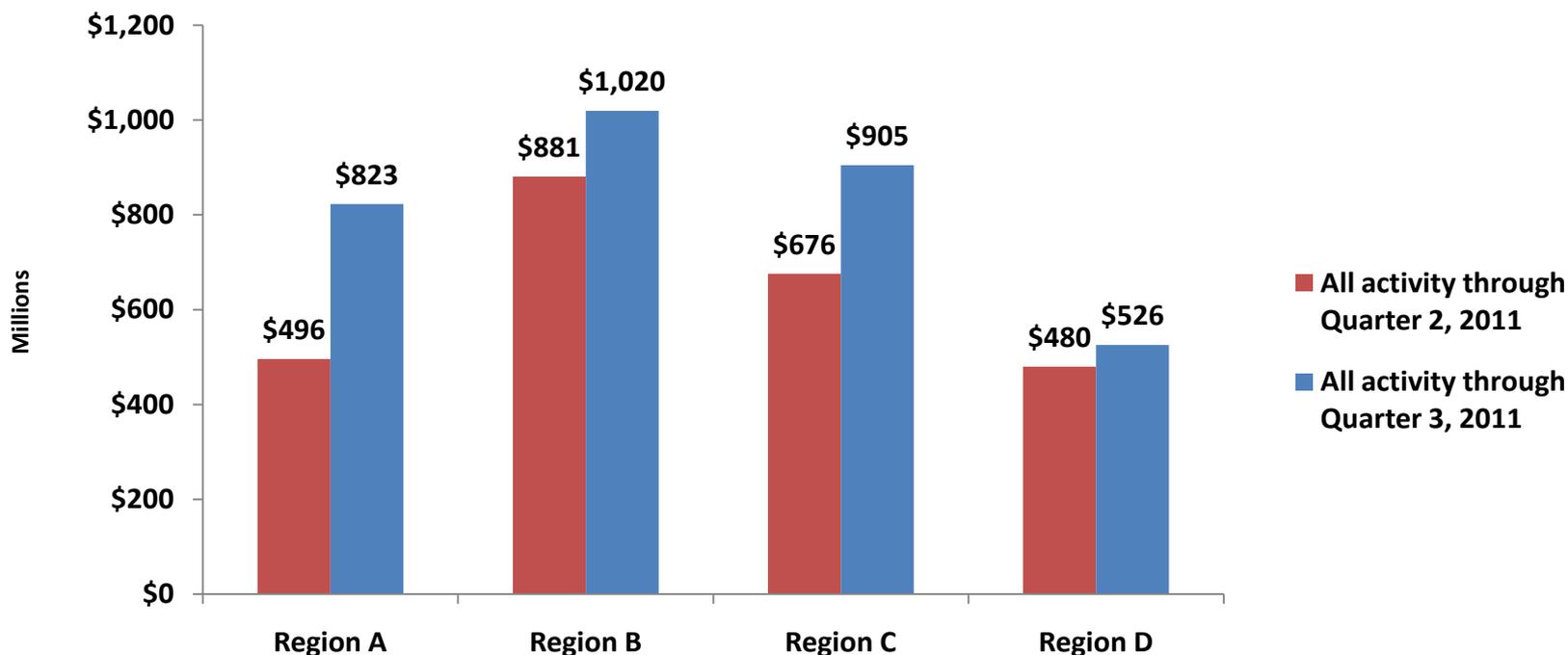


Source: AHA. (October 2011). RACTrac Survey

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Among participating hospitals, \$3.3 billion in Medicare payments were targeted for medical record requests through the 3rd quarter of 2011.

Medicare Payments Associated with Medical Records Requested from Participating Hospitals, through 3rd Quarter 2011, in Millions



Source: AHA. (October 2011). 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 3rd Quarter 2011

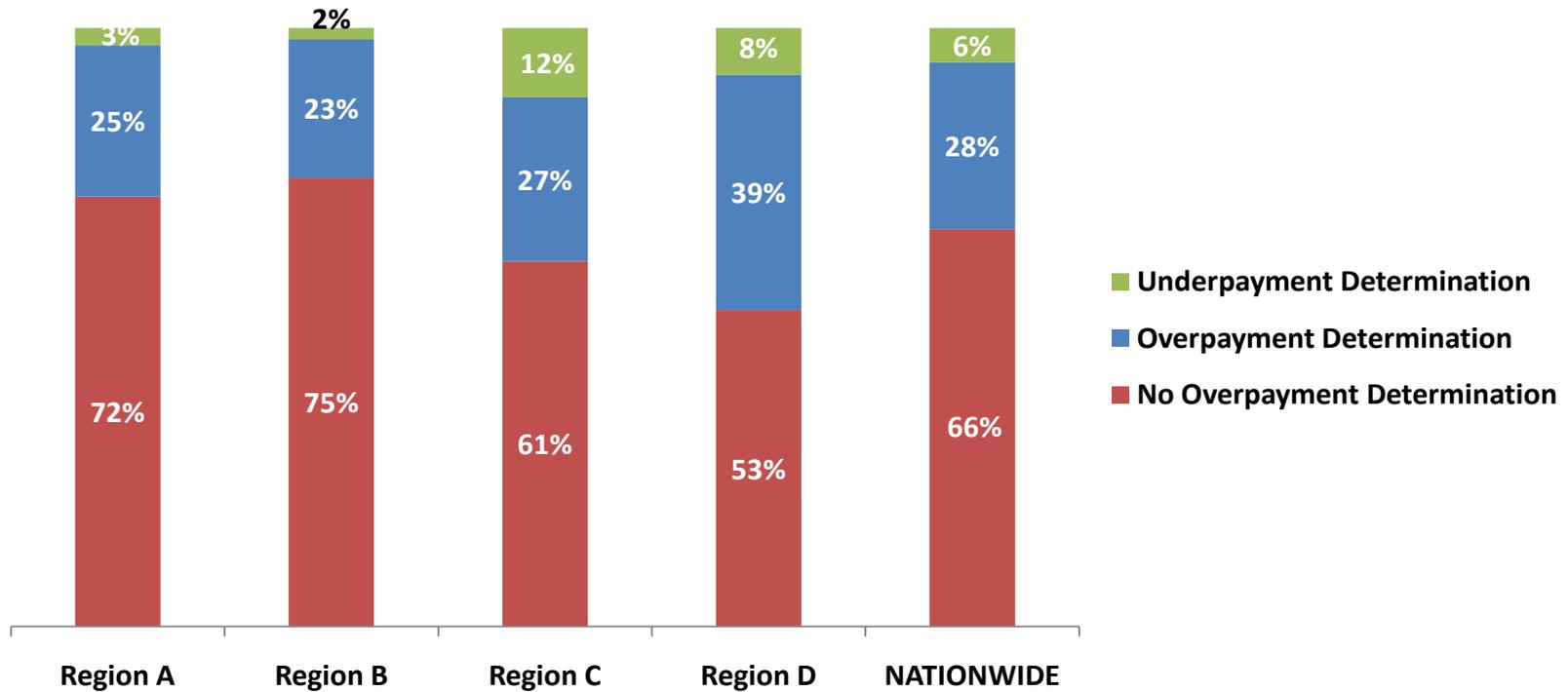


Source: AHA. (October 2011). *RACTrac Survey*

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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 3rd Quarter 2011



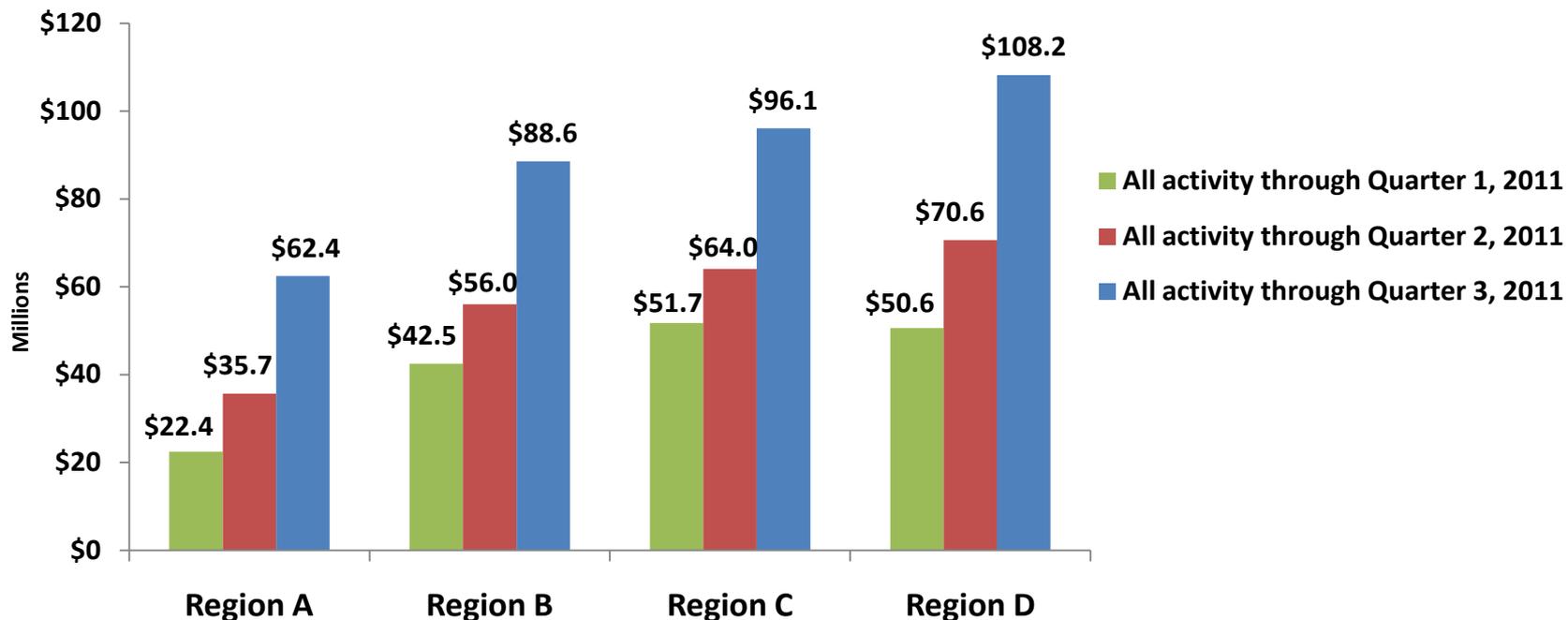
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RAC Denials

\$355 million in denials have been reported, a significant increase from the \$226 million in denials reported last quarter.

Dollar Value of Automated and Complex Denials by RAC Region for Participating Hospitals, through 3rd Quarter 2011, Millions

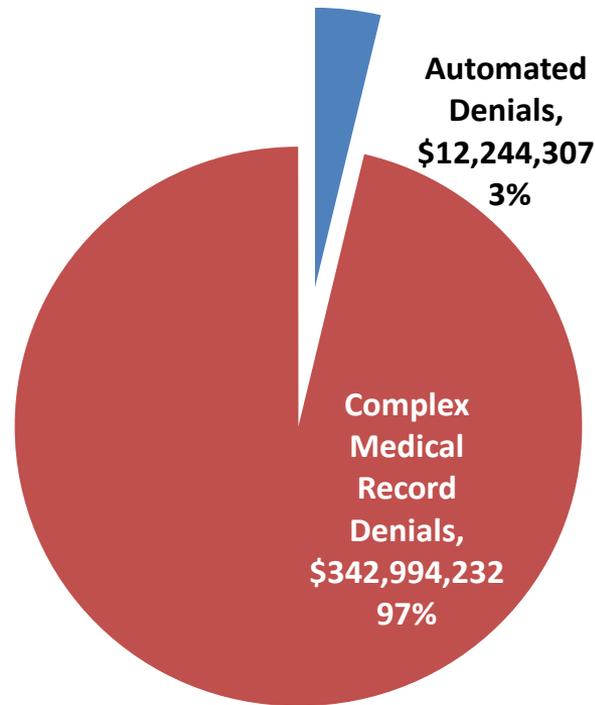


Source: AHA. (October 2011). RACTrac Survey

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97% of denied dollars were complex denials totaling nearly \$343 million dollars.

Percent and Dollar Amounts of Automated Denials Versus Complex Denials for Participating Hospitals, through 3rd Quarter 2011

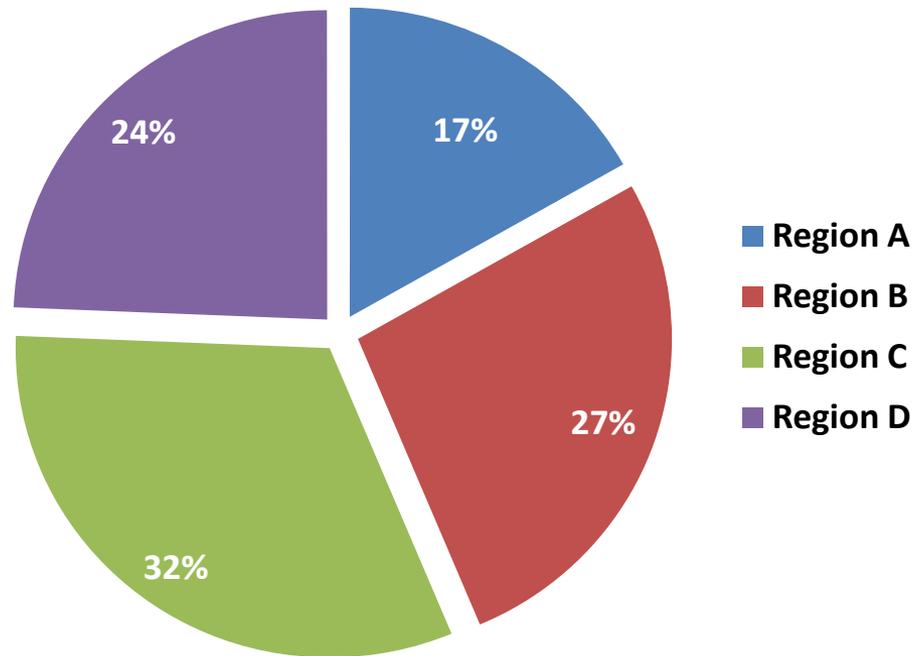


Source: AHA. (October 2011). RACTrac Survey

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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 3rd Quarter 2011



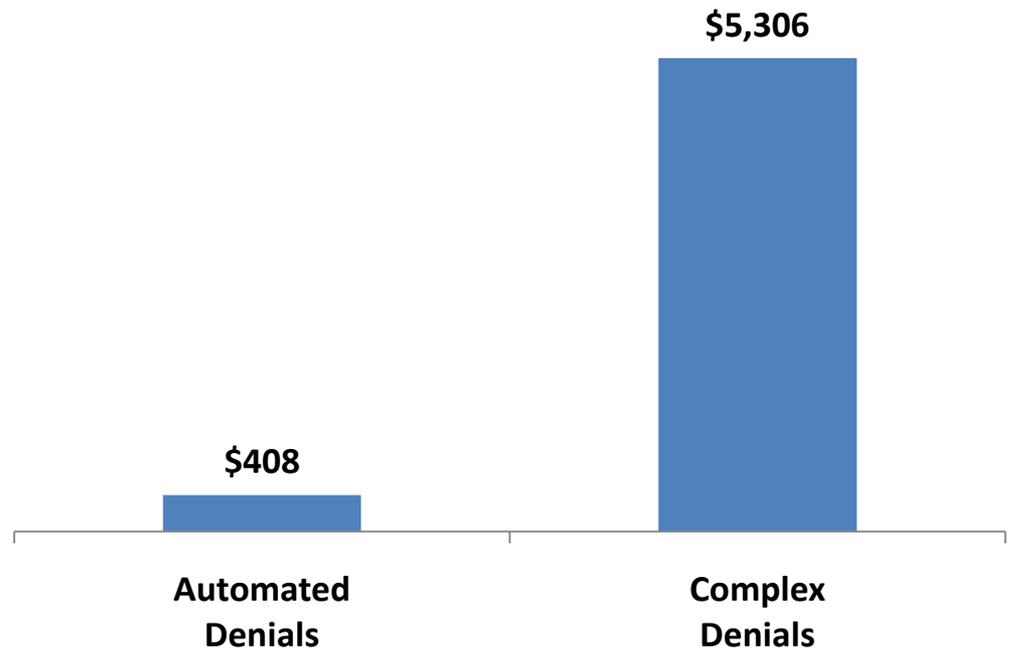
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The average dollar value of an automated denial was \$408 and the average dollar value of a complex denial was \$5,306.

Average Dollar Value of Automated and Complex Denials Among Hospitals Reporting RAC Denials, through 3rd Quarter 2011

Average Dollar Amount of Automated and Complex Denials Among Reporting Hospitals, by Region		
RAC Region	Automated Denial	Complex Denial
Region A	\$456	\$4,226
Region B	\$313	\$5,305
Region C	\$392	\$5,458
Region D	\$595	\$6,077



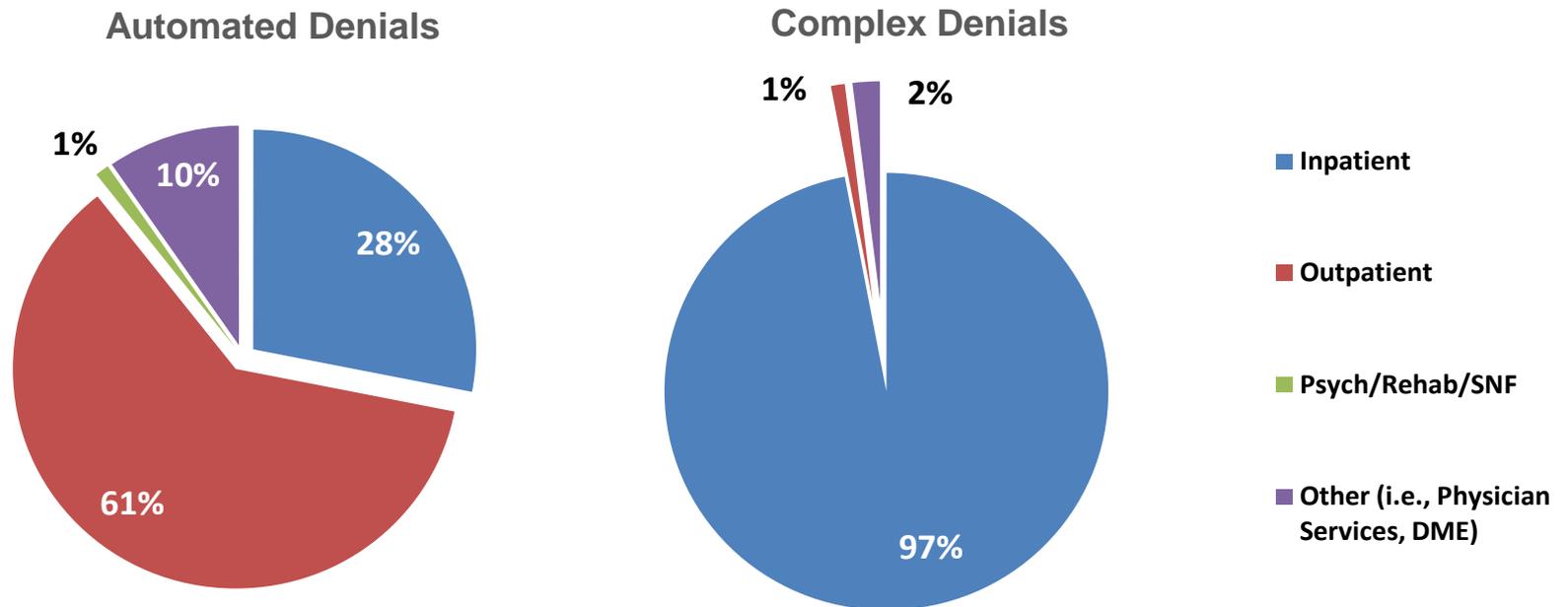
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Outpatient services had the largest financial impact through automated activity while inpatient services had the largest financial impact through complex denials.

Percent of Participating Hospitals by Top Service Area for Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3rd Quarter 2011

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



Source: AHA. (October 2011). RACTrac Survey
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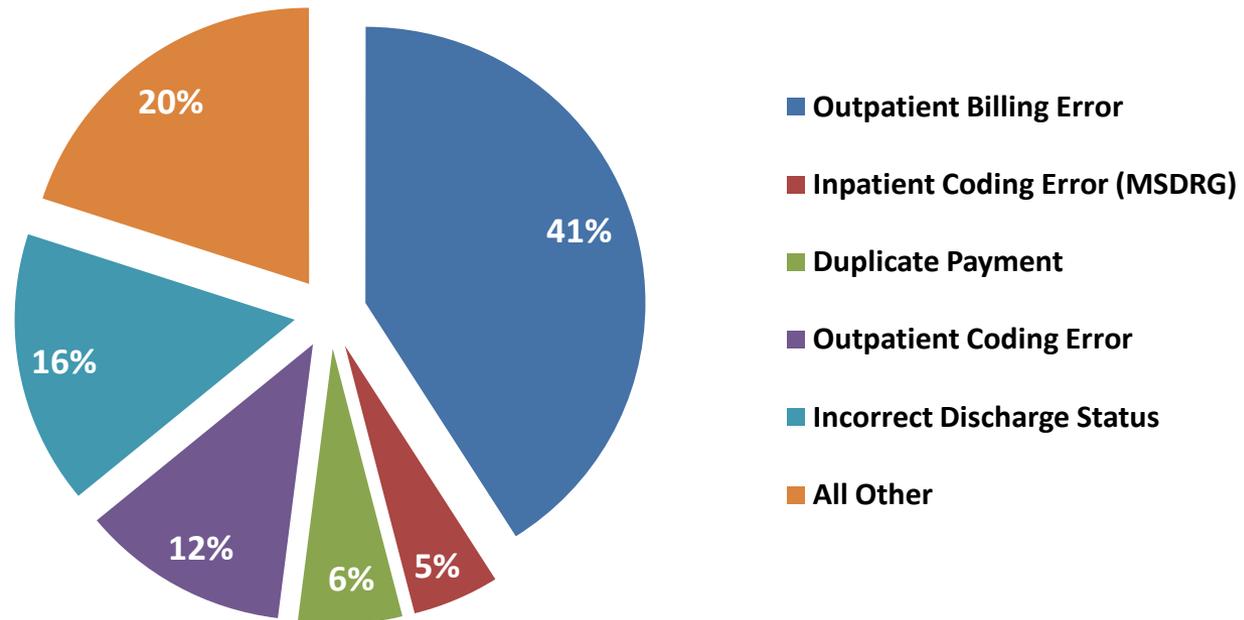


Automated RAC Denials

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, 3rd Quarter 2011

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

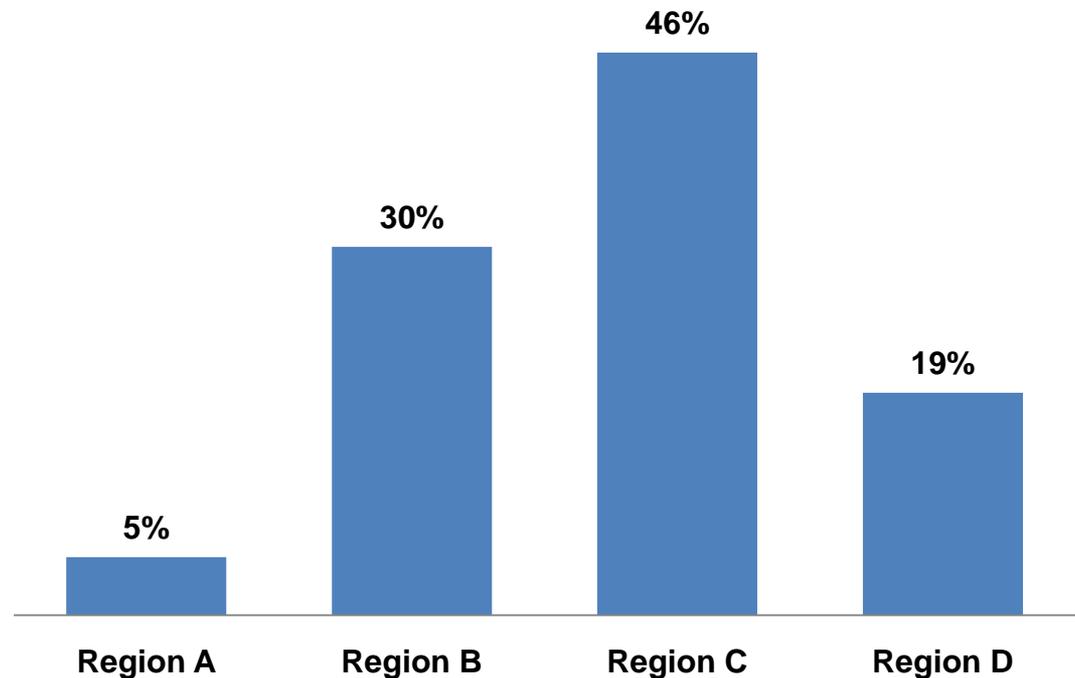


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Region C has experienced 46% of all reported automated denials.

Percent and Number of Reported Automated Denials for Participating Hospitals, by Region, through 3rd Quarter 2011

	Total Number of Automated Denials by RAC Region
Region A	1,450
Region B	9,209
Region C	14,071
Region D	5,565

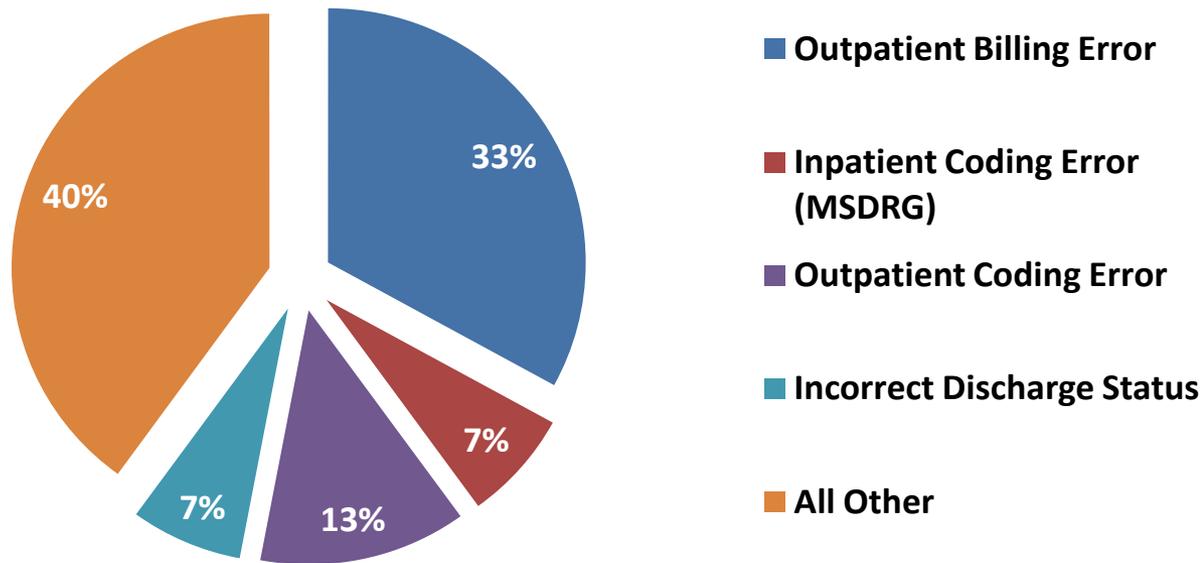


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Region A: Hospitals more commonly ranked inpatient coding error as the top reason for automated denials than in other regions.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3rd Quarter 2011, Region A

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



Only 15 survey participants are represented in this chart.

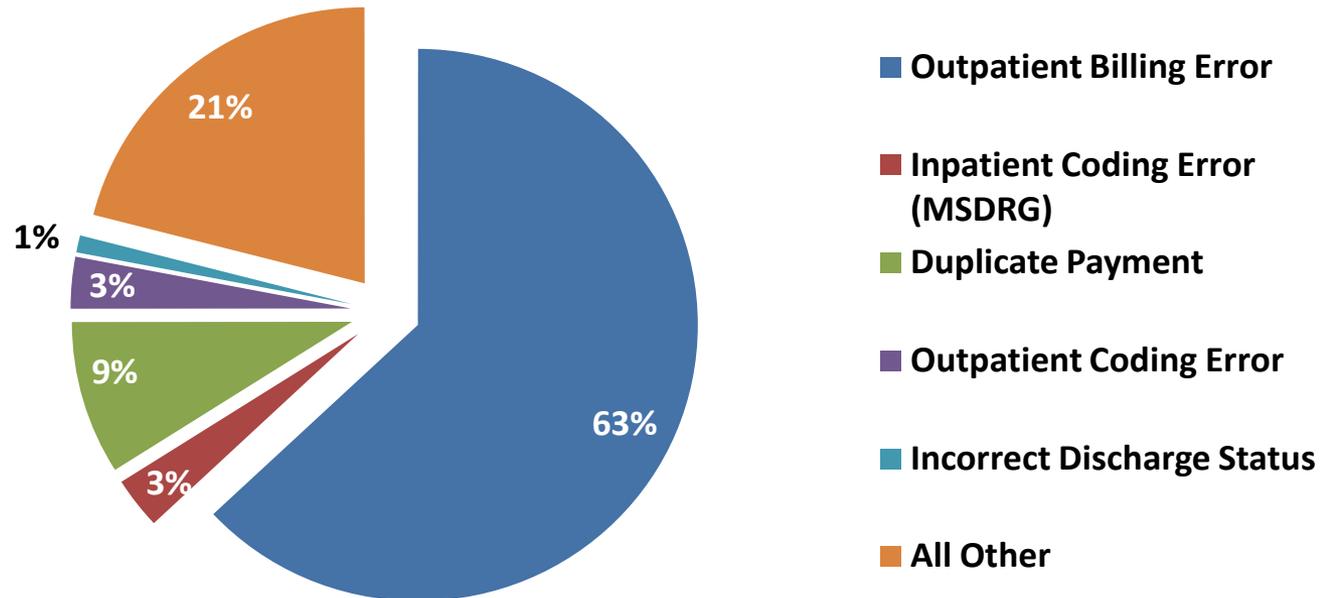


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Region B: Outpatient billing error is the top reason for denial.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3rd Quarter 2011, Region B

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

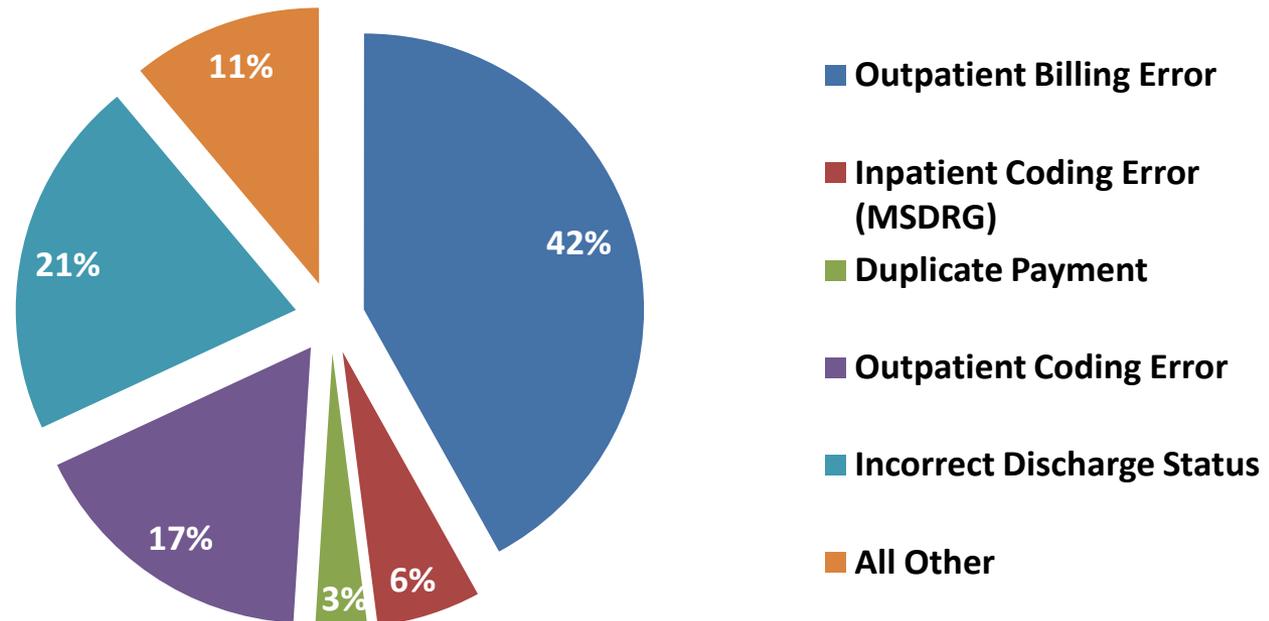


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Region C: Top denial reasons were consistent with national trend.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3rd Quarter 2011, Region C

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

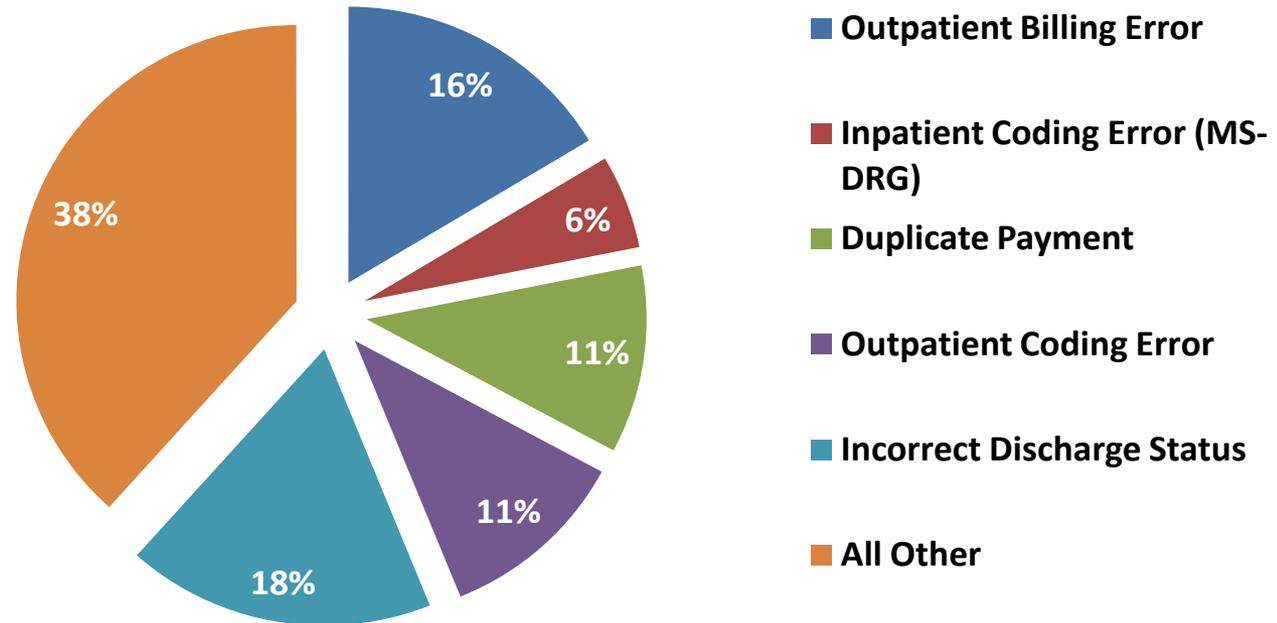


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Region D: A significant portion of hospitals cited “other” as the top reason for automated denial in Region D.

Percent of Participating Hospitals by Top Reason for Automated Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3rd Quarter 2011, Region D

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



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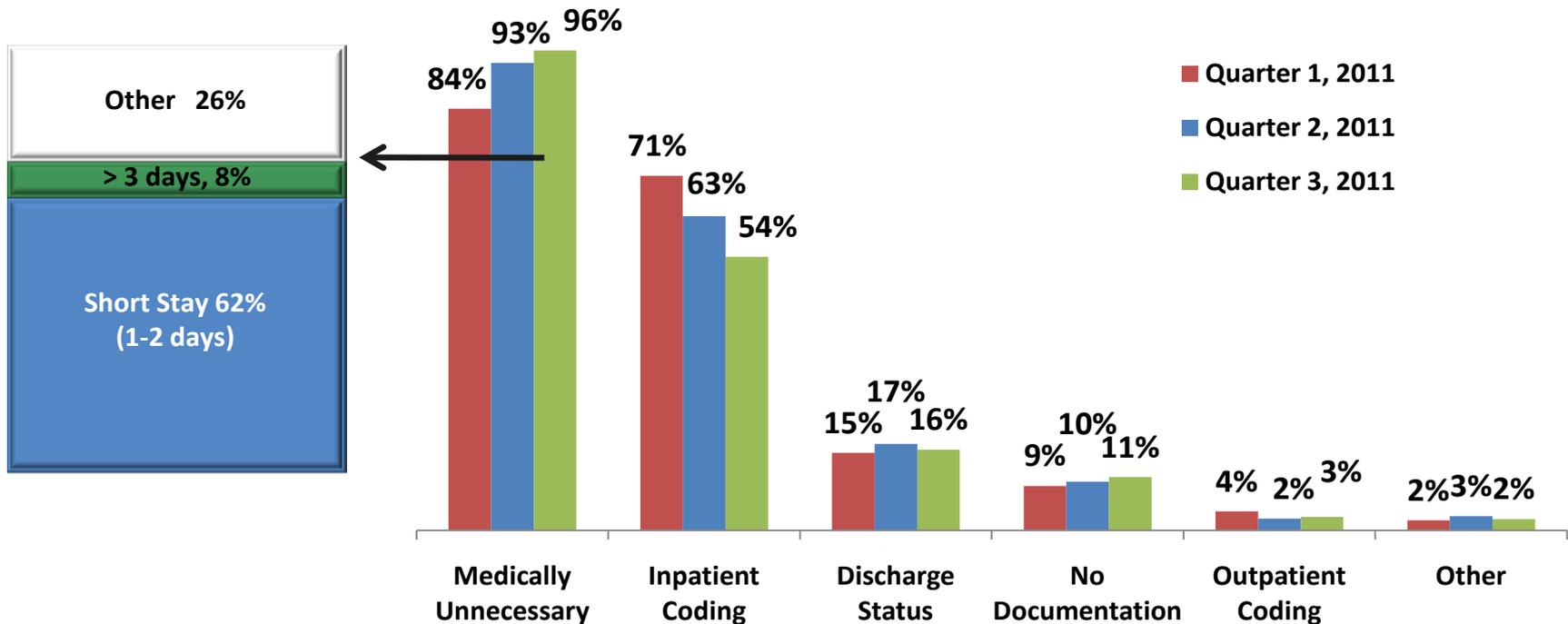


Complex RAC Denials

96% of medical/surgical acute care hospitals with RAC activity reported medically unnecessary as a reason for complex denials.

Percent of Participating Medical/Surgical Acute Hospitals with RAC Activity Experiencing Complex Denials by Reason, 1st, 2nd and 3rd Quarter 2011

Survey participants were asked to select all reasons for denial.

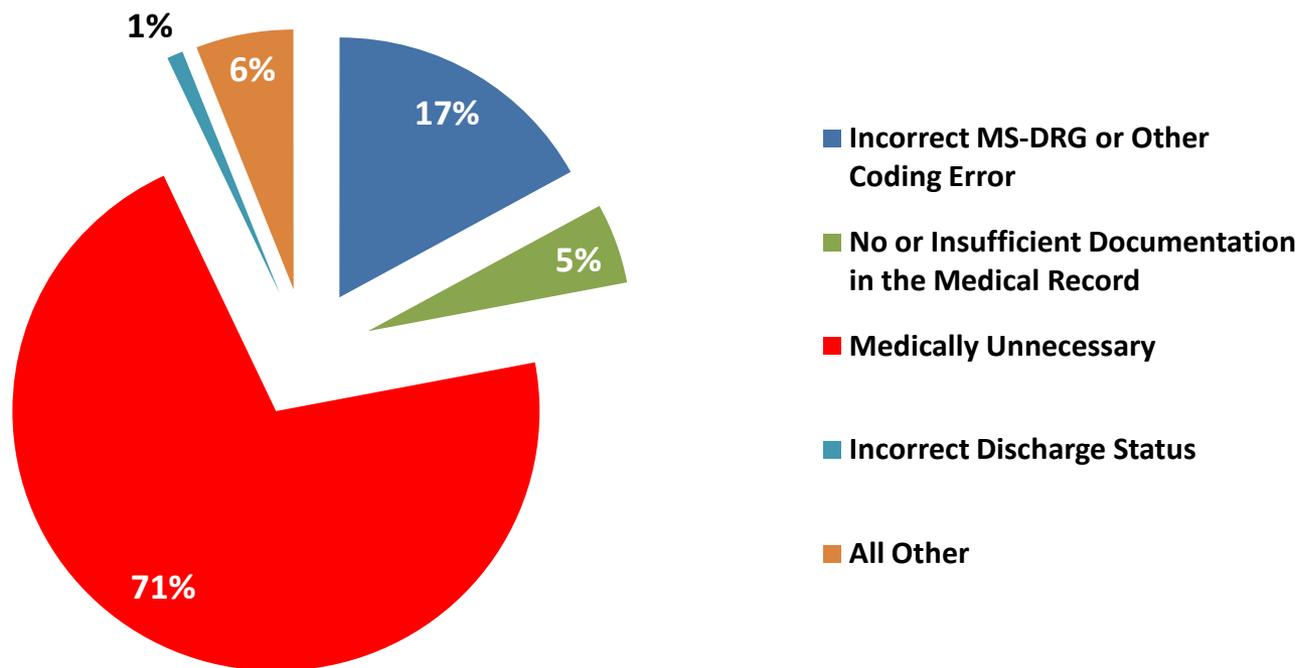


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Medical necessity denials continue to be the denials with the largest financial impact.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3rd Quarter 2011

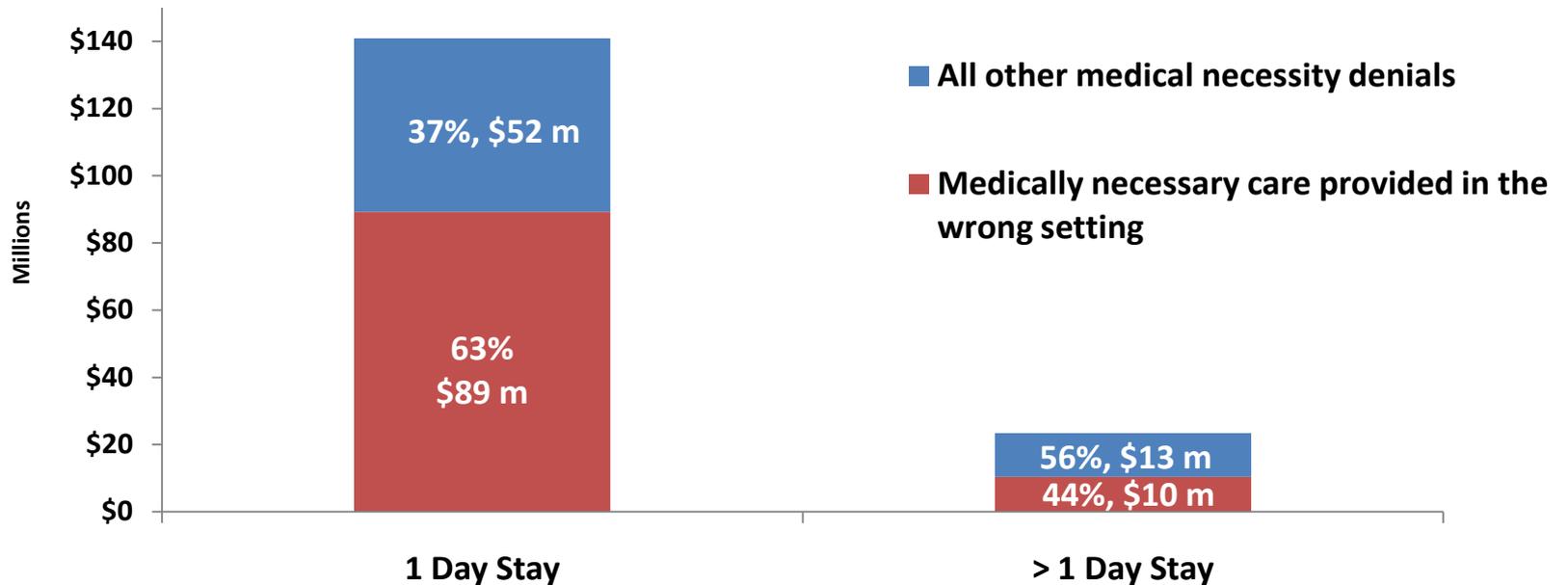
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The majority of medical necessity denials were for 1-day stays and were because the care was provided in the wrong setting, not because the care was not medically necessary.

Reason for Medical Necessity Denials by Length of Stay Among Hospitals Reporting Medical Necessity Denials, 3rd 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.



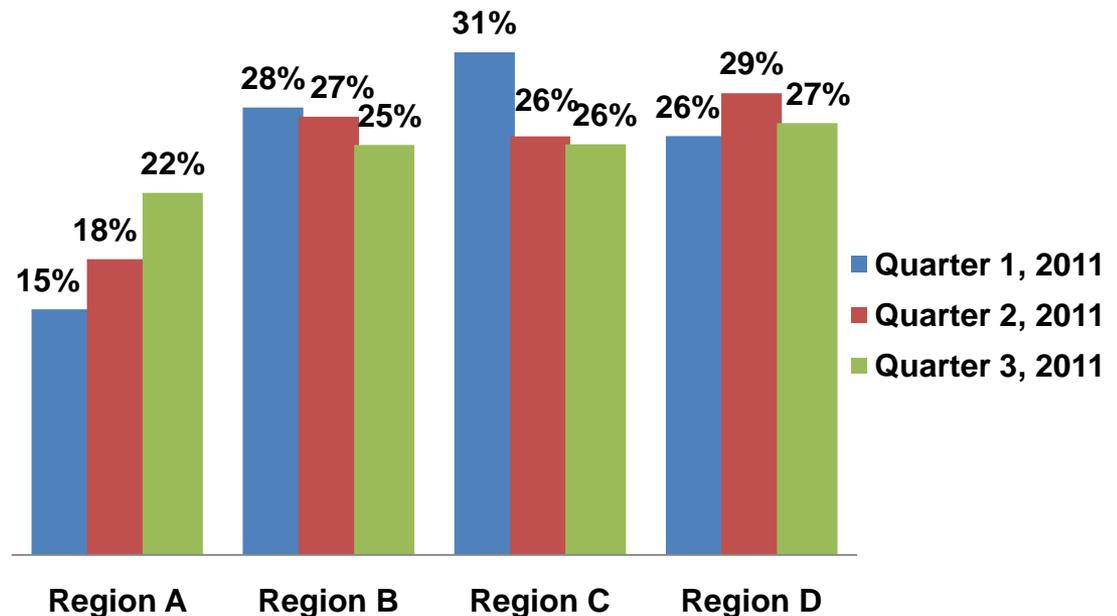
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All regions are now reporting a significant number of complex denials; Region A saw a significant increase over last quarter.

Percent and Number of Reported RAC Complex Denials for Participating Hospitals, by Region, through 1st, 2nd and 3rd Quarter 2011

	Total Number of Claims with Overpayment Determination
Region A	14,715
Region B	16,660
Region C	16,695
Region D	17,553

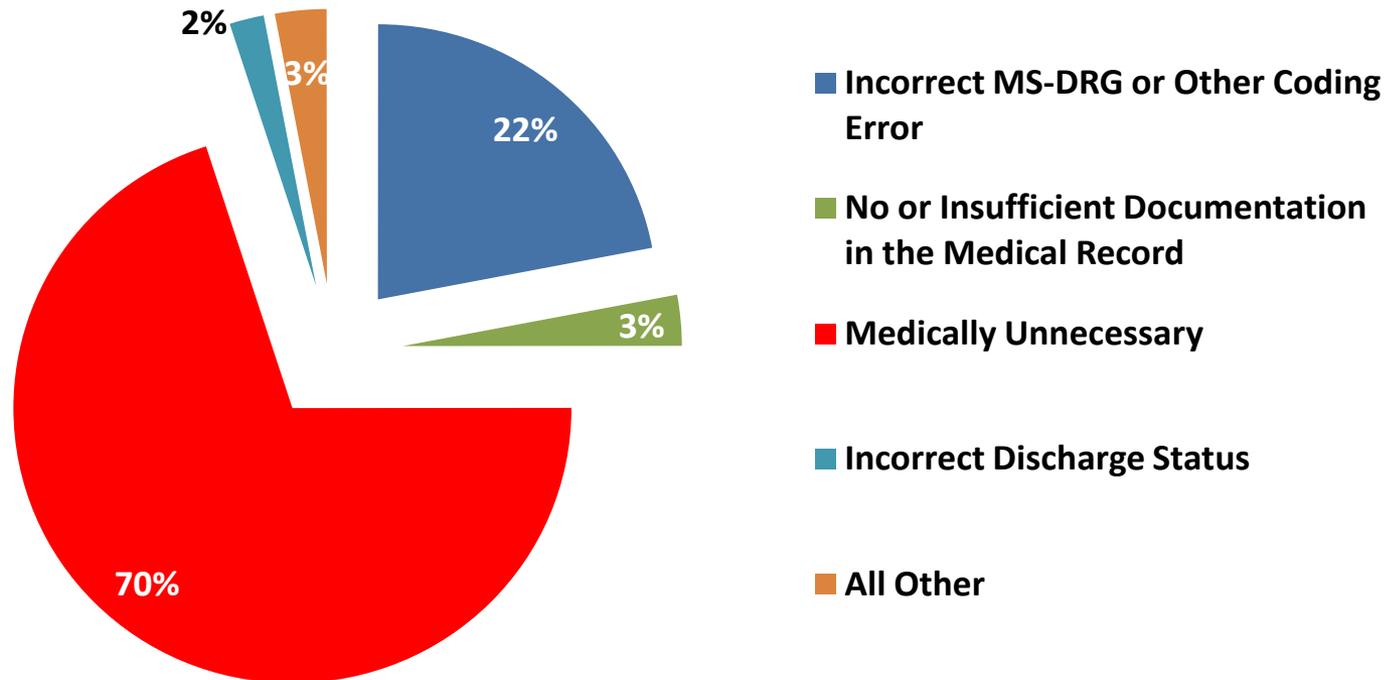


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Region A: Medically unnecessary was identified by 70% of hospitals as the top reason for complex denials.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3rd Quarter 2011, Region A

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

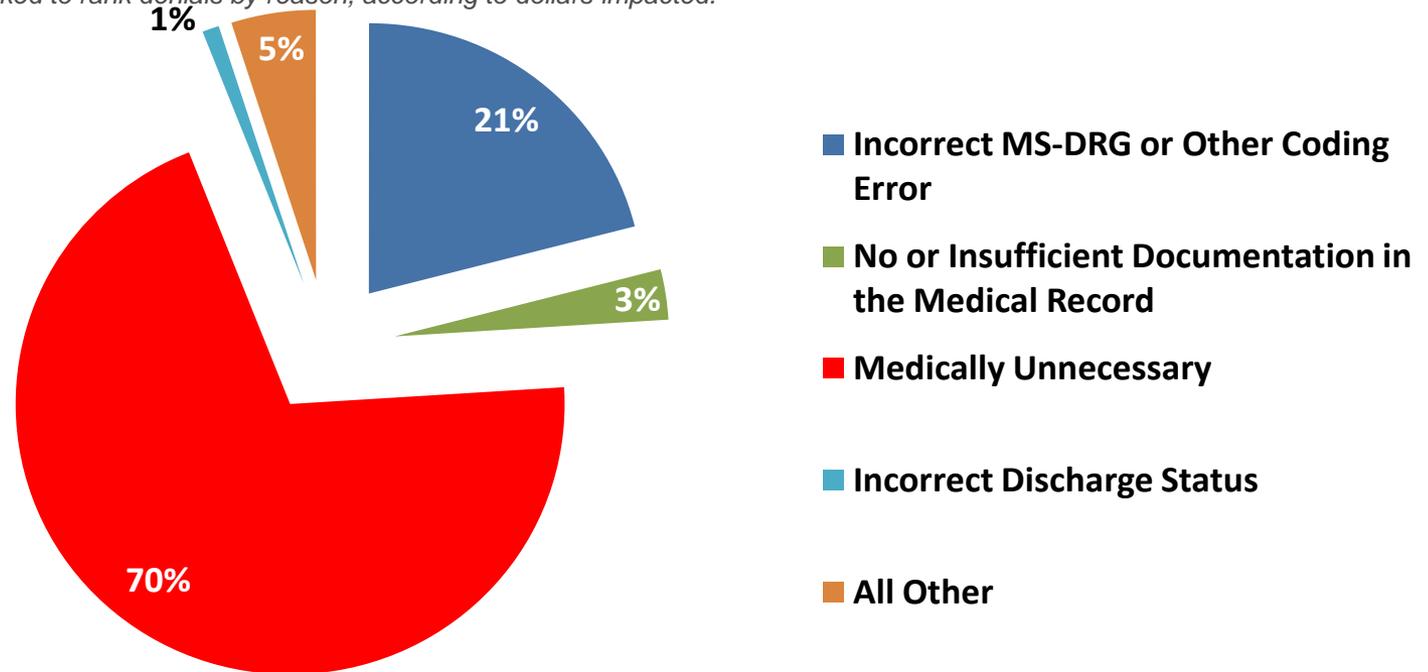


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Region B: Medically unnecessary was identified by 70% of hospitals as the top reason for complex denials.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3rd Quarter 2011, Region B

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

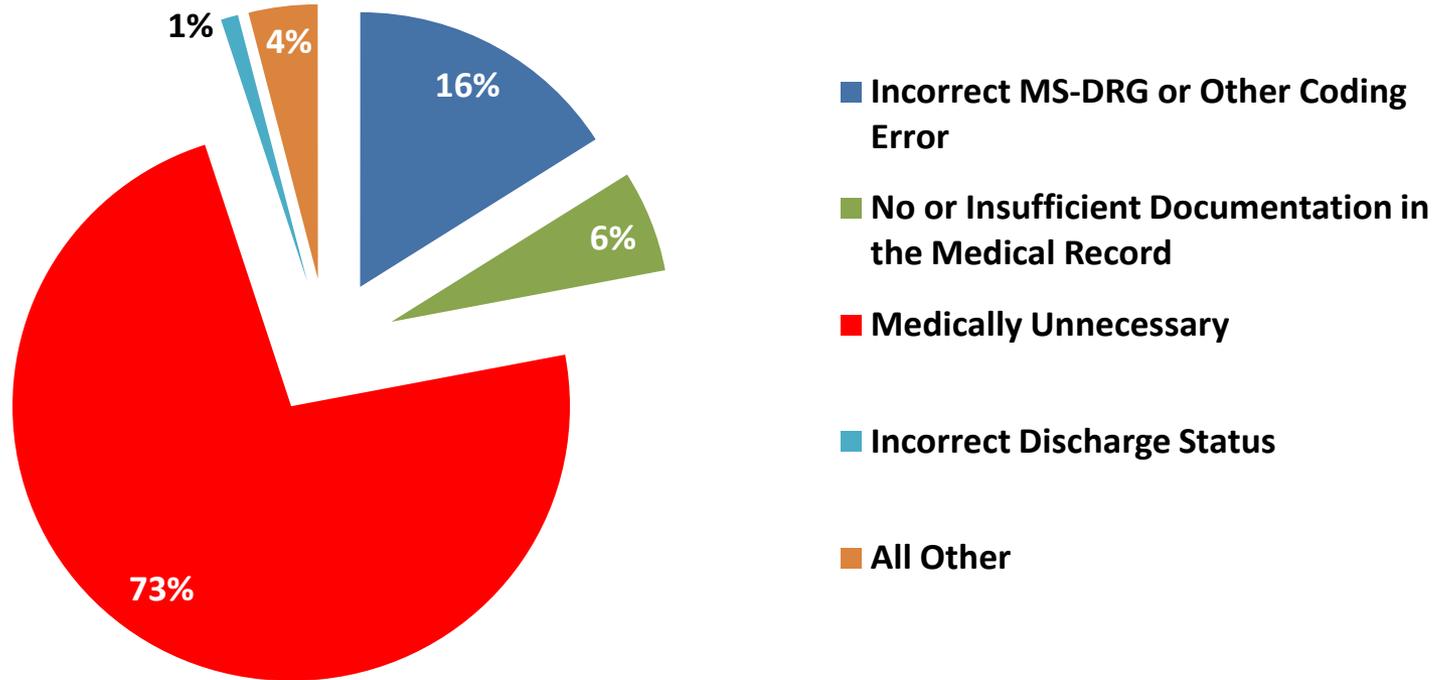


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Region C: Medically unnecessary was identified by 73% of hospitals as the top reason for complex denials.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3rd Quarter 2011, Region C

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

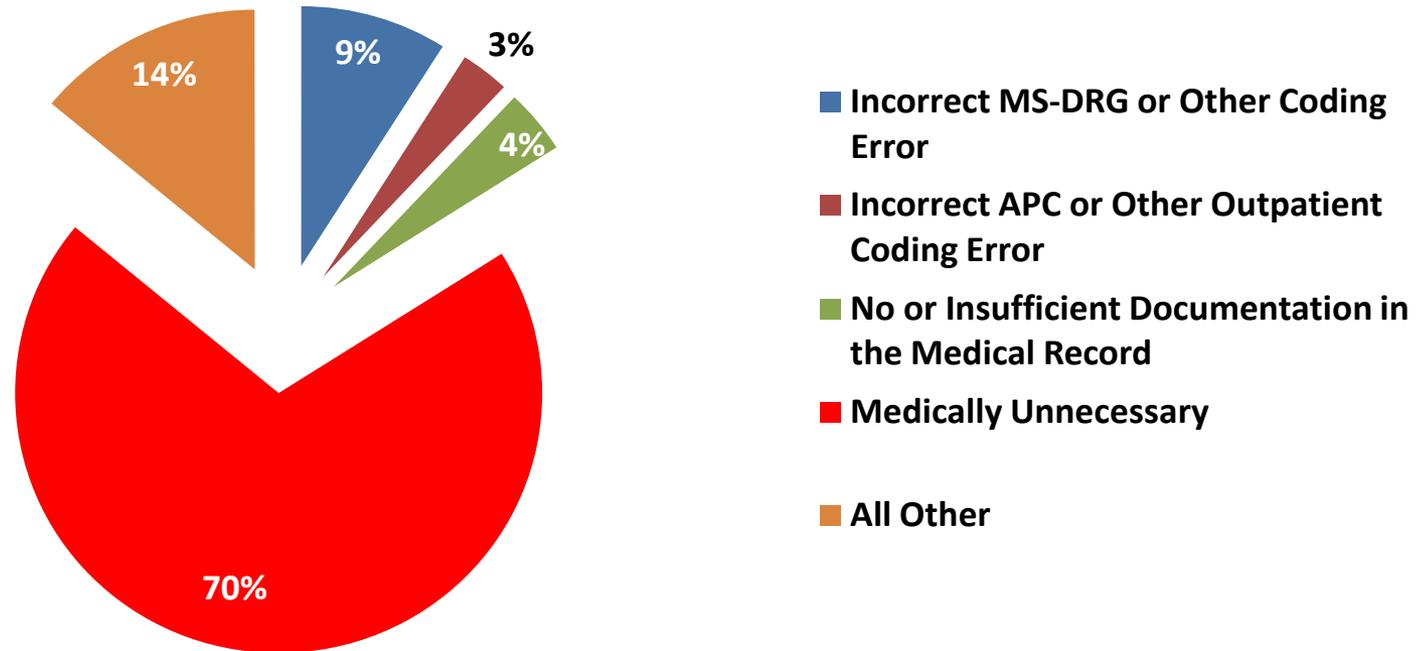


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Region D: Medically unnecessary was identified by 70% of hospitals as the top reason for complex denials.

Percent of Participating Hospitals by Top Reason for Complex Denials by Dollar Amount for Medical/Surgical Acute Hospitals with RAC Activity, 3rd 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 Overpayment Determinations by Top Five MS-DRG for Medically Unnecessary and all other Complex Denials for Medical/Surgical Acute Participating Hospitals, 3rd 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	18%
247	PERC CARDIOVASC PROC W DRUG-ELUTING STENT W/O MCC	9%
69	TRANSIENT ISCHEMIA	8%
313	CHEST PAIN	6%
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	8%
166	OTHER RESP SYSTEM O.R. PROCEDURES W MCC	4%
69	TRANSIENT ISCHEMIA	4%
981	EXTENSIVE O.R. PROCEDURE UNRELATED TO PRINCIPAL DIAGNOSIS W MCC	4%
189	PULMONARY EDEMA & RESPIRATORY FAILURE	4%



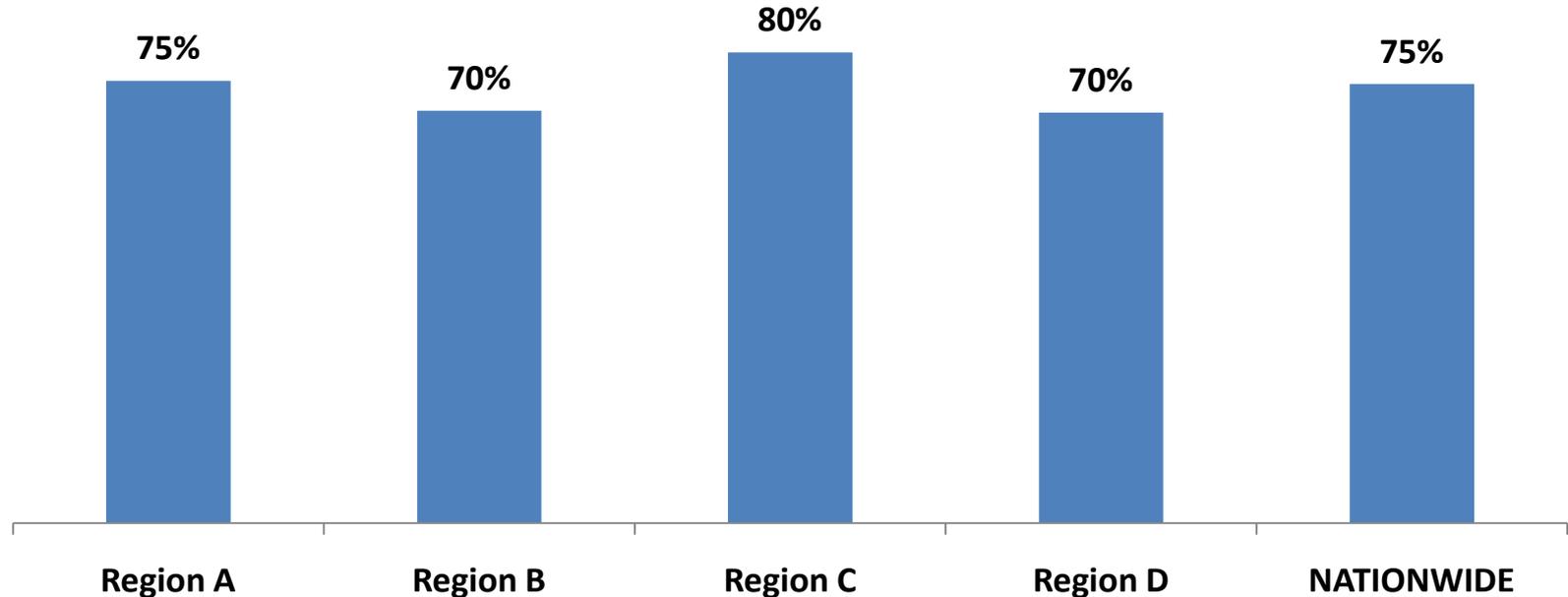
Source: AHA. (October 2011). RACTrac Survey
 AHA analysis of survey data collected from 2,127 hospitals: 1,733 reporting activity, 394 reporting no activity through September 2011. Data were collected from general medical/surgical acute care hospitals (including critical access hospitals and cancer hospitals), long-term acute care hospitals, inpatient rehabilitation hospitals and inpatient psychiatric hospitals.



Underpayments

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 3rd Quarter 2011



Source: AHA. (October 2011). *RACTrac Survey*

AHA analysis of survey data collected from 2,127 hospitals: 1,733 reporting activity, 394 reporting no activity through September 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 \$52.5 million dollars and nearly 52% of the underpayments were reported in Region C.

Total Dollar Value of Underpayment Determinations for Participating Hospitals, By Region, through 3rd Quarter 2011, Millions

	Number of RAC Underpayment Determinations
NATIONWIDE	13,627
Region A	1,690
Region B	1,391
Region C	7,064
Region D	3,482



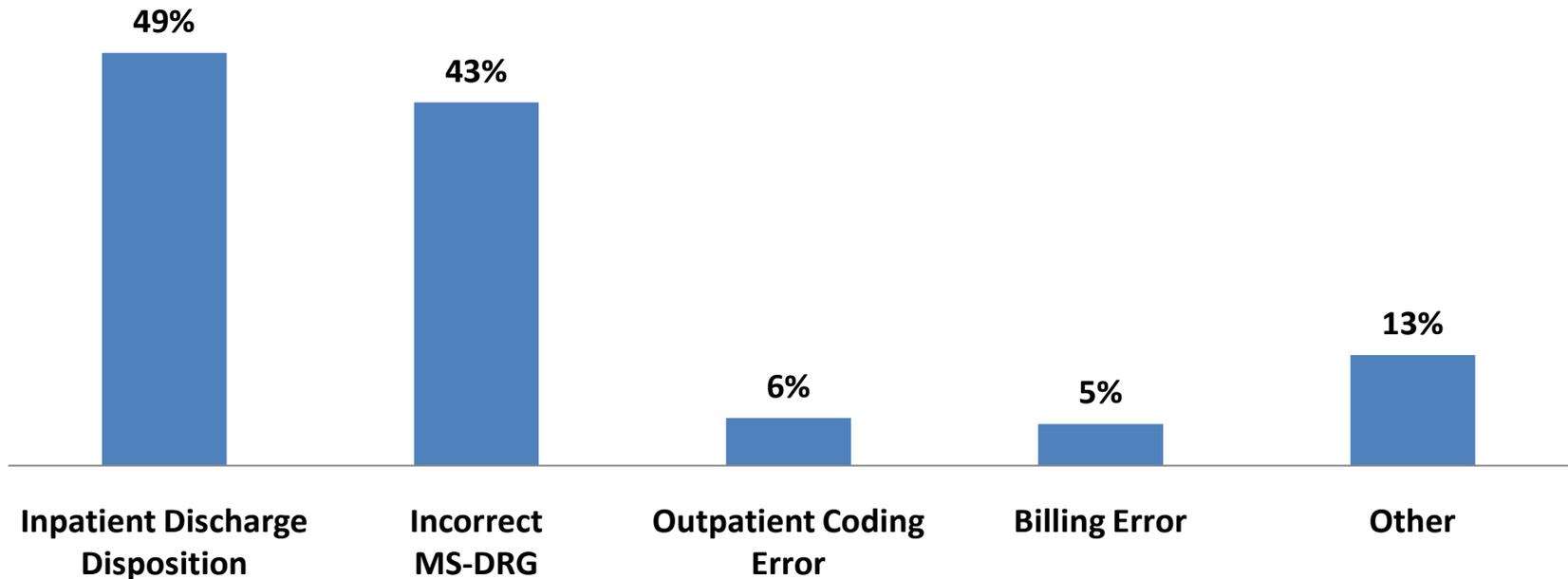
Source: AHA. (October 2011). RACTrac Survey

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49% of hospitals with underpayment determinations cited discharge disposition as a reason for the underpayment and 43% cited incorrect MS-DRG.

Percent of Participating Hospitals with RAC Activity Experiencing Underpayments by Reason, 3rd Quarter 2011

Survey participants were asked to select all reasons for underpayment.



Source: AHA. (October 2011). RACTrac Survey

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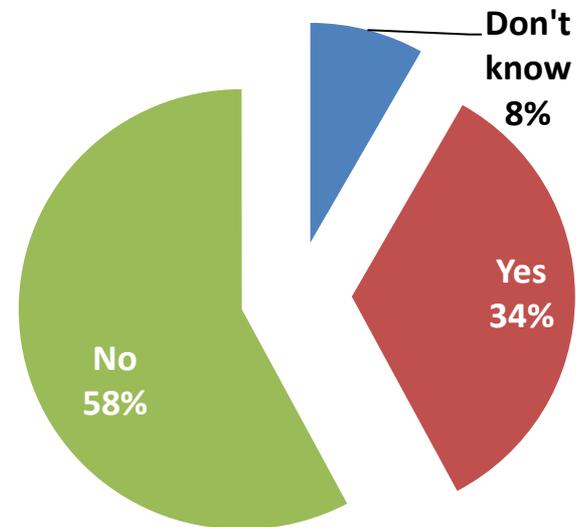
Appeals

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

Percent of Participating Hospitals With Denials Overturned During the Discussion Period, National and By Region, 3rd Quarter 2011

Overtured Denials by RAC Region

	Yes	No	Don't Know
Region A	39%	52%	9%
Region B	32%	58%	10%
Region C	35%	60%	5%
Region D	30%	59%	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.*



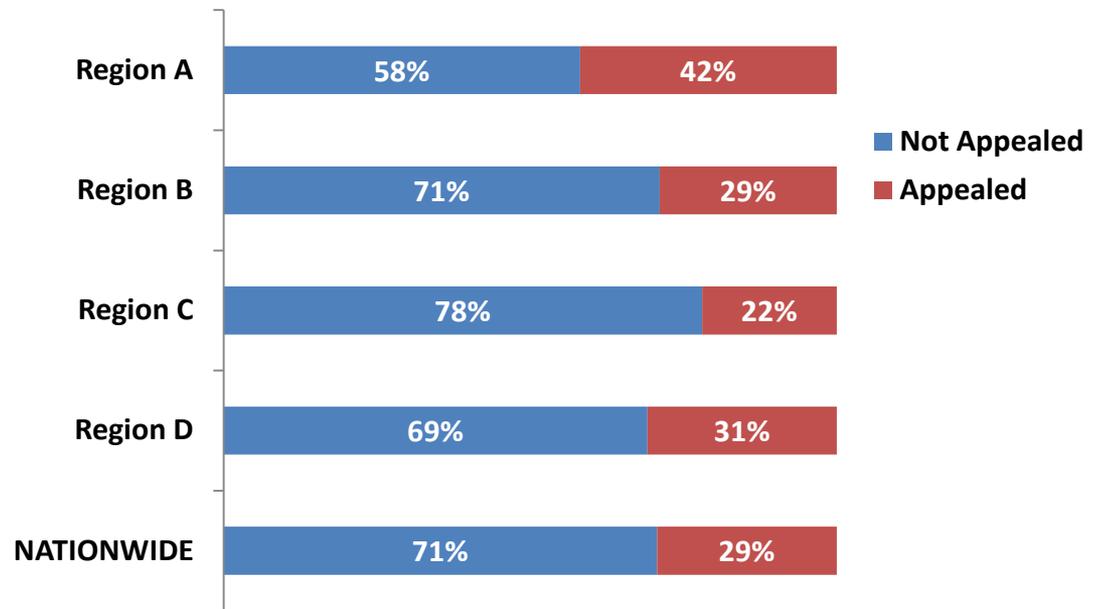
Source: AHA. (October 2011). RACTrac Survey

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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 3rd Quarter 2011

	Total Number of Denials Available* for Appeal	Percent of Denials Appealed
NATIONWIDE	95,918	29%
Region A	16,165	42%
Region B	25,869	29%
Region C	30,766	22%
Region D	23,118	31%



* 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. (October 2011). RACTrac Survey
 AHA analysis of survey data collected from 2,127 hospitals: 1,733 reporting activity, 394 reporting no activity through September 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. Appealed denials totaled \$164 million for reporting hospitals.

Total Dollar Value, Percent and Average Number of Appealed Claims for Hospitals with Automated or Complex RAC Denials, through 3rd Quarter 2011, Millions

	Percent of Hospitals with Any Appealed Denials	Average Number of Appealed Denials per Hospital
NATIONWIDE	81%	38.0
Region A	87%	50.5
Region B	88%	40.4
Region C	79%	25.4
Region D	72%	46.1

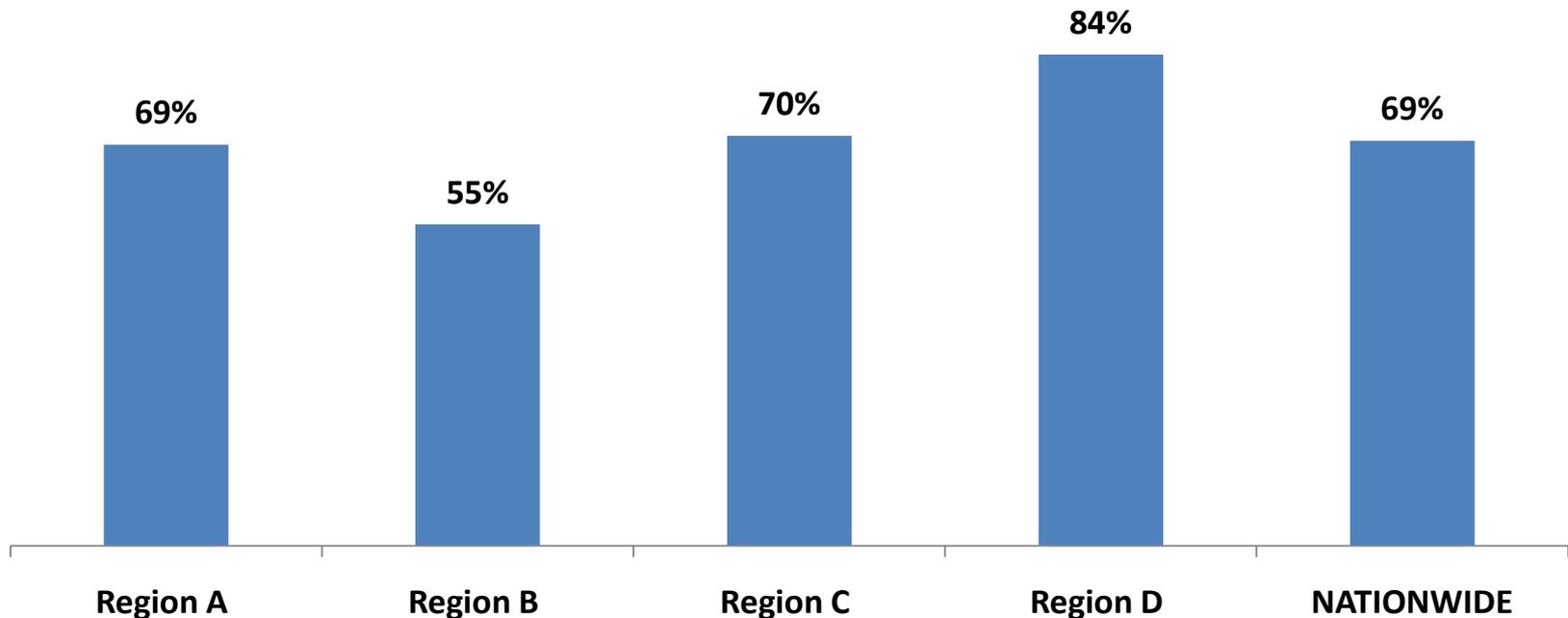


Source: AHA. (October 2011). RACTrac Survey

AHA analysis of survey data collected from 2,127 hospitals: 1,733 reporting activity, 394 reporting no activity through September 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.

More than two-thirds of all appealed claims are still sitting in the appeals process.

Percent of Appealed Claims Pending Determination for Participating Hospitals, by Region, through 3rd Quarter 2011



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



Source: AHA. (October 2011). RACTrac Survey

AHA analysis of survey data collected from 2,127 hospitals: 1,733 reporting activity, 394 reporting no activity through September 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, 77% were overturned in favor of the provider. 70% of appealed claims are still in process.

Summary of Appeal Rate and Determinations in Favor of the Provider, for Hospitals with RAC Activity, through 3rd Quarter 2011

	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	28,143	29%	19,537	1,551	5,222	77%
Region A	6,769	42%	4,654	319	769	71%
Region B	7,473	29%	4,118	428	2,783	87%
Region C	6,758	22%	4,751	355	1,237	78%
Region D	7,143	31%	6,014	449	433	49%

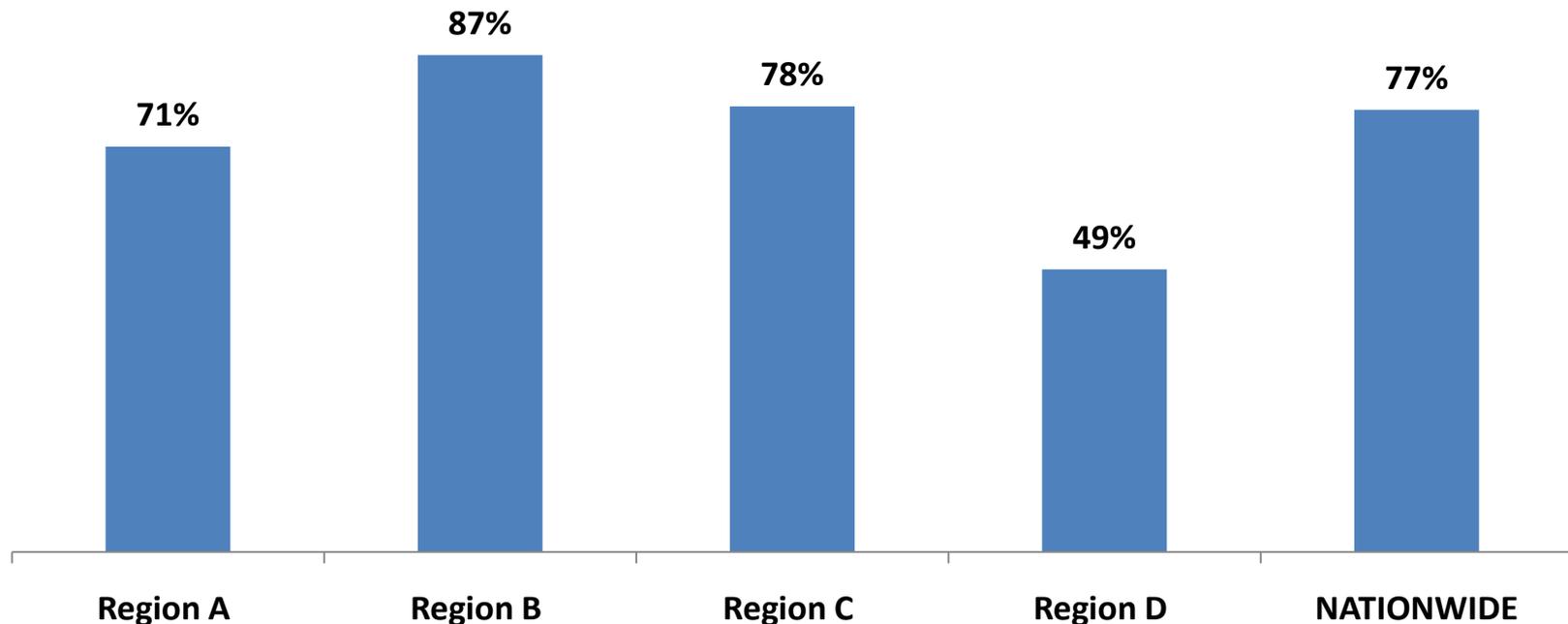
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Source: AHA. (October 2011). RACTrac Survey
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Region B has the highest overturn rate upon appeal at 87%.

Percent of Completed Appeals with Denials Overturned for Participating Hospitals, by Region, through 3rd Quarter 2011

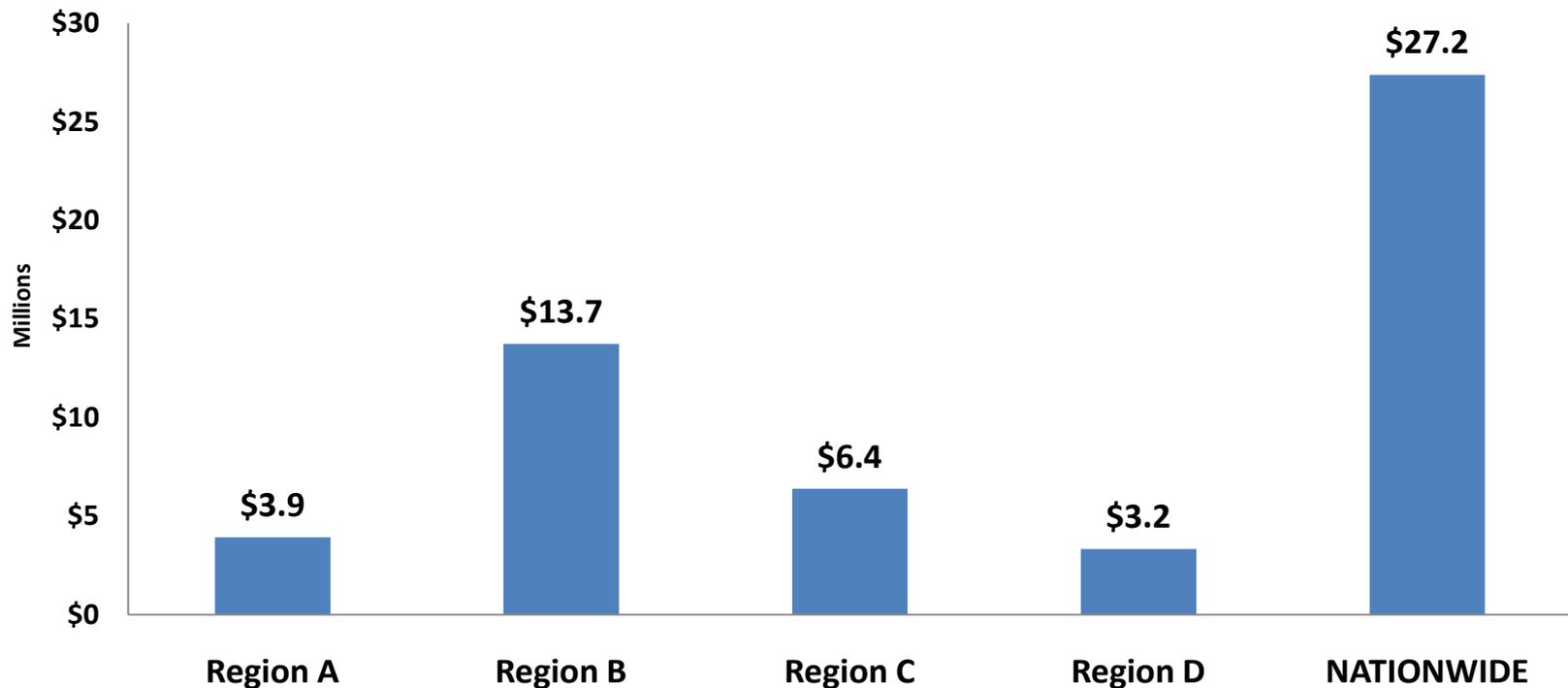


Source: AHA. (October 2011). RACTrac Survey

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Hospitals reported a total of \$27.2 million in overturned denials, with \$13.7 million in Region B alone.

Value of Denials Overturned in the Appeals Process, by Region, through 3rd Quarter 2011, Millions



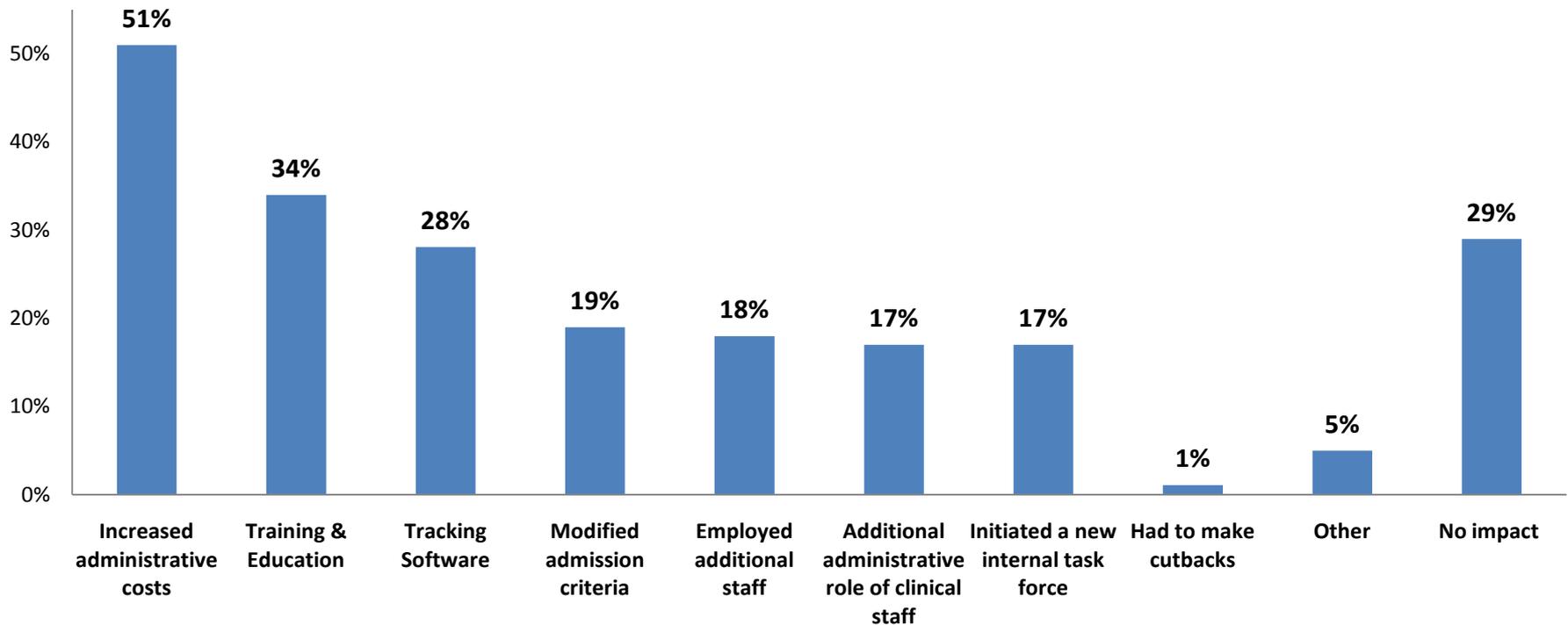
Source: AHA. (October 2011). *RACTrac Survey*
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Administrative Burden

71% 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, 3rd Quarter 2011



* Includes participating hospitals with and without RAC activity

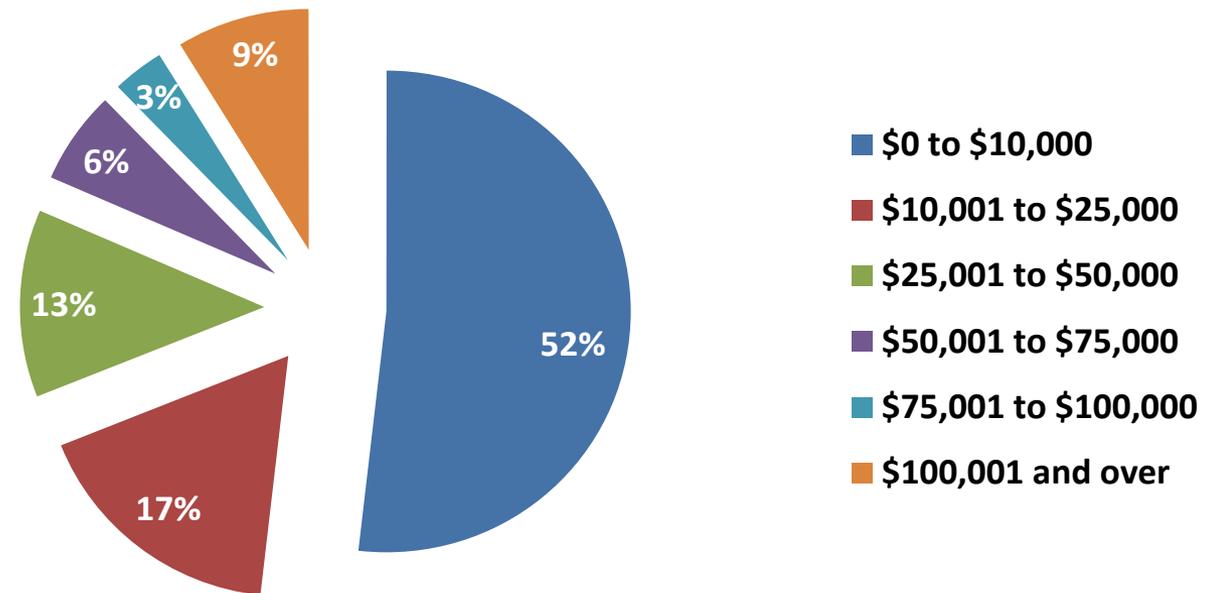
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Nearly 50% of all hospitals reported spending more than \$10,000 dealing with the RAC program this quarter.

Percent of Participating Hospitals* Reporting Average Cost Dealing with the RAC Program, 3rd Quarter 2011



* Includes participating hospitals with and without RAC activity

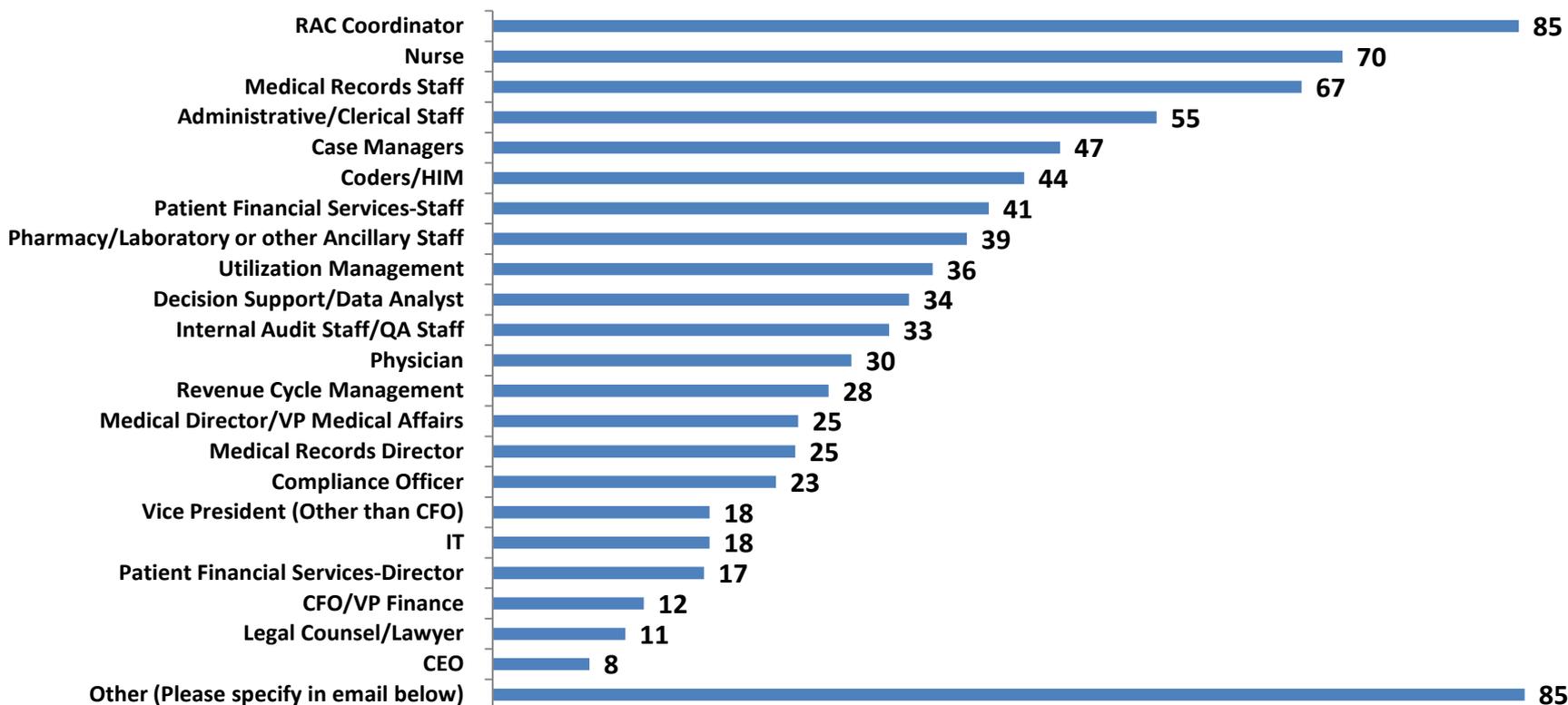
Source: AHA. (October 2011). RACTrac Survey

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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, 3rd Quarter 2011



* Includes participating hospitals with and without RAC activity

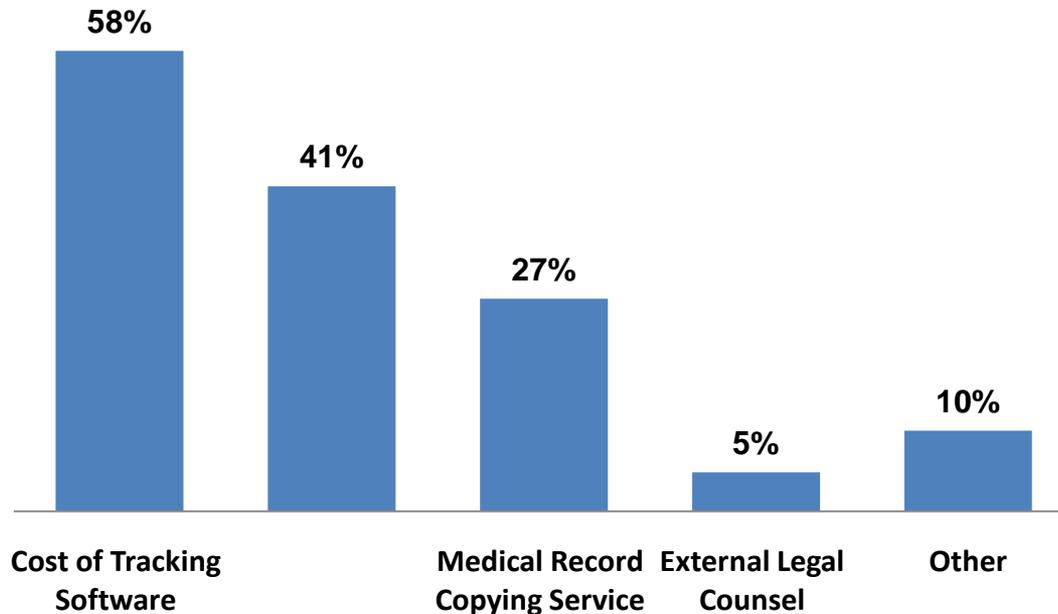
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Many hospitals report spending on external resources such as outside consultants to deal with the RAC process.

Percent of Participating Hospitals* Using External Resources by Type and Average Dollars Spent *this quarter*, 3rd Quarter 2011



Administrative Burden	Average Dollar Amount This Quarter
Utilization Management Consultant	\$40,883
Cost of Tracking Software	\$8,155
External Legal Counsel	\$7,334
Medical Record Copying Service	\$2,878
Other	\$13,464

Average dollars spent by hospitals that reported utilizing external resources.

* Includes participating hospitals with and without RAC activity

Source: AHA. (October 2011). RACTrac Survey
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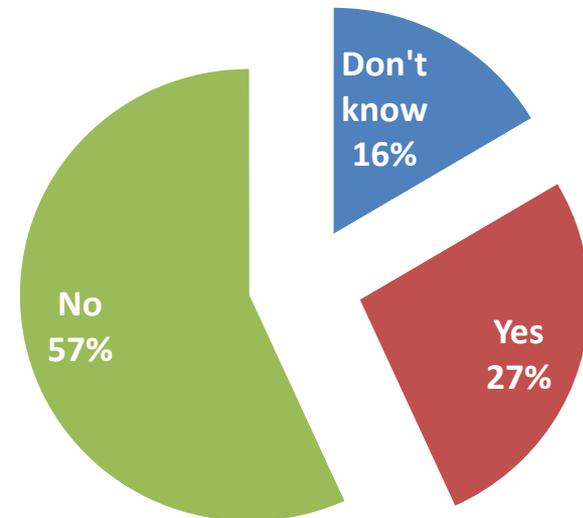
57% of respondents indicated they have yet to receive any education related to avoiding payment errors from CMS or its contractors.

Percent of Participating Hospitals Reporting they Received Education from CMS or its Contractors, National and by Region, 3rd Quarter 2011

Reported Education by RAC Region

	Yes	No	Don't Know
Region A	31%	54%	15%
Region B	22%	61%	17%
Region C	28%	52%	20%
Region D	27%	61%	12%

National Reporting



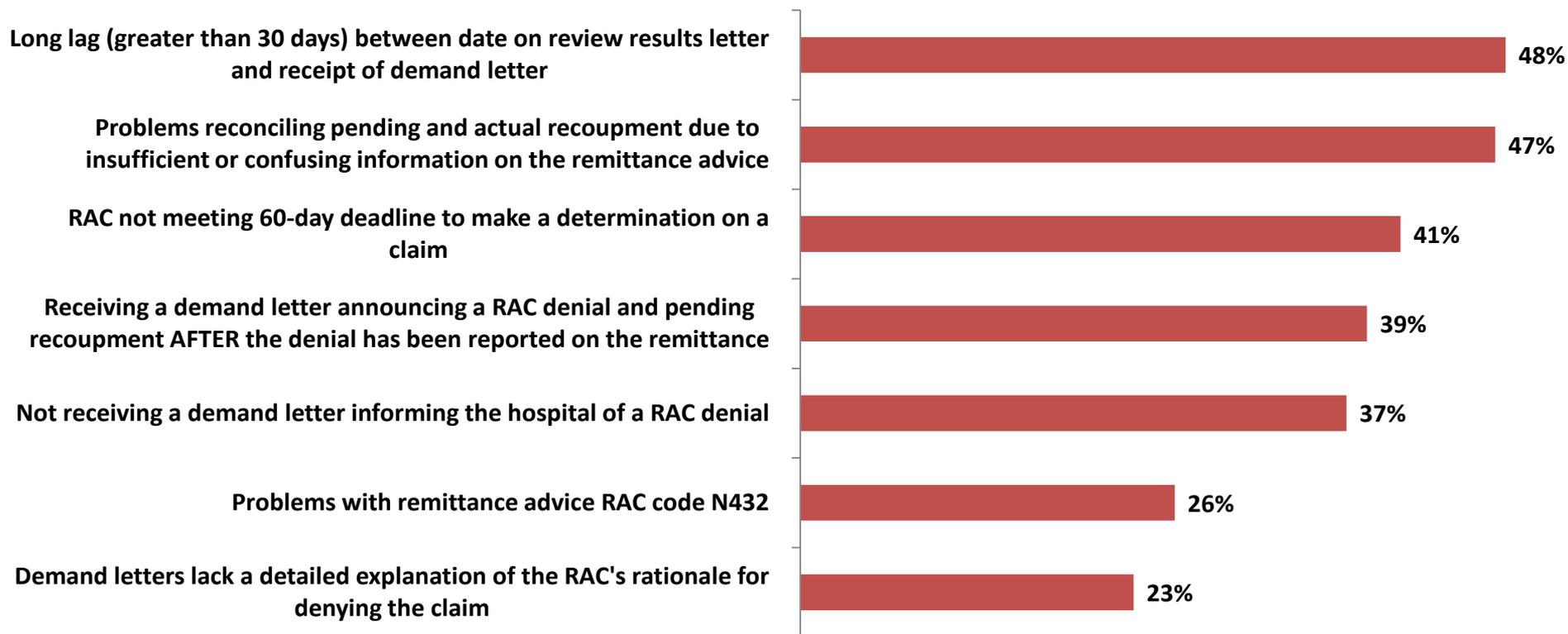
* Includes participating hospitals with and without RAC activity

Source: AHA. (October 2011). RACTrac Survey
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48% of hospital respondents reported waiting more than 30 days after receipt of a review results letter to receive a demand letter. Problems reconciling recoupments persist.

Percent of Participating Hospitals Reporting RAC Process Issues, by Issue, 3rd Quarter 2011



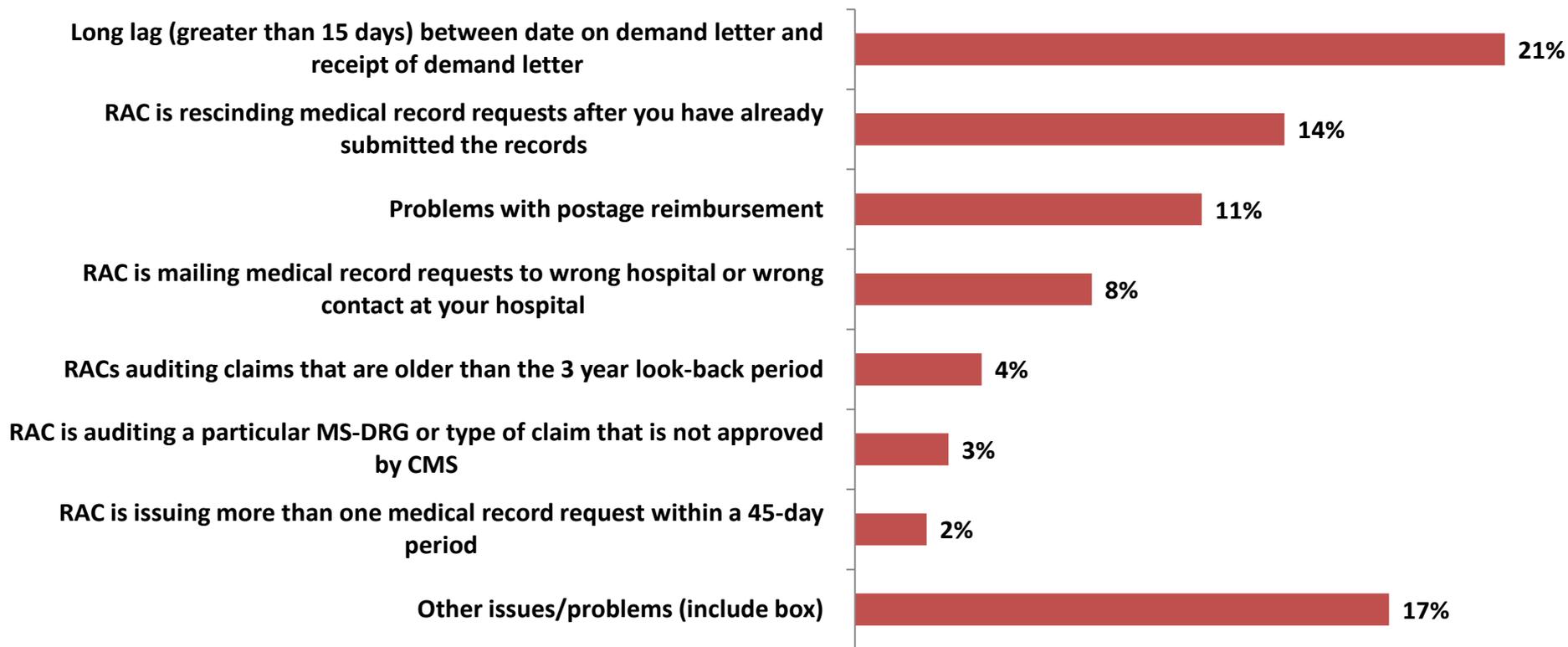
** Includes participating hospitals with and without RAC activity*

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Hospitals continue to report that they are receiving demand letters late and 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, 2nd Quarter 2011



* Includes participating hospitals with and without RAC activity

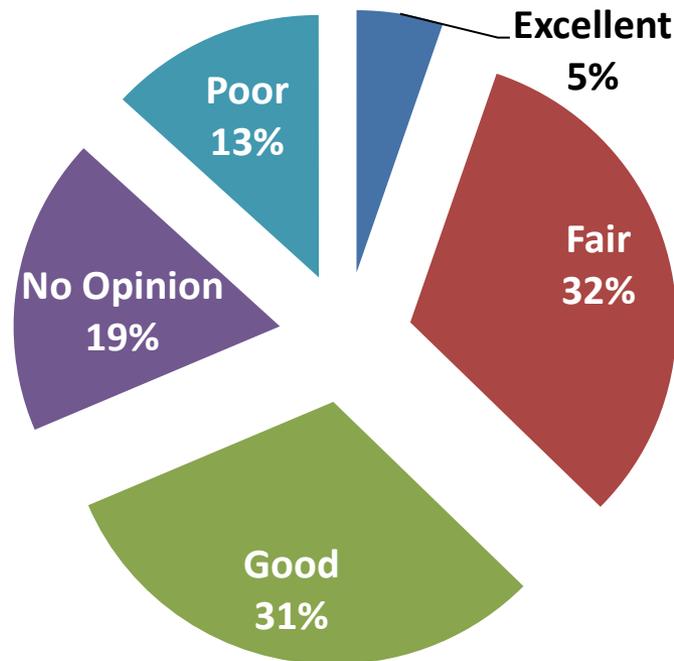
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The majority of hospital respondents indicated RAC responsiveness and overall communication was “fair” or “good.”

Participating Hospitals Rating of RAC Responsiveness and Overall Communication, 3rd Quarter 2011



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

Participating Hospital Rating of RAC Responsiveness and Overall Communication, by Region, 3rd Quarter 2011

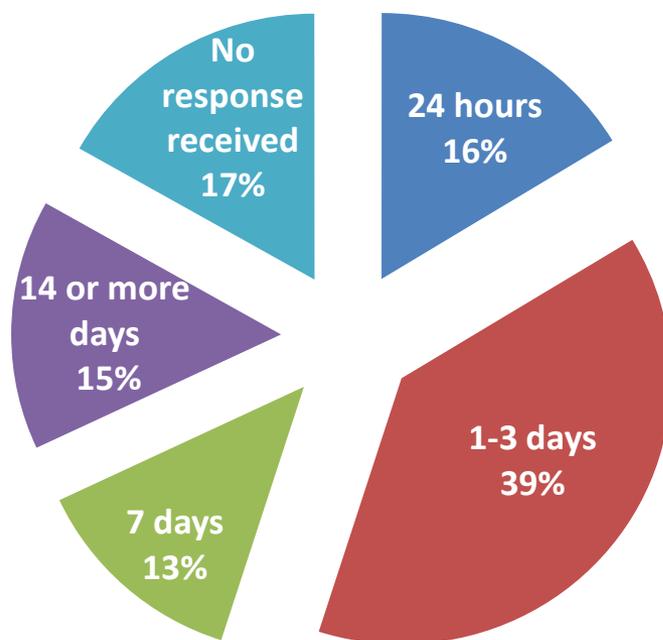
	Excellent	Good	Fair	Poor	No Opinion
Region A	12%	43%	21%	7%	17%
Region B	1%	25%	42%	12%	20%
Region C	2%	34%	31%	18%	15%
Region D	10%	25%	33%	12%	20%



Source: AHA. (October 2011). RACTrac Survey
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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.

Average Number of Days it Took RACs to Respond to Hospital Inquiries for Participating Hospitals, 3rd Quarter 2011



Source: AHA. (October 2011). RACTrac Survey
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RAC response time varied by region. Most significantly, Regions A and D performed better than Regions B and C.

Average Number of Days For RACs to Respond to Hospital Inquiries for Participating Hospitals, by Region, 3rd Quarter 2011

	24 hours	1-3 days	7 days	14 or more days	No Response Received
Region A	24%	44%	3%	12%	17%
Region B	5%	32%	22%	19%	22%
Region C	13%	45%	12%	15%	15%
Region D	28%	29%	14%	14%	15%



Source: AHA. (October 2011). RACTrac Survey

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

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