

# HME Audit Key - HME Audit Key

Thank you for taking the time to fill out the American Association for Homecare's Audit Key Survey!

Please report your audit experience manually or upload data via a CSV file created by your HME Audit Key compatible application (currently under development). You may also use a combination of these methods to complete the survey.

1. Thoroughly read the description provided at the top of each survey section prior to answering questions within the section.
2. Please read each question carefully prior to answering.
3. The survey is best completed by an employee who manages and responds to Medicare audits.
4. To assist you in completing the survey, click the Help ? text next to each question or click the Data Definitions link located on the left scroll bar.
5. For organizations with multiple locations, survey responses should reflect the experience of ALL locations combined.
6. Some questions asked are based on activity "in the most recent quarter" (i.e. most recent 3 months) and other questions are based on "cumulative" activity (i.e. claims with ADR letters dated on or after October 1, 2015).
7. An invalid response in a CSV upload file will generate an ERROR message and the CSV file will not upload. Please contact your vendor for assistance.
8. To save an incomplete survey to finish at a later time prior to the close of the reporting period, click SAVE ANSWERS and LOGOUT.
9. Once all survey questions have been answered, click REVIEW AND SUBMIT. You will be taken to a "Survey Review" page where you will see any VALIDATION messages, if applicable, with an explanation. Yellow highlighted messages are warnings to notify you that further verification is suggested i.e. no answer has been provided for an optional question. Red highlighted messages require correction prior to submission i.e. this question requires an answer, the number of MAC prepayment denials appealed to Level 1 should equal the total number of appeals overturned at any level + appeals withdrawn or stopped at any level + appeals in process at any level, etc.
10. FINAL SUBMISSION is not allowed until all Red highlighted validation messages are resolved. Once a survey is complete and any errors resolved, click FINAL SUBMISSION. Final submitted surveys MAY NOT be edited.

LET'S GET STARTED!

# Supplier Operations

1) Select the range which best describes the total number of company full time equivalent employees (FTEs) in the most recent quarter.

- 1 to 10
- 11 to 25
- 26 to 100
- 101 to 250
- 251 and over

2) Total number of patients served by the company in the most recent quarter.

2.1) Total number of Medicare fee-for-service beneficiaries served by the company in the most recent quarter.

3) Select the range which best describes the net revenue of the company for the most recent quarter, where net revenue is total revenue net of discounts and returns.

- \$0 to \$1M
- \$1.1M to \$3.5M
- \$3.6M to \$10M
- \$10.1M and over

4) What % of your company's total net revenue is from Medicare fee-for-service for the most recent quarter?

5) Please enter the total number of Medicare fee-for-service claims your company submitted to DME MACs:

5.1) In the most recent quarter

5.2) Cumulative since October 1, 2015

6) How many full time equivalent employees (FTEs) did your company employ (excluding in-house legal counsel) to track, manage and respond to Medicare fee-for-service audits in the most recent quarter?

6.1) Estimate the total dollars paid for FTEs (excluding in house legal counsel) to track, manage and respond to Medicare fee-for-service audits during the most recent quarter. If you entered 0 FTEs for question 6, please enter 0 here.

7) Did your company add or shift FTEs (excluding in-house legal counsel) to track, manage and respond to Medicare fee-for-service audits during the most recent quarter? *(If you answered no, skip to question 8)*

Yes  
No

7.1) If yes, estimate the number of FTEs (including FTEs that were shifted) that your company "added" to track, manage and respond to Medicare fee-for-service audits during the most recent quarter (excluding in-house legal counsel).

8) Does your company employ in house legal counsel? *(If you answered no, skip to question 9)*

Yes  
No

8.1) If yes, what percent of their time was dedicated to audit activity during the most recent quarter?

8.2) If yes, estimate the dollars paid to in-house legal counsel for their time dedicated to audit activity during the most recent quarter.

9) Please select all external services you have hired in the most recent quarter to assist you in managing the audit process within your organization. Check all that apply.

No External Support  
External Legal Counsel  
Consultant  
Audit Claim Tracking Service  
Other Audit Support Services

9.1) Estimate the total dollars paid for these outside services during the most recent quarter. If you selected "No External Support", please enter 0.

10) Please enter the number of Medicare fee-for-service "new starts" by product category since October 1, 2015 (i.e. initial set-ups, includes insurance changes and equipment replacement).

10.1) Enteral, Infusion, TPN

10.2) Hospital Beds, Support Surfaces, Manual Wheelchairs

10.3) NPWT Devices and Supplies

10.4) Orthotics, Prosthetics

10.5) Ostomy, Urological, Wound Care Supplies

10.6) Power Mobility Devices

10.7) Respiratory (i.e. Nebulizer, Nebulizer Medications, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

10.8) All Other Products

# Prepayment Audit Activity

If your organization has experienced prepayment audits by a DME MAC, please answer "YES" below and complete each of the following four prepayment sections as appropriate. Each section addresses specific audit, denial and appeal activity counts for each of your organization's top 3 product categories (of those listed below) based on volume of MAC prepayment audits since October 1, 2015 and ALL Other products.

- If you have not experienced MAC prepayment audits in at least 3 of any of the product categories listed, please complete as many of the next 3 sections as appropriate and skip to the Prepayment DME MAC Audit Activity - All Other Products section to enter information on all product categories not referenced on the list.

- If you have not experienced MAC prepayment audits for product categories included as all other, skip to Section: Post-Payment Audit Activity.

- Enteral, Infusion, TPN
- Hospital Beds, Support Surfaces, Manual Wheelchairs
- NPWT Devices and Supplies
- Orthotics, Prosthetics
- Ostomy, Urological, Wound Care Supplies
- Power Mobility Devices
- Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

1) Has your organization had any prepayment audits from DME MACs. *(If you answered no, skip to Post-Payment Review section.)*

Yes  
No

# Prepayment DME MAC Audit Activity - Product Category 1

Please select one of your organization's top 3 product categories based on volume of MAC prepayment audits since October 1, 2015 and provide answers to each of the questions within this section based only on the product category selected. Include DME MAC prepayment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select one of your organization's top 3 product categories based on volume of DME MAC prepayment audits since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Prepayment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for prepayment review from DME MACs

2.2) Cumulative number of prepayment audits paid on review by DME MACs

2.3) Cumulative number of prepayment audits denied on review by DME MACs

2.4) Cumulative number of prepayment audits pending a decision by DME MACs

3) Prepayment Denial Reopening Activity (Cumulative includes reopening of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of MAC prepayment denials submitted for reopening rather than going through the appeal process.

4) Prepayment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of MAC prepayment denials filed for appeal to Level 1

(Redetermination)

4.2) Cumulative number of appeals for MAC prepayment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

4.3) Cumulative number of appeals for MAC prepayment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

4.4) Cumulative number of appeals for MAC prepayment denials currently in process.

5) Prepayment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

5.1) Cumulative number of MAC prepayment denials appealed to Level 3 (ALJ)

5.2) Cumulative number of appeals for MAC prepayment denials denied at Level 3 (ALJ)

5.3) Cumulative number of appeals for MAC prepayment denials overturned in favor of the supplier at Level 3 (ALJ)

5.4) Cumulative number of MAC prepayment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

5.5) Cumulative number of appeals for MAC prepayment denials pending a decision at Level 3 (ALJ)

5.6) Cumulative number of MAC prepayment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Prepayment DME MAC Audit Activity - Product Category 2

Please select the 2nd of your organization's top 3 product categories based on volume of MAC prepayment audits since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include DME MAC prepayment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select the 2nd of your organization's top 3 product categories based on volume of MAC prepayment audits since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Prepayment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for prepayment review from DME MACs

2.2) Cumulative number of prepayment audits paid on review by DME MACs

2.3) Cumulative number of prepayment audits denied on review by DME MACs

2.4) Cumulative number of prepayment audits pending a decision by DME MACs

3) Prepayment Denial Reopening Activity (Cumulative includes reopening of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of MAC prepayment denials submitted for reopening rather than going through the appeal process.

4) Prepayment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of MAC prepayment denials filed for appeal to Level 1

(Redetermination)

4.2) Cumulative number of appeals for MAC prepayment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

4.3) Cumulative number of appeals for MAC prepayment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

4.4) Cumulative number of appeals for MAC prepayment denials currently in process.

5) Prepayment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

5.1) Cumulative number of MAC prepayment denials appealed to Level 3 (ALJ)

5.2) Cumulative number of appeals for MAC prepayment denials denied at Level 3 (ALJ)

5.3) Cumulative number of appeals for MAC prepayment denials overturned in favor of the supplier at Level 3 (ALJ)

5.4) Cumulative number of MAC prepayment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

5.5) Cumulative number of appeals for MAC prepayment denials pending a decision at Level 3 (ALJ)

5.6) Cumulative number of MAC prepayment denials appealed to Level 4 (Medicare Appeals Council DAB))



# Prepayment DME MAC Audit Activity - Product Category 3

Please select the 3rd of your organization's top 3 product categories based on volume of MAC prepayment audits since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include DME MAC prepayment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select the 3rd of your organization's top 3 product categories based on volume of MAC prepayment audits since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Prepayment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for prepayment review from DME MACs

2.2) Cumulative number of prepayment audits paid on review by DME MACs

2.3) Cumulative number of prepayment audits denied on review by DME MACs

2.4) Cumulative number of prepayment audits pending a decision by DME MACs

3) Prepayment Denial Reopening Activity (Cumulative includes reopening of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of MAC prepayment denials submitted for reopening rather than going through the appeal process.

4) Prepayment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of MAC prepayment denials filed for appeal to Level 1

(Redetermination)

4.2) Cumulative number of appeals for MAC prepayment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

4.3) Cumulative number of appeals for MAC prepayment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

4.4) Cumulative number of appeals for MAC prepayment denials currently in process.

5) Prepayment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

5.1) Cumulative number of MAC prepayment denials appealed to Level 3 (ALJ)

5.2) Cumulative number of appeals for MAC prepayment denials denied at Level 3 (ALJ)

5.3) Cumulative number of appeals for MAC prepayment denials overturned in favor of the supplier at Level 3 (ALJ)

5.4) Cumulative number of MAC prepayment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

5.5) Cumulative number of appeals for MAC prepayment denials pending a decision at Level 3 (ALJ)

5.6) Cumulative number of MAC prepayment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Prepayment DME MAC Audit Activity - All Other Products

Answers to questions in this section should represent DME MAC prepayment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for all remaining product categories (i.e. not included in any of the previous 3 sections).

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

## 1) Prepayment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

- 1.1) Cumulative number of additional documentation requests (ADRs) / audits received for prepayment review from DME MACs
- 1.2) Cumulative number of prepayment audits paid on review by DME MACs
- 1.3) Cumulative number of prepayment audits denied on review by DME MACs
- 1.4) Cumulative number of prepayment audits pending a decision by DME MACs

## 2) Prepayment Denial Reopening Activity (Cumulative includes reopening of product category specific claims with ADR letters dated on or after October 1, 2015.)

- 2.1) Cumulative number of MAC prepayment denials submitted for reopening rather than going through the appeal process.

## 3) Prepayment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

- 3.1) Cumulative number of MAC prepayment denials filed for appeal to Level 1 (Redetermination)
- 3.2) Cumulative number of appeals for MAC prepayment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))
- 3.3) Cumulative number of appeals for MAC prepayment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))
- 3.4) Cumulative number of appeals for MAC prepayment denials currently in process.

## 4) Prepayment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of MAC prepayment denials appealed to Level 3 (ALJ)

4.2) Cumulative number of appeals for MAC prepayment denials denied at Level 3 (ALJ)

4.3) Cumulative number of appeals for MAC prepayment denials overturned in favor of the supplier at Level 3 (ALJ)

4.4) Cumulative number of MAC prepayment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

4.5) Cumulative number of appeals for MAC prepayment denials pending a decision at Level 3 (ALJ)

4.6) Cumulative number of MAC prepayment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment Audit Activity

If your organization has experienced post payment audits by your DME MAC, RAC or SMRC, please answer "YES" below and complete each of the following post payment sections as appropriate. Each section addresses specific audit, denial and appeal activity counts for each of your organization's top 3 product categories (of those listed below) based on volume of post payment audits by the specified contractor since October 1, 2015 and ALL Other products.

- If you have not experienced post payment audits in at least 3 of any of the product categories listed for the specified contractor, please complete as many of the respective sections as appropriate and skip to the Post Payment DME MAC (or RAC/SMRC as appropriate) Audit Activity - All Other Products section to enter respective contractor specific information on product categories not referenced on the list.

- If you have not experienced post payment audits by the specified contractor for product categories not listed, please leave blank and skip to the next section.

- Enteral, Infusion, TPN
- Hospital Beds, Support Surfaces, Manual Wheelchairs
- NPWT Devices and Supplies
- Orthotics, Prosthetics
- Ostomy, Urological, Wound Care Supplies
- Power Mobility Devices
- Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

1) Has your organization had any post payment audits. (If no, skip to review survey.)

Yes

No

# Post Payment DME MAC Audit Activity - Product Category 1

Please select one of your organization's top 3 product categories based on volume of post payment audits by the DME MAC since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include DME MAC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select one of your organization's top 3 product categories based on volume of post payment audits by the DME MAC since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from DME MACs

2.2) Cumulative number of post payment audits with no improper payment identified on review by DME MACs (paid)

2.3) Cumulative number of post payment audits denied on review by DME MACs

2.4) Cumulative number of post payment audits pending a decision by DME MACs

3) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of MAC post payment denials filed for appeal to Level 1 (Redetermination)

3.2) Cumulative number of appeals for MAC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.3) Cumulative number of appeals for MAC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.4) Cumulative number of appeals for MAC post payment denials currently in process.

4) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of MAC post payment denials appealed to Level 3 (ALJ)

4.2) Cumulative number of appeals for MAC post payment denials denied at Level 3 (ALJ)

4.3) Cumulative number of appeals for MAC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

4.4) Cumulative number of MAC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

4.5) Cumulative number of appeals for MAC post payment denials pending a decision at Level 3 (ALJ)

4.6) Cumulative number of MAC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment DME MAC Audit Activity - Product Category 2

Please select the 2nd of your organization's top 3 product categories based on volume of MAC post payment audits since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include DME MAC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select the 2nd of your organization's top 3 product categories based on volume of MAC post payment audits since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from DME MACs

2.2) Cumulative number of post payment audits with no improper payment identified on review by DME MACs (paid)

2.3) Cumulative number of post payment audits denied on review by DME MACs

2.4) Cumulative number of post payment audits pending a decision by DME MACs

3) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of MAC post payment denials filed for appeal to Level 1 (Redetermination)

3.2) Cumulative number of appeals for MAC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))



3.3) Cumulative number of appeals for MAC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.4) Cumulative number of appeals for MAC post payment denials currently in process.

4) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of MAC post payment denials appealed to Level 3 (ALJ)

4.2) Cumulative number of appeals for MAC post payment denials denied at Level 3 (ALJ)

4.3) Cumulative number of appeals for MAC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

4.4) Cumulative number of MAC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

4.5) Cumulative number of appeals for MAC post payment denials pending a decision at Level 3 (ALJ)

4.6) Cumulative number of MAC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment DME MAC Audit Activity - Product Category 3

Please select the 3rd of your organization's top 3 product categories based on volume of MAC post payment audits since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include DME MAC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select the 3rd of your organization's top 3 product categories based on volume of MAC post payment audits since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from DME MACs

2.2) Cumulative number of post payment audits with no improper payment identified on review by DME MACs (paid)

2.3) Cumulative number of post payment audits denied on review by DME MACs

2.4) Cumulative number of post payment audits pending a decision by DME MACs

3) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of MAC post payment denials filed for appeal to Level 1 (Redetermination)

3.2) Cumulative number of appeals for MAC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.3) Cumulative number of appeals for MAC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.4) Cumulative number of appeals for MAC post payment denials currently in process.

4) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of MAC post payment denials appealed to Level 3 (ALJ)

4.2) Cumulative number of appeals for MAC post payment denials denied at Level 3 (ALJ)

4.3) Cumulative number of appeals for MAC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

4.4) Cumulative number of MAC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

4.5) Cumulative number of appeals for MAC post payment denials pending a decision at Level 3 (ALJ)

4.6) Cumulative number of MAC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment DME MAC Audit Activity - All Other Products

Answers to questions in this section should represent DME MAC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for all remaining product categories (i.e. not included in any of the previous MAC post payment sections).

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

## 1) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

- 1.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from DME MACs
- 1.2) Cumulative number of post payment audits with no improper payment identified on review by DME MACs (paid)
- 1.3) Cumulative number of post payment audits denied on review by DME MACs
- 1.4) Cumulative number of post payment audits pending a decision by DME MACs

## 2) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

- 2.1) Cumulative number of MAC post payment denials filed for appeal to Level 1 (Redetermination)
- 2.2) Cumulative number of appeals for MAC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))
- 2.3) Cumulative number of appeals for MAC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))
- 2.4) Cumulative number of appeals for MAC post payment denials currently in process

## 3) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

- 3.1) Cumulative number of MAC post payment denials appealed to Level 3 (ALJ)
- 3.2) Cumulative number of appeals for MAC post payment denials denied at Level 3 (ALJ)

3.3) Cumulative number of appeals for MAC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

3.4) Cumulative number of MAC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

3.5) Cumulative number of appeals for MAC post payment denials pending a decision at Level 3 (ALJ)

3.6) Cumulative number of MAC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment RAC Audit Activity - Product Category 1

Please select one of your organization's top 3 product categories based on volume of post payment audits by the RAC since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include RAC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select one of your organization's top 3 product categories based on volume of post payment audits by the RAC since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from RACs

2.2) Cumulative number of post payment audits with no improper payment identified on review by RACs (paid)

2.3) Cumulative number of post payment audits denied on review by RACs

2.4) Cumulative number of post payment audits pending a decision by RACs

3) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of RAC post payment denials filed for appeal to Level 1 (Redetermination)

3.2) Cumulative number of appeals for RAC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.3) Cumulative number of appeals for RAC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.4) Cumulative number of appeals for RAC post payment denials currently in process.

4) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of RAC post payment denials appealed to Level 3 (ALJ)

4.2) Cumulative number of appeals for RAC post payment denials denied at Level 3 (ALJ)

4.3) Cumulative number of appeals for RAC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

4.4) Cumulative number of RAC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

4.5) Cumulative number of appeals for RAC post payment denials pending a decision at Level 3 (ALJ)

4.6) Cumulative number of RAC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment RAC Audit Activity - Product Category 2

Please select the 2nd of your organization's top 3 product categories based on volume of RAC post payment audits since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include RAC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select the 2nd of your organization's top 3 product categories based on volume of RAC post payment audits since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from RACs

2.2) Cumulative number of post payment audits with no improper payment identified on review by RACs (paid)

2.3) Cumulative number of post payment audits denied on review by RACs

2.4) Cumulative number of post payment audits pending a decision by RACs

3) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of RAC post payment denials filed for appeal to Level 1 (Redetermination)

3.2) Cumulative number of appeals for RAC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))



3.3) Cumulative number of appeals for RAC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.4) Cumulative number of appeals for RAC post payment denials currently in process.

4) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of RAC post payment denials appealed to Level 3 (ALJ)

4.2) Cumulative number of appeals for RAC post payment denials denied at Level 3 (ALJ)

4.3) Cumulative number of appeals for RAC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

4.4) Cumulative number of RAC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

4.5) Cumulative number of appeals for RAC post payment denials pending a decision at Level 3 (ALJ)

4.6) Cumulative number of RAC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment RAC Audit Activity - Product Category 3

Please select the 3rd of your organization's top 3 product categories based on volume of RAC post payment audits since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include RAC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select the 3rd of your organization's top 3 product categories based on volume of RAC post payment audits since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from RACs

2.2) Cumulative number of post payment audits with no improper payment identified on review by RACs (paid)

2.3) Cumulative number of post payment audits denied on review by RACs

2.4) Cumulative number of post payment audits pending a decision by RACs

3) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of RAC post payment denials filed for appeal to Level 1 (Redetermination)

3.2) Cumulative number of appeals for RAC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.3) Cumulative number of appeals for RAC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.4) Cumulative number of appeals for RAC post payment denials currently in process.

4) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of RAC post payment denials appealed to Level 3 (ALJ)

4.2) Cumulative number of appeals for RAC post payment denials denied at Level 3 (ALJ)

4.3) Cumulative number of appeals for RAC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

4.4) Cumulative number of RAC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

4.5) Cumulative number of appeals for RAC post payment denials pending a decision at Level 3 (ALJ)

4.6) Cumulative number of RAC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment RAC Audit Activity - All Other Products

Answers to questions in this section should represent RAC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for all remaining product categories (i.e. not included in any of the previous RAC post payment sections).

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

## 1) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

1.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from RACs

1.2) Cumulative number of post payment audits with no improper payment identified on review by RACs (paid)

1.3) Cumulative number of post payment audits denied on review by RACs

1.4) Cumulative number of post payment audits pending a decision by RACs

## 2) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of RAC post payment denials filed for appeal to Level 1 (Redetermination)

2.2) Cumulative number of appeals for RAC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

2.3) Cumulative number of appeals for RAC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

2.4) Cumulative number of appeals for RAC post payment denials currently in process.

## 3) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of RAC post payment denials appealed to Level 3 (ALJ)

3.2) Cumulative number of appeals for RAC post payment denials denied at Level 3 (ALJ)

3.3) Cumulative number of appeals for RAC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

3.4) Cumulative number of RAC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

3.5) Cumulative number of appeals for RAC post payment denials pending a decision at Level 3 (ALJ)

3.6) Cumulative number of RAC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment SMRC Audit Activity - Product Category 1

Please select one of your organization's top 3 product categories based on volume of post payment audits by the Supplemental Medical Review Contractor (SMRC) since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include SMRC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select one of your organization's top 3 product categories based on volume of SMRC post payment audits since October 1, 2015.

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from SMRCs

2.2) Cumulative number of post payment audits with no improper payment identified on review by SMRCs (paid)

2.3) Cumulative number of post payment audits denied on review by SMRCs

2.4) Cumulative number of post payment audits pending a decision by SMRCs

3) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of SMRC post payment denials filed for appeal to Level 1 (Redetermination)

3.2) Cumulative number of appeals for SMRC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.3) Cumulative number of appeals for SMRC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.4) Cumulative number of appeals for SMRC post payment denials currently in process.

4) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of SMRC post payment denials appealed to Level 3 (ALJ)

4.2) Cumulative number of appeals for SMRC post payment denials denied at Level 3 (ALJ)

4.3) Cumulative number of appeals for SMRC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

4.4) Cumulative number of SMRC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

4.5) Cumulative number of appeals for SMRC post payment denials pending a decision at Level 3 (ALJ)

4.6) Cumulative number of SMRC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment SMRC Audit Activity - Product Category 2

Please select the 2nd of your organization's top 3 product categories based on volume of SMRC post payment audits since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include SMRC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category

1) Please select the 2nd of your organization's top 3 product categories based on volume of MAC post payment audits since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from SMRCs

2.2) Cumulative number of post payment audits with no improper payment identified on review by SMRCs (paid)

2.3) Cumulative number of post payment audits denied on review by SMRCs

2.4) Cumulative number of post payment audits pending a decision by SMRCs

3) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of SMRC post payment denials filed for appeal to Level 1 (Redetermination)

3.2) Cumulative number of appeals for SMRC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.3) Cumulative number of appeals for SMRC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))



3.4) Cumulative number of appeals for SMRC post payment denials currently in process.

4) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of SMRC post payment denials appealed to Level 3 (ALJ)

4.2) Cumulative number of appeals for SMRC post payment denials denied at Level 3 (ALJ)

4.3) Cumulative number of appeals for SMRC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

4.4) Cumulative number of SMRC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

4.5) Cumulative number of appeals for SMRC post payment denials pending a decision at Level 3 (ALJ)

4.6) Cumulative number of SMRC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment SMRC Audit Activity - Product Category 3

Please select the 3rd of your organization's top 3 product categories based on volume of SMRC post payment audits since October 1, 2015 and provide answers to the remaining questions within this section for the product category selected. Include SMRC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for this product category.

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

1) Please select the 3rd of your organization's top 3 product categories based on volume of SMRC post payment audits since October 1, 2015

Enteral, Infusion, TPN

Hospital Beds, Support Surfaces, Manual Wheelchairs

NPWT Devices and Supplies

Orthotics, Prosthetics

Ostomy, Urological, Wound Care Supplies

Power Mobility Devices

Respiratory (Nebulizer/Nebulizer Meds, Oxygen, PAP Devices and Supplies, RAD Devices and Supplies, Ventilators)

2) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from SMRCs

2.2) Cumulative number of post payment audits with no improper payment identified on review by SMRCs (paid)

2.3) Cumulative number of post payment audits denied on review by SMRCs

2.4) Cumulative number of post payment audits pending a decision by SMRCs

3) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of SMRC post payment denials filed for appeal to Level 1 (Redetermination)

3.2) Cumulative number of appeals for SMRC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.3) Cumulative number of appeals for SMRC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

3.4) Cumulative number of appeals for SMRC post payment denials currently in process.

4) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

4.1) Cumulative number of SMRC post payment denials appealed to Level 3 (ALJ)

4.2) Cumulative number of appeals for SMRC post payment denials denied at Level 3 (ALJ)

4.3) Cumulative number of appeals for SMRC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

4.4) Cumulative number of SMRC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

4.5) Cumulative number of appeals for SMRC post payment denials pending a decision at Level 3 (ALJ)

4.6) Cumulative number of SMRC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))

# Post Payment SMRC Audit Activity - All Other Products

Answers to questions in this section should represent SMRC post payment audit, denial and appeal activity ONLY for claims with ADR letters dated on or after October 1, 2015 for all remaining product categories (i.e., not included in any of the previous SMRC post payment section).

- If you have multiple reviews on the same claim, please only count the claim once.
- Medical record requests that have been rescinded by a contractor should not be reported.

## 1) Post Payment Audit Activity (Cumulative includes product category specific claims with ADR letters dated on or after October 1, 2015.)

1.1) Cumulative number of additional documentation requests (ADRs) / audits received for post payment review from SMRCs

1.2) Cumulative number of post payment audits with no improper payment identified on review by SMRCs (paid)

1.3) Cumulative number of post payment audits denied on review by SMRCs

1.4) Cumulative number of post payment audits pending a decision by SMRCs

## 2) Post Payment Denial Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

2.1) Cumulative number of SMRC post payment denials filed for appeal to Level 1 (Redetermination)

2.2) Cumulative number of appeals for SMRC post payment denials overturned in favor of the supplier at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

2.3) Cumulative number of appeals for SMRC post payment denials withdrawn or not continued at any level of appeal (Redetermination, Reconsideration, ALJ, Medicare Appeals Council (DAB))

2.4) Cumulative number of appeals for SMRC post payment denials currently in process

## 3) Post Payment Denial Level 3 Appeal Activity (Cumulative includes appeals of product category specific claims with ADR letters dated on or after October 1, 2015.)

3.1) Cumulative number of SMRC post payment denials appealed to Level 3 (ALJ)

3.2) Cumulative number of appeals for SMRC post payment denials denied at Level 3 (ALJ)

3.3) Cumulative number of appeals for SMRC post payment denials overturned in favor of the supplier at Level 3 (ALJ)

3.4) Cumulative number of SMRC post payment denials appealed to Level 3 (ALJ) and remanded back to Level 2 (QIC) for review?

3.5) Cumulative number of appeals for SMRC post payment denials pending a decision at Level 3 (ALJ)

3.6) Cumulative number of SMRC post payment denials appealed to Level 4 (Medicare Appeals Council (DAB))