RAC Complex Review Process
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RAC Notifies Provider that they will begin reviewing claims
RAC Requests Medical Records (limited by ADR limits set by CMS)
45 days + 10 days mail time
Provider submits records plus any supplemental documentation

RAC Reviews Documentation
60 days
RAC makes a claim determination based on documentation
RAC issues Results Letter

Discussion Period Begins
MAC issues Demand Letter (receipt is Day 0)
Day 31: Interest no longer forgiven, accrued from Day 1

Day 40: Discussion Period Ends
Day 41: Without Appeal by Day 30, FI/MAC/Carrier recoups offset per the RA

RAC sends claims of improper payments to FI/MAC/Carrier
Carrier issues Remittance Advice (RA) to provider using code N432: “Adjustment based on Recovery Audit”