U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Supplementary Appendices for the

Improper Medicare Fee-for-Service Payments

November 2005

Appendix A – List of Acronyms

AC	Affiliated Contractor
AMA	American Medical Association
BBA	Balanced Budget Act of 1997
BETOS	Berenson-Eggers Type of Service
CAFM	Contractor Administrative-Budget and Financial Management System
CDAC	Clinical Data Abstraction Center
CERT	Comprehensive Error Rate Testing
CMN	Certificate of Medical Necessity
CMS	Centers for Medicare & Medicaid Services
CPT	Current Procedural Terminology
CTRDS	CERT Tracking and Reporting Database and System
CY	Calendar Year
DARN	Dollars at Risk of No Documentation
DHHS	Department of Health and Human Services
DRG	Diagnosis Related Group
DME	Durable Medical Equipment
DMERC	Durable Medical Equipment Regional Carrier
E&M	Evaluation and Management
EMR	Electronic Medial Records
FFS	Fee-for-Service
FI	Fiscal Intermediary
FY	Fiscal Year
GPRA	Government Performance & Results Act of 1993
HCPCS	The Healthcare Common Procedure Coding System
HHA	Home Health Agency
HICN	Health Insurance Claim Number
HIPAA	Health Insurance Portability and Accountability Act of 1996
HI	Hospital Insurance
HPMP	Hospital Payment Monitoring Program
ICD-9-CM	International Classification of Diseases (10th Revision) Clinical Modification
IPIA	Improper Payment Information Act
LCD	Local Coverage Determination

LI	Line Item
LPET	Local Provider Education and Training
MMA	Medicare Modernization Act
MFS	Medicare Fee Schedule
MIP	Medicare Integrity Program
MSP	Medicare Secondary Payer
NCH	National Claims History
OIG	Office of the Inspector General
PPS	Prospective Payment System
PSC	Program Safeguard Contractor
QIO	Quality Improvement Organization
RAC	Recovery Audit Contractors
RHC	Rural Health Clinic
RHHI	Regional Home Health Intermediary
RTP	Return to Provider
SNF	Skilled Nursing Facility

Appendix B – Contractor Clusters UPDATE

CMS places contractors into clusters if they:

1. Are in the same CAFM group (i.e., submit a single medical review strategy);
2. Perform all reviews geographically close and use the same LCD;
3. Receive claims from providers in a geographically contiguous area; and
4. Are not too large when combined.

Table B1: Part B Carrier Clusters

CERT Report Contractor ID	CROWD CONT ID	Business Name	Jurisdiction	Nov 2003 Group (Claims submtd 1/1/2002 to 12/31/2002)	Nov 2004 Group (Claims submtd 1/1/2003 to 12/31/2003)	Nov 2005 Group (Claims submtd 1/1/2004 to 12/1/2004)
00510	00510	Cahaba GBA	AL	Cahaba GBA AL/GA/MS	Cahaba GBA AL/GA/MS	Cahaba GBA AL/GA/MS
00511	00511	Cahaba GBA	GA	Cahaba GBA AL/GA/MS	Cahaba GBA AL/GA/MS	Cahaba GBA AL/GA/MS
00512	00512	Cahaba GBA	MS	Cahaba GBA AL/GA/MS	Cahaba GBA AL/GA/MS	Cahaba GBA AL/GA/MS
00520	00520	AR BCBS	AR	BCBS AR AR/MO	BCBS AR AR/MO	BCBS AR AR/MO/NM/OK/LA[1]
00522	00521	AR BCBS	NM	BCBS AR NM/OK/LA	BCBS AR NM/OK/LA	BCBS AR AR/MO/NM/OK/LA
00522	00522	AR BCBS	OK	BCBS AR NM/OK/LA	BCBS AR NM/OK/LA	BCBS AR AR/MO/NM/OK/LA
00523	00523	AR BCBS	MO	BCBS AR AR/MO	BCBS AR AR/MO	BCBS AR AR/MO/NM/OK/LA
00524[2]	00524	AR BCBS	RI	N/A	N/A	BCBS AR RI
00528	00528	AR BCBS	LA	BCBS AR NM/OK/LA	BCBS AR NM/OK/LA	BCBS AR AR/MO/NM/OK/LA
00590	00590	First Coast Service Options	FL	First Coast Service Options FL	First Coast Service Options FL	First Coast Service Options FL
00591	00591	First Coast Service Options	CT	First Coast Service Options CT	First Coast Service Options CT	First Coast Service Options CT
00630	00630	AdminaStar	IN	AdminaStar IN/KY	AdminaStar IN/KY	AdminaStar IN/KY
00650	00650	KS BCBS	KS	BCBS KS KS/NE/Kansas City	BCBS KS KS/NE/Kansas City	BCBS KS KS/NE/Kansas City
00651	00651	KS BCBS	W MO	BCBS KS KS/NE/Kansas City	BCBS KS KS/NE/Kansas City	BCBS KS KS/NE/Kansas City
00655	00655	KS BCBS	NE	BCBS KS KS/NE/Kansas City	BCBS KS KS/NE/Kansas City	BCBS KS KS/NE/Kansas City
00660	00660	AdminaStar	KY	AdminaStar IN/KY	AdminaStar IN/KY	AdminaStar IN/KY
00751	00751	MT BCBS	MT	BCBS MT	BCBS MT	BCBS MT
00801	00801	HealthNow	W NY	HealthNow NY	HealthNow NY	HealthNow NY
00803	00803	Empire	NY	Empire NY/NJ	Empire NY/NJ	Empire NY[3]

[1] New Cluster effective for claims submitted dates 1/1/2004.
[2] Rhode Island transitioned from BCBS RI (00870) to BCBS AR RI (00524) on 2/1/2004.
[3] New Cluster effective for claims submitted dates 1/1/2004. No longer clustered with NJ because LCD is not uniform.

CERT Report Contractor ID	CROWD CONT ID	Business Name	Jurisdiction	Nov 2003 Group (Claims submtd 1/1/2002 to 12/31/2002)	Nov 2004 Group (Claims submtd 1/1/2003 to 12/31/2003)	Nov 2005 Group (Claims submtd 1/1/2004 to 12/1/2004)
00805	00805	Empire	NJ	Empire NY/NJ	Empire NY/NJ	Empire NJ[4]
00824	00820	Noridian	ND/SD	Noridian CO/ND/SD/WY/IA	Noridian CO/ND/SD/WY/IA	Noridian CO/ND/SD/WY/IA
00824	00824	Noridian	CO	Noridian CO/ND/SD/WY/IA	Noridian CO/ND/SD/WY/IA	Noridian CO/ND/SD/WY/IA
00824	00825	Noridian	WY	Noridian CO/ND/SD/WY/IA	Noridian CO/ND/SD/WY/IA	Noridian CO/ND/SD/WY/IA
00826	00826	Noridian	IA	Noridian CO/ND/SD/WY/IA	Noridian CO/ND/SD/WY/IA	Noridian CO/ND/SD/WY/IA
00836	00831	Noridian	AK	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA
00832	00832	Noridian	AZ	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA
00832	00833	Noridian	HA/GU	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA
00832	00834	Noridian	NV	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA
00836	00835	Noridian	OR	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA
00836	00836	Noridian	WA	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA	Noridian AZ/HI/NV/AK/OR/WA
00865	00865	HGSA	PA	HGSA PA	HGSA PA	HGSA PA
00870[5]	00870	RI BCBS	RI	BCBS RI	BCBS RI	BCBS RI
00880	00880	Palmetto GBA	SC	Palmetto GBA SC	Palmetto GBA SC	Palmetto GBA SC
00883[6]	00883	Palmetto GBA	OH	N/A	Palmetto GBA OH/WV	Palmetto GBA OH/WV
00883	00884	Palmetto GBA	WV	N/A	Palmetto GBA OH/WV	Palmetto GBA OH/WV
16360[7]	16360	Nationwide	OH	Nationwide OH/WV	N/A	N/A
00824	00889	Noridian	SD	Noridian CO/ND/SD/WY/IA	Noridian CO/ND/SD/WY/IA	Noridian CO/ND/SD/WY/IA
00900	00900	TrailBlazer	TX	TrailBlazer TX	TrailBlazer TX	TrailBlazer TX
00901	00901	TrailBlazer	MD	TrailBlazer MD/DC/DE/VA	TrailBlazer MD/DC/DE/VA	TrailBlazer MD/DC/DE/VA
00902	00902	TrailBlazer	DE	TrailBlazer MD/DC/DE/VA	TrailBlazer MD/DC/DE/VA	TrailBlazer MD/DC/DE/VA
00902	00903	TrailBlazer	DC	TrailBlazer MD/DC/DE/VA	TrailBlazer MD/DC/DE/VA	TrailBlazer MD/DC/DE/VA
00904	00904	TrailBlazer	VA	TrailBlazer MD/DC/DE/VA	TrailBlazer MD/DC/DE/VA	TrailBlazer MD/DC/DE/VA
00910	00910	UT BCBS	UT	BCBS UT	BCBS UT	BCBS UT
00951	00951	WPS	WI	WPS WI/IL/MI/MN	WPS WI/IL/MI/MN	WPS WI/IL/MI/MN
00952	00952	WPS	IL	WPS WI/IL/MI/MN	WPS WI/IL/MI/MN	WPS WI/IL/MI/MN
00953	00953	WPS	MI	WPS WI/IL/MI/MN	WPS WI/IL/MI/MN	WPS WI/IL/MI/MN
00954	00954	WPS	MN	WPS WI/IL/MI/MN	WPS WI/IL/MI/MN	WPS WI/IL/MI/MN
00973	00973	Triple S, Inc.	PR	Triple S, Inc. PR/VI	Triple S, Inc. PR/VI	Triple S, Inc. PR/VI
00974	00974	Triple S, Inc.	VI	Triple S, Inc. PR/VI	Triple S, Inc. PR/VI	Triple S, Inc. PR/VI
05130	05130	CIGNA	ID	CIGNA ID/TN/NC	CIGNA ID/TN/NC	CIGNA ID[8]

[4] New Cluster effective for claims submitted dates 1/1/2004. No longer clustered with NY because LCD is not uniform.
[5] Rhode Island transitioned from BCBS RI (00870) to BCBS AR RI (00524) on 2/1/2004.
[6] Ohio/West Virginia transitioned from Nationwide (16360/16510) to Palmetto (00883/00884) on 7/1/2002.
[7] Ohio/West Virginia transitioned from Nationwide (16360/16510) to Palmetto (00883/00884) on 7/1/2002.
[8] New cluster effective with claims submitted dates 1/1/2004. ID no longer clustered with TN/NC because services not performed in contiguous geographical area.

CERT Report Contractor ID	CROWD CONT ID	Business Name	Jurisdiction	Nov 2003 Group (Claims submtd 1/1/2002 to 12/31/2002)	Nov 2004 Group (Claims submtd 1/1/2003 to 12/31/2003)	Nov 2005 Group (Claims submtd 1/1/2004 to 12/1/2004)
05440	05440	CIGNA	TN	CIGNA ID/TN/NC	CIGNA ID/TN/NC	CIGNA TN[9]
05535	05535	CIGNA	NC	CIGNA ID/TN/NC	CIGNA ID/TN/NC	CIGNA NC[10]
14330	14330	GHI	GHI	GHI NY	GHI NY	GHI NY
31140	31140	NHIC	N CA	NHIC CA	NHIC CA	NHIC CA
31143	31142	NHIC	ME	NHIC MA/ME/NH/VT	NHIC MA/ME/NH/VT	NHIC MA/ME/NH/VT
31143	31143	NHIC	MA	NHIC MA/ME/NH/VT	NHIC MA/ME/NH/VT	NHIC MA/ME/NH/VT
31143	31144	NHIC	NH	NHIC MA/ME/NH/VT	NHIC MA/ME/NH/VT	NHIC MA/ME/NH/VT
31143	31145	NHIC	VT	NHIC MA/ME/NH/VT	NHIC MA/ME/NH/VT	NHIC MA/ME/NH/VT
31146	31146	NHIC	S CA	NHIC CA	NHIC CA	NHIC CA

[9] New cluster effective with claims submitted dates 1/1/2004. TN no longer clustered with ID/NC because services not performed in contiguous geographical area.

[10] New cluster effective with CUF dates 1/1/2004. NC no longer clustered with ID/TN because services not performed in contiguous geographical area.

Table B2: Durable Medical Equipment Regional Carrier (DMERC) Clusters

CERT Report Contractor ID	CROWD CONT ID	Business Name	Jurisdiction	Nov 2003 Group (Claims submtd 1/1/2002 to 12/31/2002)	Nov 2004 Group (Claims submtd 1/1/2003 to 12/31/2003)	Nov 2005 Group (Claims submtd 1/1/2004 to 12/1/2004)
00635	00635	AdminaStar	DC, IL, IN, MD, MI, MN, OH, VA, WV, WI	AdminaStar – Region B	AdminaStar – Region B	AdminaStar – Region B
00885	00885	Palmetto GBA	AL, AR, CO, FL, GA, KY, LA, MS, NM, NC, OK, PR, SC, TN, TX, VI	Palmetto GBA – Region C	Palmetto GBA – Region C	Palmetto GBA – Region C
05655	05655	CIGNA	AK, AZ, CA, GU, HA, ID, IA, KS, MO, MT, NE, NV, ND, OR, SD, YT, WA, WY, AS, NMI	CIGNA -Region D	CIGNA -Region D	CIGNA -Region D
77011[11]	00811	TriCenturion	CT, DE, ME, MA, NH, NJ, NY, PA, RI, VT	TriCenturion - Region A	TriCenturion - Region A	TriCenturion - Region A

[11] As a "Full PSC," TriCenturion (77011) is tasked with all MR and anti-fraud work in Region A. As such, it is TriCenturion (the PSC(77011)) not HealthNow ((00811) the Affiliated Contractor) that is responsible for lowering the error rates in this region.

Table B3: Part A Fiscal Intermediary (FI) and Rural Home Health Intermediary (RHHI) Clusters

CERT Report Contractor ID	CROWD Contractor ID	Business Name	Jurisdiction	Type of Contract	Nov 2003 Group (Claims submtd 1/1/2002 to 12/31/2002)	Nov 2004 Group (Claims submtd 1/1/2003 to 12/31/2003)	Nov 2005 Group (Claims submtd 1/1/2004 to 12/1/2004)
00010	00010	Cahaba GBA	AL	Part A	N/A	Cahaba GBA AL	Cahaba GBA AL
00011	00011	Cahaba GBA	IA/SD	RHHI	N/A	Cahaba GBA IA/SD	Cahaba GBA IA/SD
00020	00020	AR BCBS	AR	Part A	N/A	BCBS AR	BCBS AR
00021[12]	00021	AR BCBS	RI	Part A	N/A	N/A	BCBS AR RI
00030	00030	AZ BCBS	AZ	Part A	N/A	BCBS AZ	BCBS AZ
00090	00090	First Coast Service Options	FL	Part A	N/A	First Coast Service Options FL	First Coast Service Options FL
00101	00101	GA BCBS	GA	Part A	N/A	BCBS GA	BCBS GA
00130	00130	AdminaStar	IN	Part A	N/A	AdminaStar IN/IL/KY/OH	AdminaStar IN/IL/KY/OH
00131	00131	AdminaStar	IL	Part A	N/A	AdminaStar IN/IL/KY/OH	AdminaStar IN/IL/KY/OH
00150	00150	KS BCBS	KS	Part A	N/A	BCBS KS	BCBS KS
00160	00160	AdminaStar	KY	Part A	N/A	AdminaStar IN/IL/KY/OH	AdminaStar IN/IL/KY/OH
00180	00180	Anthem	ME	RHHI	N/A	Anthem MA/ME	Anthem MA/ME
00181	00181	Anthem	MA	Part A	N/A	Anthem MA/ME	Anthem MA/ME
00190	00190	Carefirst	MD	Part A	N/A	CareFirst MD/DC	CareFirst MD/DC
00230	00230	Trispan	MS/LA/MO	Part A	N/A	Trispan MS/LA/MO	Trispan MS/LA/MO
00250	00250	MT BCBS	MT	Part A	N/A	BCBS MT	BCBS MT
00260	00260	NE BCBS	NE	Part A	N/A	BCBS NE	BCBS NE
00270	00270	Anthem	NH/VT	Part A	N/A	Anthem NH/VT	Anthem NH/VT
00308	00308	Empire	NY/CT/DE	Part A	N/A	Empire NY/CT/DE	Empire NY/CT/DE
00320	00320	Noridian	MN	Part A	N/A	Noridian MN/ND	Noridian MN/ND
00321	00320	Noridian	ND	Part A	N/A	Noridian MN/ND	Noridian MN/ND
00322[13]	00322	Noridian	WA/AK	Part A	N/A	N/A	Noridian WA/AK
00332	00332	AdminaStar	OH	Part A	N/A	AdminaStar IN/IL/KY/OH	AdminaStar IN/IL/KY/OH
00340	00340	Chisholm	OK	Part A	N/A	Chisholm OK	Chisholm OK
00350	00350	Medicare Northwest	ID/OR/UT	Part A	N/A	Medicare Northwest OR/ID/UT	Medicare Northwest OR/ID/UT
00363	00363	Veritus	PA	Part A	N/A	Veritus PA	Veritus PA
00370[14]	00370	RI BCBS	RI	Part A	N/A	BCBS RI	BCBS RI
00380	00380	Palmetto GBA	SC	RHHI	N/A	Palmetto GBA SC	Palmetto GBA SC
00382	00382	Palmetto GBA	NC	Part A	N/A	Palmetto GBA NC	Palmetto GBA NC
00390	00390	Riverbend	TN/NJ	Part A	N/A	Riverbend TN/NJ	Riverbend TN/NJ
00400	00400	TrailBlazer	TX/CO/NM	Part A	N/A	TrailBlazer TX/CO/NM	TrailBlazer TX/CO/NM
00430[15]	00430	Premera	WA/AK	Part A	N/A	Premera WA/AK	Premera WA/AK
00450	00450	UGS	MI	RHHI	N/A	UGS MI/WI	UGS MI/WI
00452	00452	UGS	WI	Part A	N/A	UGS MI/WI	UGS MI/WI
00453	00453	UGS	VA/WV	Part A	N/A	UGS VA/WV	UGS VA/WV
00454	00454	UGS	CA/HI/AS/GU/NMI	RHHI	N/A	UGS CA/HI/AS/GU/NMI	UGS CA/HI/AS/GU/NMI
00460	00460	WY BCBS	WY	Part A	N/A	BCBS WY	BCBS WY
52280	52280	Mutual of Omaha	(All states)	Part A	N/A	Mutual of Omaha	Mutual of Omaha
57400	57400	COSVI	PR/VI	Part A	N/A	COSVI PR/VI	COSVI PR/VI

[12] Rhode Island transitioned from BCBS RI (00370) to BCBS AR RI (00021) on 2/1/2004.
[13] Washington/Alaska transaitioned from Premera (00430) to Noridian (00322) on 10/1/2004
[14] Rhode Island transitioned from BCBS RI (00370) to BCBS AR RI (00021) on 2/1/2004.
[15] Washington/Alaska transitioned from Premera (00430) to Noridian (00322) on 10/1/2004.

Appendix C – Error Rates by Cluster and Contractor

Tables in this section of the appendix contain the following:

- Improper payment amounts for clusters,
- Error rates and improper payment amounts for individual contractors within each cluster; and
- Paid claims error rates by cluster and type of error.

In the November 2003 and 2004 reports, the CERT program provided error rates and improper payment amounts for each cluster. CMS chose to produce error rates at the cluster level in order to maximize resources. The MMA included a provision and additional funding to allow CMS to produce error rates at the individual contractor level, in addition to the cluster level rates, for the November 2005 and 2006 reports. The following tables provide this information.

Table C1a contains error rates and improper payment amounts for individual Carriers. The table is in the same order as Table 5 (i.e., in descending order by error rates for carrier clusters). Within each cluster, information is in order by individual carrier name.

Table C1a: Error Rates and Improper Payments: Individual Carriers (Clusters in Order by Cluster Error Rates from Table 5 and Within Cluster by Contractor Names)

		Paid Claims Error Rate					Provider Compliance Error Rate	
Carrier Cluster	Carrier Contractor	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims
Triple S, Inc. PR/VI 00973/00974 (15.7%)								
	Triple S, Inc. VI	22.5%	$1,097,241	3.5%	15.7% - 29.4%	20.9%	32.3%	31.0%
	Triple S, Inc. PR	15.7%	$95,176,122	1.2%	13.3% - 18.0%	14.6%	24.3%	23.5%
First Coast Service Options FL 00590 (11.9%)								
	First Coast Service Options FL	11.9%	$831,028,166	3.9%	4.2% - 19.6%	6.5%	20.0%	15.8%
GHI NY 14330 (10.6%)								
	GHI NY	10.6%	$35,950,914	1.0%	8.8% - 12.5%	9.6%	26.4%	25.7%
Empire NY 00803 (9.7%)								
	Empire NY	9.7%	$343,119,055	0.9%	7.9% - 11.4%	8.9%	20.4%	19.8%
BCBS AR RI 00524 (8.4%)								
	BCBS AR RI	8.4%	$16,455,197	1.0%	6.3% - 10.4%	7.2%	22.7%	21.9%
BCBS AR								

Carrier Cluster	Carrier Contractor	Paid Claims Error Rate					Provider Compliance Error Rate	
		Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims
AR/NM/OK/MO/LA 00520/00521/00522/00523/00528 (7.2%)								
	BCBS AR LA	10.0%	$101,862,008	2.4%	5.3% - 14.7%	9.1%	23.6%	23.1%
	BCBS AR MO	7.2%	$68,925,222	2.0%	3.3% - 11.2%	6.2%	19.2%	18.4%
	BCBS AR AR	6.3%	$43,697,022	1.2%	3.9% - 8.7%	5.6%	15.8%	15.3%
	BCBS AR NM/OK	5.1%	$50,133,981	0.8%	3.5% - 6.6%	4.7%	19.8%	19.5%
BCBS UT 00910 (7.1%)								
	BCBS UT	7.1%	$22,307,606	0.8%	5.5% - 8.7%	6.5%	21.8%	21.4%
CIGNA TN 05440 (6.8%)								
	CIGNA TN	6.8%	$107,032,155	0.8%	5.2% - 8.3%	6.0%	17.1%	16.5%
Palmetto GBA OH/WV 00883/00884 (6.7%)								
	Palmetto GBA OH/WV	6.7%	$205,505,628	0.7%	5.3% - 8.0%	5.3%	16.0%	14.9%
Empire NJ 00805 (6.3%)								
	Empire NJ	6.3%	$181,849,570	0.7%	4.9% - 7.8%	5.9%	19.5%	19.2%
First Coast Service Options CT 00591 (5.8%)								
	First Coast Service Options CT	5.8%	$60,161,032	0.6%	4.6% - 7.1%	4.5%	17.3%	16.3%
NHIC CA 31140/31146 (5.4%)								
	NHIC SoCA	6.5%	$229,083,142	1.0%	4.6% - 8.4%	5.2%	24.8%	23.9%
	NHIC NoCA	4.1%	$110,178,759	0.7%	2.7% - 5.4%	3.5%	13.9%	13.5%
Noridian AK/AZ/AS/CNMI/GU/HI/NV/OR/WA 00831/00832/00833/00834/00835/00836 (5.4%)								
	Noridian AZ/AS/CNMI/GU/HI/NV	6.8%	$117,018,324	1.0%	4.8% - 8.8%	5.3%	20.4%	19.4%
	Noridian AK/OR/WA	4.0%	$63,869,482	0.7%	2.6% - 5.4%	3.5%	11.0%	10.6%
HGSA PA 00865 (5.3%)								
	HGSA PA	5.3%	$159,110,610	0.7%	4.0% - 6.6%	4.9%	15.7%	15.5%
Palmetto GBA SC 00880 (5.3%)								
	Palmetto GBA SC	5.3%	$53,133,892	0.8%	3.8% - 6.8%	4.3%	16.1%	15.4%
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904 (5.1%)								
	Trailblazer DE/DC	6.1%	$59,930,494	1.0%	4.2% - 8.0%	5.6%	23.3%	23.0%
	Trailblazer MD	5.0%	$50,041,036	0.7%	3.6% - 6.4%	4.5%	17.3%	16.9%
	Trailblazer VA	4.5%	$54,711,459	0.7%	3.2% - 5.8%	3.6%	18.0%	17.4%
WPS WI/IL/MI/MN 00951/00952/00953/00954 (5.1%)								
	WPS MI	6.3%	$169,374,256	1.0%	4.3% - 8.2%	5.6%	18.0%	17.5%
	WPS IL	5.8%	$153,448,803	0.9%	4.1% - 7.5%	4.9%	17.6%	16.9%
	WPS WI	3.0%	$31,686,285	0.6%	1.7% - 4.2%	2.6%	10.7%	10.4%
	WPS MN	1.8%	$14,689,831	0.5%	1.0% - 2.7%	1.5%	13.2%	12.9%
CIGNA NC 05535 (5.0%)								
	CIGNA NC	5.0%	$101,175,981	0.7%	3.7% - 6.3%	4.6%	15.9%	15.6%

Carrier Cluster	Carrier Contractor	Paid Claims Error Rate					Provider Compliance Error Rate	
		Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims
Cahaba GBA AL/GA/MS 00510/00511/00512 (5.0%)								
	Cahaba GBA MS	6.1%	$42,680,641	1.0%	4.1% - 8.2%	5.3%	17.7%	17.1%
	Cahaba GBA AL	5.0%	$60,580,673	1.1%	2.9% - 7.1%	5.0%	14.6%	14.6%
	Cahaba GBA GA	4.6%	$82,087,037	0.9%	2.8% - 6.5%	4.3%	18.0%	17.7%
BCBS KS KS/NE/ W MO 00650/00655/00651 (4.6%)								
	BCBS KS WMO	5.7%	$26,916,885	1.0%	3.7% - 7.7%	4.6%	17.6%	16.7%
	BCBS KS NE	4.6%	$16,606,132	1.2%	2.1% - 7.0%	3.9%	10.8%	10.2%
	BCBS KS KS	3.5%	$16,486,859	0.7%	2.2% - 4.8%	3.0%	9.0%	8.5%
AdminaStar IN/KY 00630/00660 (4.6%)								
	AdminaStar IN	4.7%	$66,938,203	0.9%	3.0% - 6.4%	4.5%	18.4%	18.2%
	AdminaStar KY	4.4%	$45,770,338	0.8%	2.9% - 5.9%	3.1%	13.4%	12.4%
HealthNow NY 00801 (4.5%)								
	HealthNow	4.5%	$53,949,543	0.6%	3.3% - 5.6%	3.9%	14.5%	14.1%
Trailblazer TX 00900 (4.4%)								
	Trailblazer TX	4.4%	$212,745,519	0.5%	3.4% - 5.4%	4.1%	19.7%	19.4%
NHIC ME/MA/NH/VT 31142/31143/31144/31145 (4.4%)								
	NHIC ME/MA/NH/VT	4.4%	$91,842,130	0.4%	3.5% - 5.3%	4.1%	12.0%	11.8%
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889 (4.3%)								
	Noridian IA	4.5%	$25,819,871	1.3%	1.9% - 7.0%	3.6%	15.9%	15.3%
	Noridian ND/CO/WY/SD	4.2%	$40,375,745	0.7%	2.9% - 5.5%	3.2%	13.8%	13.1%
BCBS MT 00751 (2.8%)								
	BCBS MT	2.8%	$5,147,227	0.5%	1.9% - 3.7%	2.4%	12.1%	11.8%
CIGNA ID 05130 (2.8%)								
	CIGNA ID	2.8%	$5,262,686	0.5%	1.9% - 3.7%	2.7%	15.9%	15.8%
Combined		6.4%	$4,324,962,761	0.4%	5.5% - 7.2%	5.2%	17.8%	17.0%

Table C1b contains improper payment amounts for Carrier clusters. The table is sorted in descending order by projected improper payment amounts for Carrier cluster values.

Table C1b: Actual and Projected Improper Payments: Carrier Clusters

Carrier Cluster	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
First Coast Service Options FL 00590	$28,536	$322	$28,858	$821,768,660	$9,259,506	$831,028,166
WPS WI/IL/MI/MN 00951/00952/00953/00954	$16,327	$304	$16,631	$363,981,167	$5,218,007	$369,199,174
Empire NY 00803	$23,323	$397	$23,720	$337,369,927	$5,749,127	$343,119,055
NHIC CA 31140/31146	$14,004	$139	$14,144	$335,752,557	$3,509,344	$339,261,900
BCBS AR AR/NM/OK/MO/LA	$28,802	$727	$29,529	$257,885,742	$6,732,491	$264,618,233

Carrier Cluster	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
00520/00521/00522/00523/00528						
Trailblazer TX 00900	$9,689	$317	$10,006	$206,006,670	$6,738,849	$212,745,519
Palmetto GBA OH/WV 00883/00884	$13,382	$215	$13,596	$202,262,852	$3,242,776	$205,505,628
Cahaba GBA AL/GA/MS 00510/00511/00512	$16,695	$478	$17,173	$180,544,025	$4,804,325	$185,348,351
Empire NJ 00805	$13,545	$485	$14,030	$175,562,430	$6,287,140	$181,849,570
Noridian AK/AZ/AS/CNMI/GU/HI/NV/OR/WA 00831/00832/00833/00834/00835/00836	$11,839	$326	$12,164	$176,087,862	$4,799,945	$180,887,807
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904	$15,266	$733	$15,999	$156,972,557	$7,710,432	$164,682,989
HGSA PA 00865	$9,798	$227	$10,025	$155,504,689	$3,605,921	$159,110,610
AdminaStar IN/KY 00630/00660	$8,008	$986	$8,994	$100,288,491	$12,420,050	$112,708,541
CIGNA TN 05440	$14,567	$207	$14,774	$105,530,963	$1,501,192	$107,032,155
CIGNA NC 05535	$9,142	$461	$9,603	$96,318,764	$4,857,217	$101,175,981
Triple S, Inc. PR/VI 00973/00974	$49,625	$1,828	$51,453	$91,714,653	$4,558,710	$96,273,363
NHIC ME/MA/NH/VT 31142/31143/31144/31145	$7,443	$752	$8,195	$83,414,755	$8,427,375	$91,842,130
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889	$7,606	$1,307	$8,912	$57,116,869	$9,078,746	$66,195,615
First Coast Service Options CT 00591	$11,556	$115	$11,672	$59,566,617	$594,415	$60,161,032
BCBS KS KS/NE/ W MO 00650/00655/00651	$11,872	$596	$12,468	$57,221,121	$2,788,756	$60,009,876
HealthNow NY 00801	$8,878	$473	$9,351	$51,221,825	$2,727,717	$53,949,543
Palmetto GBA SC 00880	$10,421	$623	$11,045	$50,134,676	$2,999,216	$53,133,892
GHI NY 14330	$19,660	$446	$20,106	$35,154,249	$796,665	$35,950,914
BCBS UT 00910	$13,681	$309	$13,989	$21,815,397	$492,209	$22,307,606
BCBS AR RI 00524	$17,548	$396	$17,943	$16,092,270	$362,927	$16,455,197
CIGNA ID 05130	$4,609	$331	$4,940	$4,910,136	$352,550	$5,262,686
BCBS MT 00751	$5,260	$516	$5,776	$4,687,351	$459,876	$5,147,227
Combined	$401,082	$14,016	$415,097	$4,204,887,275	$120,075,487	$4,324,962,761

Table C1c contains improper payment amounts for individual Carriers. The table is in the same order as Table C1b (i.e., in descending order by improper payments for carrier clusters). Within each cluster, information is sorted by individual carrier name.

Table C1c: Improper Payments: Individual Carriers (Clusters in Order By Cluster Improper Payments from Table C1b and Within Cluster by Contractor Names)

Carrier Cluster	Carrier Contractor	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
First Coast Service Options FL 00590							
	First Coast Service Options FL	$28,536	$322	$28,858	$821,768,660	$9,259,506	$831,028,166
WPS WI/IL/MI/MN 00951/00952/00953/00954							
	WPS MI	$6,128	$44	$6,172	$168,170,968	$1,203,287	$169,374,256
	WPS IL	$5,675	$75	$5,750	$151,435,280	$2,013,522	$153,448,803
	WPS WI	$2,571	$149	$2,720	$29,953,365	$1,732,920	$31,686,285
	WPS MN	$1,952	$36	$1,989	$14,421,553	$268,278	$14,689,831
Empire NY 00803							
	Empire NY	$23,323	$397	$23,720	$337,369,927	$5,749,127	$343,119,055
NHIC CA 31140/31146							

Carrier Cluster	Carrier Contractor	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
	NHIC SoCA	$8,858	$129	$8,986	$225,804,305	$3,278,836	$229,083,142
	NHIC NoCA	$5,147	$11	$5,157	$109,948,252	$230,507	$110,178,759
BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/00528							
	BCBS AR LA	$10,944	$127	$11,071	$100,689,377	$1,172,631	$101,862,008
	BCBS AR MO	$7,302	$147	$7,450	$67,563,022	$1,362,200	$68,925,222
	BCBS AR NM/OK	$4,459	$292	$4,751	$47,056,755	$3,077,226	$50,133,981
	BCBS AR AR	$6,097	$160	$6,257	$42,576,588	$1,120,435	$43,697,022
Trailblazer TX 00900							
	Trailblazer TX	$9,689	$317	$10,006	$206,006,670	$6,738,849	$212,745,519
Palmetto GBA OH/WV 00883/00884							
	Palmetto GBA OH/WV	$13,382	$215	$13,596	$202,262,852	$3,242,776	$205,505,628
Cahaba GBA AL/GA/MS 00510/00511/00512							
	Cahaba GBA GA	$5,326	$156	$5,482	$79,754,840	$2,332,197	$82,087,037
	Cahaba GBA AL	$5,829	$36	$5,865	$60,204,825	$375,848	$60,580,673
	Cahaba GBA MS	$5,540	$286	$5,826	$40,584,360	$2,096,281	$42,680,641
Empire NJ 00805							
	Empire NJ	$13,545	$485	$14,030	$175,562,430	$6,287,140	$181,849,570
Noridian AK/AZ/AS/CNMI/GU/HI/NV/OR/WA 00831/00832/00833/00834/00835/00836							
	Noridian AZ/AS/CNMI/GU/HI/NV	$7,557	$154	$7,710	$114,687,693	$2,330,632	$117,018,324
	Noridian AK/OR/WA	$4,282	$172	$4,454	$61,400,169	$2,469,313	$63,869,482
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904							
	Trailblazer DE/DC	$6,086	$323	$6,409	$56,908,557	$3,021,937	$59,930,494
	Trailblazer VA	$3,952	$234	$4,185	$51,657,060	$3,054,399	$54,711,459
	Trailblazer MD	$5,228	$177	$5,405	$48,406,940	$1,634,097	$50,041,036
HGSA PA 00865							
	HGSA PA	$9,798	$227	$10,025	$155,504,689	$3,605,921	$159,110,610
AdminaStar IN/KY 00630/00660							
	AdminaStar IN	$4,556	$674	$5,230	$58,309,942	$8,628,261	$66,938,203
	AdminaStar KY	$3,452	$312	$3,764	$41,978,549	$3,791,789	$45,770,338
CIGNA TN 05440							
	CIGNA TN	$14,567	$207	$14,774	$105,530,963	$1,501,192	$107,032,155
CIGNA NC 05535							
	CIGNA NC	$9,142	$461	$9,603	$96,318,764	$4,857,217	$101,175,981
Triple S, Inc. PR/VI 00973/00974							
	Triple S, Inc. PR	$24,387	$1,220	$25,606	$90,643,243	$4,532,879	$95,176,122
	Triple S, Inc. VI	$25,239	$608	$25,847	$1,071,411	$25,830	$1,097,241
NHIC ME/MA/NH/VT 31142/31143/31144/31145							
	NHIC ME/MA/NH/VT	$7,443	$752	$8,195	$83,414,755	$8,427,375	$91,842,130

Carrier Cluster	Carrier Contractor	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889							
	Noridian ND/CO/WY/SD	$4,964	$161	$5,125	$39,105,679	$1,270,066	$40,375,745
	Noridian IA	$2,642	$1,145	$3,787	$18,011,190	$7,808,680	$25,819,871
First Coast Service Options CT 00591							
	First Coast Service Options CT	$11,556	$115	$11,672	$59,566,617	$594,415	$60,161,032
BCBS KS KS/NE/ W MO 00650/00655/00651							
	BCBS KS WMO	$4,737	$153	$4,890	$26,074,403	$842,482	$26,916,885
	BCBS KS NE	$4,037	$238	$4,275	$15,679,773	$926,359	$16,606,132
	BCBS KS KS	$3,099	$204	$3,303	$15,466,945	$1,019,915	$16,486,859
HealthNow NY 00801							
	HealthNow	$8,878	$473	$9,351	$51,221,825	$2,727,717	$53,949,543
Palmetto GBA SC 00880							
	Palmetto GBA SC	$10,421	$623	$11,045	$50,134,676	$2,999,216	$53,133,892
GHI NY 14330							
	GHI NY 14330	$19,660	$446	$20,106	$35,154,249	$796,665	$35,950,914
BCBS UT 00910							
	BCBS UT	$13,681	$309	$13,989	$21,815,397	$492,209	$22,307,606
BCBS AR RI 00524							
	BCBS AR RI	$17,548	$396	$17,943	$16,092,270	$362,927	$16,455,197
CIGNA ID 05130							
	CIGNA ID	$4,609	$331	$4,940	$4,910,136	$352,550	$5,262,686
BCBS MT 00751							
	BCBS MT	$5,260	$516	$5,776	$4,687,351	$459,876	$5,147,227
Combined		$401,082	$14,016	$415,097	$4,204,887,275	$120,075,487	$4,324,962,761

Table C2 contains DMERC-specific improper payment amounts. The table is sorted in descending order by projected improper payment amounts.

Table C2: Improper Payments: DMERCs

DMERC Cluster	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
Palmetto GBA Region C 00885	$43,532	$121	$43,653	$473,614,079	$1,315,451	$474,929,530
AdminaStar Region B 00635	$18,470	$0	$18,470	$110,259,808	$0	$110,259,808
CIGNA Region D 05655	$18,624	$30	$18,654	$98,737,300	$159,633	$98,896,933
Tricenturion Region A 77011*	$21,961	$0	$21,961	$95,733,277	$0	$95,733,277
Combined	$102,587	$151	$102,738	$778,344,464	$1,475,084	$779,819,548

* HealthNow is responsible for claims processing, provider communication, and operating the provider call center. Tricenturion PSC is tasked with performing prepay medical review, post pay medical review and local provider education and training. Both Tricenturion and HealthNow are responsible for lowering the error rate for Region A.

Table C3a contains error rates and improper payment amounts for individual FIs. Within each cluster, information is sorted by individual FI paid claims error rate.

Table C3a: Error Rates and Improper Payments: Individual FIs

FI Cluster	FI Contractor	Paid Claims Error Rate				
		Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims
COSVI PR/VI 57400 (8.6%)						
	COSVI PR/VI	8.6%	$8,269,584	1.6%	5.5% - 11.8%	6.1%
BCBS WY 00460 (7.4%)						
	BCBS WY	7.4%	$3,931,533	2.2%	3.1% - 11.7%	6.9%
BCBS KS 00150 (5.9%)						
	BCBS KS	5.9%	$23,624,838	2.3%	1.4% - 10.3%	3.9%
Riverbend NJ/TN 00390 (5.7%)						
	Riverbend NJ/TN	5.7%	$147,423,720	1.4%	3.0% - 8.4%	5.5%
Palmetto GBA NC 00382 (5.7%)						
	Palmetto GBA NC	5.7%	$66,782,386	1.5%	2.7% - 8.6%	5.6%
First Coast Service Options FL 00090 (5.4%)						
	First Coast Service Options FL	5.4%	$108,046,203	1.0%	3.4% - 7.3%	4.5%
Medicare Northwest ID/OR/UT 00350 (5.2%)						
	Medicare Northwest ID/OR/UT	5.2%	$40,289,151	1.5%	2.3% - 8.2%	3.8%
Mutual of Omaha (all states) 52280 (4.9%)						
	Mutual of Omaha	4.9%	$363,218,483	1.0%	3.0% - 6.8%	3.9%
BCBS AR AR 00020 (4.8%)						
	BCBS AR AR	4.8%	$17,607,810	1.3%	2.2% - 7.4%	4.4%
Cahaba GBA AL 00010 (4.8%)						
	Cahaba GBA AL	4.8%	$59,671,288	2.4%	0.1% - 9.4%	4.6%
UGS AS/CA/GU/HI/NV/NMI 00454 (4.2%)						
	UGS AS/CA/CNMI/GU/HI/NV	4.2%	$186,871,283	1.1%	2.0% - 6.3%	3.8%
Carefirst DC/MD 00190 (3.7%)						
	CareFirst DC/MD	3.7%	$116,393,936	0.7%	2.2% - 5.1%	3.5%
Veritus PA 00363 (3.6%)						
	Veritus PA	3.6%	$64,111,963	1.0%	1.6% - 5.7%	3.2%
BCBS AR RI 00021 (3.6%)						
	BCBS AR RI	3.6%	$4,648,265	0.9%	1.8% - 5.4%	3.4%
Noridian AK/WA 00322 (3.3%)						
	Noridian AK/WA	3.3%	$16,773,352	0.8%	1.7% - 4.9%	2.6%
BCBS AZ 00030 (3.2%)						
	BCBS AZ	3.2%	$9,449,337	1.1%	1.1% - 5.3%	3.1%
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332 (3.2%)						
	AdminaStar IL	6.2%	$91,464,162	2.5%	1.3% - 11.1%	5.5%
	AdminaStar IN	3.9%	$50,296,015	1.7%	0.5% - 7.3%	3.8%
	AdminaStar KY	1.5%	$12,057,128	0.5%	0.6% - 2.5%	1.4%
	AdminaStar OH	1.4%	$33,195,270	0.7%	0.1% - 2.7%	1.4%
Chisholm OK 00340 (3.1%)						
	Chisholm OK	3.1%	$10,213,512	1.3%	0.5% - 5.6%	3.0%
Trailblazer CO/NM/TX 00400 (3.0%)						
	Trailblazer CO/NM/TX	3.0%	$98,261,460	0.6%	1.8% - 4.3%	2.6%
BCBS GA 00101 (2.8%)						
	BCBS GA	2.8%	$46,641,372	0.6%	1.6% - 4.0%	2.5%
Palmetto GBA SC 00380 (2.7%)						
	Palmetto GBA SC	2.7%	$222,063,876	0.5%	1.7% - 3.7%	2.6%
UGS VA/WV 00453 (2.5%)						
	UGS VA/WV	2.5%	$28,945,475	0.6%	1.3% - 3.8%	2.3%

FI Cluster	FI Contractor	Paid Claims Error Rate				
		Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims
UGS WI/MI 00450/00452 (2.3%)						
	UGS MI	3.0%	$36,095,883	1.2%	0.7% - 5.3%	2.8%
	UGS WI	2.1%	$88,719,949	0.9%	0.4% - 3.9%	1.9%
Trispan LA/MO/MS 00230 (2.3%)						
	Trispan LA/MO/MS	2.3%	$31,219,088	0.6%	1.0% - 3.5%	2.1%
Anthem ME/MA 00180/00181 (2.2%)						
	Anthem MA	2.9%	$25,284,033	0.8%	1.3% - 4.6%	2.8%
	Anthem ME	1.6%	$16,195,191	0.7%	0.2% - 3.0%	1.5%
Cahaba GBA IA/SD 00011 (2.2%)						
	Cahaba GBA IA/SD	2.2%	$54,394,603	0.6%	1.0% - 3.4%	2.1%
Empire CT/DE/NY 00308 (2.0%)						
	Empire CT/DE/NY	2.0%	$78,650,521	0.4%	1.1% - 2.8%	1.7%
BCBS MT 00250 (1.3%)						
	BCBS MT	1.3%	$2,181,055	0.5%	0.3% - 2.3%	1.2%
Noridian MN/ND 00320/00321 (1.3%)						
	Noridian ND	3.2%	$6,040,373	1.9%	(0.6%) - 7.0%	3.1%
	Noridian MN	0.8%	$5,494,606	0.2%	0.3% - 1.3%	0.7%
Anthem NH/VT 00270 (1.2%)						
	Anthem NH/VT	1.2%	$3,717,028	0.3%	0.5% - 1.9%	1.2%
BCBS NE 00260 (1.0%)						
	BCBS NE	1.0%	$1,986,218	0.6%	(0.2%) - 2.1%	0.9%
Combined		3.4%	$2,180,229,950	0.2%	3.0% - 3.8%	3.1%

Table C3b contains FI-specific improper payment amounts for FI clusters. The table is sorted in descending order by projected improper payment amounts.

Table C3b: Improper Payments: FI Clusters

FI Cluster	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
Mutual of Omaha (all states) 52280	$54,684	$1,573	$56,257	$353,065,167	$10,153,316	$363,218,483
Palmetto GBA SC 00380	$92,359	$24	$92,383	$222,006,354	$57,521	$222,063,876
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332	$58,337	$1,353	$59,689	$182,440,022	$4,572,554	$187,012,576
UGS AS/CA/GU/HI/NV/NMI 00454	$58,082	$5,854	$63,936	$169,761,901	$17,109,382	$186,871,283
Riverbend NJ/TN 00390	$46,597	$313	$46,911	$146,439,724	$983,996	$147,423,720
UGS WI/MI 00450/00452	$23,443	$135	$23,578	$124,136,085	$679,747	$124,815,832
Carefirst DC/MD 00190	$68,165	$1,393	$69,559	$114,062,381	$2,331,555	$116,393,936
First Coast Service Options FL 00090	$52,051	$318	$52,368	$107,391,054	$655,149	$108,046,203
Trailblazer CO/NM/TX 00400	$28,011	$1,524	$29,535	$93,189,791	$5,071,669	$98,261,460
Empire CT/DE/NY 00308	$13,220	$4,699	$17,918	$58,025,992	$20,624,529	$78,650,521
Palmetto GBA NC 00382	$50,074	$1,595	$51,669	$64,720,630	$2,061,755	$66,782,386
Veritus PA 00363	$28,920	$1,338	$30,258	$61,276,736	$2,835,227	$64,111,963
Cahaba GBA AL 00010	$28,616	$3,146	$31,761	$53,761,666	$5,909,622	$59,671,288
Cahaba GBA IA/SD 00011	$37,824	$7,039	$44,863	$45,860,388	$8,534,215	$54,394,603
BCBS GA 00101	$37,726	$766	$38,492	$45,713,458	$927,914	$46,641,372
Anthem ME/MA 00180/00181	$20,253	$2,133	$22,386	$37,366,884	$4,112,339	$41,479,224
Medicare Northwest ID/OR/UT 00350	$42,992	$137	$43,128	$40,161,189	$127,962	$40,289,151
Trispan LA/MO/MS 00230	$19,414	$296	$19,710	$30,750,123	$468,965	$31,219,088
UGS VA/WV 00453	$19,446	$844	$20,290	$27,741,484	$1,203,990	$28,945,475
BCBS KS 00150	$46,943	$951	$47,895	$23,155,546	$469,292	$23,624,838
BCBS AR AR 00020	$39,973	$46	$40,019	$17,587,746	$20,063	$17,607,810
Noridian AK/WA 00322	$22,136	$3,686	$25,822	$14,379,073	$2,394,279	$16,773,352

FI Cluster	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
Noridian MN/ND 00320/00321	$17,556	$415	$17,970	$11,216,043	$318,936	$11,534,979
Chisholm OK 00340	$21,562	$1,071	$22,632	$9,730,343	$483,169	$10,213,512
BCBS AZ 00030	$28,218	$1,578	$29,796	$8,949,012	$500,325	$9,449,337
COSVI PR/VI 57400	$43,541	$159	$43,700	$8,239,557	$30,028	$8,269,584
BCBS AR RI 00021	$29,838	$2,118	$31,956	$4,340,183	$308,082	$4,648,265
BCBS WY 00460	$58,909	$1,810	$60,719	$3,814,323	$117,210	$3,931,533
Anthem NH/VT 00270	$8,767	$270	$9,037	$3,605,857	$111,171	$3,717,028
BCBS MT 00250	$8,447	$58	$8,506	$2,166,062	$14,993	$2,181,055
BCBS NE 00260	$3,904	$5,270	$9,174	$845,231	$1,140,986	$1,986,218
Combined	$1,110,006	$51,911	$1,161,916	$2,085,900,007	$94,329,943	$2,180,229,950

Table C3c contains improper payment amounts for individual FIs. The table is in the same order as Table C3b (i.e., in descending order by error rates for FI clusters). Within each cluster, information is in order by individual FI name.

Table C3c: Improper Payments: Individual FIs (Clusters in Order By Cluster Improper Payments from Table C3b and Within Cluster by Contractor Names)

FI Cluster	FI Contractor	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
Mutual of Omaha (all states) 52280							
	Mutual of Omaha	$54,684	$1,573	$56,257	$353,065,167	$10,153,316	$363,218,483
Palmetto GBA SC 00380							
	Palmetto GBA SC	$92,359	$24	$92,383	$222,006,354	$57,521	$222,063,876
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332							
	AdminaStar IL	$24,520	$1,077	$25,597	$87,616,336	$3,847,827	$91,464,162
	AdminaStar IN	$19,610	$105	$19,714	$50,028,823	$267,191	$50,296,015
	AdminaStar OH	$6,370	$54	$6,424	$32,914,879	$280,391	$33,195,270
	AdminaStar KY	$7,838	$117	$7,955	$11,879,983	$177,145	$12,057,128
UGS AS/CA/GU/HI/NV/NMI 00454							
	UGS AS/CA/CNMI/GU/HI/NV	$58,082	$5,854	$63,936	$169,761,901	$17,109,382	$186,871,283
Riverbend NJ/TN 00390							
	Riverbend NJ/TN	$46,597	$313	$46,911	$146,439,724	$983,996	$147,423,720
UGS WI/MI 00450/00452							
	UGS WI	$16,223	$29	$16,252	$88,561,802	$158,147	$88,719,949
	UGS MI	$7,220	$106	$7,326	$35,574,283	$521,600	$36,095,883
Carefirst DC/MD 00190							
	CareFirst DC/MD	$68,165	$1,393	$69,559	$114,062,381	$2,331,555	$116,393,936
First Coast Service Options FL 00090							
	First Coast Service Options FL	$52,051	$318	$52,368	$107,391,054	$655,149	$108,046,203
Trailblazer CO/NM/TX 00400							

FI Cluster	FI Contractor	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
	Trailblazer CO/NM/TX	$28,011	$1,524	$29,535	$93,189,791	$5,071,669	$98,261,460
Empire CT/DE/NY 00308							
	Empire CT/DE/NY	$13,220	$4,699	$17,918	$58,025,992	$20,624,529	$78,650,521
Palmetto GBA NC 00382							
	Palmetto GBA NC	$50,074	$1,595	$51,669	$64,720,630	$2,061,755	$66,782,386
Veritus PA 00363							
	Veritus PA	$28,920	$1,338	$30,258	$61,276,736	$2,835,227	$64,111,963
Cahaba GBA AL 00010							
	Cahaba GBA AL	$28,616	$3,146	$31,761	$53,761,666	$5,909,622	$59,671,288
Cahaba GBA IA/SD 00011							
	Cahaba GBA IA/SD	$37,824	$7,039	$44,863	$45,860,388	$8,534,215	$54,394,603
BCBS GA 00101							
	BCBS GA	$37,726	$766	$38,492	$45,713,458	$927,914	$46,641,372
Anthem ME/MA 00180/00181							
	Anthem MA	$13,944	$53	$13,998	$25,187,487	$96,546	$25,284,033
	Anthem ME	$6,308	$2,080	$8,388	$12,179,397	$4,015,793	$16,195,191
Medicare Northwest ID/OR/UT 00350							
	Medicare Northwest ID/OR/UT	$42,992	$137	$43,128	$40,161,189	$127,962	$40,289,151
Trispan LA/MO/MS 00230							
	Trispan LA/MO/MS	$19,414	$296	$19,710	$30,750,123	$468,965	$31,219,088
UGS VA/WV 00453							
	UGS VA/WV	$19,446	$844	$20,290	$27,741,484	$1,203,990	$28,945,475
BCBS KS 00150							
	BCBS KS	$46,943	$951	$47,895	$23,155,546	$469,292	$23,624,838
BCBS AR AR 00020							
	BCBS AR AR	$39,973	$46	$40,019	$17,587,746	$20,063	$17,607,810
Noridian AK/WA 00322							
	Noridian AK/WA	$22,136	$3,686	$25,822	$14,379,073	$2,394,279	$16,773,352
Noridian MN/ND 00320/00321							
	Noridian ND	$12,258	$184	$12,442	$5,951,083	$89,290	$6,040,373
	Noridian MN	$5,297	$231	$5,528	$5,264,960	$229,646	$5,494,606
Chisholm OK 00340							
	Chisholm OK	$21,562	$1,071	$22,632	$9,730,343	$483,169	$10,213,512
BCBS AZ 00030							
	BCBS AZ	$28,218	$1,578	$29,796	$8,949,012	$500,325	$9,449,337
COSVI PR/VI 57400							
	COSVI PR/VI	$43,541	$159	$43,700	$8,239,557	$30,028	$8,269,584
BCBS AR RI 00021							
	BCBS AR RI	$29,838	$2,118	$31,956	$4,340,183	$308,082	$4,648,265
BCBS WY 00460							
	BCBS WY	$58,909	$1,810	$60,719	$3,814,323	$117,210	$3,931,533
Anthem NH/VT 00270							
	Anthem NH/VT	$8,767	$270	$9,037	$3,605,857	$111,171	$3,717,028
BCBS MT 00250							
	BCBS MT	$8,447	$58	$8,506	$2,166,062	$14,993	$2,181,055

FI Cluster	FI Contractor	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
BCBS NE 00260							
	BCBS NE	$3,904	$5,270	$9,174	$845,231	$1,140,986	$1,986,218
Combined		$1,110,006	$51,911	$1,161,916	$2,085,900,007	$94,329,943	$2,180,229,950

Table C4a contains the following:

- Total PPS acute care hospital improper payment amounts,
- Total PPS long term care hospital improper payment amounts
- Total improper payment amounts for denied claims, and
- Total improper payment amounts for all types of facilities for which QIOs are responsible.

The table is sorted in descending order by improper payment amounts for individual QIO PPS acute care hospital improper payment amounts.

Table C4a: Improper Payments: QIOs

QIO Cluster	Actual Overpmt	Actual Underpmt	Actual Improper Payment	Projected Overpmt	Projected Underpmt	Projected Improper Payment
Short-term Acute Paid Claims	N/A	N/A	N/A	$3,907,339,461	$572,770,838	$4,480,110,299
Long-term Acute Paid Claims	N/A	N/A	N/A	$264,294,451	$25,005,601	$289,300,051
Denied Claims	N/A	N/A	N/A	$0	$76,358,973	$76,358,973
Total	N/A	N/A	N/A	$4,171,633,911	$674,135,412	$4,845,769,323

QIO-Specific Error Rates are in Table 8 of the main report.

Error Rates for Each Cluster by Type of Error

Tables in the C5 series present paid claims error rates by cluster and type of error. The table is sorted by paid claims error rate for clusters. Within cluster, the data is sorted by paid claims error rate for contractors in the cluster.

Table C5a: Error Rates for Each Cluster by Type of Error: Carrier/DMERC/FI

Carrier/DMERC/FI	Type of Error					
	Paid Claims Error Rate Including No Doc	No Doc	Insufficient Doc	Medically Unnecessary Services	Incorrect Coding	Other
All	5.2%	19.9%	36.7%	13.3%	28.7%	19.9%

Table C5b: Error Rates for Each Cluster by Type of Error: Carriers

Carriers	Type of Error					
	Paid Claims Error Rate Including No Doc	No Doc	Insufficient Doc	Medically Unnecessary Services	Incorrect Coding	Other
Triple S, Inc. PR/VI 00973/00974	15.7%	7.7%	39.1%	9.3%	43.9%	0.1%
First Coast Service Options FL 00590	11.9%	48.6%	29.4%	5.0%	17.1%	0.0%
GHI NY 14330	10.6%	11.0%	39.2%	17.7%	31.9%	0.1%
Empire NY 00803	9.7%	8.7%	38.7%	9.1%	41.3%	2.2%
BCBS AR RI 00524	8.4%	14.7%	45.5%	10.6%	28.4%	0.8%
BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/00528	7.2%	11.6%	45.0%	11.5%	31.6%	0.3%
BCBS UT 00910	7.1%	9.0%	45.7%	22.4%	22.5%	0.4%
CIGNA TN 05440	6.8%	11.6%	49.5%	7.6%	29.8%	1.5%
Palmetto GBA OH/WV 00883/00884	6.7%	22.0%	44.2%	2.2%	31.2%	0.4%
Empire NJ 00805	6.3%	7.2%	30.5%	10.9%	51.3%	0.0%
First Coast Service Options CT 00591	5.8%	25.0%	38.8%	5.6%	29.5%	1.0%
NHIC CA 31140/31146	5.4%	18.5%	21.3%	14.6%	42.1%	3.6%
Noridian AK/AZ/AS/CNMI/GU/HI/NV/OR/WA 00831/00832/00833/0083	5.4%	19.0%	24.4%	15.3%	41.3%	0.0%
HGSA PA 00865	5.3%	7.2%	45.2%	5.3%	42.3%	0.0%
Palmetto GBA SC 00880	5.3%	20.0%	45.1%	3.4%	30.1%	1.3%
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904	5.1%	12.8%	32.6%	6.7%	47.7%	0.2%
WPS WI/IL/MI/MN 00951/00952/00953/00954	5.1%	14.7%	34.0%	10.7%	39.9%	0.8%
CIGNA NC 05535	5.0%	9.0%	45.7%	10.2%	34.4%	0.7%
Cahaba GBA AL/GA/MS 00510/00511/00512	5.0%	6.6%	43.6%	6.4%	37.2%	6.2%
BCBS KS KS/NE/ W MO 00650/00655/00651	4.6%	17.5%	30.6%	7.9%	44.0%	0.0%
AdminaStar IN/KY 00630/00660	4.6%	15.2%	33.0%	3.2%	47.8%	0.8%
HealthNow NY 00801	4.5%	14.0%	42.9%	8.4%	34.7%	0.0%
Trailblazer TX 00900	4.4%	7.9%	25.8%	14.3%	50.8%	1.3%
NHIC ME/MA/NH/VT 31142/31143/31144/31145	4.4%	7.1%	22.6%	11.8%	56.4%	2.2%
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889	4.3%	22.4%	32.5%	7.2%	37.8%	0.1%
BCBS MT 00751	2.8%	13.4%	32.7%	22.4%	31.0%	0.5%
CIGNA ID 05130	2.8%	4.0%	54.1%	9.3%	32.2%	0.4%
Combined	6.4%	19.8%	34.4%	8.8%	36.0%	1.1%

Table C5c: Error Rates for Each Cluster by Type of Error: DMERCs

DMERCs	Type of Error					
	Paid Claims Error Rate Including No Doc	No Doc	Insufficient Doc	Medically Unnecessary Services	Incorrect Coding	Other
Palmetto GBA Region C 00885	11.5%	58.8%	5.6%	28.6%	3.0%	3.9%
Tricenturion Region A 77011	7.3%	42.5%	1.0%	53.3%	3.1%	0.1%
CIGNA Region D 05655	5.8%	15.7%	7.2%	62.9%	13.0%	1.2%
AdminaStar Region B 00635	5.6%	16.2%	7.9%	70.9%	4.5%	0.6%
Combined	8.6%	45.3%	5.6%	41.9%	4.5%	2.6%

Table C5d: Error Rates for Each Cluster by Type of Error: FIs

FIs	Type of Error					
	Paid Claims Error Rate Including No Doc	No Doc	Insufficient Doc	Medically Unnecessary Services	Incorrect Coding	Other
COSVI PR/VI 57400	8.6%	32.1%	56.3%	0.7%	10.9%	0.0%
BCBS WY 00460	7.4%	7.7%	83.7%	2.6%	5.7%	0.3%
BCBS KS 00150	5.9%	35.3%	18.3%	9.2%	32.1%	5.1%
Riverbend NJ/TN 00390	5.7%	3.8%	63.2%	2.1%	30.2%	0.7%
Palmetto GBA NC 00382	5.7%	1.0%	59.9%	9.1%	30.0%	0.0%
First Coast Service Options FL 00090	5.4%	16.3%	63.4%	8.1%	12.2%	0.0%
Medicare Northwest ID/OR/UT 00350	5.2%	28.9%	61.3%	5.0%	4.9%	0.0%
Mutual of Omaha (all states) 52280	4.9%	21.3%	48.6%	5.5%	24.6%	0.0%
BCBS AR AR 00020	4.8%	8.8%	62.9%	6.0%	22.3%	0.0%
Cahaba GBA AL 00010	4.8%	4.0%	70.8%	7.3%	17.8%	0.2%
UGS AS/CA/GU/HI/NV/NMI 00454	4.2%	9.9%	52.3%	11.7%	23.6%	2.5%
Carefirst DC/MD 00190	3.7%	5.7%	37.5%	12.8%	30.9%	13.1%
Veritus PA 00363	3.6%	11.6%	64.6%	5.6%	16.4%	1.9%
BCBS AR RI 00021	3.6%	6.7%	63.0%	14.8%	15.4%	0.1%
Noridian AK/WA 00322	3.3%	20.6%	47.4%	7.2%	24.2%	0.6%
BCBS AZ 00030	3.2%	2.8%	69.9%	7.2%	17.0%	3.1%
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332	3.2%	7.1%	44.3%	21.8%	25.2%	1.6%
Chisholm OK 00340	3.1%	1.4%	35.1%	9.6%	53.9%	0.0%
Trailblazer CO/NM/TX 00400	3.0%	15.6%	51.8%	11.5%	18.8%	2.2%
BCBS GA 00101	2.8%	11.2%	37.0%	11.2%	39.8%	0.7%
Palmetto GBA SC 00380	2.7%	5.0%	51.6%	26.8%	16.4%	0.2%
UGS VA/WV 00453	2.5%	7.9%	66.4%	7.3%	18.4%	0.0%
UGS WI/MI 00450/00452	2.3%	9.3%	72.6%	5.5%	11.7%	0.9%
Trispan LA/MO/MS 00230	2.3%	6.5%	56.3%	19.4%	15.6%	2.2%
Anthem ME/MA 00180/00181	2.2%	3.7%	37.5%	37.3%	21.2%	0.4%
Cahaba GBA IA/SD 00011	2.2%	6.9%	46.6%	22.4%	22.0%	2.1%

FIs	Type of Error					
	Paid Claims Error Rate Including No Doc	No Doc	Insufficient Doc	Medically Unnecessary Services	Incorrect Coding	Other
Empire CT/DE/NY 00308	2.0%	13.8%	31.2%	13.1%	41.8%	0.0%
BCBS MT 00250	1.3%	12.4%	20.8%	4.4%	55.3%	7.1%
Noridian MN/ND 00320/00321	1.3%	8.6%	59.6%	9.0%	20.8%	2.1%
Anthem NH/VT 00270	1.2%	1.3%	44.3%	10.9%	43.5%	0.0%
BCBS NE 00260	1.0%	0.8%	28.8%	1.1%	69.3%	0.0%
Combined	3.4%	11.2%	52.3%	12.1%	23.0%	1.5%

Appendix D – Error Rates by Cluster and Provider Type

The tables in this section of the appendix provide data by cluster. Each table in the appendix includes three error rates for each provider type that billed contractors in the cluster. The three error rates are:

1. Paid/Allowed Claims Error Rate
2. Provider Compliance Error Rate, and
3. No Resolution Rate.

Information on dollars in error is also included in the tables. The tables are in descending order by projected improper payments.

Carrier

AdminaStar IN/KY 00630/00660

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	9.6%	$20,249,087	6.3%	(2.8%) - 22.0%	9.2%	15.0%	14.8%	0.2%
Family Practice	7.7%	$14,659,688	4.3%	(0.7%) - 16.2%	6.2%	18.6%	17.4%	0.0%
All Provider Types With Less Than 30 Lines	2.5%	$10,533,819	2.0%	(1.4%) - 6.4%	2.4%	5.4%	5.4%	0.7%
Cardiology	4.3%	$9,607,805	3.4%	(2.4%) - 11.0%	4.2%	15.1%	15.1%	0.0%
Hematology/Oncology	6.4%	$8,956,796	6.3%	(5.9%) - 18.7%	2.0%	44.3%	42.8%	0.0%
Physical Medicine and Rehabilitation	19.5%	$5,464,753	14.7%	(9.2%) - 48.3%	19.5%	21.2%	21.2%	0.0%
Nurse Practitioner	17.8%	$4,910,125	13.2%	(8.0%) - 43.7%	9.8%	24.9%	18.2%	0.0%
Emergency Medicine	8.3%	$4,544,617	6.0%	(3.5%) - 20.0%	7.0%	21.7%	20.8%	0.0%
Neurology	13.9%	$3,610,821	18.3%	(22.1%) - 49.8%	13.9%	22.6%	22.6%	0.0%
Otolaryngology	9.9%	$3,322,103	11.0%	(11.6%) - 31.4%	9.9%	28.0%	28.0%	0.0%
Chiropractic	18.0%	$3,246,239	12.1%	(5.6%) - 41.7%	18.0%	32.7%	32.7%	1.5%
Podiatry	8.4%	$3,129,439	10.3%	(11.7%) - 28.6%	6.9%	12.7%	11.3%	0.0%
Pulmonary Disease	6.5%	$3,104,247	5.3%	(3.9%) - 16.8%	6.5%	25.2%	25.2%	0.0%
Gastroenterology	5.7%	$3,004,554	6.0%	(6.0%) - 17.4%	5.7%	10.7%	10.7%	0.0%
Orthopedic Surgery	3.0%	$2,696,402	3.6%	(4.0%) - 10.1%	3.0%	18.3%	18.3%	0.0%
Radiation Oncology	2.1%	$1,979,377	10.0%	(17.5%) - 21.8%	0.0%	14.9%	13.3%	0.0%
Urology	1.7%	$1,662,820	1.9%	(2.1%) - 5.5%	1.7%	4.1%	4.1%	0.0%
Nephrology	2.8%	$1,254,243	3.4%	(4.0%) - 9.6%	2.8%	4.6%	4.6%	0.0%
Physical Therapist in Private Practice	5.6%	$1,202,073	7.4%	(8.9%) - 20.1%	5.6%	7.7%	7.7%	0.0%
Optometry	4.6%	$1,138,080	7.3%	(9.6%) - 18.9%	4.6%	23.0%	23.0%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
General Surgery	1.1%	$916,178	2.5%	(3.9%) - 6.1%	1.1%	6.8%	6.8%	0.0%
General Practice	5.8%	$843,321	7.3%	(8.6%) - 20.1%	0.0%	14.3%	9.6%	0.0%
Ophthalmology	0.8%	$784,315	1.1%	(1.4%) - 3.0%	0.8%	17.7%	17.7%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.5%	$622,667	1.0%	(1.5%) - 2.5%	0.5%	2.6%	2.6%	0.0%
Clinical Laboratory (Billing Independently)	0.6%	$468,270	0.7%	(0.7%) - 1.9%	0.6%	11.9%	11.9%	0.0%
Psychiatry	2.0%	$266,729	3.0%	(3.9%) - 7.8%	2.0%	8.0%	8.0%	0.0%
Diagnostic Radiology	0.2%	$202,449	0.4%	(0.5%) - 1.0%	0.2%	24.4%	24.4%	0.0%
Anesthesiology	0.4%	$180,081	0.8%	(1.1%) - 1.9%	0.4%	14.8%	14.8%	0.0%
Dermatology	0.4%	$147,444	0.6%	(0.8%) - 1.6%	0.4%	21.7%	21.7%	0.0%
Pathology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	6.9%	6.9%	0.0%
All Provider Types	4.6%	$112,708,541	1.2%	2.3% - 6.9%	3.9%	16.3%	15.8%	0.1%

BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/00528

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	9.4%	$44,709,876	7.2%	(4.8%) - 23.5%	7.9%	13.7%	12.6%	0.1%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	14.4%	$27,487,247	18.2%	(21.2%) - 50.0%	14.4%	23.5%	23.5%	0.0%
Family Practice	10.0%	$25,093,936	6.7%	(3.1%) - 23.2%	9.6%	20.4%	20.0%	0.0%
Hematology/Oncology	14.2%	$20,643,189	25.4%	(35.6%) - 63.9%	14.2%	18.4%	18.4%	0.0%
All Provider Types With Less Than 30 Lines	8.9%	$15,551,354	11.5%	(13.7%) - 31.5%	7.4%	21.8%	20.8%	0.0%
Cardiology	3.8%	$11,067,888	4.0%	(3.9%) - 11.6%	3.4%	16.2%	15.9%	0.0%
Nephrology	14.6%	$9,621,153	25.4%	(35.1%) - 64.4%	12.4%	34.0%	32.7%	0.0%
Gastroenterology	11.3%	$8,471,658	9.1%	(6.5%) - 29.1%	11.3%	29.2%	29.2%	0.0%
Urology	8.8%	$8,057,047	23.8%	(37.9%) - 55.5%	9.5%	22.4%	23.9%	0.0%
General Practice	17.3%	$7,476,575	15.8%	(13.6%) - 48.3%	14.9%	26.8%	25.1%	0.0%
Emergency Medicine	8.7%	$6,924,768	15.2%	(21.1%) - 38.5%	7.2%	30.2%	29.3%	0.0%
General Surgery	6.9%	$6,620,059	7.8%	(8.4%) - 22.2%	6.0%	23.5%	23.0%	0.0%
Diagnostic Radiology	3.5%	$6,155,735	5.3%	(6.9%) - 13.9%	2.4%	14.5%	13.7%	0.0%
Physical Medicine and Rehabilitation	14.9%	$5,524,326	16.2%	(16.7%) - 46.6%	14.9%	30.1%	30.1%	0.0%
Psychiatry	11.0%	$5,416,833	12.4%	(13.2%) - 35.3%	10.1%	19.8%	19.2%	0.0%
Podiatry	12.5%	$5,261,301	15.4%	(17.7%) - 42.8%	12.5%	17.8%	17.8%	0.0%
Portable X-Ray Supplier (Billing Independently)	46.5%	$4,871,209	17.3%	12.6% - 80.4%	22.7%	58.9%	47.3%	0.0%
Orthopedic Surgery	4.9%	$4,830,774	7.8%	(10.4%) - 20.2%	4.1%	21.1%	20.7%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Medical Oncology	3.3%	$4,276,069	10.3%	(16.8%) - 23.4%	1.0%	7.1%	4.9%	0.0%
Dermatology	4.0%	$4,157,065	9.7%	(14.9%) - 23.0%	4.0%	11.8%	11.8%	0.0%
Pulmonary Disease	8.7%	$4,082,022	13.6%	(18.1%) - 35.4%	8.7%	18.3%	18.3%	0.0%
Physical Therapist in Private Practice	7.9%	$3,581,349	16.9%	(25.1%) - 41.0%	7.9%	17.7%	17.7%	0.0%
Pathology	10.1%	$3,442,171	26.3%	(41.5%) - 61.6%	10.1%	12.9%	12.9%	0.0%
Rheumatology	21.6%	$2,949,363	28.5%	(34.2%) - 77.4%	9.3%	37.6%	29.6%	0.0%
Otolaryngology	7.6%	$2,845,787	15.5%	(22.7%) - 38.0%	7.6%	21.8%	21.8%	0.0%
Anesthesiology	3.0%	$2,553,065	8.4%	(13.5%) - 19.5%	3.0%	10.0%	10.0%	0.0%
Ophthalmology	1.2%	$2,370,077	2.7%	(4.1%) - 6.5%	0.8%	21.7%	21.5%	0.0%
Clinical Laboratory (Billing Independently)	2.2%	$2,153,558	6.8%	(11.1%) - 15.4%	2.2%	23.2%	23.2%	0.0%
Chiropractic	6.9%	$1,982,009	12.0%	(16.7%) - 30.4%	5.1%	32.5%	31.7%	0.0%
Nurse Practitioner	11.2%	$1,748,575	20.3%	(28.6%) - 51.0%	9.9%	49.6%	49.1%	0.0%
Neurology	4.5%	$1,444,648	6.1%	(7.4%) - 16.4%	4.5%	28.0%	28.0%	0.0%
Radiation Oncology	1.8%	$1,376,942	5.0%	(8.0%) - 11.7%	1.8%	11.4%	11.4%	0.0%
Obstetrics/Gynecology	5.6%	$1,014,862	21.8%	(37.1%) - 48.2%	5.6%	42.1%	42.1%	0.0%
Optometry	2.2%	$616,182	3.8%	(5.2%) - 9.5%	2.2%	24.5%	24.5%	0.0%
Endocrinology	4.1%	$239,560	8.4%	(12.3%) - 20.6%	4.1%	25.4%	25.4%	0.0%
Ambulatory Surgical Center	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	14.0%	14.0%	0.0%
Certified Registered Nurse Anesthetist (CRNA)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	5.9%	5.9%	0.0%
Independent Diagnostic Testing Facility (IDTF)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	52.1%	52.1%	0.0%
Interventional Radiology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	17.8%	17.8%	0.0%
All Provider Types	7.2%	$264,618,233	3.5%	0.5% - 14.0%	6.5%	20.1%	19.5%	0.0%

CIGNA ID 05130

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Physical Therapist in Private Practice	11.7%	$735,953	4.7%	2.5% - 20.9%	11.7%	28.6%	28.6%	0.0%
Otolaryngology	23.6%	$619,101	17.1%	(9.9%) - 57.0%	23.6%	24.9%	24.9%	0.0%
Internal Medicine	4.9%	$538,173	1.6%	1.7% - 8.0%	4.9%	18.3%	18.3%	0.0%
Family Practice	2.9%	$451,727	1.3%	0.4% - 5.4%	2.9%	14.3%	14.3%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	6.8%	$437,110	5.5%	(4.1%) - 17.6%	6.8%	10.6%	10.6%	0.0%
All Provider Types With Less Than 30 Lines	1.6%	$384,629	0.6%	0.5% - 2.8%	1.3%	16.6%	16.4%	0.7%
General Practice	11.2%	$360,146	5.2%	1.0% - 21.4%	11.2%	17.8%	17.8%	0.0%
Cardiology	2.3%	$307,952	0.9%	0.6% - 4.1%	2.3%	4.6%	4.6%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Chiropractic	9.3%	$227,313	3.3%	2.8% - 15.8%	9.3%	32.7%	32.7%	0.0%
Urology	1.8%	$177,612	1.1%	(0.4%) - 3.9%	1.8%	26.8%	26.8%	0.0%
Orthopedic Surgery	0.9%	$138,927	0.6%	(0.2%) - 2.0%	0.9%	14.8%	14.8%	0.0%
Clinical Laboratory (Billing Independently)	6.1%	$121,210	4.4%	(2.6%) - 14.8%	1.8%	22.5%	19.5%	0.0%
Physician Assistant	4.8%	$113,656	3.4%	(1.9%) - 11.6%	4.8%	11.1%	11.1%	0.0%
Diagnostic Radiology	0.9%	$113,475	0.5%	(0.2%) - 1.9%	0.5%	5.9%	5.5%	0.0%
General Surgery	1.3%	$106,518	1.3%	(1.2%) - 3.9%	1.3%	20.0%	20.0%	0.0%
Hematology/Oncology	1.4%	$70,114	1.2%	(1.0%) - 3.7%	1.4%	13.8%	13.8%	0.0%
Ophthalmology	0.7%	$68,995	0.5%	(0.3%) - 1.7%	0.7%	12.0%	12.0%	0.0%
Gastroenterology	2.0%	$67,525	1.8%	(1.5%) - 5.5%	2.0%	4.2%	4.2%	0.0%
Emergency Medicine	4.0%	$62,091	4.0%	(3.9%) - 11.9%	4.0%	31.5%	31.5%	0.0%
Dermatology	0.9%	$37,374	0.9%	(0.9%) - 2.7%	0.9%	13.2%	13.2%	0.0%
Medical Oncology	2.0%	$37,012	1.6%	(1.2%) - 5.2%	2.0%	51.8%	51.8%	0.0%
Optometry	1.4%	$32,942	1.4%	(1.4%) - 4.2%	1.4%	16.3%	16.3%	0.0%
Nurse Practitioner	1.5%	$28,521	1.1%	(0.7%) - 3.8%	1.5%	16.7%	16.7%	0.0%
Pulmonary Disease	1.0%	$24,611	1.0%	(0.9%) - 3.0%	1.0%	3.4%	3.4%	0.0%
Ambulatory Surgical Center	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	12.0%	12.0%	0.0%
Endocrinology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	29.9%	29.9%	0.0%
Pathology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	5.3%	5.3%	0.0%
Podiatry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	8.1%	8.1%	0.0%
Public Health or Welfare Agencies (Federal, State, and local)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	20.3%	20.3%	0.0%
All Provider Types	2.8%	$5,262,686	0.5%	1.9% - 3.7%	2.7%	15.9%	15.8%	0.1%

CIGNA NC 05535

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	5.9%	$15,773,893	2.1%	1.9% - 9.9%	5.9%	13.9%	13.9%	0.0%
All Provider Types With Less Than 30 Lines	4.2%	$12,750,749	1.5%	1.4% - 7.1%	4.0%	14.3%	14.1%	0.0%
Family Practice	9.4%	$10,730,087	2.9%	3.7% - 15.1%	8.9%	19.7%	19.3%	0.0%
Cardiology	6.7%	$10,389,253	2.9%	1.1% - 12.4%	6.5%	19.6%	19.5%	0.0%
Hematology/Oncology	4.7%	$10,096,779	2.9%	(1.0%) - 10.3%	4.7%	6.0%	6.0%	0.0%
Pulmonary Disease	19.9%	$7,124,523	8.2%	3.8% - 36.1%	11.7%	20.4%	12.3%	0.0%
Physical Therapist in Private Practice	33.3%	$3,686,057	11.9%	9.9% - 56.8%	33.3%	47.1%	47.1%	0.0%
Pathology	11.8%	$3,388,631	9.9%	(7.6%) - 31.2%	11.8%	26.4%	26.4%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Neurology	14.5%	$3,058,650	7.5%	(0.2%) - 29.1%	8.2%	43.2%	40.6%	0.0%
Podiatry	10.6%	$2,815,484	5.1%	0.6% - 20.5%	10.6%	14.4%	14.4%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	3.9%	$2,658,605	3.8%	(3.6%) - 11.3%	3.9%	16.4%	16.4%	0.0%
Emergency Medicine	5.7%	$2,646,489	5.5%	(5.0%) - 16.5%	5.7%	20.8%	20.8%	0.0%
General Surgery	3.1%	$2,529,858	1.7%	(0.2%) - 6.4%	2.1%	19.0%	18.3%	0.0%
Orthopedic Surgery	5.7%	$2,458,109	2.6%	0.5% - 10.9%	3.6%	28.6%	27.5%	0.0%
General Practice	12.1%	$1,671,295	6.7%	(1.0%) - 25.1%	12.1%	22.9%	22.9%	0.0%
Nurse Practitioner	12.6%	$1,492,292	6.5%	(0.2%) - 25.4%	7.7%	17.3%	13.1%	0.0%
Ophthalmology	1.0%	$1,245,648	0.7%	(0.5%) - 2.4%	1.0%	10.3%	10.3%	0.0%
Diagnostic Radiology	1.2%	$1,201,187	0.6%	0.0% - 2.3%	1.0%	12.3%	12.2%	0.4%
Nephrology	2.7%	$1,175,901	2.6%	(2.5%) - 7.9%	2.7%	12.0%	12.0%	0.0%
Chiropractic	6.3%	$909,135	2.5%	1.4% - 11.2%	6.3%	22.0%	22.0%	0.0%
Physician Assistant	4.4%	$868,783	2.3%	(0.1%) - 9.0%	3.2%	16.2%	15.3%	0.0%
Optometry	3.3%	$856,350	3.2%	(2.9%) - 9.5%	3.3%	7.7%	7.7%	0.0%
Clinical Laboratory (Billing Independently)	0.7%	$562,296	0.5%	(0.3%) - 1.7%	0.7%	11.1%	11.1%	0.0%
Urology	0.9%	$508,353	0.7%	(0.4%) - 2.2%	0.9%	14.6%	14.6%	0.0%
Obstetrics/Gynecology	1.4%	$449,774	1.5%	(1.5%) - 4.2%	1.4%	25.6%	25.6%	0.0%
Anesthesiology	0.4%	$113,892	0.4%	(0.4%) - 1.3%	0.4%	13.0%	13.0%	0.0%
Rheumatology	0.2%	$13,907	0.2%	(0.2%) - 0.6%	0.2%	10.6%	10.6%	0.0%
Dermatology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	31.4%	31.4%	0.0%
All Provider Types	5.0%	$101,175,981	0.7%	3.7% - 6.3%	4.6%	15.9%	15.6%	0.0%

CIGNA TN 05440

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
All Provider Types With Less Than 30 Lines	6.8%	$19,400,243	2.5%	1.9% - 11.7%	5.6%	13.5%	12.4%	0.0%
Internal Medicine	11.3%	$18,238,742	2.7%	6.0% - 16.6%	11.3%	22.1%	22.1%	0.0%
Family Practice	9.3%	$8,378,990	2.1%	5.3% - 13.4%	8.6%	16.3%	15.7%	0.0%
Hematology/Oncology	8.7%	$6,287,086	6.3%	(3.7%) - 21.2%	8.7%	32.1%	32.1%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	7.9%	$5,386,892	4.8%	(1.5%) - 17.3%	7.9%	11.0%	11.0%	0.0%
Pulmonary Disease	12.4%	$4,399,620	4.7%	3.2% - 21.5%	12.4%	14.1%	14.1%	0.0%
Nurse Practitioner	17.7%	$4,142,442	6.2%	5.6% - 29.8%	6.7%	27.9%	19.9%	0.0%
Emergency Medicine	7.5%	$3,999,727	3.0%	1.7% - 13.3%	7.5%	11.3%	11.3%	0.0%
General Surgery	5.9%	$3,713,571	2.7%	0.6% - 11.1%	5.9%	19.0%	19.0%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
All Provider Types With Less Than 30 Lines	6.8%	$19,400,243	2.5%	1.9% - 11.7%	5.6%	13.5%	12.4%	0.0%
Cardiology	3.3%	$3,620,770	1.4%	0.5% - 6.1%	2.4%	8.3%	7.4%	0.0%
Psychiatry	21.6%	$3,467,478	9.0%	3.9% - 39.3%	19.3%	30.2%	27.7%	0.0%
Neurology	11.0%	$3,444,513	5.3%	0.7% - 21.4%	7.1%	25.3%	22.5%	0.0%
Diagnostic Radiology	4.7%	$3,442,267	3.1%	(1.3%) - 10.7%	4.7%	25.6%	25.6%	0.0%
Gastroenterology	14.4%	$3,228,701	7.8%	(0.8%) - 29.7%	14.4%	16.9%	16.9%	0.0%
Medical Oncology	4.1%	$2,700,075	2.5%	(0.8%) - 9.0%	2.0%	17.9%	16.4%	0.0%
General Practice	21.9%	$2,206,004	9.4%	3.5% - 40.3%	15.4%	34.8%	30.3%	0.0%
Urology	2.9%	$1,818,426	1.3%	0.5% - 5.4%	2.9%	9.2%	9.2%	0.0%
Orthopedic Surgery	3.4%	$1,552,048	2.1%	(0.7%) - 7.5%	3.4%	15.8%	15.8%	0.0%
Physical Therapist in Private Practice	15.1%	$1,284,366	10.4%	(5.3%) - 35.5%	15.1%	25.7%	25.7%	0.0%
Obstetrics/Gynecology	5.7%	$1,088,115	4.2%	(2.5%) - 13.9%	5.7%	38.0%	38.0%	0.0%
Nephrology	3.9%	$1,025,233	2.8%	(1.7%) - 9.5%	3.9%	8.5%	8.5%	0.0%
Chiropractic	8.8%	$973,942	4.1%	0.7% - 16.9%	8.8%	20.8%	20.8%	0.0%
Ophthalmology	0.8%	$744,221	0.6%	(0.4%) - 2.0%	0.8%	15.6%	15.6%	0.0%
Clinical Laboratory (Billing Independently)	1.7%	$629,614	1.1%	(0.4%) - 3.8%	0.9%	9.2%	8.6%	0.0%
Anesthesiology	2.3%	$541,449	1.6%	(0.8%) - 5.4%	2.3%	11.9%	11.9%	0.0%
Clinical Psychologist	3.3%	$414,020	3.2%	(2.9%) - 9.5%	3.3%	8.4%	8.4%	0.0%
Pathology	2.9%	$329,332	2.4%	(1.8%) - 7.5%	2.9%	7.7%	7.7%	0.0%
Dermatology	1.1%	$324,478	0.9%	(0.6%) - 2.8%	1.1%	5.9%	5.9%	0.0%
Physical Medicine and Rehabilitation	2.3%	$232,402	2.1%	(1.8%) - 6.5%	2.3%	25.9%	25.9%	0.0%
Rheumatology	0.2%	$17,387	0.2%	(0.2%) - 0.6%	0.2%	1.5%	1.5%	0.0%
All Provider Types	6.8%	$107,032,155	0.8%	5.2% - 8.3%	6.0%	17.1%	16.5%	0.0%

Cahaba GBA AL/GA/MS 00510/00511/00512

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	9.1%	$30,696,949	5.7%	(2.1%) - 20.4%	8.9%	20.2%	20.0%	0.6%
All Provider Types With Less Than 30 Lines	3.1%	$19,138,955	10.0%	(16.4%) - 22.7%	3.1%	22.1%	22.1%	2.1%
Cardiology	5.7%	$17,148,497	4.2%	(2.4%) - 13.9%	5.7%	9.6%	9.6%	0.3%
General Practice	35.9%	$12,939,699	31.1%	(25.0%) - 96.8%	30.1%	43.4%	39.9%	1.3%
Family Practice	6.2%	$12,181,975	4.6%	(2.8%) - 15.1%	5.1%	19.7%	19.0%	0.6%
Physical Therapist in Private Practice	36.9%	$8,918,935	33.6%	(29.0%) -102.8%	33.2%	50.5%	48.3%	11.4%
Nephrology	8.5%	$7,841,225	10.2%	(11.5%) - 28.5%	8.5%	10.5%	10.5%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Radiation Oncology	9.5%	$6,566,359	24.5%	(38.5%) - 57.5%	9.5%	22.8%	22.8%	0.0%
Gastroenterology	10.6%	$6,097,714	10.1%	(9.1%) - 30.4%	10.1%	13.5%	13.0%	0.0%
Diagnostic Radiology	4.2%	$5,897,954	3.9%	(3.4%) - 11.9%	4.1%	10.9%	10.8%	1.2%
Orthopedic Surgery	3.6%	$5,775,649	5.0%	(6.3%) - 13.5%	3.4%	8.0%	7.9%	1.0%
Pulmonary Disease	8.2%	$5,115,285	8.9%	(9.3%) - 25.8%	8.2%	18.1%	18.1%	0.0%
Obstetrics/Gynecology	15.0%	$5,024,659	16.5%	(17.4%) - 47.3%	11.7%	47.2%	46.0%	0.0%
Ophthalmology	2.3%	$4,713,888	3.5%	(4.5%) - 9.1%	2.3%	7.6%	7.6%	0.0%
General Surgery	3.8%	$4,203,676	7.0%	(9.9%) - 17.4%	3.8%	5.1%	5.1%	1.5%
Podiatry	9.5%	$3,895,656	12.1%	(14.2%) - 33.2%	9.5%	34.3%	34.3%	0.9%
Pathology	13.2%	$3,168,493	19.3%	(24.6%) - 51.0%	13.2%	22.3%	22.3%	0.0%
Dermatology	4.7%	$2,940,512	8.1%	(11.0%) - 20.5%	2.4%	7.8%	6.2%	0.0%
Emergency Medicine	2.8%	$2,583,856	3.1%	(3.3%) - 8.8%	2.8%	15.3%	15.3%	0.8%
Otolaryngology	7.8%	$2,515,860	11.8%	(15.3%) - 31.0%	7.8%	27.9%	27.9%	1.9%
Psychiatry	9.2%	$2,503,292	12.6%	(15.6%) - 34.0%	9.2%	22.1%	22.1%	3.6%
Clinical Laboratory (Billing Independently)	2.0%	$2,289,136	2.2%	(2.4%) - 6.4%	1.3%	11.9%	11.5%	1.5%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	1.3%	$2,099,397	2.7%	(4.0%) - 6.6%	1.3%	15.4%	15.4%	0.0%
Urology	1.1%	$1,764,640	2.2%	(3.3%) - 5.5%	0.9%	6.9%	6.8%	0.0%
Medical Oncology	3.3%	$1,687,254	9.6%	(15.5%) - 22.1%	3.3%	39.5%	39.5%	0.0%
Chiropractic	12.0%	$1,629,915	21.0%	(29.2%) - 53.1%	12.0%	45.9%	45.9%	0.0%
Hematology/Oncology	0.6%	$1,510,217	1.3%	(1.9%) - 3.1%	0.6%	8.1%	8.1%	0.0%
Neurology	2.9%	$1,236,894	6.7%	(10.2%) - 16.0%	2.9%	24.1%	24.2%	2.5%
Rheumatology	1.9%	$1,090,258	2.4%	(2.7%) - 6.6%	1.9%	28.8%	28.8%	0.0%
Optometry	2.7%	$872,242	7.2%	(11.3%) - 16.7%	2.7%	22.5%	22.5%	0.0%
Nurse Practitioner	2.5%	$549,010	3.0%	(3.4%) - 8.5%	2.5%	33.7%	33.7%	0.0%
Infectious Disease	2.4%	$455,462	9.9%	(17.0%) - 21.8%	2.4%	12.5%	12.5%	0.0%
Physical Medicine and Rehabilitation	2.1%	$294,838	9.2%	(15.9%) - 20.1%	2.2%	60.3%	61.1%	6.4%
Anesthesiology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	4.5%	4.5%	0.0%
All Provider Types	5.0%	$185,348,351	1.8%	1.5% - 8.5%	4.7%	16.5%	16.3%	1.0%

First Coast Service Options FL 00590

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Pulmonary Disease	72.7%	$306,692,566	19.9%	33.8% -111.7%	4.3%	74.8%	26.1%	0.0%
Internal Medicine	12.6%	$82,371,421	2.2%	8.3% - 17.0%	10.2%	20.2%	18.2%	0.0%
All Provider Types With Less	6.2%	$78,844,031	2.5%	1.3% - 11.1%	5.8%	10.9%	10.5%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Than 30 Lines								
Cardiology	15.7%	$78,478,880	6.4%	3.2% - 28.2%	14.7%	24.5%	23.7%	0.0%
General Practice	24.8%	$69,584,525	14.3%	(3.1%) - 52.8%	24.3%	58.1%	57.9%	0.0%
Family Practice	12.1%	$55,249,482	6.7%	(1.0%) - 25.3%	10.5%	16.1%	15.0%	0.0%
Clinical Laboratory (Billing Independently)	9.5%	$24,656,884	3.7%	2.3% - 16.7%	2.0%	15.8%	9.4%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	8.8%	$21,898,384	5.6%	(2.1%) - 19.8%	4.5%	13.7%	10.2%	0.0%
Diagnostic Radiology	3.5%	$17,240,409	1.8%	0.0% - 7.1%	0.9%	6.3%	3.8%	0.0%
Emergency Medicine	13.5%	$14,220,717	6.3%	1.1% - 25.8%	9.5%	18.9%	15.5%	0.0%
Nephrology	14.3%	$12,939,522	6.5%	1.6% - 27.0%	9.7%	22.3%	18.6%	0.0%
Urology	9.1%	$11,368,338	4.9%	(0.5%) - 18.7%	9.1%	17.1%	17.1%	0.0%
Physical Therapist in Private Practice	10.8%	$10,659,346	7.4%	(3.8%) - 25.3%	10.8%	20.6%	20.6%	0.0%
Nurse Practitioner	15.1%	$7,279,399	9.3%	(3.1%) - 33.3%	5.0%	21.6%	14.0%	0.0%
Ophthalmology	1.2%	$5,655,515	0.8%	(0.3%) - 2.7%	1.0%	9.3%	9.2%	0.0%
Psychiatry	6.9%	$5,089,935	5.0%	(3.0%) - 16.8%	6.9%	7.1%	7.1%	0.0%
Gastroenterology	3.3%	$4,850,053	1.7%	(0.1%) - 6.7%	3.3%	8.4%	8.4%	0.0%
Pathology	11.7%	$4,165,540	7.3%	(2.5%) - 26.0%	0.4%	22.0%	13.3%	0.0%
Hematology/Oncology	1.4%	$4,090,666	0.8%	(0.2%) - 3.0%	1.4%	13.2%	13.2%	0.0%
Orthopedic Surgery	1.8%	$3,879,006	1.1%	(0.4%) - 3.9%	1.8%	3.2%	3.2%	0.0%
Podiatry	2.5%	$2,715,880	1.6%	(0.6%) - 5.6%	2.5%	12.2%	12.2%	0.0%
Chiropractic	15.2%	$2,694,282	8.6%	(1.6%) - 32.0%	15.2%	43.1%	43.1%	0.0%
Neurology	3.7%	$2,372,327	1.7%	0.3% - 7.1%	3.7%	6.9%	6.9%	0.0%
Anesthesiology	1.3%	$1,960,813	1.1%	(0.8%) - 3.3%	1.3%	25.2%	25.2%	0.0%
Infectious Disease	2.2%	$1,643,754	1.6%	(0.9%) - 5.4%	2.2%	2.2%	2.2%	0.0%
Dermatology	0.1%	$426,489	0.2%	(0.1%) - 0.4%	0.1%	1.8%	1.8%	0.0%
All Provider Types	11.9%	$831,028,166	3.9%	4.2% - 19.6%	6.5%	20.0%	15.8%	0.0%

First Coast Service Options CT 00591

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	10.7%	$19,087,005	2.2%	6.4% - 15.0%	7.3%	19.4%	16.8%	0.0%
Cardiology	10.2%	$7,322,719	3.2%	3.9% - 16.4%	10.1%	18.4%	18.4%	0.0%
All Provider Types With Less Than 30 Lines	2.3%	$3,984,829	0.7%	1.0% - 3.6%	2.2%	12.3%	12.2%	0.0%
Pulmonary Disease	26.6%	$3,914,110	9.3%	8.3% - 44.8%	22.5%	39.7%	36.9%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Physical Therapist in Private Practice	28.8%	$3,734,630	8.7%	11.7% - 45.9%	28.8%	40.5%	40.5%	0.0%
Nephrology	20.5%	$3,137,174	11.4%	(1.8%) - 42.8%	4.2%	24.6%	10.0%	0.0%
General Surgery	8.7%	$2,754,814	5.3%	(1.6%) - 19.1%	8.7%	12.2%	12.2%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	3.4%	$2,422,041	2.4%	(1.3%) - 8.2%	3.4%	6.0%	6.0%	0.0%
Orthopedic Surgery	5.2%	$1,924,478	2.4%	0.5% - 9.9%	4.4%	24.2%	23.7%	0.0%
Family Practice	8.5%	$1,626,755	3.4%	1.8% - 15.3%	7.4%	29.2%	28.5%	0.0%
Infectious Disease	33.5%	$1,516,656	7.6%	18.5% - 48.4%	33.5%	59.7%	59.7%	0.0%
Physical Medicine and Rehabilitation	13.3%	$1,322,332	8.7%	(3.8%) - 30.3%	13.3%	19.5%	19.5%	0.0%
Emergency Medicine	6.5%	$1,247,849	4.7%	(2.6%) - 15.7%	0.3%	20.0%	15.5%	0.0%
Gastroenterology	5.9%	$1,096,153	2.9%	0.2% - 11.5%	4.3%	10.6%	9.5%	0.0%
Podiatry	4.1%	$840,542	2.4%	(0.6%) - 8.8%	4.1%	12.3%	12.3%	0.0%
Ophthalmology	1.6%	$811,625	1.0%	(0.4%) - 3.6%	0.3%	17.2%	16.4%	0.0%
Hematology/Oncology	2.4%	$589,158	2.0%	(1.5%) - 6.3%	0.5%	55.9%	55.6%	0.0%
Clinical Laboratory (Billing Independently)	1.0%	$511,376	0.6%	(0.2%) - 2.1%	0.7%	10.2%	10.0%	0.0%
Medical Oncology	1.4%	$464,883	1.7%	(1.9%) - 4.7%	0.0%	16.2%	15.3%	0.0%
Diagnostic Radiology	0.6%	$419,111	0.3%	(0.1%) - 1.2%	0.3%	6.5%	6.3%	0.0%
Urology	1.7%	$306,125	1.5%	(1.3%) - 4.7%	1.7%	5.4%	5.4%	0.0%
Psychiatry	3.1%	$291,898	3.1%	(3.0%) - 9.2%	0.0%	11.2%	9.0%	0.0%
Chiropractic	8.6%	$191,592	8.5%	(8.1%) - 25.3%	0.0%	34.2%	31.0%	0.0%
Optometry	1.5%	$168,809	1.5%	(1.4%) - 4.5%	1.5%	10.4%	10.4%	0.0%
Obstetrics/Gynecology	2.6%	$166,593	2.6%	(2.4%) - 7.7%	2.6%	12.1%	12.1%	0.0%
Pathology	1.0%	$126,697	1.1%	(1.1%) - 3.2%	0.0%	6.7%	5.8%	0.0%
Nurse Practitioner	0.9%	$112,368	0.9%	(0.9%) - 2.7%	0.9%	9.7%	9.7%	0.0%
Dermatology	0.4%	$68,709	0.4%	(0.4%) - 1.2%	0.4%	3.8%	3.8%	0.0%
Independent Diagnostic Testing Facility (IDTF)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	19.8%	19.8%	0.0%
All Provider Types	5.8%	$60,161,032	0.6%	4.6% - 7.1%	4.5%	17.3%	16.3%	0.0%

KS BCBS KS/NE/W MO 00650/00655/00651

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Family Practice	8.2%	$9,922,426	4.2%	0.1% - 16.4%	7.4%	14.4%	13.7%	0.2%
Internal Medicine	5.2%	$6,785,319	3.0%	(0.8%) - 11.2%	4.2%	11.3%	10.4%	0.0%
Cardiology	5.1%	$4,778,925	6.3%	(7.2%) - 17.5%	2.8%	11.5%	9.6%	0.0%
Pulmonary Disease	22.6%	$4,565,492	23.4%	(23.3%) - 68.4%	17.0%	30.1%	25.5%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Hematology/Oncology	10.2%	$4,027,518	12.3%	(14.0%) - 34.4%	10.2%	13.3%	13.3%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	7.7%	$2,962,823	16.6%	(24.7%) - 40.2%	7.7%	14.0%	14.0%	0.0%
All Provider Types With Less Than 30 Lines	2.0%	$2,922,116	2.2%	(2.3%) - 6.4%	1.8%	14.1%	13.9%	0.0%
General Practice	23.7%	$2,819,012	13.1%	(2.0%) - 49.3%	16.4%	25.8%	18.9%	0.0%
Pathology	11.8%	$2,579,930	11.9%	(11.5%) - 35.0%	7.9%	20.9%	17.9%	0.0%
Certified Registered Nurse Anesthetist (CRNA)	9.7%	$2,239,721	11.0%	(11.9%) - 31.2%	6.8%	11.8%	9.1%	0.0%
Nephrology	12.4%	$2,068,652	30.5%	(47.3%) - 72.2%	12.4%	21.4%	21.4%	0.0%
Nurse Practitioner	14.2%	$1,856,069	22.0%	(29.0%) - 57.4%	14.2%	18.1%	18.1%	0.0%
Orthopedic Surgery	2.7%	$1,688,657	3.0%	(3.3%) - 8.6%	2.7%	26.7%	26.7%	0.0%
Medical Oncology	2.4%	$1,486,028	9.0%	(15.2%) - 19.9%	2.4%	5.0%	5.0%	0.0%
General Surgery	2.9%	$1,375,126	4.9%	(6.7%) - 12.6%	2.3%	26.2%	25.8%	0.0%
Chiropractic	3.3%	$1,166,858	3.9%	(4.2%) - 10.9%	2.4%	6.7%	5.8%	0.0%
Otolaryngology	9.0%	$1,024,220	17.7%	(25.8%) - 43.7%	9.0%	11.3%	11.3%	0.0%
Emergency Medicine	4.5%	$828,199	5.3%	(5.9%) - 14.9%	3.7%	12.8%	12.2%	0.0%
Physical Therapist in Private Practice	6.9%	$769,335	8.2%	(9.2%) - 23.1%	6.9%	18.5%	18.5%	0.0%
Podiatry	3.7%	$743,716	9.9%	(15.8%) - 23.2%	3.7%	6.8%	6.8%	0.0%
Ophthalmology	0.7%	$582,760	1.3%	(1.8%) - 3.2%	0.4%	2.8%	2.6%	0.0%
Urology	1.6%	$561,615	5.2%	(8.6%) - 11.7%	1.6%	4.4%	4.4%	0.0%
Diagnostic Radiology	0.8%	$523,323	1.3%	(1.9%) - 3.4%	0.6%	6.8%	6.7%	0.2%
Psychiatry	2.3%	$427,997	7.8%	(13.1%) - 17.7%	2.3%	3.4%	3.4%	0.0%
Optometry	2.7%	$404,881	4.8%	(6.8%) - 12.2%	2.7%	14.8%	14.8%	0.0%
Dermatology	1.5%	$343,740	3.7%	(5.7%) - 8.7%	1.5%	10.7%	10.7%	0.0%
Physical Medicine and Rehabilitation	2.2%	$255,378	2.9%	(3.6%) - 8.0%	2.2%	2.3%	2.3%	0.0%
Clinical Laboratory (Billing Independently)	0.3%	$117,156	1.8%	(3.2%) - 3.8%	0.0%	5.7%	5.4%	0.0%
Anesthesiology	0.5%	$116,722	0.7%	(0.9%) - 1.9%	0.0%	4.5%	4.1%	0.0%
Gastroenterology	0.4%	$66,166	0.9%	(1.3%) - 2.1%	0.4%	0.4%	0.4%	0.0%
Interventional Radiology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	15.9%	15.9%	0.0%
Neurology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	21.6%	21.6%	0.0%
Physician Assistant	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	6.9%	6.9%	0.0%
All Provider Types	4.6%	$60,009,876	1.7%	1.2% - 8.0%	3.8%	12.6%	12.0%	0.0%

BCBS MT 00751

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	7.0%	$1,327,999	1.6%	3.8% - 10.2%	5.2%	14.0%	12.5%	0.0%
All Provider Types With Less Than 30 Lines	2.2%	$913,621	1.3%	(0.3%) - 4.7%	2.1%	10.1%	10.1%	0.0%
Physical Therapist in Private Practice	15.9%	$553,341	5.0%	6.1% - 25.8%	15.9%	29.3%	29.3%	0.0%
Family Practice	4.9%	$529,754	1.4%	2.2% - 7.6%	3.6%	14.8%	13.8%	0.0%
Ophthalmology	3.0%	$402,544	2.9%	(2.7%) - 8.6%	3.0%	5.3%	5.3%	0.0%
Cardiology	2.2%	$235,538	0.9%	0.4% - 4.1%	1.8%	7.5%	7.2%	0.0%
General Practice	9.3%	$163,094	4.2%	1.0% - 17.6%	9.3%	20.8%	20.8%	0.0%
Chiropractic	7.1%	$156,874	4.1%	(0.9%) - 15.1%	7.1%	27.0%	27.0%	0.0%
General Surgery	2.1%	$151,768	1.5%	(0.8%) - 5.0%	2.1%	20.6%	20.6%	0.0%
Diagnostic Radiology	2.0%	$131,683	1.1%	(0.2%) - 4.2%	1.4%	13.2%	12.8%	0.0%
Emergency Medicine	3.5%	$122,559	2.0%	(0.4%) - 7.3%	3.5%	14.4%	14.4%	0.0%
Nurse Practitioner	5.9%	$102,073	3.6%	(1.1%) - 13.0%	4.5%	15.1%	13.9%	0.0%
Podiatry	3.8%	$78,326	2.4%	(0.8%) - 8.5%	3.8%	13.4%	13.4%	0.0%
Orthopedic Surgery	0.6%	$69,192	0.4%	(0.1%) - 1.3%	0.6%	20.8%	20.8%	0.0%
Optometry	2.0%	$54,356	2.0%	(1.9%) - 5.8%	2.0%	16.0%	16.0%	0.0%
Urology	0.6%	$43,199	0.5%	(0.4%) - 1.6%	0.3%	5.9%	5.6%	0.0%
Physician Assistant	1.1%	$30,662	0.6%	(0.2%) - 2.3%	1.1%	13.1%	13.1%	0.0%
Pulmonary Disease	1.1%	$22,152	1.1%	(1.0%) - 3.2%	1.1%	27.0%	27.0%	0.0%
Medical Oncology	0.3%	$17,626	0.3%	(0.3%) - 0.8%	0.3%	5.3%	5.3%	0.0%
Nephrology	1.8%	$17,109	1.3%	(0.7%) - 4.4%	1.8%	7.4%	7.4%	0.0%
Pathology	0.5%	$10,506	0.5%	(0.5%) - 1.6%	0.0%	4.9%	4.5%	0.0%
Dermatology	0.1%	$8,964	0.1%	(0.1%) - 0.3%	0.1%	1.2%	1.2%	0.0%
Clinical Laboratory (Billing Independently)	0.5%	$4,286	0.5%	(0.5%) - 1.4%	0.0%	9.9%	9.5%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	18.9%	18.9%	0.0%
Anesthesiology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	11.1%	11.1%	0.0%
Hematology/Oncology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	2.1%	2.1%	0.0%
All Provider Types	2.8%	$5,147,227	0.5%	1.9% - 3.7%	2.4%	12.1%	11.8%	0.0%

HealthNow NY 00801

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	7.7%	$9,686,487	2.0%	3.8% - 11.6%	6.1%	19.6%	18.4%	0.0%
Cardiology	6.8%	$7,704,465	2.2%	2.4% - 11.1%	6.3%	12.0%	11.7%	0.0%
All Provider Types With Less Than 30 Lines	4.4%	$6,382,982	2.1%	0.4% - 8.5%	4.4%	10.9%	10.9%	0.0%
Nephrology	18.8%	$4,315,920	9.1%	1.0% - 36.7%	10.8%	26.4%	20.5%	0.0%
Hematology/Oncology	4.2%	$3,601,494	3.4%	(2.5%) - 10.9%	3.9%	4.1%	4.0%	0.0%
Family Practice	5.1%	$3,162,558	1.5%	2.1% - 8.1%	3.0%	11.7%	10.0%	0.0%
Physical Therapist in Private Practice	15.5%	$3,135,268	6.3%	3.1% - 27.8%	15.5%	26.4%	26.4%	0.0%
Gastroenterology	8.3%	$2,878,876	5.6%	(2.6%) - 19.2%	7.8%	18.0%	17.6%	0.0%
General Surgery	6.1%	$1,639,550	3.4%	(0.7%) - 12.8%	6.1%	39.3%	39.3%	0.0%
Nurse Practitioner	7.0%	$1,345,425	2.7%	1.7% - 12.3%	6.2%	11.9%	11.2%	0.0%
Emergency Medicine	5.3%	$1,301,636	3.6%	(1.7%) - 12.3%	5.3%	12.0%	12.0%	0.0%
Ophthalmology	1.9%	$1,280,635	0.9%	0.1% - 3.7%	1.9%	10.9%	10.9%	0.0%
Chiropractic	10.0%	$1,196,113	5.3%	(0.4%) - 20.4%	10.0%	22.1%	22.1%	0.0%
Diagnostic Radiology	1.0%	$920,682	0.5%	(0.0%) - 2.0%	0.8%	20.2%	20.1%	0.0%
Orthopedic Surgery	1.6%	$852,718	1.4%	(1.2%) - 4.4%	1.6%	3.7%	3.7%	0.0%
Otolaryngology	7.0%	$811,582	6.8%	(6.3%) - 20.4%	7.0%	40.8%	40.8%	0.0%
Medical Oncology	1.8%	$647,558	1.2%	(0.6%) - 4.2%	1.8%	1.8%	1.8%	0.0%
Physician Assistant	6.3%	$530,612	4.8%	(3.0%) - 15.7%	6.3%	27.1%	27.1%	0.0%
Neurology	3.1%	$501,188	2.4%	(1.7%) - 7.9%	3.1%	4.9%	4.9%	0.0%
Clinical Laboratory (Billing Independently)	2.6%	$392,262	1.4%	(0.1%) - 5.4%	2.6%	20.6%	20.6%	0.0%
Pulmonary Disease	2.9%	$330,702	2.1%	(1.2%) - 7.1%	2.9%	6.4%	6.4%	0.0%
Urology	1.1%	$328,683	0.8%	(0.5%) - 2.7%	1.1%	26.7%	26.7%	0.0%
Rheumatology	1.3%	$309,759	1.5%	(1.8%) - 4.3%	1.3%	1.5%	1.5%	0.0%
Dermatology	2.5%	$277,220	2.5%	(2.5%) - 7.5%	0.0%	9.7%	7.6%	0.0%
Anesthesiology	1.0%	$187,736	1.0%	(1.0%) - 3.0%	0.0%	13.5%	12.7%	0.0%
Obstetrics/Gynecology	2.0%	$159,120	1.5%	(0.9%) - 5.0%	2.0%	35.3%	35.3%	0.0%
Podiatry	0.4%	$68,310	0.4%	(0.4%) - 1.1%	0.4%	12.2%	12.2%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	9.0%	9.0%	0.0%
Pathology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	8.3%	8.3%	0.0%
Psychiatry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	38.3%	38.3%	0.0%
Radiation Oncology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.5%	0.5%	0.0%
All Provider Types	4.5%	$53,949,543	0.6%	3.3% - 5.6%	3.9%	14.5%	14.1%	0.0%

Empire NY 00803

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	20.5%	$101,721,534	3.7%	13.3% - 27.8%	19.0%	27.0%	25.7%	0.0%
All Provider Types With Less Than 30 Lines	9.3%	$39,096,060	1.8%	5.6% - 12.9%	8.8%	13.1%	12.7%	0.0%
Cardiology	11.3%	$25,842,286	2.7%	6.0% - 16.6%	10.1%	23.5%	22.6%	0.0%
Gastroenterology	21.7%	$17,725,752	6.0%	9.9% - 33.6%	21.7%	24.9%	24.9%	0.0%
Physical Medicine and Rehabilitation	20.4%	$17,461,758	5.8%	9.0% - 31.8%	20.4%	21.9%	21.9%	0.0%
Neurology	24.3%	$16,480,571	10.4%	3.8% - 44.7%	14.3%	33.2%	25.5%	0.0%
Nephrology	16.2%	$15,506,471	5.7%	5.1% - 27.3%	16.2%	24.6%	24.6%	0.0%
Physical Therapist in Private Practice	15.7%	$15,003,509	5.0%	5.9% - 25.6%	15.7%	27.6%	27.6%	0.0%
Urology	35.3%	$14,043,585	15.0%	5.9% - 64.7%	35.3%	43.5%	43.4%	0.0%
Pulmonary Disease	13.0%	$10,214,595	5.0%	3.1% - 22.8%	12.0%	23.7%	23.1%	0.0%
Orthopedic Surgery	9.8%	$9,122,891	4.4%	1.2% - 18.4%	9.8%	36.1%	36.1%	0.0%
Ophthalmology	2.8%	$7,461,396	1.6%	(0.4%) - 5.9%	2.8%	6.2%	6.2%	0.0%
Family Practice	8.9%	$6,577,850	3.9%	1.4% - 16.5%	5.6%	27.0%	24.9%	0.0%
Endocrinology	14.3%	$6,225,617	6.1%	2.4% - 26.3%	14.3%	19.0%	19.0%	0.0%
General Surgery	10.3%	$5,604,184	5.9%	(1.3%) - 21.9%	10.3%	10.3%	10.3%	0.0%
Unknown Provider Type	32.8%	$5,093,845	23.2%	(12.6%) - 78.2%	32.8%	32.4%	32.4%	0.0%
Psychiatry	7.3%	$3,661,336	3.6%	0.2% - 14.3%	7.3%	12.5%	12.5%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	2.8%	$3,463,739	2.7%	(2.6%) - 8.1%	2.8%	8.7%	8.7%	0.0%
Podiatry	2.9%	$2,756,237	1.2%	0.5% - 5.3%	2.3%	15.9%	15.4%	0.0%
General Practice	4.8%	$2,741,048	2.6%	(0.2%) - 9.9%	4.8%	19.5%	19.5%	0.0%
Hematology/Oncology	1.4%	$2,283,507	1.2%	(1.0%) - 3.8%	1.4%	4.7%	4.7%	0.0%
Pathology	6.3%	$2,047,432	6.2%	(5.8%) - 18.4%	6.3%	16.6%	16.6%	0.0%
Otolaryngology	3.2%	$1,921,005	2.8%	(2.3%) - 8.6%	0.4%	5.8%	3.3%	0.0%
Chiropractic	7.7%	$1,808,753	6.5%	(5.1%) - 20.4%	7.7%	22.4%	22.4%	0.0%
Anesthesiology	2.7%	$1,732,376	2.3%	(1.9%) - 7.2%	2.7%	8.4%	8.4%	0.0%
Diagnostic Radiology	0.5%	$1,710,967	0.3%	(0.1%) - 1.1%	0.3%	35.9%	35.8%	0.0%
Medical Oncology	1.6%	$1,541,433	1.6%	(1.6%) - 4.7%	1.6%	4.6%	4.6%	0.0%
Clinical Social Worker	8.3%	$1,501,653	5.4%	(2.3%) - 18.9%	5.9%	8.6%	6.1%	0.0%
Dermatology	1.7%	$1,054,093	1.6%	(1.5%) - 4.8%	1.7%	4.9%	4.9%	0.0%
Clinical Laboratory (Billing Independently)	1.2%	$998,980	0.7%	(0.1%) - 2.5%	1.2%	13.8%	13.8%	0.0%
Rheumatology	4.0%	$574,855	3.7%	(3.3%) - 11.4%	4.0%	23.4%	23.4%	0.0%
Portable X-Ray Supplier (Billing Independently)	1.1%	$139,736	1.0%	(0.9%) - 3.1%	1.1%	2.3%	2.3%	0.0%
Clinical Psychologist	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	8.2%	8.2%	0.0%
All Provider Types	9.7%	$343,119,055	0.9%	7.9% - 11.4%	8.9%	20.4%	19.8%	0.0%

Empire NJ 00805

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	13.9%	$49,433,250	3.3%	7.3% - 20.4%	13.7%	22.9%	22.8%	0.0%
All Provider Types With Less Than 30 Lines	7.7%	$29,212,707	1.7%	4.4% - 11.0%	7.0%	15.8%	15.4%	0.0%
Cardiology	7.5%	$21,948,674	2.2%	3.2% - 11.8%	5.8%	25.9%	24.8%	0.0%
Physical Therapist in Private Practice	23.8%	$11,136,872	8.9%	6.4% - 41.1%	23.8%	32.4%	32.4%	0.0%
Orthopedic Surgery	12.1%	$9,375,689	7.2%	(2.1%) - 26.2%	12.1%	35.8%	35.8%	0.0%
Urology	12.3%	$8,462,566	7.6%	(2.7%) - 27.3%	10.4%	28.6%	27.4%	0.0%
Hematology/Oncology	2.3%	$7,014,788	1.3%	(0.3%) - 4.9%	2.2%	5.0%	4.9%	0.0%
Pulmonary Disease	7.9%	$6,159,990	2.8%	2.5% - 13.3%	6.9%	11.3%	10.3%	0.0%
Nephrology	8.6%	$5,656,832	6.2%	(3.6%) - 20.8%	8.6%	10.0%	10.0%	0.0%
Diagnostic Radiology	2.8%	$5,478,225	2.4%	(1.9%) - 7.4%	2.8%	16.7%	16.7%	0.0%
Family Practice	7.4%	$5,458,394	2.8%	1.9% - 12.9%	7.4%	19.2%	19.2%	0.8%
General Surgery	10.8%	$4,384,939	6.3%	(1.6%) - 23.2%	10.8%	56.5%	56.5%	0.0%
Gastroenterology	5.2%	$3,385,493	2.9%	(0.4%) - 10.8%	5.2%	33.6%	33.6%	0.0%
Anesthesiology	4.8%	$3,227,883	3.2%	(1.4%) - 11.1%	4.1%	24.0%	23.5%	0.0%
Dermatology	3.5%	$2,388,380	2.0%	(0.3%) - 7.4%	2.5%	17.2%	16.4%	0.0%
Clinical Laboratory (Billing Independently)	1.0%	$2,382,288	0.5%	0.0% - 2.1%	1.0%	8.8%	8.8%	0.0%
Chiropractic	13.5%	$2,168,556	9.5%	(5.1%) - 32.0%	10.6%	29.7%	28.4%	0.0%
Podiatry	2.1%	$1,333,329	1.3%	(0.4%) - 4.6%	2.1%	16.3%	16.3%	0.0%
General Practice	2.6%	$1,302,741	2.2%	(1.7%) - 6.8%	2.6%	11.0%	11.0%	0.0%
Ophthalmology	0.6%	$763,291	0.4%	(0.2%) - 1.4%	0.6%	3.9%	3.9%	1.0%
Emergency Medicine	2.3%	$752,663	2.2%	(2.0%) - 6.5%	2.3%	15.9%	15.9%	0.0%
Pathology	1.7%	$422,020	1.7%	(1.7%) - 5.0%	1.7%	15.5%	15.5%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	9.2%	9.5%	0.0%
Medical Oncology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	52.7%	52.7%	0.0%
All Provider Types	6.3%	$181,849,570	0.7%	4.9% - 7.8%	5.9%	19.5%	19.2%	0.0%

Noridian CO/ND/SD/WY/IA 00820/00824/00825/00826/00889

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
All Provider Types With Less Than 30 Lines	4.9%	$15,383,707	2.4%	0.2% - 9.5%	3.4%	17.1%	16.1%	0.0%
Internal Medicine	8.6%	$10,844,864	5.8%	(2.8%) - 20.0%	5.3%	16.8%	14.2%	0.0%
Family Practice	7.4%	$9,870,572	3.6%	0.3% - 14.5%	5.5%	18.0%	16.5%	0.0%
Medical Oncology	11.3%	$6,408,192	23.5%	(34.8%) - 57.4%	11.3%	40.0%	40.0%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Physical Therapist in Private Practice	22.6%	$5,282,363	19.3%	(15.2%) - 60.5%	20.3%	24.6%	22.4%	0.0%
Cardiology	3.7%	$3,448,216	2.6%	(1.4%) - 8.9%	3.7%	11.5%	11.5%	0.0%
Anesthesiology	8.9%	$2,305,452	13.0%	(16.6%) - 34.5%	7.5%	15.1%	13.7%	0.0%
Radiation Oncology	4.4%	$2,285,920	7.8%	(10.9%) - 19.7%	4.4%	5.6%	5.6%	0.0%
Nephrology	6.5%	$2,239,826	10.9%	(14.8%) - 27.8%	6.5%	21.3%	21.3%	0.0%
Orthopedic Surgery	3.5%	$1,583,966	3.7%	(3.7%) - 10.7%	3.5%	25.6%	25.6%	0.0%
Emergency Medicine	3.7%	$1,308,035	8.9%	(13.8%) - 21.2%	0.3%	7.2%	4.2%	0.0%
Gastroenterology	4.5%	$1,162,222	5.8%	(6.9%) - 15.9%	4.5%	9.7%	9.7%	0.0%
Nurse Practitioner	6.8%	$735,915	7.9%	(8.8%) - 22.3%	6.8%	6.9%	6.9%	0.0%
Clinical Laboratory (Billing Independently)	2.1%	$713,383	1.4%	(0.7%) - 4.9%	2.1%	16.4%	16.4%	0.0%
Chiropractic	2.2%	$647,253	2.5%	(2.7%) - 7.0%	1.5%	19.5%	19.1%	0.0%
Podiatry	2.2%	$506,390	3.3%	(4.3%) - 8.6%	2.2%	9.5%	9.5%	0.0%
Ophthalmology	0.4%	$404,471	0.8%	(1.1%) - 1.8%	0.4%	8.5%	8.5%	0.0%
Diagnostic Radiology	0.6%	$352,796	0.6%	(0.6%) - 1.7%	0.2%	5.6%	5.3%	0.0%
Physician Assistant	1.6%	$250,195	2.3%	(3.0%) - 6.2%	1.6%	6.6%	6.6%	0.0%
Hematology/Oncology	0.2%	$194,361	1.3%	(2.5%) - 2.8%	0.2%	8.8%	8.8%	0.0%
General Practice	1.0%	$119,278	1.9%	(2.8%) - 4.7%	1.0%	5.5%	5.5%	0.0%
Dermatology	0.2%	$92,886	0.5%	(0.7%) - 1.2%	0.2%	0.9%	0.9%	0.0%
Urology	0.2%	$55,353	0.3%	(0.3%) - 0.7%	0.1%	8.6%	8.6%	0.0%
Optometry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	12.5%	12.5%	0.0%
Pathology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	7.0%	7.0%	0.0%
Psychiatry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%	0.0%	0.0%
Pulmonary Disease	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	2.7%	2.7%	0.0%
All Provider Types	4.3%	$66,195,615	1.5%	1.4% - 7.2%	3.4%	14.6%	13.9%	0.0%

Noridian AZ/HI/NV/AK/OR/WA 00831/00832/00833/00834/00835//00836

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	13.7%	$43,543,565	4.7%	4.5% - 22.9%	10.3%	25.7%	23.3%	0.0%
All Provider Types With Less Than 30 Lines	3.7%	$29,750,144	1.9%	(0.0%) - 7.4%	3.1%	15.8%	15.4%	0.0%
Physical Therapist in Private Practice	24.4%	$17,215,206	13.5%	(2.1%) - 50.9%	23.9%	39.6%	39.3%	0.0%
Pulmonary Disease	19.7%	$14,745,757	15.6%	(10.9%) - 50.2%	19.7%	23.9%	23.9%	0.0%
Cardiology	3.1%	$9,336,875	2.2%	(1.1%) - 7.3%	2.7%	9.3%	9.0%	0.0%
Family Practice	5.2%	$7,947,231	3.3%	(1.2%) - 11.6%	5.1%	16.8%	16.7%	0.0%
Radiation Oncology	8.9%	$7,053,363	11.0%	(12.7%) - 30.4%	8.9%	16.3%	16.3%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Clinical Laboratory (Billing Independently)	6.5%	$5,425,194	5.3%	(4.0%) - 16.9%	5.6%	22.6%	22.0%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	2.2%	$5,277,767	4.1%	(5.8%) - 10.2%	2.2%	9.5%	9.5%	0.0%
Podiatry	10.8%	$4,345,120	5.8%	(0.5%) - 22.1%	10.0%	18.0%	17.4%	0.0%
Ophthalmology	2.3%	$4,299,517	1.9%	(1.5%) - 6.1%	2.3%	10.1%	10.1%	0.0%
Diagnostic Radiology	2.1%	$4,285,908	3.2%	(4.1%) - 8.3%	0.2%	12.3%	10.8%	0.0%
Dermatology	5.4%	$4,099,877	6.5%	(7.4%) - 18.2%	1.6%	12.9%	9.5%	0.0%
General Practice	15.2%	$3,902,772	17.9%	(19.9%) - 50.4%	10.9%	25.3%	22.2%	0.0%
Emergency Medicine	3.8%	$3,753,619	5.5%	(7.1%) - 14.7%	0.0%	11.0%	7.8%	0.0%
Chiropractic	9.7%	$3,269,688	7.6%	(5.2%) - 24.6%	8.2%	38.3%	37.7%	0.0%
Hematology/Oncology	1.8%	$3,030,673	1.9%	(1.9%) - 5.4%	1.8%	7.3%	7.3%	0.0%
Urology	3.8%	$2,733,437	3.2%	(2.4%) - 10.1%	3.8%	32.2%	32.2%	0.0%
Orthopedic Surgery	3.1%	$2,090,472	4.2%	(5.2%) - 11.4%	3.1%	12.4%	12.4%	0.0%
Physician Assistant	8.0%	$2,035,478	11.5%	(14.5%) - 30.4%	1.8%	18.6%	14.1%	0.0%
Nurse Practitioner	6.8%	$1,555,749	6.5%	(6.0%) - 19.6%	3.3%	15.0%	12.2%	0.0%
Medical Oncology	0.6%	$692,881	1.2%	(1.7%) - 2.9%	0.6%	2.4%	2.4%	0.0%
Rheumatology	3.9%	$497,513	3.6%	(3.0%) - 10.9%	3.9%	4.5%	4.5%	0.0%
Pathology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	9.2%	9.2%	0.0%
All Provider Types	5.4%	$180,887,807	1.2%	3.0% - 7.9%	4.5%	15.9%	15.2%	0.0%

HGSA PA 00865

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	12.6%	$36,340,125	3.2%	6.3% - 18.9%	12.2%	23.5%	23.3%	0.0%
All Provider Types With Less Than 30 Lines	3.8%	$23,660,203	1.0%	2.0% - 5.7%	3.5%	12.2%	11.9%	0.0%
Cardiology	7.6%	$18,927,274	2.0%	3.6% - 11.6%	5.8%	25.8%	24.7%	0.0%
Nephrology	27.3%	$16,342,819	13.9%	0.1% - 54.6%	27.3%	36.3%	36.3%	0.0%
Family Practice	5.8%	$10,802,367	1.9%	2.1% - 9.5%	5.4%	14.8%	14.4%	0.0%
Pulmonary Disease	10.9%	$6,549,539	5.3%	0.4% - 21.4%	10.9%	12.2%	12.2%	0.0%
Physical Therapist in Private Practice	19.4%	$6,410,190	10.0%	(0.2%) - 39.0%	18.4%	26.6%	25.7%	0.0%
Gastroenterology	5.3%	$4,547,079	2.4%	0.5% - 10.1%	5.3%	16.4%	16.4%	0.0%
Emergency Medicine	5.3%	$4,176,488	2.3%	0.7% - 9.9%	3.0%	7.4%	5.2%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	2.0%	$3,863,509	2.0%	(1.9%) - 6.0%	2.1%	7.7%	7.8%	0.0%
Orthopedic Surgery	4.2%	$3,806,055	2.4%	(0.4%) - 8.9%	4.2%	10.5%	10.5%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Chiropractic	15.1%	$3,358,648	13.1%	(10.6%) - 40.7%	15.1%	38.8%	38.8%	0.0%
Ophthalmology	1.6%	$2,971,710	1.2%	(0.7%) - 3.8%	1.6%	8.6%	8.6%	0.0%
Hematology/Oncology	4.8%	$2,604,770	3.6%	(2.3%) - 12.0%	4.8%	24.0%	24.0%	0.0%
Anesthesiology	3.6%	$2,095,941	3.6%	(3.5%) - 10.7%	3.6%	8.8%	8.8%	0.0%
Neurology	3.7%	$2,065,151	1.8%	0.1% - 7.3%	3.7%	9.7%	9.7%	0.0%
Podiatry	1.9%	$1,888,823	1.1%	(0.2%) - 4.0%	1.9%	29.0%	29.0%	0.0%
General Practice	6.2%	$1,724,874	4.8%	(3.2%) - 15.5%	6.2%	8.7%	8.7%	0.0%
Urology	1.8%	$1,679,800	1.3%	(0.9%) - 4.4%	1.8%	6.6%	6.6%	0.0%
Dermatology	1.4%	$1,398,088	1.1%	(0.7%) - 3.6%	1.4%	8.2%	8.2%	0.0%
Diagnostic Radiology	0.7%	$1,237,472	0.5%	(0.3%) - 1.6%	0.7%	13.2%	13.2%	0.0%
Clinical Laboratory (Billing Independently)	1.2%	$1,011,626	0.7%	(0.3%) - 2.6%	1.2%	16.2%	16.2%	0.0%
Pathology	3.0%	$902,909	3.0%	(2.9%) - 9.0%	3.0%	8.5%	8.5%	0.0%
Physical Medicine and Rehabilitation	2.2%	$745,150	1.7%	(1.0%) - 5.5%	2.2%	8.6%	8.6%	0.0%
Psychiatry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	18.5%	18.5%	0.0%
All Provider Types	5.3%	$159,110,610	0.7%	4.0% - 6.6%	4.9%	15.7%	15.5%	0.0%

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Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	14.2%	$4,565,706	2.7%	8.8% - 19.5%	11.0%	26.9%	24.6%	0.1%
Orthopedic Surgery	44.2%	$2,061,617	19.1%	6.7% - 81.7%	44.2%	57.2%	57.2%	3.2%
All Provider Types With Less Than 30 Lines	6.0%	$1,529,025	2.2%	1.8% - 10.2%	3.7%	22.0%	20.4%	1.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	8.8%	$1,337,762	3.4%	2.2% - 15.5%	8.8%	31.7%	31.7%	0.0%
Cardiology	7.4%	$1,295,623	2.6%	2.3% - 12.5%	7.4%	18.4%	18.4%	0.3%
Physical Therapist in Private Practice	29.9%	$1,050,328	8.2%	13.9% - 46.0%	29.9%	41.8%	41.8%	2.3%
Psychiatry	24.3%	$582,178	8.1%	8.4% - 40.1%	18.1%	31.2%	27.1%	0.0%
Ophthalmology	4.4%	$499,404	2.3%	(0.2%) - 9.0%	4.4%	12.8%	12.8%	0.0%
Family Practice	11.1%	$497,964	5.7%	(0.2%) - 22.3%	11.1%	21.3%	21.3%	0.0%
Obstetrics/Gynecology	27.1%	$360,552	11.1%	5.3% - 48.8%	22.6%	40.6%	37.0%	0.0%
Podiatry	7.4%	$351,519	2.3%	2.8% - 12.0%	6.1%	17.7%	16.7%	0.0%
General Surgery	12.9%	$334,672	5.5%	2.0% - 23.8%	10.4%	52.0%	51.2%	0.0%
Urology	5.1%	$240,508	2.4%	0.5% - 9.7%	4.1%	25.5%	24.9%	0.0%
Emergency Medicine	4.3%	$232,567	2.8%	(1.2%) - 9.9%	1.7%	19.2%	17.4%	1.2%
Gastroenterology	6.7%	$226,266	2.9%	1.0% - 12.4%	6.7%	15.7%	15.7%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Nephrology	4.3%	$179,817	3.8%	(3.1%) - 11.8%	4.3%	12.9%	12.9%	4.2%
Pulmonary Disease	7.0%	$159,587	3.4%	0.3% - 13.7%	5.7%	22.3%	21.4%	0.0%
Chiropractic	14.6%	$147,528	9.2%	(3.4%) - 32.5%	14.6%	33.9%	33.9%	2.1%
Diagnostic Radiology	0.8%	$123,409	0.8%	(0.8%) - 2.4%	0.8%	14.1%	14.1%	1.4%
Optometry	4.5%	$105,150	3.4%	(2.2%) - 11.1%	4.5%	12.6%	12.6%	0.0%
General Practice	4.9%	$104,306	3.1%	(1.1%) - 10.9%	4.9%	11.0%	11.0%	1.6%
Hematology/Oncology	1.0%	$103,096	0.9%	(0.7%) - 2.8%	1.0%	2.4%	2.4%	0.0%
Radiation Oncology	2.0%	$89,322	2.1%	(2.2%) - 6.2%	2.0%	33.4%	33.4%	0.0%
Dermatology	2.9%	$87,304	2.0%	(1.1%) - 6.8%	2.9%	7.4%	7.4%	0.0%
Otolaryngology	4.1%	$85,892	2.0%	0.1% - 8.1%	4.1%	18.2%	18.2%	0.0%
Neurology	2.7%	$83,838	2.2%	(1.5%) - 7.0%	2.7%	21.8%	21.8%	2.8%
Pathology	0.8%	$13,242	0.8%	(0.8%) - 2.3%	0.8%	8.9%	8.9%	0.0%
Clinical Laboratory (Billing Independently)	0.2%	$7,016	0.1%	(0.1%) - 0.4%	0.1%	19.8%	19.8%	1.1%
Multi-specialty Clinic or Group Practice	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	9.6%	9.6%	0.0%
Portable X-Ray Supplier (Billing Independently)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	2.9%	2.9%	0.0%
All Provider Types	8.4%	$16,455,197	1.0%	6.3% - 10.4%	7.2%	22.7%	21.9%	0.7%

Palmetto GBA SC 00880

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	8.9%	$8,684,944	2.0%	4.9% - 12.9%	8.4%	17.0%	16.7%	0.0%
Orthopedic Surgery	11.5%	$5,577,244	4.9%	1.8% - 21.2%	11.1%	13.5%	13.2%	0.0%
All Provider Types With Less Than 30 Lines	3.4%	$5,255,159	1.3%	0.9% - 6.0%	2.9%	16.3%	16.0%	1.5%
General Surgery	18.9%	$4,836,039	10.8%	(2.2%) - 39.9%	3.8%	34.9%	27.2%	0.0%
Family Practice	6.0%	$4,430,101	1.7%	2.7% - 9.2%	5.9%	20.9%	20.8%	0.0%
Hematology/Oncology	7.2%	$4,417,786	7.0%	(6.4%) - 20.8%	7.2%	37.5%	37.5%	0.0%
Nephrology	13.4%	$3,656,712	7.3%	(0.8%) - 27.7%	9.6%	10.6%	7.6%	0.0%
Cardiology	4.6%	$2,657,647	2.0%	0.6% - 8.5%	2.8%	21.2%	20.0%	0.0%
Diagnostic Radiology	3.6%	$1,762,736	2.2%	(0.7%) - 7.8%	3.1%	9.5%	9.2%	0.0%
Gastroenterology	5.6%	$1,690,526	2.6%	0.4% - 10.7%	5.6%	6.5%	6.5%	0.0%
Neurology	6.6%	$1,427,903	4.0%	(1.1%) - 14.4%	5.2%	20.9%	19.9%	0.0%
Physical Therapist in Private Practice	24.3%	$1,237,875	13.8%	(2.9%) - 51.4%	24.3%	35.1%	35.1%	0.0%
Emergency Medicine	5.9%	$1,149,596	3.2%	(0.4%) - 12.3%	5.9%	15.0%	15.0%	0.0%
Medical Oncology	2.3%	$958,606	2.3%	(2.1%) - 6.7%	2.3%	3.0%	3.0%	0.0%
Rheumatology	1.1%	$678,183	0.8%	(0.5%) - 2.8%	1.1%	3.6%	3.6%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Ophthalmology	1.6%	$655,043	1.2%	(0.7%) - 3.8%	0.6%	10.0%	9.2%	0.0%
Pulmonary Disease	3.6%	$576,434	2.3%	(0.9%) - 8.0%	1.7%	15.4%	14.1%	0.0%
Nurse Practitioner	11.0%	$538,236	6.4%	(1.6%) - 23.6%	3.2%	10.8%	4.7%	0.0%
Podiatry	4.1%	$463,812	2.1%	(0.2%) - 8.3%	1.2%	7.9%	5.6%	0.0%
Otolaryngology	3.7%	$447,985	2.9%	(2.0%) - 9.5%	3.2%	10.5%	9.9%	0.0%
Dermatology	2.2%	$439,036	1.6%	(1.0%) - 5.3%	2.2%	4.0%	4.0%	0.0%
Urology	1.5%	$372,166	1.0%	(0.4%) - 3.5%	1.3%	4.0%	3.1%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.7%	$335,459	0.5%	(0.2%) - 1.7%	0.7%	9.0%	9.0%	0.0%
Pathology	1.9%	$288,650	1.9%	(1.8%) - 5.7%	0.0%	10.8%	9.8%	0.0%
Chiropractic	5.0%	$206,288	5.0%	(4.8%) - 14.7%	5.0%	42.7%	42.7%	0.0%
Physical Medicine and Rehabilitation	2.0%	$203,979	1.7%	(1.3%) - 5.4%	2.0%	8.4%	8.4%	0.0%
Anesthesiology	1.7%	$177,087	1.7%	(1.6%) - 5.0%	0.0%	3.2%	2.3%	0.0%
Psychiatry	0.1%	$8,659	0.1%	(0.1%) - 0.2%	0.1%	6.4%	6.4%	0.0%
General Practice	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	13.8%	13.8%	0.0%
All Provider Types	5.3%	$53,133,892	0.8%	3.8% - 6.8%	4.3%	16.1%	15.4%	0.1%

Palmetto GBA OH/WV 00883/00884

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	10.2%	$44,476,098	2.3%	5.6% - 14.8%	9.4%	16.3%	15.6%	0.0%
Family Practice	16.6%	$31,513,910	3.3%	10.1% - 23.1%	10.7%	24.3%	19.6%	0.0%
All Provider Types With Less Than 30 Lines	5.8%	$28,778,998	1.4%	3.1% - 8.4%	4.2%	23.9%	23.0%	0.0%
Cardiology	3.7%	$11,157,606	1.3%	1.2% - 6.2%	3.3%	7.4%	7.1%	0.0%
Nephrology	14.2%	$10,359,835	5.6%	3.2% - 25.1%	14.2%	27.8%	27.8%	0.0%
Diagnostic Radiology	6.1%	$9,955,206	2.3%	1.6% - 10.5%	3.4%	11.8%	9.4%	0.0%
General Surgery	9.6%	$7,692,790	7.7%	(5.5%) - 24.7%	9.6%	15.3%	15.3%	0.0%
Physical Therapist in Private Practice	34.1%	$7,040,425	16.6%	1.6% - 66.6%	34.1%	39.4%	39.4%	0.0%
Emergency Medicine	6.3%	$6,830,780	3.4%	(0.5%) - 13.0%	3.5%	7.6%	4.9%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	3.2%	$6,532,107	3.1%	(2.9%) - 9.3%	3.2%	17.8%	17.8%	0.0%
Anesthesiology	13.0%	$5,595,278	7.5%	(1.8%) - 27.8%	10.2%	25.7%	23.8%	0.0%
Orthopedic Surgery	3.4%	$5,581,826	1.4%	0.7% - 6.1%	3.2%	6.8%	6.6%	0.0%
Gastroenterology	7.8%	$4,608,116	5.9%	(3.7%) - 19.4%	6.5%	6.9%	5.7%	0.0%
Urology	4.5%	$4,368,241	2.2%	0.2% - 8.9%	4.5%	11.1%	11.1%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Ophthalmology	2.3%	$3,869,143	1.2%	(0.0%) - 4.7%	2.3%	9.8%	9.8%	0.0%
Dermatology	6.4%	$3,417,960	5.5%	(4.3%) - 17.1%	6.4%	12.9%	12.9%	0.0%
Pulmonary Disease	4.7%	$2,615,050	2.8%	(0.7%) - 10.1%	1.4%	11.1%	8.3%	0.0%
General Practice	15.8%	$2,503,047	7.7%	0.7% - 31.0%	7.1%	18.2%	10.0%	0.0%
Portable X-Ray Supplier (Billing Independently)	11.1%	$2,441,832	9.1%	(6.8%) - 28.9%	0.0%	12.8%	2.1%	0.0%
Clinical Laboratory (Billing Independently)	2.9%	$2,400,114	1.2%	0.6% - 5.3%	1.4%	10.0%	8.7%	0.0%
Psychiatry	6.4%	$1,713,590	4.3%	(1.9%) - 14.8%	0.9%	9.2%	5.2%	0.0%
Hematology/Oncology	1.2%	$1,531,907	1.1%	(0.9%) - 3.3%	1.2%	4.0%	4.0%	0.0%
Podiatry	0.5%	$188,484	0.5%	(0.4%) - 1.3%	0.5%	24.3%	24.3%	0.0%
Pathology	0.6%	$182,892	0.6%	(0.6%) - 1.9%	0.0%	29.7%	29.4%	0.0%
Chiropractic	0.8%	$150,394	0.8%	(0.8%) - 2.4%	0.8%	34.7%	34.7%	0.0%
All Provider Types	6.7%	$205,505,628	0.7%	5.3% - 8.0%	5.3%	16.0%	14.9%	0.0%

Trailblazer TX 00900

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	6.3%	$34,580,823	1.3%	3.7% - 8.9%	4.9%	19.1%	18.0%	0.0%
All Provider Types With Less Than 30 Lines	3.0%	$26,313,742	0.9%	1.3% - 4.7%	3.0%	21.3%	21.3%	0.0%
Cardiology	4.2%	$22,609,034	1.3%	1.7% - 6.8%	4.1%	18.1%	18.0%	0.0%
Family Practice	7.3%	$18,604,759	2.0%	3.4% - 11.1%	7.3%	22.0%	22.0%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	7.2%	$17,241,512	3.7%	(0.1%) - 14.5%	7.2%	22.6%	22.6%	0.0%
Ophthalmology	4.1%	$13,970,312	3.2%	(2.1%) - 10.3%	4.1%	6.4%	6.4%	0.0%
Nephrology	9.2%	$13,775,775	4.6%	0.3% - 18.2%	8.3%	24.1%	23.4%	0.0%
Neurology	18.0%	$9,102,846	8.3%	1.8% - 34.2%	8.0%	25.0%	17.5%	0.0%
Pulmonary Disease	7.9%	$8,668,912	3.3%	1.4% - 14.5%	7.9%	23.3%	23.3%	0.0%
Physical Medicine and Rehabilitation	22.9%	$6,709,084	12.7%	(2.0%) - 47.8%	22.9%	44.7%	44.7%	0.0%
Chiropractic	27.9%	$6,085,715	12.2%	3.9% - 51.8%	27.9%	46.2%	46.2%	0.0%
Psychiatry	8.6%	$5,961,764	4.4%	(0.1%) - 17.3%	8.6%	16.0%	16.0%	0.0%
Emergency Medicine	5.4%	$4,253,877	3.1%	(0.7%) - 11.4%	5.4%	19.0%	19.0%	0.0%
Medical Oncology	1.7%	$4,226,876	1.4%	(1.1%) - 4.5%	1.7%	35.5%	35.5%	0.0%
General Surgery	7.4%	$4,089,956	6.6%	(5.5%) - 20.4%	7.4%	42.0%	42.0%	0.0%
Clinical Laboratory (Billing Independently)	1.7%	$2,687,375	0.8%	0.2% - 3.2%	1.5%	20.5%	20.5%	0.0%
Urology	3.0%	$2,460,309	1.5%	0.0% - 5.9%	3.0%	5.6%	5.6%	0.0%
Gastroenterology	4.7%	$2,378,030	2.6%	(0.5%) - 9.8%	4.7%	39.5%	39.5%	0.0%
Otolaryngology	3.0%	$2,258,543	1.4%	0.2% - 5.8%	3.0%	8.1%	8.1%	0.0%
Dermatology	1.5%	$1,508,460	1.2%	(0.9%) - 3.8%	1.5%	4.3%	4.3%	0.0%
Orthopedic Surgery	1.3%	$1,443,614	1.0%	(0.8%) - 3.3%	1.3%	16.1%	16.1%	0.0%
Diagnostic Radiology	0.6%	$1,360,696	0.4%	(0.2%) - 1.5%	0.5%	14.3%	14.2%	0.0%
Hematology/Oncology	0.5%	$963,331	0.4%	(0.3%) - 1.2%	0.5%	5.5%	5.5%	0.0%
Podiatry	2.8%	$923,785	1.9%	(0.9%) - 6.4%	2.8%	12.4%	12.4%	0.0%
Rheumatology	3.1%	$566,390	3.0%	(2.8%) - 9.0%	3.1%	10.3%	10.3%	0.0%
Anesthesiology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	4.1%	4.1%	0.0%
Mass Immunization Roster Billers (Mass Immunizers have to roster bill assigned claims and can only bill for immunizations)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	22.6%	22.6%	0.0%
Public Health or Welfare Agencies (Federal, State, and local)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	21.2%	21.2%	0.0%
All Provider Types	4.4%	$212,745,519	0.5%	3.4% - 5.4%	4.1%	19.7%	19.4%	0.0%

Trailblazer MD/DC/DE/VA 00901/00902/00903/00904

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	8.9%	$37,071,907	4.5%	0.1% - 17.6%	7.7%	20.3%	19.4%	0.0%
Cardiology	7.5%	$18,843,508	5.3%	(2.8%) - 17.8%	6.5%	18.4%	17.6%	0.0%
All Provider Types With Less Than 30 Lines	4.0%	$13,918,162	4.0%	(3.7%) - 11.8%	3.0%	14.7%	13.9%	0.0%
Family Practice	4.8%	$7,855,582	4.1%	(3.2%) - 12.8%	4.0%	19.7%	19.1%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	8.8%	$7,520,963	62.0%	(112.7%) -130.3%	6.1%	31.9%	30.4%	0.0%
Orthopedic Surgery	4.9%	$6,227,929	6.1%	(7.1%) - 16.8%	4.9%	24.0%	24.0%	0.0%
Urology	8.7%	$6,144,931	10.1%	(11.1%) - 28.5%	8.7%	46.8%	46.8%	0.0%
Hematology/Oncology	4.9%	$5,978,638	9.6%	(13.9%) - 23.8%	4.9%	11.0%	11.0%	0.0%
Gastroenterology	8.9%	$5,522,834	8.6%	(8.1%) - 25.8%	8.9%	10.6%	10.6%	0.0%
Pulmonary Disease	13.1%	$5,470,325	15.0%	(16.2%) - 42.4%	13.1%	42.4%	42.4%	0.0%
Physical Therapist in Private Practice	9.6%	$5,427,299	12.1%	(14.1%) - 33.4%	9.6%	23.8%	23.8%	0.0%
Neurology	9.2%	$4,962,934	16.8%	(23.7%) - 42.1%	9.2%	15.8%	15.8%	0.0%
Ophthalmology	2.5%	$4,672,805	4.6%	(6.6%) - 11.6%	1.0%	13.5%	12.2%	0.0%
General Surgery	3.1%	$3,943,287	4.2%	(5.1%) - 11.3%	3.1%	21.8%	21.8%	0.0%
Nephrology	5.6%	$3,717,545	16.6%	(26.9%) - 38.1%	5.6%	33.4%	33.4%	0.0%
Emergency Medicine	3.6%	$3,191,670	4.0%	(4.2%) - 11.3%	2.9%	12.1%	11.6%	0.0%
Otolaryngology	9.1%	$3,116,616	23.5%	(37.0%) - 55.2%	9.1%	31.9%	31.9%	0.0%
Diagnostic Radiology	1.0%	$2,801,869	1.5%	(2.0%) - 4.1%	1.0%	15.3%	15.3%	0.0%
Endocrinology	14.6%	$2,762,518	26.8%	(37.9%) - 67.1%	14.6%	29.3%	29.3%	0.0%
General Practice	17.7%	$2,438,133	26.8%	(34.9%) - 70.3%	17.7%	29.5%	29.5%	0.0%
Dermatology	2.5%	$2,295,695	3.4%	(4.1%) - 9.2%	2.5%	4.4%	4.4%	0.0%
Podiatry	7.4%	$2,294,915	9.9%	(11.9%) - 26.8%	4.2%	25.2%	23.1%	0.0%
Physical Medicine and Rehabilitation	5.2%	$1,739,171	7.5%	(9.4%) - 19.9%	5.2%	18.2%	18.2%	0.0%
Rheumatology	9.0%	$1,551,354	12.2%	(14.9%) - 33.0%	8.9%	31.6%	31.5%	0.0%
Nurse Practitioner	6.5%	$1,295,738	11.8%	(16.6%) - 29.5%	3.4%	30.2%	28.5%	0.0%
Chiropractic	10.7%	$1,254,803	20.0%	(28.5%) - 50.0%	10.7%	41.2%	41.2%	0.0%
Clinical Laboratory (Billing Independently)	1.7%	$1,208,811	6.1%	(10.3%) - 13.7%	1.1%	14.0%	13.5%	0.0%
Obstetrics/Gynecology	8.0%	$1,118,367	15.6%	(22.5%) - 38.6%	8.0%	51.3%	51.3%	0.0%
Psychiatry	1.0%	$334,680	2.7%	(4.2%) - 6.2%	1.0%	20.6%	20.6%	0.0%
Anesthesiology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	20.3%	20.3%	0.0%
Clinical Psychologist	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	19.7%	19.7%	0.0%
Medical Oncology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	2.6%	2.6%	0.0%
Optometry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	25.6%	25.6%	0.0%
Pathology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	6.4%	6.4%	0.0%
Portable X-Ray Supplier (Billing Independently)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%	0.0%	0.0%
All Provider Types	5.1%	$164,682,989	1.4%	2.5% - 7.8%	4.5%	19.3%	18.9%	0.0%

BCBS UT 00910

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
All Provider Types With Less Than 30 Lines	7.8%	$4,759,181	2.2%	3.4% - 12.1%	7.0%	22.1%	21.7%	1.6%
Internal Medicine	15.0%	$4,371,116	3.1%	8.9% - 21.1%	13.3%	28.4%	27.2%	0.0%
Physical Therapist in Private Practice	50.2%	$3,576,394	8.1%	34.4% - 66.0%	50.2%	64.0%	64.0%	0.0%
Hematology/Oncology	11.1%	$1,736,404	7.4%	(3.4%) - 25.6%	11.1%	23.1%	23.1%	0.0%
Cardiology	5.3%	$1,350,412	2.0%	1.2% - 9.3%	5.1%	14.6%	14.5%	0.0%
Urology	12.8%	$1,341,802	7.9%	(2.7%) - 28.3%	11.8%	34.1%	33.5%	0.0%
Family Practice	5.3%	$1,057,594	1.8%	1.8% - 8.8%	5.3%	29.4%	29.4%	0.0%
Orthopedic Surgery	2.8%	$593,148	1.3%	0.2% - 5.3%	1.6%	12.1%	11.3%	0.0%
Physician Assistant	20.4%	$501,840	8.2%	4.3% - 36.5%	14.3%	35.6%	31.6%	0.0%
Chiropractic	18.4%	$436,748	7.3%	4.2% - 32.7%	17.1%	58.4%	58.1%	0.0%
Ophthalmology	2.2%	$367,558	2.2%	(2.1%) - 6.4%	2.2%	17.4%	17.4%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	2.9%	$346,509	2.9%	(2.8%) - 8.5%	2.9%	3.5%	3.5%	0.0%
General Surgery	3.4%	$302,801	2.6%	(1.8%) - 8.5%	1.1%	18.6%	17.0%	0.0%
Anesthesiology	3.6%	$256,924	2.7%	(1.7%) - 8.9%	3.6%	15.7%	15.7%	0.0%
Emergency Medicine	2.6%	$250,816	1.4%	(0.2%) - 5.4%	2.6%	11.5%	11.5%	0.0%
Podiatry	4.2%	$242,429	1.7%	0.8% - 7.6%	3.6%	18.1%	17.7%	0.0%
General Practice	6.1%	$197,094	3.2%	(0.2%) - 12.4%	5.9%	17.5%	17.3%	0.0%
Gastroenterology	1.7%	$144,615	1.5%	(1.3%) - 4.7%	1.7%	16.8%	16.8%	0.0%
Dermatology	1.3%	$132,273	0.8%	(0.3%) - 2.8%	1.3%	11.7%	11.7%	0.0%
Physical Medicine and Rehabilitation	3.6%	$122,450	3.5%	(3.3%) - 10.5%	3.6%	26.7%	26.7%	0.0%
Diagnostic Radiology	0.7%	$99,185	0.6%	(0.5%) - 1.9%	0.7%	17.1%	17.1%	0.0%
Clinical Laboratory (Billing Independently)	2.0%	$91,722	1.3%	(0.6%) - 4.6%	0.8%	22.2%	21.5%	0.0%
Pathology	0.2%	$19,087	0.2%	(0.2%) - 0.7%	0.2%	6.6%	6.6%	0.0%
Nurse Practitioner	0.6%	$9,504	0.6%	(0.6%) - 1.9%	0.6%	32.8%	32.8%	0.0%
Public Health or Welfare Agencies (Federal, State, and local)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	24.4%	24.4%	0.0%
Pulmonary Disease	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	19.0%	19.0%	0.0%
All Provider Types	7.1%	$22,307,606	0.8%	5.5% - 8.7%	6.5%	21.8%	21.4%	0.2%

Triple S, INC. PR/VI 00973/00974

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	20.6%	$16,771,506	6.7%	7.4% - 33.8%	19.6%	28.7%	27.9%	0.0%
General Practice	19.3%	$14,036,782	8.5%	2.5% - 36.0%	18.1%	29.2%	28.3%	0.2%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	23.7%	$10,467,283	11.4%	1.4% - 46.0%	21.4%	29.0%	27.0%	0.0%
Cardiology	22.1%	$8,369,199	7.2%	8.0% - 36.3%	21.5%	29.2%	28.7%	0.0%
Psychiatry	53.3%	$6,999,872	23.8%	6.6% -100.1%	44.1%	50.1%	43.3%	0.0%
Clinical Laboratory (Billing Independently)	12.4%	$4,694,867	2.5%	7.5% - 17.4%	12.2%	21.7%	21.6%	0.0%
All Provider Types With Less Than 30 Lines	7.3%	$3,950,313	2.6%	2.3% - 12.4%	6.1%	22.9%	22.0%	0.0%
Physical Medicine and Rehabilitation	34.8%	$3,774,185	15.4%	4.6% - 65.1%	34.8%	38.5%	38.5%	0.0%
Urology	13.1%	$3,302,642	8.3%	(3.2%) - 29.3%	13.1%	25.2%	25.2%	0.0%
General Surgery	12.9%	$2,771,196	7.8%	(2.3%) - 28.1%	12.9%	13.3%	13.3%	0.0%
Nephrology	18.0%	$2,356,538	9.2%	(0.1%) - 36.1%	18.0%	19.4%	19.4%	0.0%
Physical Therapist in Private Practice	24.6%	$2,010,896	10.8%	3.4% - 45.7%	24.6%	30.3%	30.3%	0.0%
Family Practice	12.9%	$1,958,317	7.9%	(2.6%) - 28.3%	11.4%	18.5%	17.2%	0.0%
Hematology/Oncology	6.8%	$1,950,872	3.2%	0.6% - 13.0%	6.8%	10.9%	10.9%	0.0%
Ophthalmology	7.0%	$1,888,264	7.4%	(7.4%) - 21.4%	7.0%	27.1%	27.1%	0.0%
Diagnostic Radiology	3.7%	$1,809,014	2.9%	(1.9%) - 9.3%	2.9%	9.9%	9.1%	0.0%
Neurology	18.9%	$1,540,669	14.3%	(9.0%) - 46.8%	18.8%	23.7%	23.6%	0.0%
Gastroenterology	11.3%	$1,531,873	3.7%	4.1% - 18.6%	11.3%	22.5%	22.5%	0.0%
Orthopedic Surgery	14.0%	$1,439,673	8.1%	(1.9%) - 29.8%	14.0%	19.1%	19.1%	0.0%
Otolaryngology	16.7%	$1,355,970	13.4%	(9.6%) - 42.9%	16.6%	17.4%	17.4%	0.0%
Rheumatology	15.1%	$1,294,535	7.7%	0.1% - 30.2%	15.1%	15.1%	15.1%	0.0%
Pulmonary Disease	12.2%	$709,749	4.6%	3.2% - 21.3%	12.2%	23.5%	23.5%	0.0%
Endocrinology	17.1%	$638,942	14.6%	(11.6%) - 45.8%	17.1%	17.3%	17.3%	0.0%
Podiatry	10.7%	$636,450	11.9%	(12.6%) - 34.0%	10.7%	24.2%	24.2%	0.1%
Pathology	0.1%	$13,755	17.4%	(33.9%) - 34.2%	0.1%	27.4%	27.4%	0.0%
All Provider Types	15.7%	$96,273,363	3.7%	8.5% - 22.9%	14.7%	24.4%	23.6%	0.0%

GHI NY 14330

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	10.9%	$8,436,452	1.9%	7.1% - 14.6%	9.0%	24.4%	23.0%	0.0%
All Provider Types With Less Than 30 Lines	8.5%	$5,161,300	2.1%	4.4% - 12.5%	8.4%	28.1%	28.0%	1.4%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Physical Therapist in Private Practice	31.5%	$4,406,333	6.3%	19.1% - 43.9%	30.3%	51.5%	50.9%	0.0%
Cardiology	17.3%	$3,145,587	4.4%	8.6% - 26.0%	17.3%	33.4%	33.4%	0.0%
Physical Medicine and Rehabilitation	28.8%	$2,665,968	7.8%	13.5% - 44.2%	28.0%	45.7%	45.2%	0.6%
Diagnostic Radiology	5.7%	$1,733,534	3.8%	(1.7%) - 13.2%	5.3%	22.9%	22.7%	2.0%
Neurology	23.6%	$1,711,523	8.6%	6.7% - 40.5%	18.2%	28.9%	24.3%	0.0%
Urology	17.1%	$1,648,600	11.9%	(6.3%) - 40.4%	17.1%	31.9%	31.9%	0.0%
Gastroenterology	13.0%	$1,277,035	5.5%	2.3% - 23.7%	13.0%	13.1%	13.1%	2.0%
Family Practice	11.8%	$1,059,496	5.0%	2.1% - 21.5%	8.9%	29.7%	27.9%	0.0%
Podiatry	7.1%	$1,012,040	2.0%	3.1% - 11.1%	6.4%	25.0%	24.6%	0.9%
Psychiatry	11.5%	$844,174	3.9%	3.9% - 19.0%	6.5%	26.2%	23.4%	0.0%
Dermatology	8.2%	$633,287	3.2%	2.0% - 14.5%	8.2%	12.2%	12.2%	0.0%
Pulmonary Disease	9.2%	$554,933	4.4%	0.6% - 17.8%	7.5%	27.6%	26.5%	0.0%
Ophthalmology	1.7%	$487,540	1.1%	(0.5%) - 3.8%	1.7%	14.7%	14.7%	0.0%
Portable X-Ray Supplier (Billing Independently)	12.1%	$339,737	10.2%	(8.0%) - 32.2%	1.7%	20.6%	12.3%	0.0%
Hematology/Oncology	11.0%	$275,670	5.9%	(0.6%) - 22.6%	11.0%	59.2%	59.2%	0.0%
Otolaryngology	5.1%	$143,476	3.6%	(1.9%) - 12.2%	5.1%	12.8%	12.8%	0.0%
Chiropractic	5.9%	$139,972	3.9%	(1.8%) - 13.5%	5.9%	13.1%	13.1%	0.0%
Clinical Laboratory (Billing Independently)	3.9%	$115,868	3.9%	(3.6%) - 11.5%	0.0%	19.1%	16.3%	0.0%
Clinical Social Worker	3.3%	$91,282	3.3%	(3.2%) - 9.8%	3.3%	14.9%	14.9%	2.4%
Independent Diagnostic Testing Facility (IDTF)	1.1%	$67,107	0.6%	(0.1%) - 2.3%	1.1%	31.7%	31.7%	0.8%
Clinical Psychologist	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	3.4%	3.4%	0.0%
All Provider Types	10.6%	$35,950,914	1.0%	8.8% - 12.5%	9.6%	26.4%	25.7%	0.5%

NHIC CA 31140/31146

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Family Practice	17.8%	$54,210,972	8.1%	1.9% - 33.7%	15.0%	32.2%	30.4%	0.0%
All Provider Types With Less Than 30 Lines	4.5%	$50,709,959	2.7%	(0.8%) - 9.9%	3.0%	19.2%	18.3%	0.2%
Cardiology	7.0%	$44,839,367	3.5%	0.2% - 13.8%	7.0%	18.1%	18.1%	0.0%
Internal Medicine	4.8%	$34,623,033	1.9%	1.1% - 8.5%	4.2%	21.1%	19.7%	0.4%
Physical Therapist in Private Practice	30.0%	$33,259,668	21.2%	(11.5%) - 71.6%	29.1%	41.1%	40.4%	0.0%
Ophthalmology	4.3%	$17,501,110	5.7%	(6.9%) - 15.5%	4.3%	15.7%	15.7%	0.0%
Nephrology	12.2%	$14,591,103	9.1%	(5.7%) - 30.1%	12.2%	20.8%	20.8%	0.0%
Clinical Laboratory (Billing	5.1%	$14,052,721	5.0%	(4.7%) - 15.0%	1.2%	16.3%	13.2%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Independently)								
Orthopedic Surgery	5.5%	$12,734,062	5.5%	(5.2%) - 16.3%	5.5%	9.6%	9.6%	0.0%
Physical Medicine and Rehabilitation	33.7%	$12,207,394	11.8%	10.6% - 56.8%	5.6%	42.7%	21.4%	0.0%
General Practice	8.6%	$11,768,516	5.7%	(2.6%) - 19.8%	7.8%	40.3%	40.0%	0.0%
Pulmonary Disease	8.1%	$6,432,516	8.5%	(8.5%) - 24.7%	8.1%	19.6%	19.6%	0.0%
Dermatology	3.0%	$5,165,611	3.9%	(4.6%) - 10.6%	3.0%	14.0%	14.0%	0.0%
Gastroenterology	4.5%	$5,013,198	6.0%	(7.2%) - 16.2%	4.5%	8.8%	8.8%	0.0%
Podiatry	4.0%	$4,302,719	3.0%	(1.9%) - 10.0%	4.0%	19.6%	19.6%	0.0%
General Surgery	2.4%	$3,590,354	3.9%	(5.1%) - 10.0%	1.8%	29.7%	29.5%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	1.1%	$2,987,992	1.6%	(2.1%) - 4.3%	1.1%	14.3%	14.3%	0.0%
Psychiatry	5.3%	$2,503,626	5.2%	(4.8%) - 15.5%	3.6%	7.4%	6.2%	0.0%
Emergency Medicine	2.5%	$2,286,995	3.6%	(4.6%) - 9.5%	1.6%	24.7%	24.2%	0.0%
Independent Diagnostic Testing Facility (IDTF)	1.2%	$2,023,334	1.3%	(1.3%) - 3.7%	0.0%	15.0%	14.1%	0.0%
Urology	2.1%	$1,687,982	2.3%	(2.5%) - 6.7%	2.1%	43.8%	43.8%	0.0%
Hematology/Oncology	0.5%	$1,485,954	0.8%	(1.2%) - 2.1%	0.2%	1.6%	1.4%	0.0%
Chiropractic	1.8%	$475,968	3.8%	(5.6%) - 9.2%	1.8%	29.9%	29.9%	0.0%
Diagnostic Radiology	0.1%	$409,755	0.2%	(0.2%) - 0.4%	0.1%	24.9%	24.9%	0.0%
Pathology	0.8%	$397,993	2.1%	(3.4%) - 4.9%	0.8%	31.2%	31.2%	0.0%
Anesthesiology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	18.7%	18.7%	0.0%
All Provider Types	5.4%	$339,261,900	1.2%	3.1% - 7.8%	4.5%	20.1%	19.4%	0.1%

NHIC MA/ME/NH/VT 31142/31143/31144/31145

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	5.6%	$17,231,522	1.0%	3.7% - 7.6%	5.1%	11.8%	11.5%	0.0%
Physical Therapist in Private Practice	35.2%	$13,427,162	8.9%	17.9% - 52.6%	35.2%	40.8%	40.8%	0.0%
All Provider Types With Less Than 30 Lines	3.3%	$7,569,161	1.2%	0.9% - 5.8%	3.1%	16.7%	16.5%	0.0%
Cardiology	3.9%	$6,941,919	1.2%	1.5% - 6.3%	3.8%	9.0%	9.0%	0.0%
Family Practice	6.7%	$5,035,536	2.4%	2.1% - 11.3%	5.4%	21.0%	20.1%	0.0%
Orthopedic Surgery	4.8%	$4,932,546	2.6%	(0.3%) - 10.0%	4.8%	13.1%	13.1%	0.0%
General Surgery	4.4%	$4,186,735	2.6%	(0.7%) - 9.5%	4.7%	10.9%	11.6%	0.0%
Gastroenterology	9.0%	$4,052,254	3.6%	2.0% - 16.1%	9.0%	19.0%	19.0%	0.0%
Emergency Medicine	7.0%	$3,506,821	4.1%	(1.0%) - 15.0%	7.0%	13.1%	13.1%	0.0%
Urology	4.0%	$2,935,388	2.5%	(0.9%) - 8.9%	4.0%	7.7%	7.7%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Diagnostic Radiology	2.3%	$2,689,624	1.5%	(0.6%) - 5.3%	1.7%	8.9%	8.0%	0.0%
Obstetrics/Gynecology	19.9%	$2,490,928	9.3%	1.8% - 38.0%	13.1%	32.5%	28.9%	0.0%
Dermatology	4.4%	$2,416,739	1.9%	0.6% - 8.2%	4.4%	6.9%	6.9%	0.0%
Neurology	4.1%	$2,054,312	2.1%	(0.1%) - 8.2%	4.1%	16.4%	16.4%	0.0%
Pulmonary Disease	5.7%	$1,750,048	2.5%	0.8% - 10.6%	5.7%	10.1%	10.1%	0.0%
Hematology/Oncology	3.3%	$1,749,824	2.2%	(1.0%) - 7.7%	3.3%	7.6%	7.6%	0.0%
Rheumatology	11.1%	$1,525,353	9.7%	(8.0%) - 30.2%	11.1%	12.4%	12.4%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.6%	$1,094,453	0.4%	(0.3%) - 1.4%	0.6%	2.3%	2.3%	0.0%
Psychiatry	2.5%	$1,048,841	2.0%	(1.4%) - 6.4%	2.5%	10.0%	10.0%	0.0%
Chiropractic	5.4%	$938,791	3.0%	(0.5%) - 11.4%	5.4%	22.2%	22.2%	0.0%
Nurse Practitioner	3.1%	$830,982	1.8%	(0.4%) - 6.6%	3.1%	14.7%	14.7%	0.0%
Ophthalmology	0.7%	$722,836	0.5%	(0.3%) - 1.7%	0.7%	5.4%	5.4%	0.0%
Physician Assistant	5.3%	$668,147	5.4%	(5.2%) - 15.8%	0.0%	26.0%	23.2%	0.0%
Pathology	1.8%	$613,234	1.9%	(1.8%) - 5.5%	0.0%	10.7%	9.2%	0.0%
Clinical Laboratory (Billing Independently)	1.4%	$570,536	0.9%	(0.3%) - 3.0%	1.3%	9.7%	9.6%	0.0%
Podiatry	1.3%	$490,072	1.0%	(0.6%) - 3.2%	0.8%	10.3%	9.9%	0.0%
Otolaryngology	1.6%	$368,366	1.6%	(1.6%) - 4.8%	1.6%	17.0%	17.0%	0.0%
Clinical Social Worker	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	7.5%	7.5%	0.0%
Optometry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	16.5%	16.5%	0.0%
All Provider Types	4.4%	$91,842,130	0.4%	3.5% - 5.3%	4.1%	12.0%	11.8%	0.0%

WPS WI/IL/MI/MN 00951/00952/00953/00954

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Internal Medicine	7.3%	$73,208,494	3.8%	(0.1%) - 14.8%	6.4%	15.9%	15.2%	0.1%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	9.7%	$30,303,686	10.5%	(11.0%) - 30.3%	9.7%	13.0%	13.0%	0.0%
Cardiology	4.9%	$28,178,071	4.9%	(4.8%) - 14.6%	4.3%	16.7%	16.3%	0.0%
Family Practice	6.1%	$23,639,338	5.2%	(4.0%) - 16.3%	5.0%	19.1%	18.4%	0.0%
Urology	11.8%	$20,960,935	11.4%	(10.5%) - 34.0%	11.6%	33.5%	32.5%	0.0%
Nephrology	17.9%	$19,936,858	27.7%	(36.4%) - 72.2%	15.2%	20.9%	18.5%	0.0%
Hematology/Oncology	3.0%	$15,085,082	4.6%	(6.1%) - 12.1%	2.9%	8.3%	8.3%	0.0%
All Provider Types With Less Than 30 Lines	2.5%	$13,270,586	3.2%	(3.7%) - 8.6%	2.5%	22.4%	22.4%	0.0%
Podiatry	7.1%	$12,879,049	9.8%	(12.2%) - 26.4%	2.9%	15.1%	13.6%	0.0%

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Orthopedic Surgery	5.2%	$11,995,021	13.0%	(20.2%) - 30.7%	2.3%	24.7%	23.3%	0.0%
General Surgery	8.9%	$11,736,131	7.8%	(6.3%) - 24.1%	7.9%	29.7%	29.3%	0.7%
Diagnostic Radiology	2.6%	$10,705,012	4.1%	(5.4%) - 10.7%	1.4%	9.0%	8.1%	0.0%
Emergency Medicine	5.6%	$10,584,097	6.0%	(6.1%) - 17.3%	4.8%	12.2%	11.5%	0.0%
Physical Medicine and Rehabilitation	14.5%	$7,695,001	18.8%	(22.4%) - 51.4%	8.2%	21.8%	17.4%	0.0%
Dermatology	4.0%	$7,029,837	6.4%	(8.6%) - 16.6%	4.0%	6.4%	6.4%	0.0%
Neurology	5.5%	$7,027,900	12.1%	(18.2%) - 29.3%	5.1%	8.2%	7.4%	0.0%
Chiropractic	7.8%	$6,336,594	9.1%	(10.1%) - 25.7%	7.8%	28.0%	28.0%	0.0%
Pulmonary Disease	5.4%	$6,158,979	17.5%	(28.8%) - 39.7%	5.2%	8.5%	8.1%	0.0%
Physical Therapist in Private Practice	15.2%	$5,799,180	36.3%	(56.0%) - 86.3%	15.2%	39.3%	39.3%	0.0%
General Practice	8.9%	$5,744,220	13.3%	(17.2%) - 34.9%	8.9%	9.7%	9.7%	0.0%
Ophthalmology	1.3%	$5,733,935	2.1%	(2.8%) - 5.3%	1.3%	11.7%	11.7%	1.0%
Anesthesiology	3.6%	$4,860,544	15.5%	(26.8%) - 33.9%	3.6%	20.4%	20.4%	0.0%
Otolaryngology	7.2%	$4,726,428	8.8%	(10.1%) - 24.5%	7.2%	17.3%	17.3%	0.0%
Optometry	9.3%	$4,369,686	15.8%	(21.7%) - 40.2%	9.3%	23.7%	23.7%	0.0%
Obstetrics/Gynecology	12.4%	$4,122,872	10.3%	(7.8%) - 32.6%	12.4%	49.2%	49.2%	0.0%
Psychiatry	4.5%	$3,616,143	17.4%	(29.6%) - 38.7%	0.0%	9.3%	5.6%	0.0%
Gastroenterology	2.4%	$3,106,377	5.6%	(8.7%) - 13.4%	2.1%	6.1%	5.8%	0.0%
Infectious Disease	5.4%	$2,611,574	5.0%	(4.4%) - 15.1%	5.4%	20.4%	20.4%	0.0%
Rheumatology	3.8%	$2,530,482	9.5%	(14.8%) - 22.3%	3.8%	5.5%	5.5%	0.0%
Clinical Laboratory (Billing Independently)	1.5%	$2,095,784	2.4%	(3.2%) - 6.2%	1.0%	11.3%	10.9%	0.0%
Clinical Psychologist	3.2%	$1,583,452	7.1%	(10.7%) - 17.1%	3.2%	15.1%	15.1%	0.0%
Pathology	1.0%	$789,477	2.2%	(3.2%) - 5.2%	1.0%	19.2%	19.2%	0.0%
Physician Assistant	1.4%	$572,519	2.9%	(4.3%) - 7.1%	1.4%	2.3%	2.3%	0.0%
Nurse Practitioner	0.6%	$188,356	2.2%	(3.7%) - 4.9%	0.0%	5.7%	4.8%	0.0%
Medical Oncology	0.0%	$17,475	0.0%	(0.1%) - 0.1%	0.0%	2.3%	2.3%	0.0%
Mass Immunization Roster Billers (Mass Immunizers have to roster bill assigned claims and can only bill for immunizations)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	5.6%	5.6%	0.0%
Multi-specialty Clinic or Group Practice	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	5.1%	5.1%	0.0%
Portable X-Ray Supplier (Billing Independently)	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	12.5%	12.5%	0.0%
Radiation Oncology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	5.6%	5.6%	0.0%
All Provider Types	5.1%	$369,199,174	1.5%	2.1% - 8.1%	4.4%	15.8%	15.3%	0.1%

DMERC

AdminaStar - Region B 00635

DMERC Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Pharmacy	8.0%	$67,428,304	1.1%	5.8% - 10.2%	6.7%	18.9%	17.9%	0.1%
Medical supply company not included in 51, 52, or 53	3.5%	$22,446,750	0.9%	1.7% - 5.2%	3.2%	13.0%	12.7%	0.0%
Medical Supply Company with Respiratory Therapist	3.1%	$7,667,132	1.1%	1.0% - 5.3%	2.5%	11.4%	10.9%	0.0%
Podiatry	30.2%	$6,339,827	14.6%	1.5% - 58.8%	30.2%	48.2%	48.2%	0.0%
All Provider Types With Less Than 30 Lines	2.9%	$3,455,445	1.6%	(0.2%) - 6.0%	1.3%	8.2%	6.7%	0.0%
Individual orthotic personnel certified by an accrediting organization	8.4%	$2,677,771	6.5%	(4.3%) - 21.1%	8.4%	50.4%	50.4%	0.0%
Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization	0.5%	$244,579	0.6%	(0.6%) - 1.6%	0.0%	3.6%	3.1%	0.0%
Ophthalmology	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	8.8%	8.8%	0.0%
Optometry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	29.8%	29.8%	0.0%
All Provider Types	5.6%	$110,259,808	0.7%	4.3% - 6.9%	4.7%	16.4%	15.7%	0.0%

TriCenturion – Region A 77011

DMERC Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Pharmacy	9.1%	$42,448,944	2.5%	4.3% - 14.0%	4.7%	15.3%	11.5%	0.0%
Medical supply company not included in 51, 52, or 53	6.8%	$35,663,766	1.4%	4.2% - 9.5%	4.3%	11.7%	9.4%	0.0%
Medical Supply Company with Respiratory Therapist	4.8%	$7,901,853	1.8%	1.3% - 8.3%	4.1%	9.8%	9.2%	0.0%
All Provider Types With Less Than 30 Lines	7.4%	$7,198,308	3.7%	0.2% - 14.7%	3.8%	10.7%	7.3%	0.0%
Individual orthotic personnel certified by an accrediting organization	3.2%	$1,514,938	3.8%	(4.3%) - 10.7%	3.2%	7.0%	7.0%	0.0%
Ophthalmology	9.1%	$534,666	8.7%	(8.0%) - 26.1%	9.1%	9.1%	9.1%	0.0%
Optician	8.6%	$470,802	8.4%	(7.8%) - 25.0%	0.0%	17.8%	10.9%	0.0%
Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	32.5%	32.5%	0.0%
Optometry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	19.8%	19.8%	0.0%
All Provider Types	7.3%	$95,733,277	1.1%	5.1% - 9.5%	4.3%	12.7%	10.1%	0.0%

Palmetto GBA– Region C 00885

DMERC Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Medical supply company not included in 51, 52, or 53	9.8%	$157,310,589	2.5%	5.0% - 14.7%	5.0%	21.8%	15.5%	0.0%
Pharmacy	8.7%	$135,468,400	1.8%	5.2% - 12.2%	6.6%	17.7%	15.8%	0.0%
Unknown Supplier/Provider	89.6%	$65,578,464	7.6%	74.8% -104.4%	0.0%	93.4%	84.3%	0.0%
All Provider Types With Less Than 30 Lines	13.9%	$49,292,154	9.1%	(3.9%) - 31.8%	3.9%	24.8%	17.3%	0.0%
Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization	23.7%	$38,542,032	23.7%	(22.7%) - 70.1%	0.4%	23.7%	0.4%	0.0%
Medical Supply Company with Respiratory Therapist	8.0%	$28,150,502	4.7%	(1.2%) - 17.1%	1.5%	18.3%	13.2%	0.0%
Ophthalmology	3.8%	$587,389	3.8%	(3.7%) - 11.2%	3.8%	6.5%	6.5%	0.0%
All Provider Types	11.5%	$474,929,530	1.9%	7.8% - 15.2%	5.1%	22.0%	15.9%	0.0%

CIGNA – Region D 05655

DMERC Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
Pharmacy	8.9%	$55,752,517	1.9%	5.2% - 12.6%	7.6%	17.5%	16.4%	0.0%
Medical supply company not included in 51, 52, or 53	3.1%	$21,672,303	0.9%	1.3% - 4.9%	2.7%	9.7%	9.3%	0.0%
All Provider Types With Less Than 30 Lines	8.4%	$14,075,495	4.9%	(1.2%) - 17.9%	7.9%	25.9%	25.6%	0.0%
Medical Supply Company with Respiratory Therapist	4.4%	$7,396,617	1.5%	1.4% - 7.5%	2.8%	11.5%	10.1%	0.0%
Optometry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	18.4%	18.4%	0.0%
Podiatry	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	21.1%	21.1%	0.0%
All Provider Types	5.8%	$98,896,933	1.0%	3.9% - 7.7%	5.0%	14.7%	14.0%	0.0%

FI

AdminaStar IN/IL/KY/OH 00130/00131/00160/00332

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
SNF	4.1%	$98,776,587	8.7%	(12.8%) - 21.1%	4.1%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.9%	$70,451,935	3.0%	(3.0%) - 8.7%	2.8%	0.0%
ESRD	2.4%	$11,366,115	7.8%	(12.9%) - 17.7%	0.7%	0.0%
Other FI Service Types	2.5%	$6,204,478	3.8%	(5.0%) - 10.0%	1.9%	0.0%
RHCs	1.9%	$193,879	4.4%	(6.8%) - 10.6%	1.0%	0.0%
Non-PPS Hospital In-patient	0.0%	$19,582	0.0%	(0.0%) - 0.0%	0.0%	0.0%
All Provider Types	3.2%	$187,012,576	3.2%	(3.0%) - 9.4%	3.0%	0.0%

Anthem MA/ME 00180/00181

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	3.6%	$24,882,710	1.8%	0.1% - 7.0%	3.4%	0.0%
HHA	1.8%	$8,285,892	1.4%	(1.0%) - 4.7%	1.8%	0.0%
SNF	2.9%	$5,241,036	3.0%	(3.0%) - 8.8%	2.8%	0.0%
Other FI Service Types	7.6%	$1,577,231	15.1%	(22.0%) - 37.2%	7.6%	3.7%
All Codes With Less Than 30 Lines	0.9%	$1,150,784	3.3%	(5.5%) - 7.3%	0.9%	0.0%
ESRD	0.2%	$326,396	0.2%	(0.2%) - 0.6%	0.2%	0.0%
RHCs	0.2%	$15,175	0.2%	(0.2%) - 0.7%	0.2%	0.0%
Hospice	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	2.2%	$41,479,224	1.1%	0.1% - 4.3%	2.1%	0.1%

Anthem NH/VT 00270

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.2%	$1,724,632	0.4%	0.5% - 1.9%	1.2%	0.0%
SNF	1.9%	$1,142,146	0.9%	0.1% - 3.6%	1.9%	0.0%
All Codes With Less Than 30	5.0%	$718,249	4.8%	(4.3%) - 14.4%	5.0%	0.0%

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
Lines						
RHCs	1.4%	$71,812	0.9%	(0.4%) - 3.3%	0.8%	0.0%
Other FI Service Types	0.2%	$60,188	0.1%	(0.1%) - 0.5%	0.2%	0.0%
Non-PPS Hospital In-patient	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	1.2%	$3,717,028	0.3%	0.5% - 1.9%	1.2%	0.0%

Cahaba GBA AL 00010

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	6.3%	$52,078,181	3.5%	(0.6%) - 13.2%	6.1%	0.1%
SNF	1.9%	$4,002,210	0.7%	0.5% - 3.3%	1.8%	0.0%
Other FI Service Types	3.0%	$3,418,879	1.4%	0.3% - 5.7%	2.6%	9.6%
All Codes With Less Than 30 Lines	0.1%	$112,837	0.1%	(0.1%) - 0.4%	0.1%	0.0%
RHCs	1.6%	$59,180	1.6%	(1.5%) - 4.7%	0.0%	0.0%
All Provider Types	4.8%	$59,671,288	2.4%	0.1% - 9.4%	4.6%	0.9%

BCBS AR AR 00020

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	6.5%	$12,621,068	2.1%	2.3% - 10.6%	5.8%	0.0%
SNF	6.9%	$4,227,476	3.1%	0.9% - 13.0%	6.9%	0.0%
Other FI Service Types	4.4%	$726,090	1.3%	1.8% - 7.0%	4.4%	4.2%
RHCs	0.9%	$33,175	0.9%	(0.9%) - 2.8%	0.0%	0.0%
Non-PPS Hospital In-patient	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	4.8%	$17,607,810	1.3%	2.2% - 7.4%	4.4%	0.4%

BCBS AZ 00030

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
SNF	9.7%	$5,125,856	5.3%	(0.7%) - 20.1%	9.7%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.6%	$4,186,172	0.6%	1.5% - 3.7%	2.5%	0.0%
Other FI Service Types	1.6%	$137,309	1.1%	(0.6%) - 3.8%	0.6%	0.0%
All Codes With Less Than 30 Lines	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
ESRD	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	3.2%	$9,449,337	1.1%	1.1% - 5.3%	3.1%	0.0%

First Coast Service Options FL 00090

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	5.7%	$52,069,147	1.2%	3.4% - 8.0%	4.5%	0.0%
SNF	3.8%	$27,430,319	1.4%	0.9% - 6.6%	3.7%	0.0%
All Codes With Less Than 30 Lines	15.4%	$16,790,453	10.1%	(4.4%) - 35.3%	15.4%	2.9%
Other FI Service Types	4.4%	$11,756,284	1.9%	0.7% - 8.1%	2.2%	0.0%
All Provider Types	5.4%	$108,046,203	1.0%	3.4% - 7.3%	4.5%	0.0%

BCBS GA 00101

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
ESRD	2.4%	$26,362,126	0.8%	0.8% - 4.1%	2.4%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	3.2%	$15,045,822	0.8%	1.7% - 4.7%	2.6%	0.1%
Other FI Service Types	8.0%	$2,739,830	5.8%	(3.5%) - 19.4%	2.2%	7.9%
All Codes With Less Than 30 Lines	2.5%	$2,409,356	2.6%	(2.6%) - 7.6%	2.5%	0.0%
RHCs	2.1%	$84,239	2.1%	(2.0%) - 6.2%	0.0%	0.0%
All Provider Types	2.8%	$46,641,372	0.6%	1.6% - 4.0%	2.5%	0.5%

Cahaba GBA IA/SD 00011

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
HHA	1.5%	$17,669,374	0.6%	0.4% - 2.6%	1.5%	0.0%
SNF	12.7%	$17,233,907	8.2%	(3.4%) - 28.8%	12.2%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	3.1%	$8,504,146	1.2%	0.9% - 5.4%	2.1%	0.0%
Hospice	1.1%	$6,384,127	0.8%	(0.5%) - 2.7%	1.1%	0.0%
Other FI Service Types	4.0%	$3,191,881	3.1%	(2.2%) - 10.2%	3.9%	0.4%
All Codes With Less Than 30 Lines	2.4%	$1,364,646	2.0%	(1.5%) - 6.4%	2.4%	0.0%
Non-PPS Hospital In-patient	0.0%	$46,522	0.0%	(0.0%) - 0.1%	0.0%	0.0%
RHCs	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	2.2%	$54,394,603	0.6%	1.0% - 3.4%	2.1%	0.0%

BCBS KS 00150

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
Non-PPS Hospital In-patient	12.8%	$8,305,975	11.8%	(10.4%) - 36.0%	0.0%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	4.4%	$7,897,843	2.2%	0.0% - 8.7%	4.4%	0.0%
SNF	7.2%	$5,395,073	3.0%	1.4% - 13.0%	7.2%	0.0%
All Codes With Less Than 30 Lines	8.7%	$1,463,945	6.0%	(3.2%) - 20.5%	8.7%	0.0%
Other FI Service Types	0.7%	$358,929	0.3%	0.1% - 1.2%	0.7%	0.0%
RHCs	1.9%	$203,072	0.9%	0.2% - 3.6%	1.4%	0.0%
All Provider Types	5.9%	$23,624,838	2.3%	1.4% - 10.3%	3.9%	0.0%

Trispan MS/LA/MO 00230

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
SNF	3.9%	$19,425,434	1.7%	0.7% - 7.2%	3.9%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.8%	$9,646,074	0.4%	1.0% - 2.6%	1.5%	0.0%
Other FI Service Types	1.7%	$1,560,011	0.8%	0.0% - 3.4%	1.7%	2.3%
RHCs	1.8%	$425,993	1.0%	(0.1%) - 3.7%	0.8%	0.0%
ESRD	0.1%	$140,097	0.1%	(0.1%) - 0.3%	0.1%	0.0%

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
All Codes With Less Than 30 Lines	0.0%	$21,478	0.0%	(0.0%) - 0.1%	0.0%	0.0%
All Provider Types	2.3%	$31,219,088	0.6%	1.0% - 3.5%	2.1%	0.2%

BCBS MT 00250

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
Other FI Service Types	4.2%	$1,080,293	2.9%	(1.5%) - 10.0%	4.2%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.1%	$756,073	0.4%	0.3% - 1.9%	0.7%	0.0%
SNF	0.7%	$174,217	0.4%	(0.0%) - 1.5%	0.7%	0.0%
Non-PPS Hospital In-patient	0.4%	$141,011	0.4%	(0.3%) - 1.2%	0.4%	0.0%
RHCs	0.5%	$21,291	0.5%	(0.4%) - 1.3%	0.5%	0.0%
All Codes With Less Than 30 Lines	0.1%	$8,172	0.1%	(0.1%) - 0.2%	0.1%	0.0%
All Provider Types	1.3%	$2,181,055	0.5%	0.3% - 2.3%	1.2%	0.0%

Palmetto GBA NC 00382

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	4.4%	$25,524,931	1.1%	2.4% - 6.5%	4.3%	0.1%
SNF	7.4%	$21,221,413	3.4%	0.8% - 14.0%	7.4%	0.0%
All Codes With Less Than 30 Lines	9.6%	$13,469,215	9.8%	(9.7%) - 28.9%	9.6%	0.0%
Other FI Service Types	20.9%	$6,518,810	9.5%	2.3% - 39.5%	20.9%	0.0%
ESRD	0.0%	$48,017	0.0%	(0.0%) - 0.1%	0.0%	2.0%
All Provider Types	5.7%	$66,782,386	1.5%	2.7% - 8.6%	5.6%	0.1%

BCBS NE 00260

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.8%	$1,781,085	1.9%	(0.8%) - 6.5%	2.8%	0.0%
All Codes With Less Than 30 Lines	1.2%	$135,961	1.2%	(1.2%) - 3.6%	1.2%	0.0%
Other FI Service Types	0.1%	$62,510	0.1%	(0.0%) - 0.3%	0.1%	2.1%
Non-PPS Hospital In-patient	0.0%	$6,662	0.0%	(0.0%) - 0.0%	0.0%	0.0%
RHCs	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	1.0%	$1,986,218	0.6%	(0.2%) - 2.1%	0.9%	0.7%

BCBS AR RI 00021

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	3.8%	$2,357,640	0.7%	2.4% - 5.2%	3.7%	0.0%
SNF	4.4%	$2,290,625	1.9%	0.8% - 8.1%	4.0%	0.0%
All Codes With Less Than 30 Lines	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	81.0%
All Provider Types	3.6%	$4,648,265	0.9%	1.8% - 5.4%	3.4%	0.8%

Palmetto GBA SC 00380

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
HHA	2.3%	$105,925,228	0.5%	1.3% - 3.4%	2.3%	0.0%
Hospice	2.9%	$88,678,754	1.1%	0.7% - 5.0%	2.7%	0.6%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	5.3%	$15,587,942	2.5%	0.4% - 10.1%	3.2%	0.2%
All Codes With Less Than 30 Lines	4.4%	$11,871,952	3.2%	(1.9%) - 10.8%	4.4%	1.6%
All Provider Types	2.7%	$222,063,876	0.5%	1.7% - 3.7%	2.6%	0.2%

BCBS WY 00460

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	9.8%	$2,184,113	2.3%	5.2% - 14.4%	9.1%	0.0%
SNF	18.9%	$1,367,363	12.5%	(5.6%) - 43.3%	18.8%	0.0%
ESRD	9.6%	$269,663	5.6%	(1.4%) - 20.6%	5.9%	0.0%
Other FI Service Types	1.0%	$101,483	0.3%	0.4% - 1.7%	0.8%	16.0%
RHCs	2.4%	$8,910	1.7%	(1.0%) - 5.7%	2.4%	0.0%
Non-PPS Hospital In-patient	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	7.4%	$3,931,533	2.2%	3.1% - 11.7%	6.9%	5.0%

CareFirst MD/DC 00190

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
SNF	4.3%	$71,094,950	1.2%	2.1% - 6.6%	4.3%	0.0%
Non-PPS Hospital In-patient	2.5%	$26,787,272	0.9%	0.6% - 4.3%	2.1%	0.0%
Other FI Service Types	25.1%	$7,394,840	7.8%	9.8% - 40.4%	24.8%	15.5%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	4.0%	$4,760,096	1.4%	1.2% - 6.8%	3.4%	0.0%
All Codes With Less Than 30 Lines	3.2%	$3,599,162	2.2%	(1.2%) - 7.5%	3.2%	0.0%
Free Standing Ambulatory Surgery	1.3%	$2,757,616	0.9%	(0.5%) - 3.2%	0.7%	0.0%
All Provider Types	3.7%	$116,393,936	0.7%	2.2% - 5.1%	3.5%	0.6%

COSVI PR/VI 57400

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	8.9%	$5,717,467	1.9%	5.2% - 12.6%	6.0%	0.1%
All Codes With Less Than 30 Lines	20.2%	$1,428,984	9.6%	1.3% - 39.1%	16.5%	46.9%
ESRD	7.7%	$901,559	3.9%	0.1% - 15.4%	5.3%	0.0%
Non-PPS Hospital In-patient	1.7%	$221,574	1.3%	(0.9%) - 4.3%	1.5%	0.0%
All Provider Types	8.6%	$8,269,584	1.6%	5.5% - 11.8%	6.1%	1.1%

Empire NY/CT/DE 00308

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	3.1%	$58,087,443	0.7%	1.6% - 4.5%	2.6%	0.0%
SNF	0.7%	$10,838,463	0.3%	0.1% - 1.2%	0.7%	0.0%
ESRD	2.2%	$8,746,882	1.6%	(1.0%) - 5.4%	2.0%	0.0%
All Codes With Less Than 30 Lines	1.6%	$977,733	1.7%	(1.7%) - 5.0%	1.3%	0.0%
All Provider Types	2.0%	$78,650,521	0.4%	1.1% - 2.8%	1.7%	0.0%

Chisholm OK 00340

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
All Codes With Less Than 30 Lines	17.6%	$4,948,994	11.8%	(5.4%) - 40.7%	17.6%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.2%	$4,860,778	0.7%	0.9% - 3.6%	2.2%	0.0%
Other FI Service Types	1.5%	$284,896	0.8%	(0.1%) - 3.1%	1.5%	6.8%
RHCs	4.1%	$80,896	2.9%	(1.6%) - 9.9%	2.6%	0.0%
Non-PPS Hospital In-patient	0.1%	$37,948	0.1%	(0.1%) - 0.2%	0.1%	0.0%
All Provider Types	3.1%	$10,213,512	1.3%	0.5% - 5.6%	3.0%	0.6%

Veritus PA 00363

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
SNF	4.5%	$36,031,562	1.9%	0.8% - 8.2%	3.9%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.7%	$17,561,515	0.9%	1.0% - 4.4%	2.5%	0.0%
All Codes With Less Than 30 Lines	2.4%	$5,802,647	2.9%	(3.2%) - 8.0%	2.4%	0.0%
Other FI Service Types	7.4%	$3,975,920	4.3%	(1.0%) - 15.9%	6.6%	1.4%
RHCs	4.5%	$740,319	1.8%	0.9% - 8.1%	1.8%	0.0%
All Provider Types	3.6%	$64,111,963	1.0%	1.6% - 5.7%	3.2%	0.0%

Mutual of Omaha (all states) 52280

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
SNF	4.7%	$187,713,479	1.4%	2.0% - 7.4%	3.7%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	5.7%	$168,545,962	1.6%	2.6% - 8.7%	4.6%	0.0%
Other FI Service Types	5.4%	$6,178,907	2.8%	(0.1%) - 10.8%	4.7%	13.7%
RHCs	3.0%	$418,508	2.9%	(2.8%) - 8.7%	3.0%	0.0%
All Codes With Less Than 30 Lines	0.1%	$361,627	0.1%	(0.1%) - 0.3%	0.1%	0.0%
All Provider Types	4.9%	$363,218,483	1.0%	3.0% - 6.8%	3.9%	0.5%

Noridian MN/ND 00320/00321

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
All Codes With Less Than 30 Lines	19.0%	$5,123,811	20.8%	(21.7%) - 59.7%	18.4%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.1%	$4,366,127	1.2%	(1.2%) - 3.5%	0.9%	0.0%
SNF	0.5%	$1,477,127	2.6%	(4.5%) - 5.6%	0.5%	0.0%
Other FI Service Types	0.7%	$488,686	0.5%	(0.4%) - 1.7%	0.7%	0.1%
RHCs	0.6%	$65,443	0.9%	(1.3%) - 2.4%	0.0%	0.0%
Non-PPS Hospital In-patient	0.0%	$13,785	0.0%	(0.0%) - 0.1%	0.0%	0.0%
All Provider Types	1.3%	$11,534,979	2.0%	(2.5%) - 5.1%	1.2%	0.0%

Noridian WA/AK 00322

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	5.5%	$12,556,093	1.5%	2.6% - 8.4%	4.3%	0.1%
Other FI Service Types	4.9%	$2,514,912	3.1%	(1.1%) - 10.9%	4.4%	1.9%
SNF	2.7%	$1,350,768	1.9%	(1.1%) - 6.4%	2.7%	0.0%
RHCs	2.7%	$336,002	1.1%	0.5% - 4.9%	0.8%	0.0%
Non-PPS Hospital In-patient	0.0%	$15,577	0.0%	(0.0%) - 0.0%	0.0%	0.0%
ESRD	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	3.3%	$16,773,352	0.8%	1.7% - 4.9%	2.6%	0.2%

Medicare Northwest ID/OR/UT 00350

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	5.8%	$20,492,337	2.5%	0.8% - 10.7%	5.2%	0.0%
ESRD	16.4%	$10,068,093	7.7%	1.3% - 31.5%	12.1%	0.0%
SNF	4.5%	$8,844,047	2.4%	(0.2%) - 9.3%	1.3%	0.0%
Other FI Service Types	1.1%	$874,818	0.5%	0.2% - 2.0%	0.9%	1.7%
Non-PPS Hospital In-patient	0.0%	$9,855	0.0%	(0.0%) - 0.0%	0.0%	0.0%
RHCs	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	5.2%	$40,289,151	1.5%	2.3% - 8.2%	3.8%	0.2%

Riverbend NJ/TN 00390

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	7.8%	$77,112,777	2.8%	2.4% - 13.2%	7.4%	0.0%
SNF	4.1%	$37,419,455	1.5%	1.2% - 7.0%	4.1%	0.0%
ESRD	7.7%	$25,399,652	4.7%	(1.6%) - 17.0%	7.5%	0.0%
Other FI Service Types	11.0%	$5,288,175	8.0%	(4.8%) - 26.7%	11.0%	3.7%
RHCs	1.5%	$2,203,660	0.5%	0.6% - 2.4%	0.9%	0.0%
All Codes With Less Than 30 Lines	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	5.7%	$147,423,720	1.4%	3.0% - 8.4%	5.5%	0.1%

Trailblazer TX/CO/NM 00400

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	4.7%	$54,240,891	1.0%	2.8% - 6.6%	3.5%	0.0%
SNF	7.7%	$25,080,477	4.6%	(1.2%) - 16.7%	7.7%	0.0%
ESRD	1.0%	$16,057,889	0.5%	(0.0%) - 2.1%	1.0%	0.0%
Other FI Service Types	1.9%	$2,029,606	0.9%	0.1% - 3.6%	1.6%	12.6%
RHCs	1.2%	$743,241	0.7%	(0.2%) - 2.7%	1.2%	0.0%
Non-PPS Hospital In-patient	0.2%	$109,357	0.2%	(0.3%) - 0.7%	0.2%	0.0%
All Codes With Less Than 30 Lines	0.0%	$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	3.0%	$98,261,460	0.6%	1.8% - 4.3%	2.6%	0.9%

UGS AS/CA/GU/HI/NV/NMI 00454

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	5.7%	$71,707,216	1.4%	2.9% - 8.4%	4.4%	0.0%
SNF	9.9%	$71,016,848	5.6%	(1.0%) - 20.8%	9.9%	0.0%
ESRD	2.3%	$15,898,843	1.4%	(0.4%) - 5.0%	2.3%	0.0%
HHA	1.7%	$12,539,106	1.1%	(0.5%) - 3.8%	1.7%	0.0%
Hospice	1.8%	$12,335,941	1.8%	(1.7%) - 5.2%	1.8%	0.0%
Other FI Service Types	9.2%	$2,977,113	5.1%	(0.7%) - 19.2%	9.2%	0.0%
RHCs	3.1%	$364,474	3.1%	(2.9%) - 9.2%	0.0%	0.0%
All Codes With Less Than 30 Lines	0.0%	$31,742	0.0%	(0.0%) - 0.0%	0.0%	0.0%
All Provider Types	4.2%	$186,871,283	1.1%	2.0% - 6.3%	3.8%	0.0%

UGS MI/WI 00450/00452

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
SNF	7.6%	$56,614,718	7.7%	(7.5%) - 22.6%	7.6%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.9%	$40,044,952	1.6%	(0.3%) - 6.1%	2.5%	0.0%
Other FI Service Types	4.1%	$8,902,702	3.5%	(2.9%) - 11.0%	4.0%	0.0%
FQHC	3.0%	$7,539,207	0.8%	1.5% - 4.5%	1.4%	0.0%
Hospice	0.8%	$5,314,555	0.7%	(0.6%) - 2.2%	0.7%	0.0%
All Codes With Less Than 30 Lines	1.2%	$4,547,489	1.6%	(2.0%) - 4.4%	0.9%	0.0%
HHA	0.1%	$1,730,012	0.1%	(0.0%) - 0.2%	0.1%	0.0%
RHCs	0.8%	$122,196	1.1%	(1.3%) - 2.9%	0.0%	0.0%
All Provider Types	2.3%	$124,815,832	1.5%	(0.6%) - 5.2%	2.1%	0.0%

UGS VA/WV 00453

FI Provider Type	Paid/Allowed Claims Error Rate					No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.4%	$14,542,199	0.7%	1.1% - 3.7%	2.2%	0.0%
SNF	2.7%	$10,975,023	1.4%	(0.0%) - 5.4%	2.7%	0.0%
All Codes With Less Than 30 Lines	2.3%	$2,604,925	2.2%	(2.0%) - 6.5%	2.3%	0.0%
RHCs	11.3%	$428,740	5.6%	0.5% - 22.2%	3.0%	0.0%
Other FI Service Types	1.3%	$394,587	1.3%	(1.3%) - 4.0%	0.0%	17.3%
All Provider Types	2.5%	$28,945,475	0.6%	1.3% - 3.8%	2.3%	0.9%

Appendix E –No Documentation Information

The tables in this section of the appendix provide no documentation information.

Tables E1 – E4 provide rates for:

1) All No Documentation claims;
2) No Documentation claims with less than $100 billed; and
3) No Documentation claims with $100 or more billed.

The no documentation rates in the tables below are different than the no documentation rate elsewhere in the report and appendices. The rates in these tables are based on the ratio of the dollar value of medical records not received to the dollar value of medical records requested. In the rest of the report and appendices, this rate does not count claims with no documentation errors.

The table is sorted by the overall error rate. All estimates in this table are based on a minimum of 30 claims in the sample.

E1: Overall Rates for No Documentation

	All		Less than $100		$100 or more	
Carrier/DMERC/FI	Paid No Doc Rate	95% Confidence Interval	Paid No Doc Rate Less Than $100	95% Confidence interval	Paid No Doc Rate Greater Than or Equal to $100	95% Confidence Interval
Overall	1.0%	0.6% - 1.5%	1.3%	1.2% - 1.4%	1.0%	0.4% - 1.5%

E2: Carrier Rates for No Documentation

	All		Less than $100		$100 or more	
Carrier Cluster	Paid No Doc Rate	95% Confidence Interval	Paid No Doc Rate Less Than $100	95% Confidence interval	Paid No Doc Rate Greater Than or Equal to $100	95% Confidence Interval
First Coast Service Options FL 00590	5.8%	(2.2%) - 13.7%	2.4%	1.5% - 3.2%	8.2%	(4.9%) - 21.2%
Palmetto GBA OH/WV 00883/00884	1.5%	0.9% - 2.0%	3.0%	2.0% - 4.1%	0.2%	(0.1%) - 0.5%
First Coast Service Options CT 00591	1.4%	0.7% - 2.2%	2.1%	1.1% - 3.1%	0.9%	0.1% - 1.7%
BCBS AR RI 00524	1.2%	0.7% - 1.8%	1.7%	0.9% - 2.4%	0.8%	0.2% - 1.4%
Triple S, Inc. PR/VI 00973/00974	1.2%	(0.3%) - 2.7%	1.5%	(1.3%) - 4.2%	0.9%	(0.5%) - 2.3%
GHI NY 14330	1.2%	0.3% - 2.0%	1.4%	0.7% - 2.1%	0.9%	(0.5%) - 2.3%
Palmetto GBA SC 00880	1.1%	0.2% - 1.9%	1.1%	0.5% - 1.8%	1.0%	(0.4%) - 2.4%
Noridian AK/AZ/AS/CNMI/GU/HI/NV/OR/WA 00831/00832/00833/00834/00835/00836	1.0%	0.0% - 2.0%	1.8%	0.1% - 3.5%	0.5%	(0.5%) - 1.6%

Carrier Cluster	All		Less than $100		$100 or more	
	Paid No Doc Rate	95% Confidence Interval	Paid No Doc Rate Less Than $100	95% Confidence interval	Paid No Doc Rate Greater Than or Equal to $100	95% Confidence Interval
NHIC CA 31140/31146	1.0%	(0.1%) - 2.1%	1.7%	(0.0%) - 3.3%	0.6%	(0.4%) - 1.6%
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889	1.0%	(0.2%) - 2.1%	1.3%	(0.2%) - 2.9%	0.7%	(0.6%) - 2.0%
BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/00528	0.8%	(0.4%) - 2.1%	1.3%	(0.7%) - 3.3%	0.5%	(1.1%) - 2.0%
Empire NY 00803	0.8%	0.3% - 1.4%	1.0%	0.3% - 1.8%	0.7%	0.2% - 1.2%
BCBS KS KS/NE/ W MO 00650/00655/00651	0.8%	(0.2%) - 1.8%	1.1%	(0.1%) - 2.3%	0.6%	(0.8%) - 1.9%
CIGNA TN 05440	0.8%	0.4% - 1.2%	1.0%	0.4% - 1.5%	0.7%	0.1% - 1.2%
WPS WI/IL/MI/MN 00951/00952/00953/00954	0.8%	(0.4%) - 1.9%	1.0%	(0.5%) - 2.5%	0.5%	(1.1%) - 2.2%
AdminaStar IN/KY 00630/00660	0.7%	(0.5%) - 1.9%	0.9%	(0.2%) - 2.0%	0.6%	(1.5%) - 2.6%
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904	0.7%	(0.3%) - 1.7%	0.9%	(0.5%) - 2.3%	0.5%	(0.7%) - 1.7%
BCBS UT 00910	0.6%	0.3% - 1.0%	0.8%	0.3% - 1.3%	0.5%	0.1% - 1.0%
HealthNow NY 00801	0.6%	0.3% - 1.0%	0.8%	0.4% - 1.2%	0.4%	(0.1%) - 1.0%
Empire NJ 00805	0.5%	0.1% - 0.8%	0.8%	0.1% - 1.5%	0.2%	(0.1%) - 0.5%
CIGNA NC 05535	0.5%	0.1% - 0.8%	0.6%	0.2% - 1.0%	0.3%	(0.1%) - 0.8%
HGSA PA 00865	0.4%	0.1% - 0.7%	0.6%	0.2% - 0.9%	0.2%	(0.2%) - 0.7%
BCBS MT 00751	0.4%	0.1% - 0.6%	0.9%	0.3% - 1.5%	0.0%	0.0% - 0.0%
Trailblazer TX 00900	0.4%	0.1% - 0.6%	0.4%	0.1% - 0.7%	0.3%	(0.0%) - 0.7%
Cahaba GBA AL/GA/MS 00510/00511/00512	0.3%	(0.7%) - 1.3%	0.7%	(0.8%) - 2.2%	0.1%	(0.7%) - 0.9%
NHIC ME/MA/NH/VT 31142/31143/31144/31145	0.3%	0.1% - 0.5%	0.6%	0.3% - 1.0%	0.0%	0.0% - 0.0%
CIGNA ID 05130	0.1%	(0.0%) - 0.2%	0.3%	(0.0%) - 0.6%	0.0%	0.0% - 0.0%
Combined	1.3%	0.4% - 2.1%	1.3%	1.1% - 1.4%	1.3%	(0.2%) - 2.7%

E3: DMERC Rates for No Documentation

DMERC Cluster	All		Less than $100		$100 or more	
	Paid No Doc Rate	95% Confidence Interval	Paid No Doc Rate Less Than $100	95% Confidence interval	Paid No Doc Rate Greater Than or Equal to $100	95% Confidence Interval
Palmetto GBA Region C 00885	6.8%	3.3% - 10.2%	1.7%	0.8% - 2.7%	7.8%	3.7% - 11.9%
Tricenturion Region A 77011	3.1%	1.2% - 5.0%	4.1%	2.7% - 5.5%	2.8%	0.6% - 5.1%
CIGNA Region D 05655	0.9%	0.4% - 1.4%	1.4%	0.6% - 2.2%	0.8%	0.3% - 1.3%
AdminaStar Region B 00635	0.9%	0.4% - 1.4%	2.1%	1.1% - 3.0%	0.6%	0.1% - 1.1%
Combined	3.9%	2.3% - 5.5%	2.1%	1.6% - 2.7%	4.3%	2.4% - 6.2%

E4: FI Rates for No Documentation

FI Cluster	All	Less than $100	$100 or more

	Paid No Doc Rate	95% Confidence Interval	Paid No Doc Rate Less Than $100	95% Confidence interval	Paid No Doc Rate Greater Than or Equal to $100	95% Confidence Interval
COSVI PR/VI 57400	2.8%	1.5% - 4.1%	6.9%	5.4% - 8.4%	2.3%	0.9% - 3.7%
BCBS KS 00150	2.1%	(1.9%) - 6.0%	0.1%	(0.0%) - 0.2%	2.2%	(2.0%) - 6.4%
Medicare Northwest ID/OR/UT 00350	1.5%	0.1% - 2.9%	1.3%	0.6% - 1.9%	1.5%	0.0% - 3.0%
Mutual of Omaha (all states) 52280	1.0%	0.2% - 1.9%	1.1%	0.4% - 1.9%	1.0%	0.2% - 1.9%
First Coast Service Options FL 00090	0.9%	0.2% - 1.5%	2.9%	1.7% - 4.0%	0.8%	0.1% - 1.4%
Noridian AK/WA 00322	0.7%	0.1% - 1.2%	1.9%	0.9% - 2.9%	0.6%	0.0% - 1.2%
BCBS WY 00460	0.6%	0.0% - 1.1%	0.4%	0.0% - 0.8%	0.6%	(0.0%) - 1.2%
Trailblazer CO/NM/TX 00400	0.5%	0.2% - 0.7%	1.9%	1.0% - 2.9%	0.4%	0.1% - 0.7%
Veritus PA 00363	0.4%	(0.1%) - 1.0%	1.3%	0.6% - 2.1%	0.4%	(0.2%) - 1.0%
BCBS AR AR 00020	0.4%	(0.1%) - 0.9%	1.3%	0.5% - 2.0%	0.4%	(0.2%) - 0.9%
UGS AS/CA/GU/HI/NV/NMI 00454	0.4%	0.0% - 0.8%	2.9%	1.7% - 4.1%	0.3%	(0.1%) - 0.7%
BCBS GA 00101	0.3%	0.0% - 0.6%	0.7%	0.1% - 1.4%	0.3%	0.0% - 0.6%
Empire CT/DE/NY 00308	0.3%	(0.1%) - 0.6%	1.1%	0.5% - 1.8%	0.2%	(0.2%) - 0.6%
BCBS AR RI 00021	0.2%	(0.1%) - 0.6%	0.5%	(0.1%) - 1.0%	0.2%	(0.1%) - 0.6%
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332	0.2%	(0.9%) - 1.3%	0.8%	(1.1%) - 2.6%	0.2%	(1.0%) - 1.4%
Riverbend NJ/TN 00390	0.2%	0.1% - 0.4%	1.2%	0.5% - 1.9%	0.1%	(0.0%) - 0.3%
UGS WI/MI 00450/00452	0.2%	(0.0%) - 0.5%	1.3%	0.1% - 2.6%	0.1%	(0.1%) - 0.4%
Carefirst DC/MD 00190	0.2%	0.0% - 0.4%	0.5%	(0.0%) - 1.0%	0.2%	0.0% - 0.4%
UGS VA/WV 00453	0.2%	0.1% - 0.3%	1.0%	0.2% - 1.7%	0.2%	0.0% - 0.3%
Cahaba GBA AL 00010	0.2%	0.0% - 0.3%	1.1%	0.4% - 1.9%	0.1%	(0.0%) - 0.3%
BCBS MT 00250	0.2%	(0.1%) - 0.4%	0.2%	(0.0%) - 0.4%	0.2%	(0.1%) - 0.4%
Cahaba GBA IA/SD 00011	0.2%	(0.0%) - 0.3%	0.2%	(0.1%) - 0.5%	0.2%	(0.0%) - 0.3%
Trispan LA/MO/MS 00230	0.1%	0.0% - 0.3%	1.3%	0.5% - 2.1%	0.1%	(0.0%) - 0.2%
Palmetto GBA SC 00380	0.1%	(0.0%) - 0.3%	0.8%	(0.6%) - 2.1%	0.1%	(0.1%) - 0.3%
Noridian MN/ND 00320/00321	0.1%	(0.1%) - 0.4%	0.8%	(0.1%) - 1.7%	0.1%	(0.2%) - 0.3%
BCBS AZ 00030	0.1%	(0.0%) - 0.2%	0.0%	(0.0%) - 0.0%	0.1%	(0.0%) - 0.2%
Anthem ME/MA 00180/00181	0.1%	(0.0%) - 0.2%	0.8%	(0.5%) - 2.1%	0.0%	(0.1%) - 0.2%
Palmetto GBA NC 00382	0.1%	0.0% - 0.1%	0.9%	0.3% - 1.5%	0.0%	(0.0%) - 0.0%
Chisholm OK 00340	0.0%	(0.0%) - 0.1%	0.2%	(0.1%) - 0.5%	0.0%	(0.0%) - 0.1%
Anthem NH/VT 00270	0.0%	(0.0%) - 0.0%	0.2%	(0.1%) - 0.5%	0.0%	0.0% - 0.0%
BCBS NE 00260	0.0%	(0.0%) - 0.0%	0.0%	(0.0%) - 0.1%	0.0%	(0.0%) - 0.0%
Combined	0.4%	0.3% - 0.5%	1.2%	1.1% - 1.4%	0.3%	0.2% - 0.5%

Tables E5 through E7 present the percentage of projected dollars in error for each category of the Carrier/DMERC/FI no documentation error rate. No documentation issues are defined in the following six categories:

1) Beneficiary Issue - This category included situations in which:

- The provider indicated that no such patient exists, or
- The provider indicated that although this patient exists, no such service was provided to the patient.

2) Wrong Date of Service - For this category, the provider indicated that they did not have a medical record for the date of service in the CERT request, but they do have a medical record for the same service just a few days before or after the service in question. The claim in question may be a duplicate claim.

3) Medical Record Issue - This category includes instances where the provider responded to a CERT documentation request but did not provide a medical record to support payment of a claim. This category includes the following situations:

- The provider indicated that another department within the provider organization is responsible for fulfilling documentation requests,
- The provider indicated they have the medical record but refused to provide it without payment for copying/mailing charges,
- The provider indicated that it is a HIPAA violation to supply the record,
- The provider submitted a statement that the record was destroyed as a result of extenuating circumstances (e.g., fire, flood, explosion),
- The provider indicated in writing that they did not provide a service to the beneficiary on the date indicated on the claim, and
- The provider indicated they have the medical record but refuse to provide it for some other reason.

4) Billing Provider Issue - This category contains the following reasons for no documentation:

- The provider number has been deactivated,
- The provider has gone out of business, or
- The provider commented, but failed to produce a record.

5) Third Party Record - This category contains situations in which the provider indicated that a different provider, a third party, has the relevant medical record.

6) Did Not Respond - No response to any CERT documentation request.

CMS attributed no documentation to multiple factors, including the providers' lack of familiarity with the CERT Review Contractor (as compared to the OIG), concerns about compliance with the Health Insurance Portability and Accountability Act (HIPAA), and cases where documentation did not exist. In some instances, all of the documentation may be located at a third party. If providers fail to contact the third party or the third party fails to submit the documentation, CMS counted the claim as a no documentation error. QIOs have historically had little problem with no documentation errors.

The first column in each table is the percent of total error due to no documentation. The other columns show the distribution of the no documentation rate (i.e., the last six columns add to 100%). The table is sorted by the paid claims error rate for clusters and within clusters by the paid claims error rate for contractors within the cluster.

E5: Type of No Documentation Errors for Carriers

Services Billed to Carriers	Type of No Documentation Error						
	Paid No Doc Rate	Non-Response	Beneficiary Issue	Wrong DOS	Medical Record Issue	Billing Provider Issue	Third Party Record
First Coast Service Options FL 00590	5.8%	90.5%	3.0%	1.2%	1.1%	1.8%	2.3%
Palmetto GBA OH/WV 00883/00884	1.5%	56.5%	15.1%	21.7%	0.0%	5.2%	1.6%
First Coast Service Options CT 00591	1.4%	75.0%	8.3%	0.4%	3.4%	12.9%	0.0%
BCBS AR RI 00524	1.2%	65.7%	17.2%	6.4%	4.3%	6.4%	0.0%
Triple S, Inc. PR/VI 00973/00974	1.2%	18.3%	26.2%	54.1%	0.9%	0.4%	0.1%
GHI NY 14330	1.2%	11.3%	14.1%	13.8%	33.7%	19.6%	7.5%
Palmetto GBA SC 00880	1.1%	7.2%	8.3%	13.0%	20.3%	2.3%	49.0%
Noridian AK/AZ/AS/CNMI/GU/HI/NV/OR/WA 00831/00832/00833/00834/00835/00836	1.0%	52.8%	31.7%	8.0%	4.9%	0.0%	2.6%
NHIC CA 31140/31146	1.0%	43.5%	50.0%	4.7%	0.8%	0.0%	1.0%
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889	1.0%	20.4%	52.9%	5.9%	0.0%	14.1%	6.7%
BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/00528	0.8%	22.2%	34.7%	20.2%	2.6%	4.2%	16.2%
Empire NY 00803	0.8%	7.8%	46.7%	7.2%	37.7%	0.6%	0.0%
BCBS KS KS/NE/ W MO 00650/00655/00651	0.8%	51.9%	27.2%	8.5%	1.2%	11.1%	0.0%
CIGNA TN 05440	0.8%	15.1%	62.0%	3.5%	13.4%	0.0%	6.0%
WPS WI/IL/MI/MN 00951/00952/00953/00954	0.8%	10.0%	51.6%	23.9%	0.0%	9.1%	5.4%
AdminaStar IN/KY 00630/00660	0.7%	0.0%	60.7%	24.1%	0.0%	15.1%	0.0%
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904	0.7%	36.8%	42.8%	1.3%	16.6%	2.4%	0.1%
BCBS UT 00910	0.6%	23.4%	45.8%	8.6%	8.8%	4.1%	9.3%
HealthNow NY 00801	0.6%	4.0%	65.8%	25.9%	0.0%	4.3%	0.0%
Empire NJ 00805	0.5%	65.0%	19.6%	3.4%	4.9%	0.0%	7.2%
CIGNA NC 05535	0.5%	6.1%	23.5%	33.0%	0.0%	30.3%	7.1%
HGSA PA 00865	0.4%	0.0%	36.2%	54.5%	9.4%	0.0%	0.0%
BCBS MT 00751	0.4%	13.2%	15.5%	63.0%	8.3%	0.0%	0.0%
Trailblazer TX 00900	0.4%	1.4%	22.1%	44.0%	31.0%	0.0%	1.4%
Cahaba GBA AL/GA/MS 00510/00511/00512	0.3%	0.0%	82.4%	12.2%	5.4%	0.0%	0.0%
NHIC ME/MA/NH/VT 31142/31143/31144/31145	0.3%	9.7%	75.5%	0.0%	1.6%	6.5%	6.7%
CIGNA ID 05130	0.1%	0.0%	37.5%	21.1%	0.0%	0.0%	41.4%
Combined	1.3%	58.5%	21.7%	8.8%	4.2%	3.4%	3.4%

E6: Type of No Documentation Errors for DMERCs

Services Billed to DMERCs	Type of No Documentation Error						
	Paid No Doc Rate	Non-Response	Beneficiary Issue	Wrong DOS	Medical Record Issue	Billing Provider Issue	Third Party Record
Palmetto GBA Region C 00885	6.8%	82.2%	3.3%	0.0%	0.9%	0.0%	13.6%
Tricenturion Region A 77011	3.1%	92.8%	3.3%	3.9%	0.0%	0.0%	0.0%
CIGNA Region D 05655	0.9%	40.5%	21.2%	38.2%	0.0%	0.0%	0.2%
AdminaStar Region B 00635	0.9%	35.2%	23.5%	31.5%	0.0%	0.0%	9.8%
Combined	3.9%	79.2%	5.1%	3.7%	0.7%	0.0%	11.3%

E7: Type of No Documentation Errors for FIs

Services Billed to FIs	Type of No Documentation Error						
	Paid No Doc Rate	Non-Response	Beneficiary Issue	Wrong DOS	Medical Record Issue	Billing Provider Issue	Third Party Record
COSVI PR/VI 57400	2.8%	58.6%	10.2%	25.4%	0.0%	1.0%	4.9%
BCBS KS 00150	2.1%	99.2%	0.1%	0.7%	0.0%	0.0%	0.0%
Medicare Northwest ID/OR/UT 00350	1.5%	95.9%	0.8%	2.5%	0.4%	0.2%	0.2%
Mutual of Omaha (all states) 52280	1.0%	63.2%	22.0%	13.2%	0.0%	0.0%	1.6%
First Coast Service Options FL 00090	0.9%	34.1%	20.5%	23.2%	0.0%	21.6%	0.6%
Noridian AK/WA 00322	0.7%	0.0%	52.4%	42.4%	2.4%	0.5%	2.3%

Services Billed to FIs	Type of No Documentation Error						
	Paid No Doc Rate	Non-Response	Beneficiary Issue	Wrong DOS	Medical Record Issue	Billing Provider Issue	Third Party Record
BCBS WY 00460	0.6%	0.8%	26.6%	36.5%	0.0%	0.0%	36.1%
Trailblazer CO/NM/TX 00400	0.5%	11.4%	19.2%	58.3%	6.2%	3.8%	1.1%
Veritus PA 00363	0.4%	74.9%	11.4%	6.7%	1.4%	2.9%	2.8%
BCBS AR AR 00020	0.4%	0.0%	9.5%	81.2%	9.2%	0.0%	0.2%
UGS AS/CA/GU/HI/NV/NMI 00454	0.4%	8.3%	16.1%	73.2%	1.0%	1.1%	0.3%
BCBS GA 00101	0.3%	0.0%	23.1%	66.9%	0.0%	0.0%	10.0%
Empire CT/DE/NY 00308	0.3%	2.2%	79.7%	17.9%	0.0%	0.2%	0.0%
BCBS AR RI 00021	0.2%	10.6%	11.4%	11.9%	0.0%	0.0%	66.1%
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332	0.2%	0.0%	10.9%	74.3%	6.0%	8.8%	0.0%
Riverbend NJ/TN 00390	0.2%	0.0%	29.0%	50.0%	15.5%	3.5%	2.0%
UGS WI/MI 00450/00452	0.2%	8.9%	45.5%	41.8%	0.0%	2.8%	1.1%
Carefirst DC/MD 00190	0.2%	2.4%	71.5%	26.2%	0.0%	0.0%	0.0%
UGS VA/WV 00453	0.2%	0.0%	58.3%	41.7%	0.0%	0.0%	0.0%
Cahaba GBA AL 00010	0.2%	0.0%	31.3%	68.7%	0.0%	0.0%	0.0%
BCBS MT 00250	0.2%	0.0%	4.5%	95.5%	0.0%	0.0%	0.0%
Cahaba GBA IA/SD 00011	0.2%	0.0%	20.7%	41.0%	0.0%	38.3%	0.0%
Trispan LA/MO/MS 00230	0.1%	0.0%	43.2%	49.5%	0.0%	0.0%	7.3%
Palmetto GBA SC 00380	0.1%	2.1%	0.9%	97.0%	0.0%	0.0%	0.0%
Noridian MN/ND 00320/00321	0.1%	0.0%	38.1%	59.5%	2.4%	0.0%	0.0%
BCBS AZ 00030	0.1%	0.0%	65.7%	34.3%	0.0%	0.0%	0.0%
Anthem ME/MA 00180/00181	0.1%	0.0%	64.4%	35.6%	0.0%	0.0%	0.0%
Palmetto GBA NC 00382	0.1%	0.0%	11.9%	68.4%	0.0%	19.7%	0.0%
Chisholm OK 00340	0.0%	0.0%	79.0%	21.0%	0.0%	0.0%	0.0%
Anthem NH/VT 00270	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%
BCBS NE 00260	0.0%	0.0%	22.1%	77.9%	0.0%	0.0%	0.0%
Combined	0.4%	34.1%	24.4%	35.3%	1.3%	3.5%	1.3%

Appendix F – Problem E&M Codes

The CMS has recognized problems with certain procedure codes. In a letter dated June 1, 2000, the CMS Administrator notified Medicare physicians that CPT codes 99233 and 99214 for evaluation and management (E&M) services had accounted for a significant proportion of the FY 1998 and FY 1999 coding errors. The Administrator noted that documentation for many of these services more appropriately supported CPT codes 99231 and 99212, respectively, and reminded providers to document the specific procedures performed. Analysis indicates continuing problems with these same procedure codes. This section of the appendix presents tabulations for those codes.

CPT code 99233, subsequent hospital care. The physician should typically spend 35 minutes with the patient and perform at least two of these key procedures: a detailed interval patient history, a detailed examination, and/or medical decision making of high complexity.

Medical reviews of 1,079 lines for the period between 1/1/04 and 12/31/04, disclosed that 474 lines, or 43.9% percent, were in error. This was a decrease since the November 2004 Report which examined CY 2003. Of the 474 errors, 349 were incorrectly coded and subsequently undercoded to lower valued procedure codes. Most of the remaining errors were related to documentation problems.

Table F1 summarizes data for the 10-year analysis of this code.

Table F1: Problem Code: CPT Code 99233

Fiscal Year	Number of Lines Reviewed	Number of Lines Questioned	Percent of Lines in Error
1996	217	115	53.0%
1997	416	128	30.8%
1998	457	114	24.9%
1999	187	102	54.5%
2000	449	220	49.0%
2001	338	142	42.0%
2002	228	174	76.3%
2003	709	435	61.4%
2004	768	391	50.9%
2005	1,079	474	43.9%

CPT code 99214, office or other outpatient visit. The physician should typically spend 25 minutes face-to-face with the patient and perform at least two of the following procedures: a detailed patient history, a detailed examination, and/or medical decision making of moderate complexity.

As shown in table F2, medical reviews of 4,436 lines for the period between 1/1/04 and 12/31/04, disclosed 648 lines, or 14.6% percent, were in error -- a decrease from the November 2004 Report which measured CY 2003. Of the 648 errors, 564 were incorrectly coded.

Table F2 summarizes data for the 10-year analysis of this code.

Table F2: Problem Code: CPT Code 99214

Fiscal Year	Number of Lines Reviewed	Number of Lines Questioned	Percent of Lines in Error
1996	140	54	38.6%
1997	234	86	36.8%
1998	168	63	37.5%
1999	143	81	56.6%
2000	191	71	37.2%
2001	214	67	31.3%
2002	104	24	23.1%
2003	2,798	687	24.6%
2004	3,250	589	18.1%
2005	4,436	648	14.6%

CPT code 99232, subsequent hospital care. For this billing code, the physician should typically spend 25 minutes at bedside with the patient and should perform at least two of the following key procedures: an expanded problem-focused interval patient history, an expanded problem-focused examination, and/or medical decision making of moderate complexity.

In FY 2001, although not highlighted in the Administrator's letter, the OIG noted a high incidence of error in CPT code 99232 (subsequent hospital care) in all years reviewed. CMS has noted a significant decrease for the period between 1/1/04 and 12/31/04. As shown in Table F3, medical reviews of 3,194 lines for the period between 1/1/04 and 12/31/04, disclosed that 555 lines, or 17.4% percent, were in error. Of these, 175 were incorrectly coded, and the medical records supported lower valued procedure codes. Most of the remaining errors related to documentation problems.

Table F3: Problem Code: CPT Code 99232

Fiscal Year	Number of Lines Reviewed	Number of Lines Questioned	Percent of Lines in Error
1996	597	266	44.6%
1997	1,159	350	30.2%
1998	911	181	19.9%
1999	837	279	33.3%
2000	881	270	30.6%
2001	964	146	15.1%
2002	488	179	36.7%
2003	2,213	855	38.6%
2004	2,485	754	30.3%
2005	3,194	555	17.4%

Some examples of incorrect coding for the period between 1/1/04 and 12/31/04:

Physician. A physician was paid $68.78 (original amount paid) for a new patient office visit (CPT code 99203) which is an office or other outpatient visit for the E&M of a new patient, which requires three key components: a detailed history, a detailed examination, and medical decision making of low complexity. The medical documentation supported an office visit for an established patient (CPT code 99213) which by definition is an office or other outpatient visit for the E&M of an established patient which requires at least two of the following three key components: an expanded problem focused history, an expanded problem focused examination, or a medical decision- making of low complexity. The documentation also supported an expanded problem focused history, a detailed examination, and a medical decision of low complexity thereby supporting the CPT code 99213 level of service for an established patient. As a result, the medical reviewer changed the CPT-4 code to 99213 from 99203, undercoding the service and counted the dollar difference between these two codes as the error amount ($31.30).

Other Evaluation and Management (E&M) codes also contribute significantly to the error rate.

The American Medical Association (AMA) has developed E&M codes that Medicare physicians use when submitting claims for payment. In 2003, there were 21 categories of E&M codes, including categories such as office or other outpatient service, consultations, emergency department services, and critical care services. Within each category of codes there is a range of three to five levels of Health Care Common Procedure Coding System codes that determines the level of service and the level of payment. There are three key descriptors used to determine the appropriate HCPCS code: history, examination, and medical decision-making. There are four other components, including counseling, coordination of care, nature of presenting problem, and time that are contributory factors, but they are not used to determine the HCPCS code.[16]

[16] However, in instances where counseling and coordination of care is the primary nature of the encounter, time is the primary basis for billing.

Table F4 lists all E&M codes with 2,000 or more claims in the CERT sample. The table provides information on the types of error found for each code. The tables are sorted in descending order by projected improper payments.

Table F4: E&M Codes with more than 2,000 claims reviewed

Carrier Provider Type	Paid/Allowed Claims Error Rate					Provider Compliance Error Rate		No Resolution Rate
	Including No Doc Claims	Projected Improper Payments Including No Doc Claims	Standard Error	95% Confidence Interval	Excluding No Doc Claims	Including No Doc Claims	Excluding No Doc Claims	
99232	14.8%	$313,691,415	1.2%	12.4% - 17.2%	13.1%	22.5%	21.1%	0.0%
99214	7.1%	$234,489,004	0.4%	6.3% - 7.8%	6.6%	16.0%	15.6%	0.1%
99213	2.8%	$120,987,883	0.2%	2.4% - 3.2%	1.9%	10.6%	9.8%	0.1%
99212	5.2%	$37,024,450	0.5%	4.1% - 6.2%	4.3%	14.8%	14.2%	0.0%

Tables F5 through F8 provide for each contractor type (Carrier/DMERC/FI) the service-specific overpayment rates. Each table contains information for the top 20 improperly paid services. FY 2004 was the first year that CMS included service specific overpayment rates. The tables are sorted in descending order by projected improper payments.

Table F5: Service Specific Overpayment Rates: Carriers

Service Billed to Carrier (HCPCS)	Number of Claims in Sample	Number of Lines in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
All Codes With Less Than 30 Lines	8,053	10,858	$60,086	$1,503,903	$812,300,015	5.0%
Subsequent hospital care (99232)	1,929	3,194	$30,880	$185,775	$311,804,548	14.7%
Subsequent hospital care (99233)	691	1,079	$21,926	$85,375	$245,654,736	23.1%
Office/outpatient visit, est. (99214)	4,408	4,436	$22,100	$312,721	$232,969,655	7.0%
Initial hospital care (99223)	481	494	$13,545	$63,821	$139,415,084	20.7%
Therapeutic exercises (97110)	1,117	1,561	$13,895	$63,660	$122,281,633	20.3%
Office/outpatient visit, est. (99215)	582	588	$12,942	$58,232	$121,892,423	20.9%
Office consultation (99244)	495	495	$11,319	$74,492	$117,896,261	14.6%
Initial inpatient consult (99254)	428	428	$11,577	$52,512	$115,814,213	20.2%
Office/outpatient visit, est. (99213)	9,232	9,301	$10,254	$422,585	$104,178,094	2.4%
Initial inpatient consult (99255)	184	184	$7,732	$32,152	$93,084,680	22.7%
Subsequent hospital care (99231)	877	1,459	$6,783	$49,199	$68,239,057	14.4%
No HCPCS Label	1,044	1,114	$6,396	$160,915	$62,819,320	3.5%
Office/outpatient visit, new	267	267	$6,698	$29,437	$61,993,530	20.4%

Service Billed to Carrier (HCPCS)	Number of Claims in Sample	Number of Lines in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
(99204)						
Critical care, first hour (99291)	157	216	$6,755	$40,488	$58,418,975	14.1%
Office consultation (99245)	157	157	$5,579	$27,991	$57,409,128	19.7%
Initial hospital care (99222)	317	317	$6,350	$29,745	$55,639,485	18.9%
Emergency dept visit (99285)	502	502	$5,461	$67,262	$54,247,691	7.4%
Drugs unclassified injection (J3490)	84	87	$1,810	$12,156	$45,435,743	35.5%
Nursing fac care, subseq (99312)	730	789	$3,683	$37,981	$40,174,492	9.5%
All Other Codes	43,483	76,272	$135,310	$3,100,957	$1,283,218,513	4.0%
Combined	63,183	113,798	$401,082	$6,411,357	$4,204,887,275	6.2%

Table F6: Service Specific Overpayment Rates: DMERCs

Service Billed to DMERC (HCPCS)	Number of Claims in Sample	Number of Lines in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
All Codes With Less Than 30 Lines	1,634	2,494	$42,088	$370,169	$358,034,762	14.3%
Blood glucose/reagent strips (A4253)	1,235	1,245	$19,103	$126,717	$124,840,693	14.6%
Oxygen concentrator (E1390)	1,358	1,439	$7,022	$274,444	$46,967,279	2.6%
No HCPCS Label	325	373	$4,279	$62,054	$32,964,833	7.6%
Powered pres-redu air mattrs (E0277)	39	42	$3,681	$16,921	$30,155,999	24.1%
Ipratropium brom inh sol u d (J7644)	436	460	$3,511	$69,186	$27,442,336	5.5%
Albuterol inh sol u d (J7619)	595	627	$2,250	$47,921	$18,092,179	5.1%
Cont airway pressure device (E0601)	229	253	$2,483	$20,019	$14,013,635	10.3%
Lancets per box (A4259)	720	726	$1,917	$13,006	$13,165,015	14.4%
Enteral formulae category IV (B4154)	30	30	$1,113	$9,794	$10,946,085	15.6%
Enteral formulae category i (B4150)	113	122	$1,658	$25,500	$10,650,849	6.2%
Tacrolimus oral per 1 MG (J7507)	29	34	$1,020	$15,329	$8,550,831	7.6%
Portable gaseous 02 (E0431)	937	971	$971	$30,118	$6,645,596	3.3%
Enter feed supkit syr by day (B4034)	36	36	$690	$4,444	$5,738,966	17.7%
Hosp bed semi-electr w/ matt (E0260)	309	348	$635	$39,571	$5,199,444	1.8%
Enteral feed supp pump per d (B4035)	100	106	$989	$26,097	$4,938,403	2.9%
Budesonide inhalation sol (J7626)	88	88	$510	$14,106	$4,860,974	4.5%
Nasal application device (A7034)	51	51	$588	$4,902	$4,509,402	12.5%
Blood glucose monitor home (E0607)	95	95	$786	$4,400	$4,352,290	14.6%
Nebulizer with compression (E0570)	721	775	$751	$10,873	$4,172,641	5.5%

Service Billed to DMERC (HCPCS)	Number of Claims in Sample	Number of Lines in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
All Other Codes	3,000	4,263	$6,539	$144,170	$42,102,253	4.4%
Combined	8,272	14,578	$102,587	$1,329,739	$778,344,464	8.6%

Table F7: Service Specific Overpayment Rates: FI

Service Billed to Fiscal Intermediary (Type of Bill)	Number of Claims in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
Hospital-outpatient (HHA-A also)(under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00) (13)	34,733	$437,376	$11,102,889	$783,036,722	4.1%
SNF-inpatient (including Part A) (21)	1,590	$285,789	$6,699,444	$570,579,830	3.7%
Clinic-hospital based or independent renal dialysis facility (72)	1,453	$97,521	$3,089,681	$155,281,502	2.6%
SNF-inpatient or home health visits (Part B only) (22)	1,080	$56,924	$468,029	$134,765,022	11.9%
HHA-inpatient or home health visits (Part B only) (32)	1,045	$39,777	$1,978,413	$91,947,479	2.0%
Special facility or ASC surgery-hospice (non-hospital based) (81)	801	$30,142	$1,925,726	$71,344,963	1.6%
Hospital-other (Part B) (14)	14,861	$22,933	$825,787	$46,931,845	3.0%
Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97) (74)	956	$21,953	$297,813	$41,422,955	7.0%
Special facility or ASC surgery-hospice (hospital based) (82)	119	$17,186	$328,020	$41,310,893	5.9%
HHA-outpatient (HHA-A also) (33)	760	$18,232	$1,685,595	$37,712,667	1.0%
Special facility or ASC surgery-rural primary care hospital (eff 10/94) (85)	4,425	$19,224	$1,217,610	$26,763,702	2.3%
SNF-outpatient (HHA-A also) (23)	246	$11,901	$82,594	$23,273,345	13.0%
Hospital-inpatient (including Part A) (11)	131	$10,890	$2,656,691	$13,505,739	0.5%
Hospital-swing beds (18)	125	$22,116	$649,954	$13,057,161	2.1%
Clinic-CORF (75)	182	$4,681	$92,157	$9,688,067	5.2%
Clinic-independent provider based FQHC (eff 10/91) (73)	603	$1,446	$47,694	$7,551,508	3.0%
Clinic-rural health (71)	3,317	$4,194	$254,583	$6,981,904	1.8%
Clinic-CMHC (eff 4/97) (76)	41	$4,191	$50,390	$5,281,968	5.9%
Special facility or ASC surgery-ambulatory surgical center (Discontinued for Hospitals Subject to Outpatient PPS; hospitals must use 13X for ASC claims submitted for OPPS payment -- eff. 7/00) (83)	80	$1,648	$132,614	$2,757,616	1.2%
Hospital-inpatient or home health visits (Part B only)	106	$1,882	$90,983	$2,705,119	1.3%

Service Billed to Fiscal Intermediary (Type of Bill)	Number of Claims in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
(12)					
All Other Codes	179	$0	$4,611	$0	0.0%
Combined	66,833	$1,110,006	$33,681,278	$2,085,900,007	3.3%

Table F8: Overpayment Rates: Carrier/DMERC/FI

Service Billed to Carriers/DMERCs/FIs	Number of Claims in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
Overall	138,288	$1,613,674	$41,422,374	$7,069,131,745	5.0%

Tables F9 through F11 lists for each contractor type the top twenty services (if available) with the highest dollars in error due to overcoding. CMS identified the top twenty services based on dollars in error. All estimates in these tables are based on a minimum of 30 claims in the sample. Data in these tables are sorted by projected improper payments.

For most of the coding errors, the medical reviewers determined that providers submitted documentation that supported a lower code than the code submitted (in these cases, providers are said to have *overcoded* claims). However, for some of the coding errors, the medical reviewers determined that the documentation supported a higher code than the code the provider submitted (in these cases, the providers are said to have *undercoded* claims).

Table F9: Services with Overcoding Errors: Carriers

Service Billed to Carrier (HCPCS)	Overcoding Errors		
	Paid Claims Error Rate	Projected Improper Payments	95% Confidence Interval
Office/outpatient visit, est (99214)	5.5%	$184,055,450	5.0% - 6.1%
Subsequent hospital care (99233)	14.6%	$155,192,903	12.4% - 16.8%
Office/outpatient visit, est (99215)	18.9%	$110,340,729	16.4% - 21.4%
Office consultation (99244)	12.8%	$103,612,916	10.5% - 15.2%
Initial hospital care (99223)	14.9%	$100,181,049	11.9% - 17.9%
Initial inpatient consult (99254)	14.1%	$81,301,730	11.9% - 16.4%
Initial inpatient consult (99255)	18.7%	$76,803,736	14.2% - 23.3%
Subsequent hospital care (99232)	2.8%	$59,540,455	2.1% - 3.5%
Office consultation (99245)	19.2%	$55,688,972	13.9% - 24.5%
Office/outpatient visit, new (99204)	17.8%	$53,882,415	14.2% - 21.3%
Initial hospital care (99222)	14.2%	$41,993,230	11.1% - 17.4%
Office/outpatient visit, new (99205)	22.6%	$30,523,513	15.4% - 29.9%
Office/outpatient visit, est (99213)	0.7%	$30,021,604	0.6% - 0.8%
Emergency dept visit (99285)	4.0%	$29,353,164	2.6% - 5.4%
Office/outpatient visit, new (99203)	9.0%	$28,266,599	6.6% - 11.3%
Office consultation (99243)	6.4%	$27,735,789	4.4% - 8.3%
Critical care, first hour (99291)	4.5%	$18,442,184	0.2% - 8.7%

Service Billed to Carrier (HCPCS)	Overcoding Errors		
	Paid Claims Error Rate	Projected Improper Payments	95% Confidence Interval
Nursing fac care, subseq (99313)	8.5%	$15,246,186	5.7% - 11.3%
Initial inpatient consult (99253)	5.8%	$13,780,748	3.4% - 8.2%
Nursing facility care (99303)	11.0%	$11,026,609	7.1% - 14.9%
All Other Codes	0.4%	$208,085,530	0.3% - 0.5%
Overall	2.1%	$1,435,075,512	2.0% - 2.3%

Table F10: Services with Overcoding Errors: DMERCs

Service Billed to DMERC (HCPCS)	Overcoding Errors		
	Paid Claims Error Rate	Projected Improper Payments	95% Confidence Interval
Blood glucose/reagent strips (A4253)	0.8%	$7,179,694	0.1% - 1.6%
No HCPCS Label	1.2%	$5,214,066	(0.6%) - 3.0%
Ipratropium brom inh sol u d (J7644)	1.0%	$4,962,589	(0.2%) - 2.2%
Enteral formulae category IV (B4154)	4.1%	$2,893,557	(1.9%) - 10.2%
Enteral formulae category i (B4150)	1.4%	$2,432,404	(0.7%) - 3.6%
Oxygen concentrator (E1390)	0.1%	$997,404	(0.1%) - 0.2%
Enter feed supkit syr by day (B4034)	2.8%	$900,223	(2.6%) - 8.2%
Lens sphcy trifocal 4.0/.12- (V2303)	4.8%	$637,896	(4.5%) - 14.2%
High strength ltwt whlchr (K0004)	0.8%	$582,574	(0.8%) - 2.5%
Lancets per box (A4259)	0.3%	$242,344	(0.1%) - 0.6%
Albuterol inh sol u d (J7619)	0.1%	$203,882	(0.0%) - 0.1%
Dispensing fee dme neb drug (E0590)	0.1%	$29,849	(0.1%) - 0.3%
All Other Codes	0.2%	$8,675,225	0.0% - 0.4%
Overall	0.4%	$34,951,705	0.2% - 0.6%

Table F11: Services with Overcoding Errors: FIs

Service Billed to FIs (Type of Bill)	Overcoding Errors		
	Paid Claims Error Rate	Projected Improper Payments	95% Confidence Interval
SNF-inpatient (including Part A) (21)	1.3%	$199,850,354	0.8% - 1.9%
Hospital-outpatient (HHA-A also)(under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00) (13)	0.4%	$84,185,742	0.2% - 0.7%
Clinic-hospital based or independent renal dialysis facility (72)	1.1%	$67,674,675	0.4% - 1.8%
Special facility or ASC surgery-hospice (hospital based) (82)	2.9%	$20,396,504	(2.5%) - 8.4%
Hospital-inpatient (including Part A) (11)	0.5%	$13,364,728	(0.4%) - 1.4%
SNF-inpatient or home health visits (Part B only) (22)	1.2%	$13,320,368	0.6% - 1.8%
Special facility or ASC surgery-rural primary care hospital (eff 10/94) (85)	0.5%	$5,902,971	(0.0%) - 1.0%
Hospital-other (Part B) (14)	0.3%	$4,552,363	0.1% - 0.5%
Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97) (74)	0.5%	$3,181,269	(0.0%) - 1.1%
HHA-inpatient or home health visits (Part B only) (32)	0.1%	$3,055,896	(0.0%) - 0.2%
HHA-outpatient (HHA-A also) (33)	0.1%	$2,705,643	(0.0%) - 0.1%
SNF-outpatient (HHA-A also) (23)	1.2%	$2,076,460	0.1% - 2.2%
Hospital-inpatient or home health visits (Part B only) (12)	0.9%	$1,842,184	(0.8%) - 2.5%
Special facility or ASC surgery-ambulatory surgical center (Discontinued for Hospitals Subject to Outpatient PPS; hospitals must use 13X for ASC claims submitted for OPPS payment -- eff. 7/00) (83)	0.6%	$1,479,768	(0.6%) - 1.9%
Hospital-swing beds (18)	0.1%	$804,016	(0.1%) - 0.4%
Clinic-CORF (75)	0.2%	$352,426	(0.0%) - 0.4%
Clinic-rural health (71)	0.0%	$41,383	(0.0%) - 0.0%
Overall	0.7%	$424,786,747	0.5% - 0.9%

Appendix G - Undercoding

This section of the appendix shows improper coding that has resulted in underpayments by Medicare for claims submitted between 01/01/04 through 12/31/04 in the Improper Medicare Fee-for-Service Payments Report.

Tables G1 through G4 provide for each contractor type (Carrier/DMERC/FI) the service-specific underpayment rates. FY 2004 is the first year that CMS is including service specific underpayment rates. Data in this table is sorted by projected dollars underpaid. All estimates in this table are based on a minimum of 30 claims in the sample with at least one claim underpaid.

Table G1: Service Specific Underpayment Rates: Carriers

Service Billed to Carriers (HCPCS)	Number of Claims in Sample	Number of Lines in Sample	Dollars Underpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Underpaid	Underpmt Rate
All Codes With Less Than 30 Lines	8,053	10,858	2,868	$1,503,903	$25,504,028	0.2%
Office/outpatient visit, est (99212)	2,356	2,377	2,372	$74,480	$21,049,118	2.9%
Office/outpatient visit, est (99213)	9,232	9,301	1,799	$422,585	$16,809,789	0.4%
Office/outpatient visit, est (99211)	876	890	1,029	$15,645	$11,059,880	6.4%
Subsequent hospital care (99231)	877	1,459	622	$49,199	$5,201,265	1.1%
Tissue exam by pathologist (88305)	816	966	282	$67,610	$2,970,676	0.4%
Emergency dept visit (99283)	473	473	294	$24,254	$2,601,746	1.1%
Office consultation (99241)	32	32	151	$1,336	$2,550,973	18.2%
Nursing fac care, subseq (99311)	452	501	310	$15,078	$2,238,124	1.6%
Subsequent hospital care (99232)	1,929	3,194	164	$185,775	$1,886,866	0.1%
Ct abdomen w/dye (74160)	181	182	271	$16,070	$1,850,222	1.2%
Subsequent hospital care (99233)	691	1,079	187	$85,375	$1,806,477	0.2%
Follow-up inpatient consult (99261)	31	44	66	$982	$1,613,876	17.2%
Office/outpatient visit, est (99214)	4,408	4,436	158	$312,721	$1,519,349	0.0%
Follow-up inpatient consult (99262)	79	127	117	$5,986	$1,271,487	2.3%
Chiropractic manipulation (98940)	444	647	98	$12,377	$1,173,305	1.0%
Ground mileage (A0425)	909	967	79	$48,207	$920,236	0.2%
Ct pelvis w/dye (72193)	198	199	82	$18,981	$915,369	0.5%
Hepatic function panel (80076)	329	330	146	$2,422	$835,182	3.2%
Emergency dept visit (99282)	122	122	126	$2,791	$808,981	3.5%
All Other Codes	43,032	75,614	2,793	$3,545,580	$15,488,539	0.0%
Combined	63,183	113,798	14,016	$6,411,357	$120,075,487	0.2%

Table G2: Service Specific Underpayment Rates: DMERC

Service Billed to DMERCs (HCPCS)	Number of Claims in Sample	Number of Lines in Sample	Dollars Underpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Underpaid	Underpmt Rate
Blood glucose monitor home (E0607)	95	95	$90	$4,400	$976,770	3.3%
No HCPCS Label	325	373	$50	$62,054	$373,852	0.1%
Calibrator solution/chips (A4256)	249	251	$11	$2,524	$124,462	0.7%
All Other Codes	8,112	13,859	$0	$1,260,762	$0	0.0%
Combined	8,272	14,578	$151	$1,329,739	$1,475,084	0.0%

Table G3: Service Specific Underpayment Rates: FI

Service Billed to FIs (Type of Bill)	Number of Claims in Sample	Number of Lines in Sample	Dollars Underpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Underpaid	Underpmt Rate
Hospital-outpatient (HHA-A also)(under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00) (13)	34,733	34,733	33,273	$11,102,889	$47,465,012	0.2%
SNF-inpatient (including Part A) (21)	1,590	1,590	2,765	$6,699,444	$13,220,861	0.1%
Clinic-hospital based or independent renal dialysis facility (72)	1,453	1,453	3,400	$3,089,681	$10,485,446	0.2%
HHA-inpatient or home health visits (Part B only) (32)	1,045	1,045	3,860	$1,978,413	$9,435,387	0.2%
HHA-outpatient (HHA-A also) (33)	760	760	5,669	$1,685,595	$7,054,078	0.2%
Hospital-other (Part B) (14)	14,861	14,861	1,411	$825,787	$3,476,032	0.2%
Hospital-inpatient or home health visits (Part B only) (12)	106	106	473	$90,983	$2,077,535	1.0%
Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97) (74)	956	956	122	$297,813	$349,162	0.1%
Hospital-swing beds (18)	125	125	605	$649,954	$298,504	0.0%
SNF-inpatient or home health visits (Part B only) (22)	1,080	1,080	113	$468,029	$224,821	0.0%
Clinic-rural health (71)	3,317	3,317	41	$254,583	$76,368	0.0%
Clinic-CORF (75)	182	182	54	$92,157	$57,534	0.0%
Special facility or ASC surgery-hospice (non-hospital based) (81)	801	801	24	$1,925,726	$57,521	0.0%
Special facility or ASC surgery-rural primary care hospital (eff 10/94) (85)	4,425	4,425	94	$1,217,610	$49,345	0.0%
SNF-outpatient (HHA-A also) (23)	246	246	5	$82,594	$2,338	0.0%
All Other Codes	1,153	1,153	0	$3,220,019	$0	0.0%
Combined	66,833	66,833	51,911	$33,681,278	$94,329,943	0.1%

Table G4: Carrier/DMERC/FI Underpayment Rates

Service Billed to Carriers/DMERCs/FIs	Number of Claims in Sample	Number of Lines in Sample	Dollars Underpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Underpaid	Underpmt Rate
Overall	138,288	195,209	$66,078	$41,422,374	$215,880,514	0.2%

Appendix H – Statistics and Other Information for the CERT Sample

The tables in this section of the appendix provide statistics and other information that can be calculated from the CERT sample data.

Table H1 provides information on the sample size for each cluster included in the report. This table provides data by claim. It is not comparable to other tables that are by line item for Carriers and DMERCs and by claim for FIs.

Table H1a: Carrier Size of Universe and Size of Review Sample

Cluster	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
First Coast Service Options FL 00590	1,989	225	11.3%
First Coast Service Options CT 00591	2,006	192	9.6%
Palmetto GBA SC 00880	2,051	177	8.6%
WPS WI/IL/MI/MN 00951/00952/00953/00954	4,053	306	7.6%
Trailblazer TX 00900	2,017	176	8.7%
Cahaba GBA AL/GA/MS 00510/00511/00512	3,087	276	8.9%
NHIC CA 31140/31146	2,067	235	11.4%
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904	2,966	280	9.4%
NHIC ME/MA/NH/VT 31142/31143/31144/31145	2,057	182	8.9%
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00	2,137	154	7.2%
Palmetto GBA OH/WV 00883/00884	2,007	237	11.8%
HGSA PA 00865	2,040	161	7.9%
HealthNow NY 00801	2,077	171	8.2%
GHI NY 14330	2,005	284	14.2%
BCBS MT 00751	1,980	140	7.1%
BCBS UT 00910	2,049	203	9.9%
Noridian AK/AZ/AS/CNMI/GU/HI/NV/OR/WA 00831/00832/	1,976	194	9.8%
AdminaStar IN/KY 00630/00660	2,132	161	7.6%
BCBS KS KS/NE/ W MO 00650/00655/00651	3,085	211	6.8%
Triple S, Inc. PR/VI 00973/00974	2,994	732	24.5%
Empire NY 00803	2,016	299	14.8%
Empire NJ 00805	2,015	203	10.1%
CIGNA ID 05130	1,927	106	5.5%
CIGNA TN 05440	2,012	206	10.2%

Cluster	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
CIGNA NC 05535	2,079	160	7.7%
BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/005	4,111	412	10.0%
BCBS AR RI 00524	2,248	237	10.5%
Overall	63,183	6,320	10.0%

Table H1b: DMERC Size of Universe and Size of Review Sample

Cluster	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
AdminaStar Region B 00635	2,100	173	8.2%
Palmetto GBA Region C 00885	2,137	141	6.6%
CIGNA Region D 05655	1,993	136	6.8%
Tricenturion Region A 77011	2,042	184	9.0%
Overall	8,272	634	9.0%

Table H1c: FI Size of Universe and Size of Review Sample

Cluster	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
Cahaba GBA AL 00010	2,040	126	6.2%
BCBS GA 00101	2,024	130	6.4%
First Coast Service Options FL 00090	2,053	196	9.6%
BCBS AR AR 00020	2,046	159	7.8%
Cahaba GBA IA/SD 00011	2,062	94	4.6%
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332	4,133	227	5.5%
BCBS KS 00150	2,026	87	4.3%
Anthem ME/MA 00180/00181	2,419	100	4.1%
Anthem NH/VT 00270	2,136	68	3.2%
Carefirst DC/MD 00190	1,970	197	10.0%
Trispan LA/MO/MS 00230	2,032	144	7.1%
Palmetto GBA NC 00382	2,027	147	7.3%
Noridian MN/ND 00320/00321	2,722	86	3.2%
Mutual of Omaha (all states) 52280	2,058	185	9.0%
Empire CT/DE/NY 00308	1,998	124	6.2%
Chisholm OK 00340	1,985	99	5.0%
Veritus PA 00363	2,040	122	6.0%
COSVI PR/VI 57400	2,076	369	17.8%
Palmetto GBA SC 00380	2,083	89	4.3%

Cluster	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
Riverbend NJ/TN 00390	2,020	124	6.1%
Trailblazer CO/NM/TX 00400	2,025	152	7.5%
BCBS AZ 00030	2,031	109	5.4%
UGS VA/WV 00453	2,034	113	5.6%
UGS AS/CA/GU/HI/NV/NMI 00454	2,037	199	9.8%
UGS WI/MI 00450/00452	2,364	132	5.6%
BCBS WY 00460	1,949	146	7.5%
BCBS MT 00250	2,057	83	4.0%
Medicare Northwest ID/OR/UT 00350	2,072	164	7.9%
BCBS NE 00260	2,078	56	2.7%
BCBS AR RI 00021	2,168	153	7.1%
Noridian AK/WA 00322	2,068	129	6.2%
Overall	66,833	4,309	6.5%

Table H2 provides information on the sample size for each category for which this report makes national estimates. These tables also show the number of claims containing errors and the percent of claims that had no documentation. Data in these tables for Carrier and DMERC data is expressed in terms of line items, and data in these tables for FI data is expressed in terms of claims. Totals cannot be calculated for these categories since CMS is using different units for each type of service.

Table H2a: Claims in Error: Carriers

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of No Doc Claims
HCPCS Procedure Code			
All Codes With Less Than 30 Lines	10,858	597	0.9%
Automated hemogram (85025)	2,121	73	1.0%
Drawing blood for specimen (G0001)	5,345	166	0.9%
Electrocardiogram report (93010)	1,560	125	2.2%
Office/outpatient visit, est (99212)	2,377	202	0.6%
Office/outpatient visit, est (99213)	9,301	411	0.8%
Office/outpatient visit, est (99214)	4,436	648	0.6%
Prothrombin time (85610)	1,635	42	0.9%
Subsequent hospital care (99232)	3,194	555	2.3%
Therapeutic exercises (97110)	1,561	329	0.6%
Other	71,410	5,646	1.0%
TOS Code			
Hospital visit - subsequent	6,599	1,314	2.3%
Lab tests - automated general profiles	2,851	100	0.6%
Lab tests - blood counts	2,772	89	0.9%
Lab tests - other (non-Medicare fee schedule)	12,958	351	0.7%

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of No Doc Claims
Lab tests - routine venipuncture (non Medicare fee schedule)	5,378	167	0.9%
Minor procedures - other (Medicare fee schedule)	6,529	1,056	0.9%
Office visits - established	18,012	1,682	0.8%
Other tests - electrocardiograms	2,741	185	1.6%
Specialist - ophthalmology	3,030	77	0.3%
Standard imaging - chest	2,952	97	1.2%
Other	49,976	3,676	1.0%
Resolution Type			
Automated	23,356	139	0.3%
Complex	94	0	0.0%
None	89,142	8,650	1.2%
Routine	1,206	5	0.0%
Diagnosis Code			
Arthropathies and related disorders	5,342	588	0.9%
Diseases of other endocrine glands	5,087	357	0.6%
Diseases of the blood and bloodforming organs	3,183	213	1.6%
Disorders of the eye and adnexa	4,818	183	0.3%
Dorsopathies	4,369	526	0.7%
Hypertensive disease	6,175	469	0.9%
Ischemic heart disease	3,581	288	0.7%
Other forms of heart disease	6,016	498	1.5%
Other metabolic disorders and immunity disorders	4,731	226	0.6%
Symptoms	11,825	992	1.3%
Other	58,671	4,454	1.0%

Table H2b: Claims in Error: DMERCs

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of No Doc Claims
HCPCS Procedure Code			
Albuterol inh sol u d (J7619)	627	25	0.3%
All Codes With Less Than 30 Lines	2,494	206	3.1%
Blood glucose/reagent strips (A4253)	1,245	204	2.7%
Dispensing fee dme neb drug (E0590)	724	17	0.3%
Ipratropium brom inh sol u d (J7644)	460	23	0.7%
Lancets per box (A4259)	726	113	3.6%
Nebulizer with compression (E0570)	775	51	0.4%
Oxygen concentrator (E1390)	1,439	33	1.2%
Portable gaseous 02 (E0431)	971	29	1.2%
Standard wheelchair (K0001)	382	5	0.5%
Other	4,735	268	1.3%
TOS Code			
CPAP	548	55	1.5%
Enteral Nutrition	500	31	0.4%

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of No Doc Claims
Glucose Monitor	2,490	350	3.0%
Hospital Beds/Accessories	450	4	0.4%
Lenses	443	22	2.5%
Nebulizers & Related Drugs	3,288	166	0.4%
Ostomy Supplies	403	81	7.4%
Oxygen Supplies/Equipment	2,665	71	1.2%
Wheelchairs Manual	768	15	0.8%
Wheelchairs Options/Accessories	471	13	0.2%
Other	2,552	166	2.3%
Resolution Type			
Automated	2,510	21	0.4%
Complex	23	0	0.0%
None	11,497	950	2.0%
Routine	548	3	0.2%
Diagnosis Code			
All Codes With Less Than 30 Lines	536	20	0.9%
Arthropathies and related disorders	549	26	1.8%
Cerebrovascular disease	381	15	0.8%
Chronic obstructive pulmonary disease and allied conditions	5,231	214	0.7%
Diseases of other endocrine glands	2,782	360	2.7%
Other diseases of skin and subcutaneous tissue	230	41	13.9%
Other disorders of the central nervous system	202	6	0.0%
Other forms of heart disease	480	14	1.5%
Persons with a condition influencing their health status	968	105	3.9%
Symptoms	1,227	85	1.2%
Other	1,992	88	0.9%

Table H2c: Claims in Error: FIs

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of No Doc Claims
Type Of Bill			
Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97) (74)	956	95	0.8%
Clinic-hospital based or independent renal dialysis facility (72)	1,453	156	0.7%
Clinic-rural health (71)	3,317	62	0.9%
HHA-inpatient or home health visits (Part B only) (32)	1,045	44	0.3%
Hospital-other (Part B) (14)	14,861	630	1.4%
Hospital-outpatient (HHA-A also)(under OPPS 13X must be used for ASC claims submitted for OPPS payment -- eff. 7/00) (13)	34,733	2,484	1.2%
SNF-inpatient (including Part A) (21)	1,590	174	0.6%
SNF-inpatient or home health visits (Part B only) (22)	1,080	300	0.7%
Special facility or ASC surgery-hospice (non-hospital based) (81)	801	13	0.1%
Special facility or ASC surgery-rural primary care hospital (eff 10/94) (85)	4,425	188	0.5%
Other	2,572	163	0.8%

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of No Doc Claims
TOS Code			
ESRD	1,453	156	0.7%
FQHC	603	16	1.5%
Free Standing Ambulatory Surgery	80	3	1.3%
HHA	1,984	73	0.2%
Hospice	920	17	0.2%
Non-PPS Hospital In-patient	2,228	126	0.8%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	47,725	3,016	1.3%
Other FI Service Types	5,607	307	0.6%
RHCs	3,317	62	0.9%
SNF	2,916	533	0.8%
Resolution Type			
Automated	3,954	2	0.0%
Complex	223	5	0.4%
None	62,615	4,301	1.2%
Routine	41	1	2.4%
Diagnosis Code			
Arthropathies and related disorders	2,497	169	0.8%
Diseases of other endocrine glands	3,088	364	1.7%
Dorsopathies	2,258	160	1.0%
Hypertensive disease	2,901	166	2.3%
Nephritis, nephrotic syndrome, and nephrosis	1,942	192	0.9%
Other forms of heart disease	3,520	175	1.3%
Other metabolic disorders and immunity disorders	2,503	129	1.5%
Persons encountering health services for specific procedures and aftercare	4,890	340	1.1%
Persons without reported diagnosis encountered during examination and investigation of individuals and populations	3,394	140	0.9%
Symptoms	7,442	457	0.9%
Other	32,398	2,017	1.0%

Table H3 indicates types of claims this report included or excluded from each error rate.

Table H3: Included and Excluded in the Sample

ERROR RATE	Paid Line Items	Unpaid Line Items	Denied For Non-Medical Reasons	Automated Medical Review Denials	No Resolution	RTP	Late Resolution	Inpt, RAPS, Tech Errors
Paid Claim	Include	Include	Include	Include	Exclude	Exclude	Exclude	Exclude
No Resolution	Include	Include	Include	Include	Include	Exclude	Include	Exclude
Provider	Include	Include	Include	Include	Exclude	Exclude	Exclude	Exclude

The dollars in error for the paid claims error rate is based on the final allowed charges, and the dollars in error for the provider compliance error rate is based on the fee schedule amount for the billed service. The no resolution rate is based on the number of claims where the contractor can not track the outcome of the claim divided by no resolution claims plus all claims included in the paid or provider compliance error rate.

Table H4 indicates the number of claims for this report that CMS included or excluded from each error rate.

Table H4a: Frequency of Claims November 2005 Improper Medicare Fee-for-Service Payments Report Includes or Excludes from Each Error Rate: Carriers

Error Type	Included	Dropped	Total
Paid	63,183	3,392	66,575
No Resolution	63,286	3,289	66,575
Provider Compliance	63,183	3,392	66,575

Table H4b: Frequency of Claims November 2005 Improper Medicare Fee-for-Service Payments Report Includes or Excludes from Each Error Rate: DMERCs

Error Type	Included	Dropped	Total
Paid	8,272	201	8,473
No Resolution	8,273	200	8,473
Provider Compliance	8,272	201	8,473

Table H4c: Frequency of Claims November 2005 Improper Medicare Fee-for-Service Payments Report Includes or Excludes from Each Error Rate: FIs

Error Type	Included	Dropped	Total
Paid	66,833	1,382	68,215
No Resolution	67,165	1,050	68,215
Provider Compliance	66,833	1,382	68,215

No Resolution Rate

In previous reports, CMS produced a Services Processed Error Rate that measured the number of services (rather than dollars) improperly processed. The Services Processed Error Rate included a) claims improperly paid, b) claims improperly denied, and c) claims the contractor could not find. Since readers found the Services Processed Error Rate to be confusing, CMS replaced it with the No Resolution Rate. This new rate can be found in the H5 tables below.

The No Resolution Rate is based on the number of no resolution claims the Carrier/DMERC/FI has and measures whether a Carrier/DMERC/FI was able to account for all of its claims included

in the CERT sample. A no resolution claim is one that the CERT program sampled on the day the provider submitted the claim but was missing from the Carrier/DMERC/FI claims processing system 10-30 days later. There are several possible reasons a claim could be missing, including:

- The provider retracted or cancelled the claim,
- The Carrier/DMERC/FI appropriately cancelled/voided/deleted the claim, and
- The Carrier/DMERC/FI inappropriately cancelled/voided/deleted the claim.

If the Carrier/DMERC/FI can produce the appropriate audit trail for the missing claim, it is not counted as a 'no resolution' claim and is excluded from the CERT sample. Only in cases where the Carrier/DMERC/FI fails to maintain a proper audit trail and the claim simply appears to be "missing" is the claim scored as a 'no resolution' claim. This is a gross rate where the number of claims that the Carrier/DMERC/FI could not find is divided by the number of claims in the CERT sample for the Carrier/DMERC/FI. The no resolution rate is a good indicator of how well the Carrier/DMERC/FI is accounting for all claims received. The number of claims quantifies this error rate. This error rate is not generated for QIOs.

Table H5 provides information on no resolution rates. Each table provides the no resolution rate for cluster and for individual contractors.

Table H5a: No Resolution Rate: Carriers

Carrier Cluster	Carrier Contractor	No Resolution Rate
Triple S, Inc. PR/VI 00973/00974 (0.0%)		0.0%
	Triple S, Inc. VI	0.8%
	Triple S, Inc. PR	0.0%
First Coast Service Options FL 00590 (0.0%)		0.0%
	First Coast Service Options FL	0.0%
GHI NY 14330 (0.5%)		0.5%
	GHI NY 14330	0.5%
Empire NY 00803 (0.0%)		0.0%
	Empire NY	0.0%
BCBS AR RI 00524 (0.7%)		0.7%
	BCBS AR RI	0.7%
BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/00528 (0.0%)		0.0%
	BCBS AR LA	0.1%
	BCBS AR MO	0.0%
	BCBS AR AR	0.0%
	BCBS AR NM/OK	0.0%
BCBS UT 00910 (0.2%)		0.2%
	BCBS UT	0.2%
CIGNA TN 05440 (0.0%)		0.0%
	CIGNA TN	0.0%
Palmetto GBA OH/WV 00883/00884 (0.0%)		0.0%
	Palmetto GBA OH/WV	0.0%
Empire NJ 00805 (0.0%)		0.0%

Carrier Cluster	Carrier Contractor	No Resolution Rate
	Empire NJ	0.0%
First Coast Service Options CT 00591 (0.0%)		0.0%
	First Coast Service Options CT	0.0%
NHIC CA 31140/31146 (0.1%)		0.1%
	NHIC SoCA	0.1%
	NHIC NoCA	0.1%
Noridian AK/AZ/AS/CNMI/GU/HI/NV/OR/WA 00831/00832/00833/00834/00835/00836 (0.0%)		0.0%
	Noridian AZ/AS/CNMI/GU/HI/NV	0.0%
	Noridian AK/OR/WA	0.0%
HGSA PA 00865 (0.0%)		0.0%
	HGSA PA	0.0%
Palmetto GBA SC 00880 (0.1%)		0.1%
	Palmetto GBA SC	0.1%
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904 (0.0%)		0.0%
	Trailblazer DE/DC	0.0%
	Trailblazer MD	0.0%
	Trailblazer VA	0.0%
WPS WI/IL/MI/MN 00951/00952/00953/00954 (0.1%)		0.1%
	WPS MI	0.1%
	WPS IL	0.0%
	WPS WI	0.1%
	WPS MN	0.1%
CIGNA NC 05535 (0.0%)		0.0%
	CIGNA NC	0.0%
Cahaba GBA AL/GA/MS 00510/00511/00512 (1.0%)		1.0%
	Cahaba GBA MS	0.2%
	Cahaba GBA AL	1.8%
	Cahaba GBA GA	0.7%
BCBS KS KS/NE/ W MO 00650/00655/00651 (0.0%)		0.0%
	BCBS KS WMO	0.1%
	BCBS KS NE	0.1%
	BCBS KS KS	0.0%
AdminaStar IN/KY 00630/00660 (0.1%)		0.1%
	AdminaStar IN	0.1%
	AdminaStar KY	0.2%
HealthNow NY 00801 (0.0%)		0.0%
	HealthNow	0.0%
Trailblazer TX 00900 (0.0%)		0.0%
	Trailblazer TX	0.0%
NHIC ME/MA/NH/VT 31142/31143/31144/31145 (0.0%)		0.0%
	NHIC ME/MA/NH/VT	0.0%
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889 (0.0%)		0.0%
	Noridian IA	0.0%
	Noridian ND/CO/WY/SD	0.0%
BCBS MT 00751 (0.0%)		0.0%

Carrier Cluster	Carrier Contractor	No Resolution Rate
	BCBS MT	0.0%
CIGNA ID 05130 (0.1%)		0.1%
	CIGNA ID	0.1%
Combined		0.1%

Table H5b: No Resolution Rate: DMERCs

DMERC Cluster	No Resolution Rate
Palmetto GBA Region C 00885	0.0%
Tricenturion Region A 77011	0.0%
CIGNA Region D 05655	0.0%
AdminaStar Region B 00635	0.0%
Combined	0.0%

Table H6c: No Resolution Rate: FIs

FI Cluster	FI Contractor	No Resolution Rate
COSVI PR/VI 57400 (1.1%)		1.1%
	COSVI PR/VI	1.1%
BCBS WY 00460 (5.0%)		5.0%
	BCBS WY	5.0%
BCBS KS 00150 (0.0%)		0.0%
	BCBS KS	0.0%
Riverbend NJ/TN 00390 (0.1%)		0.1%
	Riverbend NJ/TN	0.1%
Palmetto GBA NC 00382 (0.1%)		0.1%
	Palmetto GBA NC	0.1%
First Coast Service Options FL 00090 (0.0%)		0.0%
	First Coast Service Options FL	0.0%
Medicare Northwest ID/OR/UT 00350 (0.2%)		0.2%
	Medicare Northwest ID/OR/UT	0.2%
Mutual of Omaha (all states) 52280 (0.5%)		0.5%
	Mutual of Omaha	0.5%
BCBS AR AR 00020 (0.4%)		0.4%
	BCBS AR AR	0.4%
Cahaba GBA AL 00010 (0.9%)		0.9%
	Cahaba GBA AL	0.9%
UGS AS/CA/GU/HI/NV/NMI 00454 (0.0%)		0.0%
	UGS AS/CA/CNMI/GU/HI/NV	0.0%
Carefirst DC/MD 00190 (0.6%)		0.6%
	CareFirst DC/MD	0.6%
Veritus PA 00363 (0.0%)		0.0%
	Veritus PA	0.0%

FI Cluster	FI Contractor	No Resolution Rate
BCBS AR RI 00021 (0.8%)		0.8%
	BCBS AR RI	0.8%
Noridian AK/WA 00322 (0.2%)		0.2%
	Noridian AK/WA	0.2%
BCBS AZ 00030 (0.0%)		0.0%
	BCBS AZ	0.0%
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332 (0.0%)		0.0%
	AdminaStar IL	0.0%
	AdminaStar IN	0.0%
	AdminaStar KY	0.0%
	AdminaStar OH	0.0%
Chisholm OK 00340 (0.6%)		0.6%
	Chisholm OK	0.6%
Trailblazer CO/NM/TX 00400 (0.9%)		0.9%
	Trailblazer CO/NM/TX	0.9%
BCBS GA 00101 (0.5%)		0.5%
	BCBS GA	0.5%
Palmetto GBA SC 00380 (0.2%)		0.2%
	Palmetto GBA SC	0.2%
UGS VA/WV 00453 (0.9%)		0.9%
	UGS VA/WV	0.9%
UGS WI/MI 00450/00452 (0.0%)		0.0%
	UGS MI	0.0%
	UGS WI	0.0%
Trispan LA/MO/MS 00230 (0.2%)		0.2%
	Trispan LA/MO/MS	0.2%
Anthem ME/MA 00180/00181 (0.1%)		0.1%
	Anthem MA	0.1%
	Anthem ME	0.0%
Cahaba GBA IA/SD 00011 (0.0%)		0.0%
	Cahaba GBA IA/SD	0.0%
Empire CT/DE/NY 00308 (0.0%)		0.0%
	Empire CT/DE/NY	0.0%
BCBS MT 00250 (0.0%)		0.0%
	BCBS MT	0.0%
Noridian MN/ND 00320/00321 (0.0%)		0.0%
	Noridian ND	0.1%
	Noridian MN	0.0%
Anthem NH/VT 00270 (0.0%)		0.0%
	Anthem NH/VT	0.0%
BCBS NE 00260 (0.7%)		0.7%
	BCBS NE	0.7%
Combined		0.2%