

List of Over-Utilized Codes

Mid-Year FY2008

The Comprehensive Error Rate Testing Program

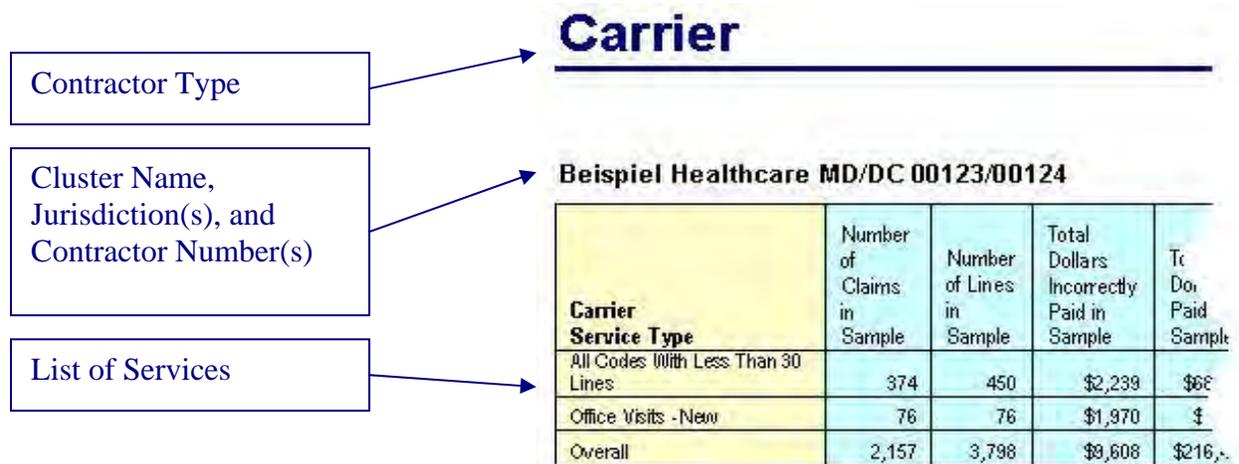


Introduction

On December 8, 2003, President George W. Bush signed into law the Medicare Prescription Drug, Improvement and Modernization Act (MMA) of 2003. MMA section 935 requires the Secretary to establish a process to notify classes of providers when a particular code is being over-utilized beginning 1 year after the date of enactment. In response to this requirement, the Centers for Medicare & Medicaid Services published the first annual list of over-utilized codes in 2004.

The list of over-utilized codes displays the top service codes that were found in error based on claims that were sampled by the Comprehensive Error Rate Testing (CERT) program. The list includes a section for each CERT cluster grouping of Medicare Administrative Contractor (MAC), Carriers, Durable Medical Equipment Regional Carriers (DMERC), and Fiscal Intermediaries (FI). The service-types used are Berenson-Eggers Type of Service (BETOS) codes for Carriers and Part B MACs, policy groups for DMERCs and DME MACs, and bill types for FIs and Part A MACs. Within each cluster's list, the rows are sorted by Projected Improper Payments. This list is produced annually, following the publication of the report of Improper Medicare FFS Payments. The Mid-Year FY2008 Report includes sampled claims that were submitted from October 01, 2006 to September 30, 2007.

About the Format:



Each list will contain a row labeled *Overall*. This row includes every service that was sampled and reviewed from the cluster, even the services that were not specifically listed.

A list may also contain a row labeled *All Codes With Less Than 30 Lines*. In order for a service to be included in the list, it must meet the threshold of 30 sampled lines. All services that did not meet the minimum are aggregated into the *All Codes With Less Than 30 Lines* category. The 30 line minimum is used to maintain statistical validity as well as to limit the number of rows in each list. Where applicable, this row is labeled *All Codes With Less Than 30 Claims*.

Additional Information:

Comprehensive Error Rate Testing Program – www.cms.hhs.gov/CERT

BETOS Codes - www.cms.hhs.gov/HCPCSReleaseCodeSets

Medicare Modernization Act - www.cms.hhs.gov/MMAUpdate

Carrier and Part B MAC

AdminaStar IN/KY 00630/00660

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	538	544	\$1,434	\$29,109	\$19,753,060	\$401,205,328	4.9%	0.8%	3.4% - 6.5%
Hospital visit - subsequent	122	207	\$1,057	\$11,403	\$14,554,491	\$156,811,548	9.3%	2.2%	4.9% - 13.7%
All Codes With Less Than 30 Claims	422	649	\$901	\$74,179	\$12,532,150	\$1,022,189,076	1.2%	0.4%	0.4% - 2.0%
Consultations	69	69	\$821	\$8,354	\$11,347,241	\$115,022,001	9.9%	2.4%	5.1% - 14.6%
Ambulance	32	73	\$464	\$12,939	\$6,463,443	\$177,331,407	3.6%	2.7%	(1.6%) - 8.9%
Office visits - new	36	36	\$463	\$2,576	\$6,397,269	\$35,550,754	18.0%	5.2%	7.7% - 28.3%
Nursing home visit	55	64	\$333	\$3,370	\$4,584,130	\$46,650,675	9.8%	3.1%	3.8% - 15.9%
Emergency room visit	42	42	\$251	\$4,505	\$3,445,582	\$61,973,819	5.6%	2.3%	1.1% - 10.0%
Chiropractic	50	70	\$117	\$1,509	\$1,618,299	\$20,825,554	7.8%	3.5%	0.9% - 14.6%
Lab tests - other (Medicare fee schedule)	38	57	\$94	\$4,416	\$1,314,428	\$60,877,272	2.2%	2.2%	(2.1%) - 6.4%
Minor procedures - other (Medicare fee schedule)	101	169	\$45	\$5,348	\$620,702	\$73,761,731	0.8%	0.6%	(0.3%) - 2.0%
Immunizations/Vaccinations	35	63	\$32	\$838	\$444,475	\$11,544,076	3.9%	2.7%	(1.5%) - 9.2%
Standard imaging - musculoskeletal	67	83	\$29	\$1,565	\$395,291	\$21,435,526	1.8%	1.6%	(1.3%) - 5.0%
Other tests - electrocardiograms	75	81	\$17	\$838	\$231,056	\$11,564,493	2.0%	1.4%	(0.8%) - 4.8%
Other drugs	67	97	\$11	\$13,622	\$152,418	\$189,292,272	0.1%	0.1%	(0.1%) - 0.2%
Lab tests - other (non-Medicare fee schedule)	213	395	\$10	\$5,066	\$137,767	\$69,581,349	0.2%	0.1%	(0.1%) - 0.5%
Specialist - psychiatry	33	35	\$10	\$1,181	\$136,432	\$16,313,265	0.8%	0.8%	(0.8%) - 2.4%
Lab tests - automated general profiles	99	101	\$3	\$965	\$39,895	\$13,276,325	0.3%	0.3%	(0.3%) - 0.9%
Lab tests - urinalysis	40	40	\$1	\$142	\$11,985	\$1,951,894	0.6%	0.6%	(0.6%) - 1.8%
Advanced imaging - CAT: other	32	49	\$0	\$2,824	\$0	\$38,856,624	0.0%	0.0%	0.0% - 0.0%
Anesthesia	33	33	\$0	\$4,508	\$0	\$61,834,636	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	94	95	\$0	\$942	\$0	\$12,904,897	0.0%	0.0%	0.0% - 0.0%
Lab tests - routine venipuncture (non Medicare fee schedule)	170	172	\$0	\$462	\$0	\$6,368,095	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	30	33	\$0	\$1,437	\$0	\$19,854,640	0.0%	0.0%	0.0% - 0.0%
Other tests - other	31	40	\$0	\$2,086	\$0	\$28,715,359	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	49	77	\$0	\$3,656	\$0	\$50,424,949	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	103	123	\$0	\$1,533	\$0	\$21,038,943	0.0%	0.0%	0.0% - 0.0%
Overall	1,960	3,497	\$6,092	\$199,372	\$84,180,115	\$2,747,156,509	3.1%	0.4%	2.3% - 3.8%

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

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Hospital visit - subsequent	130	258	\$2,154	\$16,151	\$41,765,658	\$325,085,038	12.8%	3.2%	6.6% - 19.1%
All Codes With Less Than 30 Claims	462	754	\$1,879	\$79,295	\$33,521,146	\$1,559,285,347	2.1%	0.7%	0.8% - 3.5%
Consultations	67	67	\$1,413	\$8,542	\$28,151,968	\$172,034,002	16.4%	2.9%	10.7% - 22.1%
Office visits - established	508	514	\$1,355	\$27,137	\$27,020,596	\$547,045,707	4.9%	0.8%	3.4% - 6.5%
Hospital visit - initial	41	41	\$1,080	\$5,594	\$20,799,513	\$112,537,095	18.5%	4.6%	9.4% - 27.6%
Minor procedures - other (Medicare fee schedule)	94	166	\$481	\$6,732	\$9,567,467	\$133,421,143	7.2%	3.5%	0.4% - 14.0%
Nursing home visit	48	59	\$334	\$2,325	\$6,971,367	\$45,736,486	15.2%	5.3%	4.9% - 25.6%
Emergency room visit	54	54	\$302	\$4,914	\$5,590,543	\$100,186,629	5.6%	2.7%	0.4% - 10.8%
Specialist - ophthalmology	63	100	\$193	\$4,726	\$3,886,276	\$96,199,711	4.0%	2.3%	(0.5%) - 8.5%
Chiropractic	39	54	\$134	\$1,223	\$2,760,712	\$24,701,649	11.2%	6.3%	(1.2%) - 23.6%
Lab tests - other (non-Medicare fee schedule)	192	323	\$135	\$4,519	\$2,361,113	\$92,669,645	2.5%	1.7%	(0.7%) - 5.8%
Ambulatory procedures - skin	31	51	\$65	\$4,025	\$1,343,151	\$83,775,015	1.6%	1.5%	(1.2%) - 4.5%
Standard imaging - chest	126	146	\$69	\$1,645	\$1,285,776	\$32,798,252	3.9%	2.4%	(0.9%) - 8.7%
Ambulance	31	82	\$62	\$10,411	\$1,073,611	\$200,797,977	0.5%	0.4%	(0.3%) - 1.4%
Immunizations/Vaccinations	41	79	\$46	\$1,117	\$919,957	\$23,404,354	3.9%	2.4%	(0.7%) - 8.6%
Other tests - electrocardiograms	70	76	\$37	\$660	\$707,536	\$13,712,317	5.2%	3.4%	(1.4%) - 11.8%
Other drugs	69	114	\$24	\$28,267	\$485,581	\$537,813,884	0.1%	0.1%	(0.0%) - 0.2%
Lab tests - urinalysis	35	35	\$13	\$111	\$266,263	\$2,280,885	11.7%	6.0%	(0.1%) - 23.4%
Standard imaging - musculoskeletal	70	98	\$14	\$1,956	\$243,097	\$39,702,944	0.6%	0.6%	(0.6%) - 1.8%
Lab tests - routine venipuncture (non Medicare fee schedule)	137	137	\$12	\$393	\$242,106	\$7,862,021	3.1%	1.5%	0.1% - 6.1%
Other tests - other	37	40	\$4	\$1,673	\$75,884	\$33,955,620	0.2%	0.2%	(0.2%) - 0.7%
Lab tests - automated general profiles	59	60	\$0	\$626	\$0	\$12,494,718	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	67	68	\$0	\$682	\$0	\$13,778,897	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	31	47	\$0	\$4,991	\$0	\$101,160,007	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	31	42	\$0	\$1,635	\$0	\$33,851,879	0.0%	0.0%	0.0% - 0.0%
Overall	1,908	3,465	\$9,807	\$219,349	\$189,039,321	\$4,346,291,223	4.3%	0.5%	3.3% - 5.4%

CIGNA ID 05130

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	651	656	\$1,394	\$31,094	\$1,424,694	\$31,772,146	4.5%	0.7%	3.1% - 5.9%
All Codes With Less Than 30 Claims	491	724	\$740	\$97,559	\$755,702	\$99,687,082	0.8%	0.2%	0.3% - 1.2%
Consultations	52	52	\$513	\$6,076	\$524,068	\$6,208,077	8.4%	2.5%	3.5% - 13.4%
Chiropractic	78	117	\$438	\$3,069	\$447,227	\$3,135,771	14.3%	4.9%	4.7% - 23.8%
Hospital visit - subsequent	57	96	\$383	\$5,009	\$391,293	\$5,118,283	7.6%	2.2%	3.2% - 12.0%
Emergency room visit	54	54	\$303	\$5,391	\$309,609	\$5,508,728	5.6%	2.1%	1.5% - 9.8%
Office visits - new	41	41	\$223	\$2,331	\$227,558	\$2,382,000	9.6%	3.3%	3.1% - 16.0%
Ambulatory procedures - other	37	45	\$209	\$3,144	\$213,109	\$3,212,652	6.6%	6.4%	(6.0%) - 19.3%
Minor procedures - other (Medicare fee schedule)	185	364	\$190	\$10,383	\$193,746	\$10,609,762	1.8%	1.0%	(0.1%) - 3.7%
Anesthesia	32	32	\$178	\$4,807	\$181,586	\$4,911,866	3.7%	3.7%	(3.5%) - 10.9%
Other tests - other	35	55	\$90	\$2,550	\$92,055	\$2,605,419	3.5%	2.7%	(1.9%) - 8.9%
Lab tests - other (non-Medicare fee schedule)	177	274	\$72	\$3,179	\$73,346	\$3,248,119	2.3%	1.1%	0.0% - 4.5%
Ambulatory procedures - skin	33	51	\$42	\$1,939	\$42,630	\$1,981,255	2.2%	1.7%	(1.1%) - 5.5%
Standard imaging - musculoskeletal	79	92	\$33	\$1,343	\$33,280	\$1,371,917	2.4%	2.1%	(1.7%) - 6.6%
Standard imaging - chest	107	117	\$30	\$1,804	\$30,838	\$1,843,004	1.7%	1.2%	(0.8%) - 4.1%
Immunizations/Vaccinations	55	101	\$17	\$974	\$17,177	\$994,991	1.7%	1.7%	(1.6%) - 5.1%
Other drugs	53	62	\$16	\$8,347	\$16,748	\$8,529,259	0.2%	0.1%	(0.1%) - 0.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	146	150	\$15	\$417	\$15,327	\$426,096	3.6%	1.6%	0.5% - 6.7%
Lab tests - urinalysis	58	59	\$9	\$214	\$9,247	\$218,474	4.2%	2.6%	(0.9%) - 9.4%
Lab tests - blood counts	59	62	\$5	\$566	\$4,659	\$578,418	0.8%	0.6%	(0.3%) - 1.9%
Lab tests - automated general profiles	61	63	\$0	\$690	\$0	\$705,409	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	42	64	\$0	\$4,935	\$0	\$5,042,168	0.0%	0.0%	0.0% - 0.0%
Minor procedures - musculoskeletal	52	58	\$0	\$7,753	\$0	\$7,922,189	0.0%	0.0%	0.0% - 0.0%
Other tests - electrocardiograms	51	59	\$0	\$596	\$0	\$608,520	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	62	110	\$0	\$5,492	\$0	\$5,611,359	0.0%	0.0%	0.0% - 0.0%
Overall	2,085	3,558	\$4,897	\$209,660	\$5,003,901	\$214,232,962	2.3%	0.3%	1.8% - 2.9%

CIGNA NC 05535

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	469	752	\$2,455	\$78,340	\$29,119,565	\$929,049,850	3.1%	1.6%	0.0% - 6.2%
Consultations	67	67	\$1,366	\$8,811	\$16,202,928	\$104,492,567	15.5%	3.7%	8.2% - 22.8%
Office visits - established	567	576	\$1,246	\$30,630	\$14,776,034	\$363,249,392	4.1%	0.6%	2.8% - 5.3%
Hospital visit - subsequent	99	175	\$834	\$11,021	\$9,891,366	\$130,703,911	7.6%	1.9%	3.8% - 11.3%
Nursing home visit	49	52	\$503	\$2,778	\$5,968,832	\$32,943,550	18.1%	4.2%	9.8% - 26.4%
Emergency room visit	53	53	\$411	\$5,509	\$4,870,793	\$65,335,056	7.5%	2.6%	2.3% - 12.6%
Office visits - new	37	37	\$335	\$2,375	\$3,976,612	\$28,163,124	14.1%	5.1%	4.2% - 24.0%
Chiropractic	35	45	\$166	\$1,374	\$1,972,652	\$16,297,327	12.1%	5.4%	1.5% - 22.7%
Anesthesia	38	39	\$101	\$3,708	\$1,200,977	\$43,975,886	2.7%	2.7%	(2.6%) - 8.0%
Ambulance	35	73	\$58	\$11,567	\$688,661	\$137,179,721	0.5%	0.4%	(0.3%) - 1.3%
Minor procedures - other (Medicare fee schedule)	85	125	\$51	\$5,343	\$598,887	\$63,360,981	0.9%	0.9%	(0.9%) - 2.8%
Minor procedures - musculoskeletal	32	32	\$48	\$2,085	\$572,086	\$24,728,357	2.3%	2.3%	(2.2%) - 6.8%
Lab tests - other (non-Medicare fee schedule)	342	696	\$32	\$8,292	\$375,224	\$98,336,953	0.4%	0.2%	(0.1%) - 0.8%
Other drugs	52	69	\$31	\$10,561	\$370,243	\$125,244,192	0.3%	0.2%	(0.1%) - 0.7%
Specialist - ophthalmology	60	108	\$29	\$5,496	\$348,066	\$65,172,111	0.5%	0.5%	(0.5%) - 1.6%
Immunizations/Vaccinations	41	73	\$18	\$882	\$215,244	\$10,457,404	2.1%	2.0%	(2.0%) - 6.1%
Other tests - electrocardiograms	67	84	\$17	\$904	\$199,234	\$10,718,424	1.9%	1.3%	(0.7%) - 4.4%
Lab tests - routine venipuncture (non Medicare fee schedule)	193	193	\$9	\$522	\$106,732	\$6,190,480	1.7%	1.0%	(0.2%) - 3.7%
Lab tests - urinalysis	77	77	\$7	\$279	\$83,133	\$3,307,044	2.5%	1.6%	(0.7%) - 5.7%
Standard imaging - musculoskeletal	61	82	\$4	\$1,878	\$48,385	\$22,273,156	0.2%	0.1%	(0.0%) - 0.5%
Standard imaging - chest	114	129	\$2	\$1,869	\$22,058	\$22,161,087	0.1%	0.1%	(0.1%) - 0.3%
Lab tests - automated general profiles	145	154	\$0	\$1,353	\$0	\$16,039,864	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	126	130	\$0	\$1,194	\$0	\$14,157,935	0.0%	0.0%	0.0% - 0.0%
Lab tests - glucose	31	31	\$0	\$123	\$0	\$1,454,881	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	49	59	\$0	\$4,484	\$0	\$53,173,373	0.0%	0.0%	0.0% - 0.0%
Overall	2,064	3,911	\$7,725	\$201,377	\$91,607,712	\$2,388,166,624	3.8%	0.7%	2.5% - 5.2%

CIGNA TN 05440

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	564	566	\$2,116	\$29,956	\$17,800,420	\$252,021,275	7.1%	0.8%	5.4% - 8.7%
Hospital visit - subsequent	152	314	\$1,532	\$17,185	\$12,884,552	\$144,575,923	8.9%	1.7%	5.5% - 12.3%
Consultations	81	81	\$1,129	\$9,821	\$9,500,602	\$82,623,635	11.5%	2.8%	6.0% - 17.0%
All Codes With Less Than 30 Claims	352	483	\$798	\$53,674	\$6,715,066	\$451,555,614	1.5%	1.2%	(0.8%) - 3.8%
Hospital visit - initial	33	33	\$491	\$4,254	\$4,132,031	\$35,792,655	11.5%	4.0%	3.7% - 19.4%
Office visits - new	46	46	\$401	\$3,390	\$3,377,556	\$28,519,640	11.8%	3.5%	4.9% - 18.7%
Echography - heart	30	84	\$341	\$5,420	\$2,868,235	\$45,595,955	6.3%	6.0%	(5.5%) - 18.1%
Ambulance	44	96	\$340	\$14,526	\$2,862,935	\$122,206,670	2.3%	2.2%	(2.0%) - 6.7%
Minor procedures - other (Medicare fee schedule)	129	195	\$281	\$6,358	\$2,363,456	\$53,488,501	4.4%	1.9%	0.7% - 8.1%
Emergency room visit	49	49	\$213	\$5,050	\$1,793,982	\$42,483,240	4.2%	1.9%	0.6% - 7.9%
Nursing home visit	61	66	\$150	\$3,137	\$1,264,049	\$26,388,214	4.8%	1.8%	1.2% - 8.3%
Chiropractic	46	54	\$77	\$1,381	\$646,789	\$11,617,221	5.6%	3.1%	(0.6%) - 11.7%
Standard imaging - chest	112	121	\$75	\$1,780	\$633,581	\$14,975,428	4.2%	2.3%	(0.3%) - 8.7%
Other drugs	89	126	\$56	\$10,508	\$473,734	\$88,402,253	0.5%	0.3%	(0.0%) - 1.1%
Specialist - psychiatry	50	53	\$41	\$2,289	\$343,502	\$19,259,481	1.8%	1.8%	(1.7%) - 5.3%
Other tests - electrocardiograms	83	86	\$37	\$1,037	\$313,047	\$8,721,056	3.6%	2.3%	(1.0%) - 8.2%
Standard imaging - musculoskeletal	70	88	\$36	\$1,796	\$305,307	\$15,107,595	2.0%	1.6%	(1.1%) - 5.2%
Immunizations/Vaccinations	39	74	\$9	\$966	\$74,287	\$8,129,708	0.9%	0.9%	(0.9%) - 2.7%
Lab tests - other (non-Medicare fee schedule)	238	431	\$7	\$5,119	\$55,862	\$43,064,912	0.1%	0.1%	(0.1%) - 0.4%
Lab tests - urinalysis	56	57	\$1	\$174	\$7,235	\$1,463,689	0.5%	0.5%	(0.5%) - 1.4%
Advanced imaging - CAT: other	34	50	\$0	\$4,360	\$0	\$36,680,392	0.0%	0.0%	0.0% - 0.0%
Anesthesia	36	38	\$0	\$4,119	\$0	\$34,651,015	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	89	93	\$0	\$807	\$0	\$6,788,175	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	93	95	\$0	\$895	\$0	\$7,528,348	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	45	67	\$0	\$5,861	\$0	\$49,305,067	0.0%	0.0%	0.0% - 0.0%
Lab tests - routine venipuncture (non Medicare fee schedule)	209	211	\$0	\$564	\$0	\$4,744,916	0.0%	0.0%	0.0% - 0.0%
Minor procedures - musculoskeletal	31	39	\$0	\$2,943	\$0	\$24,756,265	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	33	35	\$0	\$2,594	\$0	\$21,819,549	0.0%	0.0%	0.0% - 0.0%
Other tests - other	37	47	\$0	\$3,442	\$0	\$28,958,629	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	55	91	\$0	\$5,217	\$0	\$43,889,468	0.0%	0.0%	0.0% - 0.0%
Standard imaging - nuclear medicine	32	68	\$0	\$6,162	\$0	\$51,840,484	0.0%	0.0%	0.0% - 0.0%
Overall	2,113	3,937	\$8,132	\$214,782	\$68,416,227	\$1,806,954,974	3.8%	0.5%	2.8% - 4.7%

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

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	591	598	\$2,224	\$31,828	\$44,421,534	\$633,324,556	7.0%	1.0%	5.1% - 8.9%
All Codes With Less Than 30 Claims	483	777	\$2,189	\$87,611	\$43,434,506	\$1,737,561,606	2.5%	0.8%	1.0% - 4.0%
Hospital visit - subsequent	125	218	\$2,093	\$13,106	\$41,656,730	\$260,185,350	16.0%	3.0%	10.2% - 21.8%
Hospital visit - initial	37	37	\$821	\$4,404	\$16,423,274	\$89,106,194	18.4%	6.0%	6.7% - 30.1%
Consultations	50	50	\$756	\$4,440	\$15,463,851	\$88,703,606	17.4%	5.3%	7.0% - 27.8%
Minor procedures - other (Medicare fee schedule)	106	173	\$422	\$5,652	\$8,478,376	\$111,713,628	7.6%	3.4%	1.0% - 14.2%
Nursing home visit	39	42	\$397	\$1,974	\$7,770,189	\$38,950,427	19.9%	6.0%	8.2% - 31.7%
Office visits - new	49	49	\$329	\$4,028	\$6,496,185	\$81,483,899	8.0%	2.2%	3.7% - 12.3%
Emergency room visit	54	54	\$261	\$5,004	\$5,112,164	\$99,396,652	5.1%	2.1%	1.0% - 9.3%
Other tests - other	47	63	\$251	\$3,370	\$5,047,673	\$67,408,907	7.5%	4.0%	(0.4%) - 15.4%
Lab tests - other (Medicare fee schedule)	33	51	\$162	\$4,085	\$3,225,276	\$81,206,793	4.0%	3.1%	(2.0%) - 10.0%
Advanced imaging - CAT: other	32	48	\$152	\$4,785	\$3,019,327	\$94,698,705	3.2%	3.2%	(3.1%) - 9.4%
Lab tests - other (non-Medicare fee schedule)	261	474	\$94	\$5,614	\$1,856,464	\$110,884,970	1.7%	1.0%	(0.4%) - 3.7%
Other drugs	86	122	\$90	\$10,205	\$1,767,674	\$206,670,785	0.9%	0.5%	(0.0%) - 1.8%
Minor procedures - musculoskeletal	37	44	\$65	\$2,462	\$1,231,665	\$49,954,310	2.5%	2.5%	(2.4%) - 7.3%
Standard imaging - chest	99	105	\$62	\$1,472	\$1,216,391	\$29,430,095	4.1%	2.9%	(1.5%) - 9.8%
Standard imaging - musculoskeletal	72	106	\$55	\$1,910	\$1,092,588	\$37,687,357	2.9%	2.0%	(1.0%) - 6.8%
Other tests - electrocardiograms	61	66	\$42	\$833	\$872,510	\$16,503,238	5.3%	3.3%	(1.2%) - 11.8%
Lab tests - automated general profiles	118	123	\$31	\$1,138	\$614,801	\$22,580,246	2.7%	1.6%	(0.4%) - 5.8%
Specialist - ophthalmology	45	69	\$28	\$3,502	\$552,318	\$69,635,753	0.8%	0.8%	(0.7%) - 2.3%
Lab tests - blood counts	102	109	\$22	\$1,005	\$441,845	\$20,014,661	2.2%	1.6%	(0.8%) - 5.3%
Lab tests - routine venipuncture (non Medicare fee schedule)	189	189	\$12	\$479	\$244,215	\$9,546,095	2.6%	1.3%	0.1% - 5.0%
Immunizations/Vaccinations	46	68	\$6	\$910	\$110,942	\$18,018,188	0.6%	0.6%	(0.6%) - 1.8%
Lab tests - urinalysis	43	43	\$1	\$127	\$16,369	\$2,538,935	0.6%	0.6%	(0.6%) - 1.9%
Anesthesia	44	49	\$0	\$3,947	\$0	\$78,853,210	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	32	37	\$0	\$2,362	\$0	\$47,159,677	0.0%	0.0%	0.0% - 0.0%
Overall	2,023	3,764	\$10,565	\$206,255	\$210,566,867	\$4,103,217,842	5.1%	0.5%	4.1% - 6.2%

First Coast Service Options FL 00590

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	509	870	\$4,200	\$95,652	\$135,062,763	\$3,076,193,126	4.4%	1.5%	1.4% - 7.4%
Hospital visit - subsequent	131	272	\$2,613	\$16,562	\$84,021,150	\$532,621,392	15.8%	2.4%	11.0% - 20.6%
Office visits - established	537	547	\$1,896	\$31,856	\$60,991,626	\$1,024,500,120	6.0%	0.8%	4.5% - 7.4%
Consultations	74	74	\$1,569	\$10,531	\$50,452,118	\$338,672,203	14.9%	2.8%	9.4% - 20.4%
Nursing home visit	52	69	\$489	\$3,691	\$15,739,795	\$118,718,358	13.3%	3.6%	6.2% - 20.3%
Office visits - new	37	37	\$431	\$3,088	\$13,876,761	\$99,324,533	14.0%	4.1%	6.0% - 21.9%
Minor procedures - other (Medicare fee schedule)	113	229	\$421	\$8,738	\$13,551,300	\$281,012,041	4.8%	2.3%	0.2% - 9.4%
Other drugs	66	95	\$382	\$17,932	\$12,289,338	\$576,694,233	2.1%	2.1%	(2.1%) - 6.3%
Lab tests - other (non-Medicare fee schedule)	308	741	\$299	\$10,258	\$9,628,733	\$329,910,827	2.9%	2.1%	(1.1%) - 7.0%
Other tests - other	42	84	\$245	\$5,165	\$7,876,973	\$166,106,263	4.7%	4.5%	(4.1%) - 13.5%
Specialist - ophthalmology	57	96	\$149	\$5,895	\$4,797,322	\$189,585,064	2.5%	1.7%	(0.9%) - 5.9%
Minor procedures - musculoskeletal	40	64	\$113	\$4,502	\$3,642,453	\$144,789,585	2.5%	1.9%	(1.3%) - 6.3%
Standard imaging - musculoskeletal	65	102	\$84	\$2,516	\$2,688,584	\$80,908,374	3.3%	3.0%	(2.7%) - 9.3%
Anesthesia	30	33	\$75	\$4,882	\$2,404,289	\$157,010,101	1.5%	1.6%	(1.5%) - 4.6%
Lab tests - routine venipuncture (non Medicare fee schedule)	173	176	\$45	\$486	\$1,455,888	\$15,629,808	9.3%	6.3%	(3.1%) - 21.7%
Lab tests - other (Medicare fee schedule)	38	70	\$39	\$5,920	\$1,239,772	\$190,396,463	0.7%	0.7%	(0.7%) - 2.0%
Lab tests - blood counts	108	113	\$31	\$1,071	\$989,245	\$34,443,787	2.9%	1.6%	(0.3%) - 6.1%
Lab tests - automated general profiles	106	111	\$21	\$1,068	\$674,719	\$34,352,452	2.0%	1.4%	(0.8%) - 4.7%
Standard imaging - chest	77	95	\$11	\$1,755	\$348,615	\$56,437,113	0.6%	0.6%	(0.6%) - 1.8%
Minor procedures - skin	47	61	\$10	\$3,432	\$336,395	\$110,363,165	0.3%	0.3%	(0.3%) - 0.9%
Other tests - electrocardiograms	68	81	\$8	\$1,044	\$266,607	\$33,584,469	0.8%	0.8%	(0.8%) - 2.4%
Lab tests - urinalysis	63	63	\$8	\$221	\$257,281	\$7,111,241	3.6%	2.5%	(1.3%) - 8.6%
Ambulatory procedures - skin	48	88	\$7	\$8,144	\$226,407	\$261,907,014	0.1%	0.1%	(0.1%) - 0.3%
Overall	1,951	4,171	\$13,147	\$244,411	\$422,818,134	\$7,860,271,730	5.4%	0.7%	3.9% - 6.8%

First Coast Service Options CT 00591

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	523	534	\$1,724	\$34,464	\$8,532,638	\$170,557,492	5.0%	0.7%	3.7% - 6.3%
All Codes With Less Than 30 Claims	381	599	\$1,470	\$75,591	\$7,277,125	\$374,087,018	1.9%	0.7%	0.6% - 3.3%
Hospital visit - subsequent	87	142	\$931	\$9,332	\$4,604,966	\$46,184,217	10.0%	2.7%	4.7% - 15.2%
Consultations	63	63	\$784	\$8,781	\$3,878,134	\$43,457,522	8.9%	2.5%	3.9% - 13.9%
Nursing home visit	88	94	\$603	\$5,640	\$2,984,775	\$27,912,224	10.7%	2.1%	6.5% - 14.9%
Minor procedures - other (Medicare fee schedule)	121	208	\$390	\$7,851	\$1,928,303	\$38,852,655	5.0%	2.9%	(0.7%) - 10.6%
Office visits - new	30	31	\$343	\$2,609	\$1,699,619	\$12,909,414	13.2%	4.6%	4.1% - 22.3%
Specialist - psychiatry	45	64	\$213	\$2,573	\$1,053,601	\$12,734,325	8.3%	5.7%	(2.9%) - 19.4%
Ambulance	50	100	\$119	\$18,632	\$589,700	\$92,203,986	0.6%	0.4%	(0.2%) - 1.5%
Emergency room visit	37	38	\$96	\$3,467	\$473,354	\$17,157,323	2.8%	2.7%	(2.6%) - 8.1%
Specialist - ophthalmology	91	172	\$77	\$10,208	\$381,850	\$50,519,523	0.8%	0.5%	(0.3%) - 1.8%
Lab tests - other (non-Medicare fee schedule)	244	488	\$40	\$5,386	\$198,497	\$26,653,940	0.7%	0.4%	(0.0%) - 1.5%
Standard imaging - chest	73	80	\$30	\$1,328	\$146,039	\$6,573,157	2.2%	2.2%	(2.1%) - 6.5%
Other tests - electrocardiograms	86	95	\$16	\$1,687	\$79,379	\$8,347,701	1.0%	0.9%	(0.9%) - 2.8%
Other tests - other	64	83	\$7	\$5,022	\$34,097	\$24,854,107	0.1%	0.1%	(0.1%) - 0.4%
Lab tests - routine venipuncture (non Medicare fee schedule)	197	198	\$6	\$561	\$29,693	\$2,776,282	1.1%	0.8%	(0.4%) - 2.5%
Lab tests - urinalysis	51	51	\$5	\$161	\$26,179	\$798,639	3.3%	2.7%	(2.1%) - 8.6%
Other drugs	56	78	\$4	\$15,821	\$21,676	\$78,297,139	0.0%	0.0%	(0.0%) - 0.1%
Ambulatory procedures - skin	42	64	\$0	\$7,141	\$0	\$35,339,793	0.0%	0.0%	0.0% - 0.0%
Anesthesia	32	36	\$0	\$3,535	\$0	\$17,492,457	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	45	89	\$0	\$1,452	\$0	\$7,184,483	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	88	90	\$0	\$927	\$0	\$4,587,497	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	103	107	\$0	\$1,066	\$0	\$5,275,035	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	52	79	\$0	\$9,392	\$0	\$46,480,799	0.0%	0.0%	0.0% - 0.0%
Standard imaging - musculoskeletal	62	83	\$0	\$2,127	\$0	\$10,526,760	0.0%	0.0%	0.0% - 0.0%
Overall	1,938	3,666	\$6,858	\$234,756	\$33,939,626	\$1,161,763,489	2.9%	0.4%	2.2% - 3.6%

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

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Hospital visit - subsequent	118	233	\$3,622	\$13,385	\$30,274,431	\$108,276,148	28.0%	5.7%	16.8% - 39.1%
All Codes With Less Than 30 Claims	460	709	\$1,715	\$86,587	\$13,806,894	\$688,201,244	2.0%	0.6%	0.9% - 3.1%
Office visits - established	451	453	\$1,143	\$24,114	\$9,271,633	\$196,976,488	4.7%	0.8%	3.1% - 6.3%
Consultations	60	60	\$863	\$6,677	\$6,853,736	\$52,772,495	13.0%	4.3%	4.6% - 21.4%
Chiropractic	91	119	\$257	\$3,372	\$1,905,886	\$26,905,607	7.1%	2.3%	2.5% - 11.7%
Minor procedures - other (Medicare fee schedule)	83	131	\$212	\$3,917	\$1,675,642	\$33,504,781	5.0%	1.7%	1.6% - 8.4%
Specialist - ophthalmology	64	110	\$169	\$4,576	\$1,381,612	\$37,398,469	3.7%	2.7%	(1.5%) - 8.9%
Other tests - other	30	50	\$119	\$3,804	\$1,138,022	\$34,412,425	3.3%	3.0%	(2.5%) - 9.1%
Emergency room visit	30	30	\$134	\$2,874	\$1,003,026	\$24,607,572	4.1%	2.3%	(0.4%) - 8.5%
Other tests - electrocardiograms	53	66	\$94	\$748	\$773,654	\$6,345,249	12.2%	5.1%	2.2% - 22.2%
Specialist - psychiatry	37	38	\$53	\$1,536	\$358,904	\$11,243,618	3.2%	3.2%	(3.1%) - 9.4%
Standard imaging - musculoskeletal	63	79	\$39	\$1,535	\$348,653	\$11,735,730	3.0%	2.5%	(1.9%) - 7.8%
Standard imaging - chest	90	102	\$42	\$1,363	\$287,082	\$11,531,577	2.5%	1.9%	(1.2%) - 6.2%
Lab tests - other (non-Medicare fee schedule)	261	442	\$24	\$5,514	\$232,841	\$42,972,033	0.5%	0.4%	(0.2%) - 1.3%
Other drugs	58	87	\$24	\$10,125	\$198,082	\$75,854,098	0.3%	0.2%	(0.1%) - 0.6%
Immunizations/Vaccinations	35	64	\$20	\$865	\$135,580	\$6,990,823	1.9%	1.7%	(1.5%) - 5.3%
Lab tests - urinalysis	65	65	\$14	\$241	\$96,602	\$1,853,341	5.2%	2.5%	0.3% - 10.1%
Lab tests - automated general profiles	119	122	\$12	\$1,288	\$80,155	\$9,904,668	0.8%	0.8%	(0.8%) - 2.4%
Lab tests - blood counts	108	117	\$6	\$928	\$58,575	\$7,341,457	0.8%	0.8%	(0.8%) - 2.4%
Lab tests - other (Medicare fee schedule)	33	47	\$0	\$3,043	\$0	\$25,187,870	0.0%	0.0%	0.0% - 0.0%
Lab tests - routine venipuncture (non Medicare fee schedule)	181	182	\$0	\$516	\$0	\$4,153,939	0.0%	0.0%	0.0% - 0.0%
Minor procedures - musculoskeletal	32	41	\$0	\$2,086	\$0	\$16,315,897	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	47	56	\$0	\$4,075	\$0	\$36,245,258	0.0%	0.0%	0.0% - 0.0%
Overall	1,809	3,403	\$8,560	\$183,169	\$69,881,012	\$1,470,730,789	4.8%	0.7%	3.3% - 6.2%

BCBS MT 00751

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	280	489	\$834	\$34,781	\$669,626	\$27,926,658	2.4%	0.8%	0.9% - 3.9%
Office visits - established	83	83	\$215	\$4,039	\$172,517	\$3,242,715	5.3%	2.4%	0.7% - 10.0%
Overall	338	572	\$1,049	\$38,820	\$842,144	\$31,169,373	2.7%	0.8%	1.1% - 4.3%

HealthNow NY 00801

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Hospital visit - subsequent	114	183	\$1,539	\$10,929	\$9,927,249	\$70,512,017	14.1%	4.4%	5.4% - 22.8%
Office visits - established	529	539	\$1,351	\$28,510	\$8,716,610	\$183,947,120	4.7%	0.7%	3.3% - 6.2%
Consultations	73	73	\$1,210	\$8,705	\$7,806,631	\$56,166,880	13.9%	2.8%	8.4% - 19.4%
All Codes With Less Than 30 Claims	378	607	\$959	\$66,654	\$6,185,909	\$430,044,953	1.4%	0.5%	0.5% - 2.4%
Hospital visit - initial	31	31	\$906	\$4,064	\$5,844,860	\$26,219,254	22.3%	5.9%	10.6% - 33.9%
Nursing home visit	44	57	\$324	\$2,671	\$2,093,068	\$17,231,921	12.1%	5.3%	1.7% - 22.6%
Chiropractic	51	63	\$184	\$1,680	\$1,184,250	\$10,842,389	10.9%	4.3%	2.6% - 19.3%
Emergency room visit	44	44	\$161	\$3,746	\$1,040,179	\$24,170,446	4.3%	2.2%	0.0% - 8.6%
Ambulance	33	64	\$136	\$12,094	\$879,655	\$78,028,699	1.1%	1.1%	(1.1%) - 3.3%
Minor procedures - other (Medicare fee schedule)	104	205	\$130	\$6,471	\$835,717	\$41,751,868	2.0%	1.2%	(0.3%) - 4.3%
Other tests - other	40	62	\$79	\$3,468	\$510,541	\$22,372,489	2.3%	1.6%	(0.9%) - 5.4%
Ambulatory procedures - skin	33	54	\$54	\$2,255	\$350,726	\$14,548,180	2.4%	2.4%	(2.4%) - 7.2%
Lab tests - other (non-Medicare fee schedule)	161	266	\$49	\$2,913	\$314,273	\$18,794,060	1.7%	1.3%	(0.8%) - 4.2%
Other drugs	31	42	\$41	\$12,980	\$263,238	\$83,747,812	0.3%	0.2%	(0.1%) - 0.7%
Specialist - ophthalmology	68	93	\$30	\$5,227	\$192,009	\$33,723,419	0.6%	0.6%	(0.5%) - 1.7%
Minor procedures - skin	49	54	\$29	\$2,699	\$189,428	\$17,416,123	1.1%	1.1%	(1.1%) - 3.2%
Other tests - electrocardiograms	82	95	\$16	\$1,077	\$103,618	\$6,951,236	1.5%	1.1%	(0.6%) - 3.6%
Lab tests - urinalysis	41	41	\$14	\$146	\$92,585	\$944,626	9.8%	4.5%	0.9% - 18.7%
Lab tests - automated general profiles	61	65	\$13	\$670	\$82,972	\$4,320,916	1.9%	1.9%	(1.8%) - 5.6%
Standard imaging - chest	119	128	\$10	\$1,573	\$66,261	\$10,150,614	0.7%	0.6%	(0.6%) - 1.9%
Standard imaging - musculoskeletal	69	97	\$9	\$2,050	\$56,648	\$13,227,407	0.4%	0.4%	(0.4%) - 1.3%
Lab tests - routine venipuncture (non Medicare fee schedule)	110	111	\$3	\$288	\$19,356	\$1,858,153	1.0%	1.0%	(1.0%) - 3.1%
Advanced imaging - CAT: other	32	56	\$0	\$5,653	\$0	\$36,475,744	0.0%	0.0%	0.0% - 0.0%
Anesthesia	31	34	\$0	\$3,632	\$0	\$23,433,830	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	57	104	\$0	\$1,236	\$0	\$7,971,865	0.0%	0.0%	0.0% - 0.0%

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Lab tests - blood counts	63	65	\$0	\$573	\$0	\$3,694,048	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	45	58	\$0	\$1,934	\$0	\$12,475,242	0.0%	0.0%	0.0% - 0.0%
Overall	1,962	3,291	\$7,247	\$193,899	\$46,755,784	\$1,251,021,312	3.7%	0.5%	2.8% - 4.7%

Empire NY 00803

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Consultations	91	95	\$3,808	\$12,897	\$55,770,888	\$188,896,069	29.5%	3.5%	22.6% - 36.5%
Minor procedures - other (Medicare fee schedule)	206	489	\$2,983	\$17,926	\$43,686,307	\$262,549,459	16.6%	3.9%	9.0% - 24.3%
Office visits - established	563	578	\$2,935	\$35,371	\$42,987,545	\$518,041,145	8.3%	1.0%	6.4% - 10.2%
All Codes With Less Than 30 Claims	479	737	\$2,910	\$113,252	\$42,620,808	\$1,658,698,096	2.6%	0.8%	1.0% - 4.1%
Hospital visit - subsequent	119	233	\$2,718	\$15,946	\$39,804,232	\$233,548,867	17.0%	3.0%	11.2% - 22.9%
Office visits - new	49	50	\$1,033	\$4,588	\$15,131,247	\$67,197,276	22.5%	4.6%	13.5% - 31.6%
Nursing home visit	83	93	\$887	\$5,390	\$12,991,316	\$78,937,236	16.5%	3.1%	10.4% - 22.5%
Specialist - ophthalmology	64	106	\$242	\$7,897	\$3,539,798	\$115,664,338	3.1%	1.8%	(0.5%) - 6.6%
Chiropractic	37	76	\$197	\$2,289	\$2,886,438	\$33,531,779	8.6%	6.1%	(3.3%) - 20.5%
Emergency room visit	41	41	\$165	\$4,103	\$2,423,771	\$60,093,954	4.0%	2.1%	(0.1%) - 8.1%
Standard imaging - musculoskeletal	55	68	\$111	\$1,887	\$1,620,143	\$27,634,557	5.9%	4.1%	(2.2%) - 13.9%
Other tests - electrocardiograms	115	121	\$89	\$2,281	\$1,302,471	\$33,414,171	3.9%	1.8%	0.4% - 7.4%
Lab tests - other (non-Medicare fee schedule)	205	432	\$71	\$4,619	\$1,046,019	\$67,646,323	1.5%	0.8%	(0.1%) - 3.2%
Ambulatory procedures - skin	47	69	\$68	\$6,042	\$1,000,470	\$88,490,544	1.1%	1.0%	(0.8%) - 3.1%
Other tests - other	55	87	\$55	\$3,903	\$808,461	\$57,165,336	1.4%	1.4%	(1.4%) - 4.2%
Minor procedures - skin	74	83	\$50	\$5,164	\$734,645	\$75,632,507	1.0%	1.0%	(1.0%) - 2.9%
Lab tests - automated general profiles	76	80	\$35	\$723	\$509,096	\$10,591,565	4.8%	3.3%	(1.6%) - 11.3%
Lab tests - urinalysis	51	52	\$33	\$196	\$487,273	\$2,874,722	17.0%	6.0%	5.2% - 28.7%
Lab tests - blood counts	90	94	\$22	\$920	\$318,112	\$13,475,807	2.4%	1.6%	(0.8%) - 5.6%
Specialist - psychiatry	74	110	\$21	\$5,018	\$311,960	\$73,494,334	0.4%	0.4%	(0.4%) - 1.3%
Other drugs	44	77	\$19	\$10,009	\$274,906	\$146,598,498	0.2%	0.1%	(0.1%) - 0.5%
Other - non-Medicare fee schedule	36	37	\$12	\$321	\$176,338	\$4,706,353	3.7%	3.7%	(3.5%) - 11.0%
Standard imaging - chest	80	91	\$11	\$1,552	\$157,591	\$22,730,629	0.7%	0.7%	(0.7%) - 2.1%
Lab tests - routine venipuncture (non Medicare fee schedule)	167	169	\$9	\$477	\$131,814	\$6,986,153	1.9%	1.1%	(0.2%) - 4.0%
Lab tests - other (Medicare fee schedule)	56	81	\$0	\$7,243	\$0	\$106,079,248	0.0%	0.0%	0.0% - 0.0%
Overall	2,091	4,149	\$18,484	\$270,017	\$270,721,647	\$3,954,678,967	6.8%	0.7%	5.6% - 8.1%

Empire NJ 00805

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	434	687	\$4,929	\$87,574	\$65,719,069	\$1,167,643,165	5.6%	2.9%	(0.1%) - 11.4%
Consultations	92	92	\$3,140	\$12,082	\$41,861,298	\$161,096,418	26.0%	3.2%	19.6% - 32.3%
Office visits - established	464	468	\$2,707	\$30,974	\$36,090,121	\$412,988,737	8.7%	1.0%	6.7% - 10.8%
Hospital visit - subsequent	140	263	\$2,489	\$22,425	\$33,183,866	\$298,996,929	11.1%	2.6%	6.0% - 16.2%
Minor procedures - other (Medicare fee schedule)	103	233	\$812	\$7,766	\$10,822,356	\$103,549,850	10.5%	4.5%	1.5% - 19.4%
Nursing home visit	65	81	\$693	\$4,522	\$9,238,363	\$60,296,024	15.3%	3.9%	7.7% - 23.0%
Minor procedures - skin	66	72	\$629	\$3,707	\$8,386,900	\$49,426,468	17.0%	10.6%	(3.8%) - 37.8%
Emergency room visit	42	42	\$449	\$4,818	\$5,990,109	\$64,244,008	9.3%	4.3%	0.9% - 17.7%
Lab tests - other (Medicare fee schedule)	36	50	\$400	\$7,881	\$5,330,779	\$105,075,710	5.1%	3.4%	(1.6%) - 11.8%
Office visits - new	36	36	\$368	\$3,214	\$4,900,247	\$42,848,094	11.4%	5.7%	0.2% - 22.6%
Other tests - other	47	83	\$319	\$4,644	\$4,249,583	\$61,923,751	6.9%	6.0%	(5.0%) - 18.7%
Other drugs	46	64	\$310	\$13,808	\$4,134,383	\$184,104,325	2.2%	1.8%	(1.2%) - 5.7%
Ambulance	33	74	\$265	\$8,317	\$3,530,119	\$110,889,154	3.2%	3.1%	(3.0%) - 9.4%
Lab tests - other (non-Medicare fee schedule)	381	933	\$174	\$13,617	\$2,325,724	\$181,564,602	1.3%	0.6%	0.0% - 2.5%
Other tests - electrocardiograms	117	122	\$128	\$1,976	\$1,712,393	\$26,344,427	6.5%	2.3%	2.0% - 11.0%
Ambulatory procedures - skin	42	47	\$92	\$2,745	\$1,232,662	\$36,601,453	3.4%	3.0%	(2.4%) - 9.2%
Minor procedures - musculoskeletal	39	54	\$73	\$4,426	\$978,396	\$59,012,162	1.7%	1.7%	(1.6%) - 4.9%
Specialist - ophthalmology	69	114	\$51	\$6,383	\$683,997	\$85,107,924	0.8%	0.8%	(0.7%) - 2.3%
Standard imaging - chest	66	77	\$23	\$1,136	\$304,799	\$15,145,006	2.0%	1.5%	(0.8%) - 4.9%
Specialist - psychiatry	31	53	\$20	\$2,884	\$260,532	\$38,450,912	0.7%	0.7%	(0.7%) - 2.0%
Lab tests - blood counts	152	168	\$19	\$1,457	\$248,132	\$19,422,188	1.3%	0.9%	(0.5%) - 3.1%
Lab tests - urinalysis	65	65	\$10	\$218	\$135,333	\$2,906,922	4.7%	2.9%	(0.9%) - 10.2%
Lab tests - routine venipuncture (non Medicare fee schedule)	178	180	\$6	\$471	\$80,000	\$6,279,975	1.3%	0.9%	(0.5%) - 3.0%
Standard imaging - musculoskeletal	37	45	\$1	\$1,295	\$10,933	\$17,264,330	0.1%	0.1%	(0.1%) - 0.2%
Lab tests - automated general profiles	135	135	\$0	\$1,234	\$0	\$16,453,134	0.0%	0.0%	0.0% - 0.0%
Overall	2,010	4,238	\$18,106	\$249,574	\$241,410,095	\$3,327,635,668	7.3%	1.2%	4.9% - 9.6%

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

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	432	654	\$1,659	\$89,663	\$15,595,746	\$878,500,040	1.8%	0.5%	0.8% - 2.7%
Office visits - established	408	414	\$1,229	\$21,681	\$12,159,229	\$205,038,217	5.9%	1.2%	3.5% - 8.4%
Hospital visit - subsequent	98	188	\$606	\$10,037	\$5,832,591	\$94,669,582	6.2%	2.2%	1.9% - 10.4%
Consultations	51	51	\$462	\$5,346	\$4,434,076	\$50,553,153	8.8%	3.0%	2.9% - 14.6%
Office visits - new	33	33	\$460	\$2,186	\$4,373,037	\$21,004,680	20.8%	4.8%	11.4% - 30.3%
Nursing home visit	39	45	\$279	\$2,515	\$3,012,368	\$25,941,126	11.6%	4.2%	3.3% - 19.9%
Chiropractic	82	106	\$291	\$2,765	\$2,781,769	\$24,249,710	11.5%	4.6%	2.4% - 20.5%
Minor procedures - other (Medicare fee schedule)	89	144	\$171	\$5,033	\$1,650,412	\$47,676,513	3.5%	2.3%	(1.0%) - 7.9%
Lab tests - other (non-Medicare fee schedule)	152	281	\$53	\$2,916	\$573,640	\$28,397,195	2.0%	1.2%	(0.4%) - 4.4%
Lab tests - other (Medicare fee schedule)	34	44	\$46	\$2,847	\$473,463	\$28,105,633	1.7%	1.5%	(1.3%) - 4.7%
Minor procedures - skin	47	52	\$39	\$2,812	\$418,982	\$25,668,595	1.6%	1.6%	(1.6%) - 4.9%
Other drugs	45	62	\$37	\$16,233	\$367,922	\$148,695,173	0.2%	0.1%	(0.0%) - 0.5%
Lab tests - automated general profiles	55	58	\$27	\$609	\$291,038	\$6,016,016	4.8%	3.2%	(1.4%) - 11.0%
Standard imaging - musculoskeletal	53	63	\$26	\$941	\$277,952	\$9,256,105	3.0%	3.0%	(2.9%) - 8.9%
Other tests - electrocardiograms	58	62	\$29	\$714	\$274,046	\$7,013,757	3.9%	2.4%	(0.9%) - 8.7%
Lab tests - urinalysis	43	44	\$13	\$135	\$139,084	\$1,316,150	10.6%	5.0%	0.8% - 20.3%
Standard imaging - chest	75	85	\$11	\$1,178	\$122,537	\$10,858,501	1.1%	1.1%	(1.1%) - 3.4%
Lab tests - blood counts	48	51	\$10	\$486	\$106,855	\$4,616,520	2.3%	2.3%	(2.2%) - 6.8%
Lab tests - routine venipuncture (non Medicare fee schedule)	137	138	\$6	\$366	\$64,891	\$3,440,370	1.9%	1.3%	(0.7%) - 4.5%
Immunizations/Vaccinations	38	70	\$0	\$916	\$0	\$9,016,659	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	62	96	\$0	\$4,530	\$0	\$42,322,618	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	32	34	\$0	\$1,270	\$0	\$11,312,345	0.0%	0.0%	0.0% - 0.0%
Overall	1,565	2,775	\$5,454	\$175,181	\$52,949,636	\$1,683,668,659	3.1%	0.4%	2.3% - 4.0%

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

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	484	778	\$1,539	\$93,506	\$21,584,054	\$1,288,490,255	1.7%	0.4%	0.9% - 2.5%
Office visits - established	389	391	\$885	\$22,325	\$12,189,593	\$304,939,526	4.0%	0.8%	2.5% - 5.5%
Consultations	37	37	\$627	\$4,716	\$8,930,402	\$64,022,498	13.9%	4.7%	4.7% - 23.2%
Hospital visit - subsequent	52	94	\$449	\$5,931	\$5,742,480	\$73,960,670	7.8%	2.7%	2.5% - 13.0%
Minor procedures - other (Medicare fee schedule)	85	138	\$379	\$4,601	\$5,339,870	\$62,983,792	8.5%	3.4%	1.8% - 15.2%
Office visits - new	33	33	\$293	\$2,442	\$3,622,401	\$30,861,566	11.7%	4.5%	3.0% - 20.5%
Chiropractic	46	55	\$214	\$1,454	\$3,102,757	\$20,231,244	15.3%	5.7%	4.2% - 26.4%
Emergency room visit	36	36	\$166	\$3,850	\$2,436,885	\$52,538,177	4.6%	2.6%	(0.5%) - 9.8%
Lab tests - other (non-Medicare fee schedule)	157	285	\$58	\$3,270	\$771,744	\$43,820,112	1.8%	1.1%	(0.4%) - 3.9%
Other drugs	49	69	\$24	\$13,395	\$342,052	\$189,257,465	0.2%	0.1%	(0.1%) - 0.4%
Other tests - other	31	45	\$20	\$1,804	\$287,197	\$24,214,670	1.2%	1.2%	(1.1%) - 3.5%
Standard imaging - musculoskeletal	46	60	\$28	\$1,435	\$286,305	\$19,405,461	1.5%	1.4%	(1.3%) - 4.3%
Lab tests - routine venipuncture (non Medicare fee schedule)	118	118	\$15	\$303	\$202,636	\$4,126,867	4.9%	2.2%	0.7% - 9.1%
Other tests - electrocardiograms	58	61	\$9	\$650	\$124,213	\$8,623,237	1.4%	1.4%	(1.4%) - 4.3%
Lab tests - automated general profiles	64	64	\$0	\$603	\$0	\$8,026,870	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	48	56	\$0	\$450	\$0	\$6,088,495	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	44	85	\$0	\$4,655	\$0	\$64,380,961	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	78	86	\$0	\$1,237	\$0	\$17,381,538	0.0%	0.0%	0.0% - 0.0%
Overall	1,380	2,491	\$4,704	\$166,628	\$64,962,588	\$2,283,353,404	2.8%	0.4%	2.1% - 3.6%

HGSA PA 00865

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	368	582	\$2,227	\$62,568	\$32,509,695	\$913,566,796	3.6%	1.7%	0.3% - 6.9%
Consultations	84	84	\$1,569	\$9,723	\$22,913,544	\$141,960,015	16.1%	2.9%	10.5% - 21.8%
Office visits - established	539	552	\$1,159	\$30,914	\$16,927,813	\$451,384,997	3.8%	0.6%	2.5% - 5.0%
Hospital visit - initial	33	35	\$978	\$4,543	\$14,280,338	\$66,337,434	21.5%	7.2%	7.4% - 35.7%
Hospital visit - subsequent	137	285	\$730	\$18,248	\$10,660,573	\$266,439,418	4.0%	1.2%	1.6% - 6.4%
Emergency room visit	49	50	\$467	\$5,388	\$6,824,127	\$78,669,982	8.7%	2.7%	3.4% - 13.9%
Nursing home visit	65	71	\$217	\$3,529	\$3,169,174	\$51,526,784	6.2%	2.1%	2.0% - 10.3%
Other tests - other	50	67	\$142	\$3,013	\$2,068,541	\$43,996,838	4.7%	2.9%	(0.9%) - 10.3%
Office visits - new	33	33	\$135	\$2,046	\$1,972,466	\$29,867,622	6.6%	3.9%	(0.9%) - 14.2%
Lab tests - other (non-Medicare fee schedule)	215	385	\$70	\$4,643	\$1,025,875	\$67,795,648	1.5%	1.5%	(1.5%) - 4.5%
Specialist - ophthalmology	69	95	\$68	\$6,040	\$988,058	\$88,194,879	1.1%	1.1%	(1.1%) - 3.3%
Chiropractic	32	47	\$58	\$1,131	\$843,653	\$16,507,155	5.1%	3.2%	(1.2%) - 11.5%
Other drugs	55	73	\$50	\$13,317	\$732,976	\$194,439,668	0.4%	0.3%	(0.1%) - 0.9%
Minor procedures - other (Medicare fee schedule)	89	150	\$49	\$5,428	\$708,447	\$79,257,385	0.9%	0.8%	(0.7%) - 2.5%
Other tests - electrocardiograms	99	103	\$44	\$1,264	\$641,719	\$18,460,932	3.5%	2.2%	(0.8%) - 7.8%
Standard imaging - musculoskeletal	74	98	\$41	\$2,105	\$596,748	\$30,740,331	1.9%	1.1%	(0.3%) - 4.1%
Minor procedures - skin	75	90	\$37	\$4,124	\$537,029	\$60,210,364	0.9%	0.9%	(0.9%) - 2.6%
Standard imaging - other	32	43	\$29	\$1,619	\$428,835	\$23,635,132	1.8%	1.9%	(1.8%) - 5.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	142	142	\$3	\$399	\$43,803	\$5,825,849	0.8%	0.7%	(0.7%) - 2.2%
Lab tests - urinalysis	36	36	\$1	\$140	\$12,557	\$2,050,436	0.6%	0.6%	(0.6%) - 1.8%
Ambulance	38	80	\$0	\$10,647	\$0	\$155,464,157	0.0%	0.0%	0.0% - 0.0%
Ambulatory procedures - skin	44	58	\$0	\$3,430	\$0	\$50,079,666	0.0%	0.0%	0.0% - 0.0%
Anesthesia	44	48	\$0	\$4,354	\$0	\$63,571,689	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	36	68	\$0	\$875	\$0	\$12,774,816	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	87	89	\$0	\$848	\$0	\$12,380,439	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	72	78	\$0	\$696	\$0	\$10,159,900	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	32	41	\$0	\$2,155	\$0	\$31,466,299	0.0%	0.0%	0.0% - 0.0%
Minor procedures - musculoskeletal	40	47	\$0	\$5,040	\$0	\$73,592,879	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	39	54	\$0	\$1,992	\$0	\$29,092,156	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	117	124	\$0	\$1,383	\$0	\$20,190,727	0.0%	0.0%	0.0% - 0.0%
Overall	2,109	3,708	\$8,074	\$211,603	\$117,885,973	\$3,089,640,394	3.8%	0.6%	2.6% - 5.0%

BCBS AR RI 00524

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Consultations	81	81	\$1,972	\$9,628	\$2,076,870	\$10,137,226	20.5%	3.9%	12.8% - 28.2%
Ambulance	61	136	\$1,873	\$19,892	\$1,972,608	\$20,945,413	9.4%	4.7%	0.2% - 18.6%
Office visits - established	522	528	\$1,350	\$31,802	\$1,421,040	\$33,485,318	4.2%	0.7%	3.0% - 5.5%
All Codes With Less Than 30 Claims	354	511	\$1,200	\$60,869	\$1,263,110	\$64,090,767	2.0%	0.6%	0.9% - 3.1%
Hospital visit - subsequent	92	163	\$1,063	\$10,371	\$1,119,069	\$10,920,356	10.2%	2.7%	4.9% - 15.6%
Nursing home visit	59	66	\$821	\$3,618	\$864,385	\$3,809,662	22.7%	5.1%	12.6% - 32.7%
Minor procedures - other (Medicare fee schedule)	117	229	\$551	\$6,458	\$580,398	\$6,799,920	8.5%	3.0%	2.7% - 14.4%
Office visits - new	44	44	\$381	\$3,155	\$400,989	\$3,322,396	12.1%	3.8%	4.7% - 19.4%
Emergency room visit	70	70	\$277	\$6,189	\$291,599	\$6,516,987	4.5%	1.9%	0.8% - 8.1%
Chiropractic	31	51	\$205	\$929	\$216,062	\$978,460	22.1%	8.8%	4.8% - 39.4%
Other tests - electrocardiograms	136	162	\$168	\$2,171	\$176,935	\$2,285,793	7.7%	2.4%	3.0% - 12.5%
Ambulatory procedures - skin	82	133	\$94	\$4,506	\$98,734	\$4,744,457	2.1%	1.5%	(0.9%) - 5.0%
Specialist - ophthalmology	55	82	\$72	\$5,598	\$75,917	\$5,894,787	1.3%	1.3%	(1.2%) - 3.8%
Specialist - psychiatry	50	57	\$70	\$2,579	\$74,011	\$2,715,664	2.7%	2.3%	(1.8%) - 7.2%
Advanced imaging - CAT: other	40	53	\$62	\$3,485	\$65,177	\$3,669,464	1.8%	1.8%	(1.7%) - 5.3%
Standard imaging - chest	86	94	\$46	\$1,468	\$48,614	\$1,545,812	3.1%	2.4%	(1.6%) - 7.9%
Immunizations/Vaccinations	38	66	\$39	\$956	\$40,896	\$1,006,984	4.1%	2.8%	(1.5%) - 9.6%
Other tests - other	42	60	\$33	\$4,036	\$34,547	\$4,249,294	0.8%	0.8%	(0.8%) - 2.5%
Minor procedures - skin	30	31	\$13	\$1,771	\$13,362	\$1,864,872	0.7%	0.7%	(0.7%) - 2.2%
Lab tests - other (non-Medicare fee schedule)	235	581	\$13	\$7,730	\$13,299	\$8,139,579	0.2%	0.1%	(0.1%) - 0.4%
Lab tests - urinalysis	43	45	\$12	\$149	\$13,088	\$157,024	8.3%	4.6%	(0.7%) - 17.4%
Lab tests - blood counts	75	88	\$11	\$718	\$11,435	\$755,785	1.5%	1.5%	(1.4%) - 4.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	182	182	\$9	\$492	\$9,476	\$518,043	1.8%	1.0%	(0.2%) - 3.9%
Standard imaging - musculoskeletal	65	89	\$8	\$2,020	\$8,645	\$2,126,410	0.4%	0.3%	(0.2%) - 1.0%
Other drugs	39	52	\$7	\$16,371	\$7,392	\$17,237,380	0.0%	0.0%	(0.0%) - 0.1%
Lab tests - automated general profiles	58	63	\$0	\$500	\$0	\$526,878	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	38	44	\$0	\$2,505	\$0	\$2,638,073	0.0%	0.0%	0.0% - 0.0%
Other - non-Medicare fee schedule	77	77	\$0	\$215	\$0	\$226,528	0.0%	0.0%	0.0% - 0.0%
Overall	1,989	3,838	\$10,350	\$210,184	\$10,897,655	\$221,309,332	4.9%	0.6%	3.7% - 6.2%

Palmetto SC 00880

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	415	675	\$2,252	\$78,766	\$10,713,809	\$374,659,441	2.9%	1.0%	0.9% - 4.8%
Hospital visit - subsequent	117	209	\$1,567	\$12,953	\$7,451,687	\$61,613,452	12.1%	2.8%	6.6% - 17.6%
Office visits - established	574	580	\$1,460	\$31,650	\$6,943,729	\$150,544,141	4.6%	0.8%	3.0% - 6.2%
Consultations	53	53	\$1,401	\$7,137	\$6,664,232	\$33,947,079	19.6%	3.5%	12.8% - 26.5%
Ambulance	72	146	\$1,294	\$17,155	\$6,155,514	\$81,600,772	7.5%	3.5%	0.8% - 14.3%
Other tests - other	56	98	\$549	\$5,910	\$2,613,608	\$28,113,397	9.3%	7.1%	(4.5%) - 23.1%
Office visits - new	47	47	\$458	\$3,932	\$2,178,284	\$18,701,041	11.6%	3.0%	5.8% - 17.5%
Chiropractic	45	56	\$289	\$1,194	\$1,376,797	\$5,678,712	24.2%	7.4%	9.7% - 38.8%
Emergency room visit	54	54	\$258	\$4,451	\$1,226,679	\$21,170,905	5.8%	2.2%	1.4% - 10.2%
Nursing home visit	44	52	\$195	\$2,494	\$926,680	\$11,863,003	7.8%	3.0%	1.8% - 13.8%
Minor procedures - other (Medicare fee schedule)	106	158	\$188	\$5,787	\$893,432	\$27,524,816	3.2%	2.1%	(1.0%) - 7.4%
Specialist - ophthalmology	77	118	\$116	\$6,561	\$553,811	\$31,205,995	1.8%	1.3%	(0.8%) - 4.3%
Standard imaging - musculoskeletal	80	114	\$88	\$1,978	\$419,151	\$9,410,882	4.5%	2.4%	(0.3%) - 9.2%
Minor procedures - musculoskeletal	32	37	\$50	\$2,748	\$238,020	\$13,072,368	1.8%	1.8%	(1.8%) - 5.4%
Minor procedures - skin	36	39	\$36	\$1,865	\$168,954	\$8,872,149	1.9%	1.9%	(1.9%) - 5.7%
Other tests - electrocardiograms	76	93	\$30	\$1,186	\$142,270	\$5,640,659	2.5%	2.0%	(1.3%) - 6.4%
Advanced imaging - CAT: other	31	46	\$25	\$3,812	\$119,628	\$18,133,056	0.7%	0.7%	(0.6%) - 2.0%
Lab tests - other (non-Medicare fee schedule)	141	190	\$17	\$1,931	\$82,099	\$9,184,277	0.9%	0.5%	(0.2%) - 1.9%
Lab tests - blood counts	81	83	\$10	\$737	\$49,278	\$3,503,805	1.4%	1.0%	(0.7%) - 3.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	128	128	\$6	\$354	\$28,540	\$1,683,836	1.7%	1.2%	(0.6%) - 4.0%
Other drugs	78	114	\$4	\$24,982	\$17,885	\$118,831,093	0.0%	0.0%	(0.0%) - 0.0%
Lab tests - urinalysis	55	55	\$2	\$213	\$7,991	\$1,011,586	0.8%	0.5%	(0.3%) - 1.9%
Anesthesia	47	48	\$0	\$4,092	\$0	\$19,462,905	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	39	69	\$0	\$889	\$0	\$4,228,140	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	49	58	\$0	\$605	\$0	\$2,875,459	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	42	66	\$0	\$4,452	\$0	\$21,175,138	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	90	96	\$0	\$1,302	\$0	\$6,194,423	0.0%	0.0%	0.0% - 0.0%
Overall	1,976	3,482	\$10,296	\$229,135	\$48,972,079	\$1,089,902,530	4.5%	0.6%	3.4% - 5.6%

Palmetto OH/WV 00883/00884

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Consultations	71	71	\$1,715	\$8,928	\$27,640,183	\$143,920,627	19.2%	3.3%	12.7% - 25.7%
Hospital visit - subsequent	126	253	\$1,670	\$15,650	\$26,925,562	\$252,282,043	10.7%	2.0%	6.7% - 14.7%
Office visits - established	501	506	\$1,165	\$29,087	\$18,787,780	\$468,903,799	4.0%	0.7%	2.7% - 5.3%
Hospital visit - initial	33	34	\$873	\$3,964	\$14,076,407	\$63,894,187	22.0%	7.0%	8.3% - 35.7%
All Codes With Less Than 30 Claims	396	642	\$410	\$73,563	\$6,613,913	\$1,185,867,848	0.6%	0.2%	0.1% - 1.0%
Minor procedures - other (Medicare fee schedule)	96	153	\$283	\$5,272	\$4,562,097	\$84,988,164	5.4%	2.9%	(0.2%) - 11.0%
Office visits - new	31	31	\$258	\$2,356	\$4,166,017	\$37,977,122	11.0%	3.9%	3.2% - 18.7%
Nursing home visit	50	50	\$191	\$2,710	\$3,080,947	\$43,683,290	7.1%	3.2%	0.8% - 13.3%
Lab tests - other (Medicare fee schedule)	32	35	\$112	\$2,222	\$1,801,303	\$35,823,748	5.0%	5.0%	(4.7%) - 14.8%
Emergency room visit	57	57	\$108	\$5,915	\$1,748,105	\$95,345,092	1.8%	1.3%	(0.6%) - 4.3%
Chiropractic	41	51	\$90	\$1,228	\$1,442,783	\$19,793,054	7.3%	4.2%	(0.9%) - 15.4%
Standard imaging - musculoskeletal	64	86	\$61	\$1,756	\$984,317	\$28,309,345	3.5%	3.1%	(2.6%) - 9.6%
Anesthesia	32	35	\$57	\$3,061	\$914,515	\$49,344,804	1.9%	1.9%	(1.8%) - 5.5%
Other tests - electrocardiograms	83	92	\$49	\$1,107	\$795,707	\$17,851,825	4.5%	2.4%	(0.3%) - 9.2%
Other tests - other	30	35	\$44	\$1,439	\$708,818	\$23,197,700	3.1%	3.1%	(3.1%) - 9.2%
Minor procedures - skin	62	68	\$24	\$4,929	\$390,438	\$79,461,256	0.5%	0.5%	(0.6%) - 1.5%
Lab tests - other (non-Medicare fee schedule)	203	364	\$21	\$4,352	\$335,628	\$70,158,607	0.5%	0.3%	(0.1%) - 1.1%
Lab tests - automated general profiles	92	97	\$15	\$839	\$238,100	\$13,532,341	1.8%	1.7%	(1.7%) - 5.2%
Lab tests - blood counts	82	86	\$11	\$724	\$175,068	\$11,664,138	1.5%	1.5%	(1.4%) - 4.4%
Other drugs	43	59	\$10	\$6,152	\$164,913	\$99,179,510	0.2%	0.2%	(0.2%) - 0.5%
Ambulatory procedures - skin	44	60	\$10	\$3,564	\$155,724	\$57,448,250	0.3%	0.3%	(0.3%) - 0.8%
Lab tests - urinalysis	40	40	\$4	\$145	\$71,414	\$2,340,050	3.1%	3.0%	(2.8%) - 8.9%
Lab tests - routine venipuncture (non Medicare fee schedule)	168	168	\$3	\$460	\$48,361	\$7,410,587	0.7%	0.7%	(0.6%) - 1.9%
Standard imaging - chest	107	115	\$2	\$1,358	\$30,145	\$21,887,266	0.1%	0.1%	(0.1%) - 0.4%
Advanced imaging - CAT: other	38	58	\$0	\$3,418	\$0	\$55,106,911	0.0%	0.0%	0.0% - 0.0%
Ambulance	40	81	\$0	\$9,974	\$0	\$160,792,648	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	38	71	\$0	\$908	\$0	\$14,641,430	0.0%	0.0%	0.0% - 0.0%
Other - non-Medicare fee schedule	30	30	\$0	\$186	\$0	\$3,004,375	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	50	81	\$0	\$4,265	\$0	\$68,748,226	0.0%	0.0%	0.0% - 0.0%
Overall	1,960	3,509	\$7,187	\$199,532	\$115,858,248	\$3,216,558,241	3.6%	0.4%	2.8% - 4.4%

Trailblazer TX 00900

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Hospital visit - subsequent	122	298	\$2,268	\$16,965	\$48,890,896	\$365,770,568	13.4%	2.6%	8.2% - 18.5%
All Codes With Less Than 30 Claims	486	799	\$1,947	\$91,236	\$41,973,382	\$1,967,103,515	2.1%	0.6%	0.9% - 3.4%
Office visits - established	487	495	\$1,829	\$25,421	\$39,426,855	\$548,092,258	7.2%	0.9%	5.3% - 9.0%
Consultations	84	84	\$1,813	\$10,428	\$39,099,349	\$224,843,358	17.4%	3.2%	11.1% - 23.7%
Ambulance	45	106	\$708	\$10,796	\$15,254,796	\$232,769,910	6.6%	4.6%	(2.4%) - 15.5%
Office visits - new	46	46	\$587	\$3,959	\$12,650,056	\$85,366,316	14.8%	3.7%	7.5% - 22.2%
Nursing home visit	46	51	\$416	\$2,777	\$8,960,816	\$59,878,843	15.0%	4.7%	5.7% - 24.2%
Minor procedures - other (Medicare fee schedule)	103	186	\$325	\$7,043	\$7,008,284	\$151,844,222	4.6%	2.5%	(0.2%) - 9.5%
Emergency room visit	35	35	\$157	\$2,867	\$3,391,272	\$61,823,181	5.5%	2.9%	(0.2%) - 11.2%
Lab tests - other (non-Medicare fee schedule)	280	613	\$103	\$7,282	\$2,230,663	\$157,012,953	1.4%	0.9%	(0.4%) - 3.2%
Other tests - other	42	66	\$94	\$4,856	\$2,037,049	\$104,705,775	1.9%	1.9%	(1.8%) - 5.7%
Specialist - psychiatry	48	64	\$85	\$2,634	\$1,832,007	\$56,783,813	3.2%	2.3%	(1.3%) - 7.7%
Chiropractic	32	38	\$75	\$1,000	\$1,622,007	\$21,556,323	7.5%	4.1%	(0.5%) - 15.5%
Other - non-Medicare fee schedule	30	30	\$55	\$430	\$1,194,675	\$9,280,560	12.9%	9.2%	(5.1%) - 30.9%
Other drugs	67	110	\$53	\$22,261	\$1,138,833	\$479,954,614	0.2%	0.1%	(0.1%) - 0.5%
Lab tests - automated general profiles	144	151	\$42	\$1,526	\$898,647	\$32,910,800	2.7%	1.6%	(0.3%) - 5.8%
Standard imaging - musculoskeletal	66	89	\$40	\$1,661	\$863,719	\$35,803,591	2.4%	2.0%	(1.5%) - 6.3%
Other tests - electrocardiograms	58	65	\$36	\$883	\$775,105	\$19,030,279	4.1%	3.1%	(2.1%) - 10.2%
Immunizations/Vaccinations	100	200	\$36	\$2,826	\$772,302	\$60,928,845	1.3%	1.3%	(1.2%) - 3.7%
Specialist - ophthalmology	63	104	\$29	\$4,928	\$629,139	\$106,253,181	0.6%	0.5%	(0.4%) - 1.5%
Lab tests - blood counts	113	118	\$26	\$1,121	\$559,498	\$24,171,197	2.3%	1.4%	(0.4%) - 5.1%
Lab tests - routine venipuncture (non Medicare fee schedule)	207	209	\$15	\$576	\$323,410	\$12,418,926	2.6%	1.1%	0.4% - 4.9%
Lab tests - urinalysis	55	55	\$11	\$199	\$240,185	\$4,281,511	5.6%	3.2%	(0.6%) - 11.9%
Standard imaging - chest	108	117	\$2	\$1,558	\$39,672	\$33,597,722	0.1%	0.1%	(0.1%) - 0.4%
Ambulatory procedures - skin	36	46	\$0	\$3,409	\$0	\$73,510,770	0.0%	0.0%	0.0% - 0.0%
Anesthesia	33	34	\$0	\$4,635	\$0	\$99,938,934	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	33	53	\$0	\$3,830	\$0	\$82,568,824	0.0%	0.0%	0.0% - 0.0%
Overall	2,059	4,262	\$10,752	\$237,108	\$231,812,618	\$5,112,200,787	4.5%	0.5%	3.5% - 5.6%

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

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	629	641	\$2,104	\$37,059	\$29,782,105	\$534,292,905	5.6%	0.7%	4.2% - 7.0%
Consultations	83	84	\$1,749	\$10,266	\$24,310,222	\$145,291,063	16.7%	3.2%	10.5% - 23.0%
All Codes With Less Than 30 Claims	410	617	\$1,532	\$78,957	\$21,493,529	\$1,112,842,020	1.9%	0.6%	0.7% - 3.1%
Hospital visit - subsequent	130	217	\$1,411	\$12,861	\$20,270,300	\$183,861,596	11.0%	1.9%	7.3% - 14.7%
Office visits - new	41	42	\$732	\$2,982	\$10,632,439	\$42,688,711	24.9%	5.6%	13.9% - 35.9%
Nursing home visit	57	70	\$606	\$4,195	\$8,967,328	\$60,775,990	14.8%	4.6%	5.7% - 23.8%
Minor procedures - other (Medicare fee schedule)	119	222	\$476	\$7,209	\$6,897,777	\$103,297,398	6.7%	2.5%	1.8% - 11.5%
Other drugs	52	60	\$391	\$9,154	\$5,535,187	\$128,112,808	4.3%	4.3%	(4.1%) - 12.7%
Standard imaging - musculoskeletal	64	85	\$246	\$2,205	\$3,502,965	\$31,204,397	11.2%	6.3%	(1.1%) - 23.5%
Chiropractic	30	34	\$192	\$897	\$2,852,204	\$13,441,218	21.2%	7.9%	5.7% - 36.7%
Specialist - psychiatry	49	64	\$195	\$2,836	\$2,759,425	\$40,265,822	6.9%	4.4%	(1.8%) - 15.6%
Ambulance	46	89	\$179	\$18,728	\$2,508,962	\$280,180,404	0.9%	0.8%	(0.8%) - 2.5%
Ambulatory procedures - skin	40	56	\$160	\$3,506	\$2,477,783	\$51,124,216	4.8%	4.3%	(3.6%) - 13.3%
Emergency room visit	48	48	\$59	\$4,532	\$832,571	\$64,850,692	1.3%	1.3%	(1.2%) - 3.7%
Other tests - electrocardiograms	99	102	\$51	\$1,622	\$723,921	\$22,914,105	3.2%	1.8%	(0.3%) - 6.6%
Other tests - other	35	53	\$48	\$4,157	\$674,187	\$57,588,311	1.2%	1.2%	(1.2%) - 3.6%
Specialist - ophthalmology	81	154	\$45	\$9,296	\$596,589	\$132,520,274	0.5%	0.4%	(0.4%) - 1.3%
Lab tests - other (non-Medicare fee schedule)	217	410	\$26	\$5,124	\$383,756	\$72,134,839	0.5%	0.4%	(0.2%) - 1.2%
Lab tests - automated general profiles	98	101	\$15	\$1,082	\$208,496	\$15,526,935	1.3%	1.3%	(1.3%) - 4.0%
Lab tests - blood counts	89	93	\$13	\$846	\$169,297	\$12,186,673	1.4%	1.2%	(1.0%) - 3.7%
Standard imaging - chest	98	104	\$10	\$1,885	\$139,023	\$26,833,753	0.5%	0.5%	(0.5%) - 1.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	178	179	\$3	\$477	\$46,429	\$6,904,674	0.7%	0.7%	(0.6%) - 2.0%
Lab tests - urinalysis	45	46	\$1	\$156	\$11,419	\$2,281,633	0.5%	0.5%	(0.5%) - 1.5%
Advanced imaging - CAT: other	31	48	\$0	\$4,779	\$0	\$68,992,211	0.0%	0.0%	0.0% - 0.0%
Anesthesia	42	43	\$0	\$4,545	\$0	\$65,386,339	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	40	76	\$0	\$1,046	\$0	\$15,253,071	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	50	61	\$0	\$5,087	\$0	\$76,465,723	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	45	50	\$0	\$2,539	\$0	\$36,360,192	0.0%	0.0%	0.0% - 0.0%
Overall	2,115	3,849	\$10,244	\$238,028	\$145,775,915	\$3,403,577,973	4.3%	0.4%	3.4% - 5.1%

Noridian UT 00823

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	260	438	\$730	\$40,615	\$960,853	\$53,471,778	1.8%	0.6%	0.6% - 3.0%
Office visits - established	103	104	\$608	\$5,603	\$800,403	\$7,376,074	10.9%	2.5%	5.9% - 15.8%
Lab tests - other (non-Medicare fee schedule)	45	87	\$185	\$1,050	\$243,761	\$1,382,179	17.6%	11.7%	(5.2%) - 40.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	38	38	\$12	\$102	\$15,799	\$134,289	11.8%	5.5%	0.9% - 22.6%
Immunizations/Vaccinations	33	66	\$0	\$909	\$0	\$1,196,873	0.0%	0.0%	0.0% - 0.0%
Overall	383	733	\$1,535	\$48,278	\$2,020,816	\$63,561,193	3.2%	0.7%	1.7% - 4.6%

Triple S, INC. PR/VI 00973/00974

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Ambulance	141	580	\$7,351	\$59,057	\$11,821,476	\$94,975,691	12.4%	3.9%	4.7% - 20.2%
Office visits - established	820	826	\$4,719	\$38,098	\$7,552,213	\$61,029,816	12.4%	1.0%	10.4% - 14.4%
Hospital visit - subsequent	90	188	\$4,674	\$15,884	\$7,517,139	\$25,476,994	29.5%	7.1%	15.6% - 43.4%
All Codes With Less Than 30 Claims	487	739	\$4,429	\$71,407	\$7,049,883	\$114,629,087	6.2%	1.4%	3.4% - 8.9%
Consultations	93	93	\$3,043	\$9,182	\$4,872,058	\$14,669,317	33.2%	2.9%	27.5% - 38.9%
Office visits - new	85	86	\$1,999	\$6,530	\$3,214,716	\$10,463,542	30.7%	3.4%	24.1% - 37.4%
Emergency room visit	49	49	\$764	\$3,224	\$1,220,569	\$5,139,850	23.7%	4.7%	14.5% - 33.0%
Minor procedures - other (Medicare fee schedule)	136	382	\$543	\$6,828	\$872,578	\$10,965,690	8.0%	2.4%	3.2% - 12.8%
Home visit	40	43	\$478	\$2,751	\$769,026	\$4,423,714	17.4%	5.6%	6.5% - 28.3%
Other drugs	55	81	\$135	\$11,290	\$216,319	\$18,156,184	1.2%	1.3%	(1.3%) - 3.7%
Specialist - psychiatry	51	86	\$103	\$3,103	\$165,999	\$4,990,042	3.3%	2.3%	(1.2%) - 7.9%
Specialist - ophthalmology	67	93	\$84	\$4,053	\$130,688	\$6,490,579	2.0%	1.0%	0.0% - 4.0%
Lab tests - other (non-Medicare fee schedule)	257	568	\$72	\$7,395	\$115,260	\$11,853,360	1.0%	0.6%	(0.2%) - 2.2%
Standard imaging - musculoskeletal	59	80	\$60	\$1,585	\$96,910	\$2,548,201	3.8%	2.2%	(0.4%) - 8.0%
Other tests - electrocardiograms	98	107	\$56	\$1,132	\$90,751	\$1,815,187	5.0%	2.0%	1.1% - 8.9%
Minor procedures - musculoskeletal	33	37	\$54	\$2,216	\$86,746	\$3,563,020	2.4%	2.5%	(2.4%) - 7.3%
Standard imaging - chest	71	86	\$37	\$1,143	\$59,310	\$1,832,575	3.2%	2.1%	(0.8%) - 7.3%
Echography - other	39	50	\$23	\$3,611	\$37,423	\$5,806,800	0.6%	0.7%	(0.6%) - 1.9%
Lab tests - blood counts	155	173	\$16	\$1,521	\$26,133	\$2,439,984	1.1%	0.6%	(0.1%) - 2.3%
Lab tests - routine venipuncture (non Medicare fee schedule)	234	234	\$6	\$624	\$9,649	\$1,001,433	1.0%	0.7%	(0.4%) - 2.3%
Lab tests - automated general	151	156	\$0	\$1,475	\$0	\$2,368,546	0.0%	0.0%	0.0% - 0.0%

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
profiles									
Lab tests - urinalysis	119	119	\$0	\$463	\$0	\$743,989	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	35	45	\$0	\$1,772	\$0	\$2,842,942	0.0%	0.0%	0.0% - 0.0%
Other tests - other	42	70	\$0	\$3,684	\$0	\$5,924,633	0.0%	0.0%	0.0% - 0.0%
Overall	2,311	4,971	\$28,646	\$258,029	\$45,924,849	\$414,151,178	11.1%	1.2%	8.8% - 13.4%

GHI NY 14330

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Minor procedures - other (Medicare fee schedule)	256	723	\$2,162	\$19,271	\$3,907,905	\$34,835,663	11.2%	2.5%	6.2% - 16.2%
Office visits - established	556	573	\$1,885	\$31,382	\$3,406,657	\$56,728,067	6.0%	0.8%	4.4% - 7.7%
Hospital visit - subsequent	103	221	\$1,714	\$12,398	\$3,099,101	\$22,412,145	13.8%	3.5%	7.0% - 20.6%
All Codes With Less Than 30 Claims	457	682	\$1,596	\$75,731	\$2,884,350	\$136,896,498	2.1%	0.7%	0.7% - 3.6%
Other tests - other	58	129	\$1,329	\$10,501	\$2,401,649	\$18,982,512	12.7%	10.6%	(8.0%) - 33.3%
Consultations	82	84	\$1,298	\$8,399	\$2,345,647	\$15,182,506	15.4%	2.9%	9.7% - 21.2%
Office visits - new	41	41	\$1,087	\$3,474	\$1,964,121	\$6,279,547	31.3%	6.8%	18.0% - 44.6%
Nursing home visit	114	142	\$824	\$7,838	\$1,488,903	\$14,168,658	10.5%	2.6%	5.4% - 15.6%
Specialist - ophthalmology	73	136	\$250	\$8,128	\$452,423	\$14,692,267	3.1%	1.8%	(0.4%) - 6.5%
Emergency room visit	36	36	\$239	\$2,956	\$432,557	\$5,342,958	8.1%	3.7%	0.8% - 15.4%
Minor procedures - skin	82	89	\$101	\$4,524	\$183,189	\$8,176,982	2.2%	1.9%	(1.6%) - 6.0%
Other tests - electrocardiograms	102	108	\$86	\$1,849	\$154,718	\$3,343,226	4.6%	2.1%	0.5% - 8.7%
Ambulatory procedures - other	65	70	\$61	\$1,359	\$110,828	\$2,456,150	4.5%	3.0%	(1.3%) - 10.3%
Specialist - psychiatry	84	123	\$42	\$6,269	\$75,814	\$11,333,079	0.7%	0.7%	(0.7%) - 2.0%
Standard imaging - chest	89	100	\$23	\$1,555	\$41,884	\$2,811,537	1.5%	1.4%	(1.2%) - 4.2%
Lab tests - blood counts	30	30	\$11	\$304	\$19,631	\$549,025	3.6%	3.5%	(3.3%) - 10.5%
Lab tests - other (non-Medicare fee schedule)	56	118	\$7	\$1,435	\$13,069	\$2,593,767	0.5%	0.5%	(0.5%) - 1.5%
Other drugs	30	53	\$7	\$4,455	\$11,894	\$8,052,796	0.1%	0.1%	(0.1%) - 0.4%
Lab tests - routine venipuncture (non Medicare fee schedule)	113	113	\$6	\$279	\$10,846	\$504,339	2.2%	1.5%	(0.8%) - 5.1%
Lab tests - urinalysis	35	36	\$4	\$89	\$8,008	\$161,714	5.0%	5.1%	(5.0%) - 14.9%
Immunizations/Vaccinations	31	58	\$0	\$775	\$0	\$1,401,394	0.0%	0.0%	0.0% - 0.0%
Standard imaging - musculoskeletal	46	55	\$0	\$1,563	\$0	\$2,824,751	0.0%	0.0%	0.0% - 0.0%
Overall	1,869	3,720	\$12,731	\$204,534	\$23,013,194	\$369,729,580	6.2%	0.9%	4.4% - 8.0%

NHIC CA 31140/31146

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	657	672	\$3,797	\$43,058	\$93,892,209	\$1,064,753,779	8.8%	0.8%	7.2% - 10.5%
Hospital visit - subsequent	122	272	\$1,879	\$18,073	\$46,607,395	\$446,213,240	10.4%	2.0%	6.6% - 14.3%
Consultations	76	76	\$1,750	\$11,964	\$43,219,878	\$295,677,733	14.6%	2.8%	9.1% - 20.1%
All Codes With Less Than 30 Claims	362	556	\$1,246	\$86,453	\$30,720,058	\$2,140,121,753	1.4%	0.5%	0.5% - 2.3%
Office visits - new	40	41	\$814	\$3,153	\$20,162,979	\$77,962,083	25.9%	5.3%	15.5% - 36.3%
Minor procedures - other (Medicare fee schedule)	151	326	\$517	\$12,412	\$12,700,597	\$305,863,736	4.2%	1.3%	1.6% - 6.7%
Nursing home visit	44	53	\$357	\$3,011	\$8,815,824	\$74,591,586	11.8%	3.3%	5.4% - 18.3%
Ambulance	44	104	\$275	\$15,697	\$6,927,704	\$389,040,139	1.8%	1.8%	(1.7%) - 5.3%
Emergency room visit	42	42	\$270	\$4,379	\$6,759,333	\$109,071,265	6.2%	2.7%	1.0% - 11.4%
Chiropractic	32	53	\$192	\$1,307	\$4,797,269	\$32,406,509	14.8%	7.3%	0.4% - 29.2%
Lab tests - other (Medicare fee schedule)	68	94	\$158	\$10,044	\$3,984,374	\$246,335,484	1.6%	1.6%	(1.6%) - 4.8%
Lab tests - other (non-Medicare fee schedule)	281	692	\$87	\$10,639	\$2,155,187	\$262,867,879	0.8%	0.5%	(0.2%) - 1.8%
Other drugs	69	92	\$53	\$18,161	\$1,324,445	\$450,629,808	0.3%	0.3%	(0.3%) - 0.9%
Minor procedures - skin	53	62	\$52	\$4,718	\$1,282,914	\$116,604,190	1.1%	0.7%	(0.3%) - 2.5%
Specialist - psychiatry	35	58	\$50	\$3,097	\$1,248,548	\$76,685,095	1.6%	1.5%	(1.4%) - 4.6%
Specialist - ophthalmology	78	115	\$33	\$7,038	\$798,607	\$174,359,011	0.5%	0.5%	(0.4%) - 1.3%
Standard imaging - chest	96	112	\$24	\$1,759	\$597,832	\$43,546,473	1.4%	1.0%	(0.6%) - 3.3%
Ambulatory procedures - skin	45	64	\$24	\$5,269	\$575,377	\$130,144,824	0.4%	0.4%	(0.4%) - 1.3%
Ambulatory procedures - other	33	37	\$23	\$906	\$572,023	\$22,721,754	2.5%	2.1%	(1.6%) - 6.7%
Immunizations/Vaccinations	33	58	\$20	\$876	\$478,140	\$21,791,564	2.2%	2.2%	(2.1%) - 6.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	138	139	\$12	\$384	\$292,441	\$9,458,031	3.1%	1.5%	0.1% - 6.1%
Lab tests - blood counts	94	99	\$11	\$906	\$264,659	\$22,233,642	1.2%	1.2%	(1.1%) - 3.5%
Other tests - electrocardiograms	75	83	\$9	\$1,209	\$215,919	\$29,986,240	0.7%	0.7%	(0.7%) - 2.1%
Echography - heart	33	93	\$0	\$5,203	\$0	\$128,701,595	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	97	103	\$0	\$1,012	\$0	\$24,839,167	0.0%	0.0%	0.0% - 0.0%
Lab tests - bacterial cultures	30	45	\$0	\$446	\$0	\$10,963,815	0.0%	0.0%	0.0% - 0.0%
Lab tests - glucose	30	30	\$0	\$112	\$0	\$2,779,306	0.0%	0.0%	0.0% - 0.0%
Lab tests - urinalysis	58	58	\$0	\$221	\$0	\$5,439,174	0.0%	0.0%	0.0% - 0.0%
Other tests - other	37	81	\$0	\$3,064	\$0	\$75,249,887	0.0%	0.0%	0.0% - 0.0%
Standard imaging - musculoskeletal	58	77	\$0	\$2,306	\$0	\$57,085,472	0.0%	0.0%	0.0% - 0.0%
Overall	2,127	4,387	\$11,652	\$276,878	\$288,393,710	\$6,848,124,234	4.2%	0.4%	3.5% - 4.9%

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

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	517	535	\$1,910	\$32,283	\$20,906,420	\$353,321,769	5.9%	1.7%	2.5% - 9.3%
All Codes With Less Than 30 Claims	472	704	\$1,497	\$95,367	\$16,387,033	\$1,043,764,116	1.6%	0.4%	0.7% - 2.4%
Ambulance	52	114	\$828	\$17,844	\$9,063,181	\$195,292,836	4.6%	3.3%	(1.9%) - 11.1%
Consultations	62	62	\$768	\$7,789	\$8,403,873	\$85,248,995	9.9%	2.5%	5.0% - 14.8%
Hospital visit - subsequent	93	144	\$561	\$8,454	\$6,134,713	\$92,521,079	6.6%	1.9%	2.9% - 10.3%
Emergency room visit	56	56	\$380	\$5,784	\$4,154,273	\$63,299,547	6.6%	3.1%	0.5% - 12.7%
Nursing home visit	55	62	\$296	\$2,872	\$3,243,128	\$31,428,636	10.3%	3.2%	4.1% - 16.5%
Lab tests - other (non-Medicare fee schedule)	192	359	\$193	\$4,079	\$2,110,025	\$44,639,632	4.7%	3.7%	(2.5%) - 11.9%
Lab tests - other (Medicare fee schedule)	47	69	\$128	\$3,259	\$1,397,198	\$35,673,202	3.9%	3.8%	(3.6%) - 11.4%
Minor procedures - other (Medicare fee schedule)	90	158	\$121	\$6,094	\$1,325,620	\$66,692,836	2.0%	1.0%	0.1% - 3.9%
Specialist - psychiatry	101	138	\$89	\$5,560	\$971,997	\$60,854,943	1.6%	1.0%	(0.3%) - 3.5%
Chiropractic	51	60	\$88	\$1,662	\$963,351	\$18,194,875	5.3%	2.4%	0.6% - 10.0%
Ambulatory procedures - skin	38	57	\$86	\$2,874	\$937,193	\$31,453,590	3.0%	2.5%	(1.9%) - 7.8%
Specialist - ophthalmology	95	154	\$26	\$9,598	\$289,268	\$105,050,549	0.3%	0.2%	(0.1%) - 0.7%
Minor procedures - skin	41	42	\$22	\$2,169	\$240,455	\$23,736,058	1.0%	1.0%	(1.0%) - 3.0%
Other tests - electrocardiograms	104	110	\$18	\$1,685	\$194,049	\$18,437,519	1.1%	0.7%	(0.4%) - 2.5%
Lab tests - urinalysis	38	39	\$11	\$151	\$118,203	\$1,652,100	7.2%	3.8%	(0.4%) - 14.7%
Lab tests - routine venipuncture (non Medicare fee schedule)	149	152	\$6	\$423	\$65,668	\$4,629,600	1.4%	1.0%	(0.5%) - 3.4%
Standard imaging - musculoskeletal	62	81	\$3	\$1,265	\$35,023	\$13,840,425	0.3%	0.2%	(0.1%) - 0.6%
Lab tests - automated general profiles	55	57	\$0	\$551	\$0	\$6,033,693	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	56	59	\$0	\$518	\$0	\$5,665,733	0.0%	0.0%	0.0% - 0.0%
Other - non-Medicare fee schedule	33	34	\$0	\$155	\$0	\$1,692,595	0.0%	0.0%	0.0% - 0.0%
Other tests - other	33	45	\$0	\$3,089	\$0	\$33,802,647	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	106	108	\$0	\$1,452	\$0	\$15,891,348	0.0%	0.0%	0.0% - 0.0%
Overall	2,025	3,399	\$7,030	\$214,974	\$76,940,669	\$2,352,818,321	3.3%	0.5%	2.3% - 4.2%

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

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Hospital visit - subsequent	132	248	\$1,885	\$15,877	\$74,824,178	\$626,503,893	11.9%	2.7%	6.6% - 17.3%
Consultations	78	78	\$1,499	\$9,356	\$59,323,844	\$373,310,619	15.9%	3.1%	9.8% - 22.0%
Office visits - established	467	475	\$1,286	\$27,364	\$51,249,251	\$1,090,366,792	4.7%	0.8%	3.1% - 6.3%
Nursing home visit	59	71	\$890	\$4,686	\$34,973,198	\$185,435,122	18.9%	7.1%	5.0% - 32.7%
Minor procedures - other (Medicare fee schedule)	119	206	\$690	\$6,164	\$27,369,246	\$247,323,448	11.1%	4.3%	2.7% - 19.4%
Hospital visit - initial	36	36	\$624	\$4,898	\$25,285,110	\$194,879,646	13.0%	4.7%	3.7% - 22.2%
Office visits - new	40	40	\$453	\$3,004	\$17,648,972	\$119,224,663	14.8%	4.6%	5.8% - 23.8%
Emergency room visit	52	52	\$389	\$5,914	\$15,508,658	\$235,703,301	6.6%	2.7%	1.3% - 11.8%
All Codes With Less Than 30 Claims	397	584	\$267	\$63,517	\$10,749,967	\$2,533,932,300	0.4%	0.2%	0.0% - 0.8%
Chiropractic	78	105	\$239	\$2,891	\$9,269,912	\$113,418,952	8.2%	2.8%	2.6% - 13.8%
Lab tests - other (Medicare fee schedule)	46	77	\$41	\$3,562	\$1,719,112	\$144,058,702	1.2%	1.2%	(1.1%) - 3.5%
Lab tests - other (non-Medicare fee schedule)	184	358	\$27	\$4,062	\$1,123,001	\$161,868,128	0.7%	0.5%	(0.3%) - 1.7%
Other drugs	59	82	\$26	\$15,516	\$1,069,984	\$619,246,034	0.2%	0.1%	(0.1%) - 0.4%
Other tests - electrocardiograms	78	84	\$19	\$1,064	\$767,058	\$42,203,723	1.8%	1.3%	(0.7%) - 4.3%
Specialist - ophthalmology	62	100	\$19	\$5,542	\$721,001	\$218,544,662	0.3%	0.3%	(0.3%) - 1.0%
Immunizations/Vaccinations	39	79	\$18	\$988	\$656,607	\$39,806,712	1.6%	1.7%	(1.6%) - 4.9%
Standard imaging - musculoskeletal	67	93	\$14	\$1,732	\$516,153	\$68,472,708	0.8%	0.7%	(0.7%) - 2.2%
Standard imaging - chest	86	93	\$10	\$1,377	\$435,525	\$54,701,925	0.8%	0.7%	(0.6%) - 2.1%
Lab tests - automated general profiles	49	50	\$8	\$532	\$302,343	\$21,202,180	1.4%	1.4%	(1.3%) - 4.2%
Lab tests - routine venipuncture (non Medicare fee schedule)	149	149	\$6	\$411	\$251,753	\$16,401,727	1.5%	1.1%	(0.6%) - 3.7%
Lab tests - blood counts	63	66	\$2	\$631	\$70,097	\$25,209,567	0.3%	0.3%	(0.3%) - 0.8%
Lab tests - urinalysis	40	40	\$1	\$157	\$49,684	\$6,227,283	0.8%	0.8%	(0.7%) - 2.3%
Ambulance	37	81	\$0	\$12,001	\$0	\$471,467,912	0.0%	0.0%	0.0% - 0.0%
Anesthesia	30	30	\$0	\$3,919	\$0	\$159,722,886	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	52	63	\$0	\$3,464	\$0	\$135,484,650	0.0%	0.0%	0.0% - 0.0%
Other tests - other	41	76	\$0	\$3,632	\$0	\$144,075,729	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	44	52	\$0	\$2,164	\$0	\$87,109,013	0.0%	0.0%	0.0% - 0.0%
Overall	1,953	3,468	\$8,414	\$204,425	\$333,884,655	\$8,135,902,277	4.1%	0.5%	3.2% - 5.1%

Noridian MAC Region 3 Part B 03002

Carrier Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	781	791	\$1,713	\$41,457	\$15,123,706	\$308,776,371	4.9%	0.8%	3.3% - 6.5%
Consultations	96	96	\$1,822	\$12,004	\$14,610,407	\$98,762,472	14.8%	2.9%	9.1% - 20.5%
Hospital visit - subsequent	118	215	\$1,228	\$12,529	\$13,692,073	\$99,433,725	13.8%	3.8%	6.3% - 21.2%
Office visits - new	64	65	\$669	\$4,918	\$6,867,569	\$41,473,174	16.6%	5.6%	5.6% - 27.5%
Nursing home visit	50	71	\$558	\$3,471	\$4,273,294	\$22,760,629	18.8%	7.1%	4.8% - 32.8%
Minor procedures - other (Medicare fee schedule)	169	297	\$568	\$8,713	\$3,799,354	\$61,719,484	6.2%	3.0%	0.2% - 12.1%
All Codes With Less Than 30 Claims	508	816	\$375	\$111,001	\$3,549,393	\$723,482,608	0.5%	0.2%	0.0% - 0.9%
Hospital visit - initial	39	39	\$698	\$4,567	\$2,917,555	\$17,229,010	16.9%	4.9%	7.4% - 26.5%
Chiropractic	104	155	\$436	\$3,624	\$2,160,877	\$27,664,735	7.8%	3.5%	1.0% - 14.6%
Specialist - psychiatry	37	57	\$42	\$1,905	\$681,463	\$8,796,350	7.7%	5.6%	(3.3%) - 18.8%
Emergency room visit	53	53	\$275	\$4,683	\$565,769	\$26,021,645	2.2%	1.1%	0.0% - 4.3%
Other tests - electrocardiograms	78	85	\$57	\$877	\$475,318	\$7,956,041	6.0%	4.9%	(3.6%) - 15.5%
Standard imaging - musculoskeletal	131	174	\$165	\$3,474	\$464,857	\$23,315,112	2.0%	1.2%	(0.4%) - 4.3%
Minor procedures - skin	69	83	\$162	\$4,668	\$455,082	\$28,230,522	1.6%	1.6%	(1.6%) - 4.8%
Specialist - ophthalmology	96	163	\$84	\$8,400	\$439,669	\$50,288,287	0.9%	0.9%	(0.9%) - 2.6%
Standard imaging - chest	126	145	\$119	\$1,744	\$358,358	\$14,369,951	2.5%	1.6%	(0.7%) - 5.7%
Lab tests - other (Medicare fee schedule)	56	75	\$133	\$3,058	\$305,595	\$18,810,996	1.6%	1.2%	(0.8%) - 4.0%
Ambulatory procedures - skin	50	74	\$75	\$6,013	\$299,010	\$47,490,606	0.6%	0.5%	(0.4%) - 1.6%
Lab tests - other (non-Medicare fee schedule)	274	457	\$46	\$8,019	\$287,145	\$52,547,500	0.5%	0.3%	0.0% - 1.1%
Other drugs	82	121	\$23	\$13,729	\$213,588	\$46,355,920	0.5%	0.3%	(0.1%) - 1.0%
Other tests - other	59	86	\$26	\$4,802	\$136,507	\$23,429,247	0.6%	0.6%	(0.6%) - 1.8%
Minor procedures - musculoskeletal	50	59	\$49	\$3,981	\$92,148	\$29,441,081	0.3%	0.3%	(0.3%) - 1.0%
Lab tests - routine venipuncture (non Medicare fee schedule)	222	223	\$6	\$579	\$64,297	\$3,835,465	1.7%	1.3%	(0.9%) - 4.3%
Immunizations/Vaccinations	42	74	\$18	\$837	\$51,751	\$5,232,180	1.0%	1.0%	(1.0%) - 3.0%
Lab tests - urinalysis	61	63	\$10	\$197	\$25,391	\$1,419,761	1.8%	1.1%	(0.4%) - 4.0%
Lab tests - automated general profiles	95	96	\$5	\$1,070	\$24,234	\$8,311,565	0.3%	0.3%	(0.3%) - 0.9%
Advanced imaging - CAT: other	40	65	\$0	\$5,418	\$0	\$59,497,822	0.0%	0.0%	0.0% - 0.0%
Anesthesia	47	51	\$0	\$6,971	\$0	\$53,421,913	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	91	96	\$0	\$769	\$0	\$5,947,573	0.0%	0.0%	0.0% - 0.0%
Overall	2,705	4,845	\$9,363	\$283,479	\$71,934,410	\$1,916,021,746	3.8%	0.4%	2.9% - 4.6%

Durable Medical Equipment Contractors

Palmetto – Region C 00885

DMERC Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Policy Groups with Less than 30 Claims	348	603	\$17,693	\$127,896	\$177,024,889	\$1,279,633,201	13.8%	5.1%	3.9% - 23.8%
Nebulizers & Related Drugs	313	596	\$8,475	\$45,161	\$84,794,289	\$451,849,907	18.8%	6.7%	5.7% - 31.8%
Glucose Monitor	289	589	\$2,714	\$30,042	\$27,151,278	\$300,582,663	9.0%	2.0%	5.1% - 13.0%
Wheelchairs Options/Accessories	53	100	\$2,457	\$5,062	\$24,585,528	\$50,651,135	48.5%	22.3%	4.9% - 92.2%
CPAP	99	185	\$1,793	\$10,267	\$17,938,933	\$102,720,916	17.5%	6.7%	4.2% - 30.7%
Wheelchairs Manual	117	126	\$688	\$6,302	\$6,886,721	\$63,056,659	10.9%	3.7%	3.8% - 18.1%
Oxygen Supplies/Equipment	295	437	\$492	\$50,103	\$4,924,289	\$501,297,110	1.0%	0.6%	(0.3%) - 2.3%
Hospital Beds/Accessories	73	87	\$211	\$6,632	\$2,108,109	\$66,351,491	3.2%	2.2%	(1.2%) - 7.5%
Overall	1,510	2,723	\$34,523	\$281,466	\$345,414,038	\$2,816,143,083	12.3%	2.7%	7.0% - 17.5%

NHIC MAC Region A 16003

DMERC Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Glucose Monitor	533	963	6,274	55,299	\$24,961,102	\$219,992,543	11.3%	1.7%	8.0% - 14.6%
All Policy Groups with Less than 30 Claims	328	443	2,957	82,588	\$11,764,725	\$328,554,258	3.6%	1.4%	0.9% - 6.3%
Oxygen Supplies/Equipment	479	746	1,751	79,815	\$6,964,884	\$317,523,719	2.2%	0.8%	0.7% - 3.7%
Immunosuppressive Drugs	31	57	1,350	7,188	\$5,370,401	\$28,594,758	18.8%	11.7%	(4.2%) - 41.7%
Diabetic Shoes	40	76	1,305	8,039	\$5,192,891	\$31,980,051	16.2%	7.6%	1.3% - 31.1%
Wheelchairs Manual	205	217	1,270	12,271	\$5,053,812	\$48,817,962	10.4%	3.0%	4.4% - 16.3%
Enteral Nutrition	77	141	1,088	23,353	\$4,328,656	\$92,904,668	4.7%	2.4%	(0.1%) - 9.5%
Nebulizers & Related Drugs	330	533	894	22,794	\$3,555,045	\$90,680,428	3.9%	1.5%	0.9% - 6.9%
Wheelchairs Options/Accessories	116	177	657	8,884	\$2,615,303	\$35,341,475	7.4%	3.7%	0.2% - 14.6%
Ostomy Supplies	63	128	630	8,861	\$2,506,816	\$35,251,885	7.1%	3.9%	(0.6%) - 14.8%
Urological Supplies	56	98	579	2,222	\$2,302,493	\$8,839,039	26.0%	13.0%	0.6% - 51.5%
Hospital Beds/Accessories	125	136	571	11,756	\$2,272,815	\$46,768,008	4.9%	2.2%	0.6% - 9.1%
Support Surfaces	32	32	564	4,656	\$2,245,604	\$18,523,058	12.1%	10.6%	(8.6%) - 32.9%
CPAP	130	234	532	14,646	\$2,115,197	\$58,263,962	3.6%	1.4%	0.9% - 6.4%
Walkers	50	58	388	4,753	\$1,543,840	\$18,907,039	8.2%	5.1%	(1.9%) - 18.2%
Lenses	36	93	238	3,500	\$947,620	\$13,923,443	6.8%	5.1%	(3.3%) - 16.9%
Surgical Dressings	38	74	49	8,658	\$195,849	\$34,441,793	0.6%	0.6%	(0.6%) - 1.7%
Routinely Denied Items	33	41	0	0	\$0	\$0			
Overall	2,534	4,247	21,099	359,280	\$83,937,052	\$1,429,308,090	5.9%	0.7%	4.6% - 7.2%

National Government Services MAC Region B 17003

DMERC Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Policy Groups with Less than 30 Claims	270	363	\$7,884	\$132,188	\$33,886,012	\$568,159,239	6.0%	3.4%	(0.7%) - 12.6%
Glucose Monitor	707	1,166	\$7,360	\$66,701	\$31,632,171	\$286,685,884	11.0%	1.5%	8.1% - 13.9%
Surgical Dressings	46	63	\$2,805	\$5,105	\$12,055,329	\$21,940,715	54.9%	25.9%	4.1% -105.8%
Oxygen Supplies/Equipment	647	998	\$1,776	\$114,353	\$7,632,964	\$491,499,461	1.6%	0.5%	0.5% - 2.6%
Nebulizers & Related Drugs	521	916	\$1,346	\$45,010	\$5,787,228	\$193,455,789	3.0%	0.8%	1.4% - 4.6%
Wheelchairs Options/Accessories	73	126	\$1,134	\$12,267	\$4,874,568	\$52,722,807	9.2%	6.8%	(4.0%) - 22.5%
Immunosuppressive Drugs	45	99	\$894	\$20,112	\$3,843,582	\$86,442,311	4.4%	3.5%	(2.3%) - 11.2%
Wheelchairs Manual	190	196	\$704	\$9,682	\$3,025,480	\$41,615,426	7.3%	1.9%	3.5% - 11.0%
CPAP	223	368	\$653	\$22,781	\$2,807,222	\$97,915,676	2.9%	1.2%	0.6% - 5.2%
Hospital Beds/Accessories	108	115	\$506	\$10,285	\$2,176,604	\$44,204,476	4.9%	2.4%	0.3% - 9.5%
Enteral Nutrition	57	137	\$461	\$19,229	\$1,980,095	\$82,646,911	2.4%	1.9%	(1.4%) - 6.2%
Infusion Pumps & Related Drugs	45	97	\$437	\$10,414	\$1,879,519	\$44,762,284	4.2%	4.3%	(4.2%) - 12.6%
Oslomy Supplies	90	178	\$419	\$11,992	\$1,800,262	\$51,542,031	3.5%	2.3%	(1.1%) - 8.1%
Lenses	34	105	\$351	\$3,553	\$1,506,744	\$15,270,785	9.9%	5.6%	(1.2%) - 20.9%
Urological Supplies	53	76	\$295	\$2,060	\$1,269,145	\$8,852,595	14.3%	9.4%	(4.1%) - 32.8%
Diabetic Shoes	33	63	\$264	\$6,943	\$1,134,872	\$29,839,990	3.8%	3.7%	(3.5%) - 11.1%
Upper Limb Orthoses	31	35	\$36	\$3,402	\$153,013	\$14,623,576	1.0%	1.1%	(1.0%) - 3.1%
Walkers	60	69	\$4	\$5,274	\$18,310	\$22,666,193	0.1%	0.1%	(0.1%) - 0.2%
Lower Limb Orthoses	31	47	\$0	\$10,639	\$0	\$45,726,307	0.0%	0.0%	0.0% - 0.0%
Routinely Denied Items	31	37	\$0	\$0	\$0	\$0	N/A	N/A	N/A
Overall	3,133	5,254	\$27,329	\$511,987	\$117,463,120	\$2,200,572,456	5.3%	1.1%	3.1% - 7.5%

CIGNA Government Services MAC Region C 18003

DMERC Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Policy Groups with Less than 30 Claims	239	435	\$11,139	\$117,016	\$67,061,333	\$704,482,619	9.5%	5.1%	(0.5%) - 19.5%
Glucose Monitor	299	584	\$3,768	\$31,940	\$22,683,777	\$192,292,150	11.8%	2.6%	6.7% - 16.9%
Oxygen Supplies/Equipment	290	452	\$1,171	\$48,344	\$7,048,641	\$291,052,348	2.4%	1.0%	0.5% - 4.4%
Nebulizers & Related Drugs	220	383	\$1,133	\$21,062	\$6,821,310	\$126,803,830	5.4%	3.0%	(0.4%) - 11.2%
CPAP	98	168	\$934	\$9,509	\$5,621,863	\$57,248,179	9.8%	4.2%	1.7% - 18.0%
Wheelchairs Options/Accessories	38	62	\$622	\$3,126	\$3,747,106	\$18,816,805	19.9%	10.0%	0.2% - 39.6%
Wheelchairs Manual	78	83	\$422	\$3,969	\$2,542,361	\$23,897,914	10.6%	4.3%	2.2% - 19.1%
Enteral Nutrition	33	60	\$191	\$12,638	\$1,152,307	\$76,083,707	1.5%	1.5%	(1.5%) - 4.5%
Hospital Beds/Accessories	64	74	\$120	\$4,813	\$724,557	\$28,975,531	2.5%	2.2%	(1.8%) - 6.8%
Overall	1,298	2,301	\$19,501	\$252,417	\$117,403,254	\$1,519,653,082	7.7%	2.4%	3.0% - 12.5%

Noridian Administrative Services MAC Region D 19003

DMERC Service Type	Number of Claims in Sample	Number of Lines in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Policy Groups with Less than 30 Claims	306	453	\$24,712	\$118,795	\$139,317,412	\$669,736,086	20.8%	6.3%	8.4% - 33.2%
Glucose Monitor	360	579	\$4,801	\$35,244	\$27,067,409	\$198,697,314	13.6%	2.3%	9.1% - 18.1%
Wheelchairs Options/Accessories	60	107	\$2,570	\$9,953	\$14,489,022	\$56,114,966	25.8%	11.7%	2.9% - 48.7%
Oxygen Supplies/Equipment	505	749	\$2,134	\$85,413	\$12,029,834	\$481,535,872	2.5%	0.8%	1.0% - 4.0%
Wheelchairs Manual	156	157	\$1,402	\$8,347	\$7,905,537	\$47,058,708	16.8%	3.7%	9.6% - 24.0%
CPAP	141	267	\$1,083	\$15,659	\$6,104,557	\$88,282,681	6.9%	2.6%	1.7% - 12.1%
Enteral Nutrition	41	107	\$920	\$17,936	\$5,189,099	\$101,116,346	5.1%	5.0%	(4.6%) - 14.9%
Hospital Beds/Accessories	82	92	\$768	\$8,003	\$4,332,556	\$45,120,392	9.6%	3.6%	2.6% - 16.7%
Ostomy Supplies	42	94	\$363	\$6,079	\$2,047,744	\$34,273,302	6.0%	3.2%	(0.4%) - 12.3%
Nebulizers & Related Drugs	307	487	\$348	\$29,378	\$1,961,092	\$165,623,105	1.2%	0.7%	(0.2%) - 2.6%
Lenses	32	92	\$324	\$2,822	\$1,827,026	\$15,908,889	11.5%	6.2%	(0.7%) - 23.7%
Urological Supplies	38	62	\$92	\$1,185	\$518,222	\$6,678,932	7.8%	4.5%	(1.0%) - 16.5%
Walkers	34	41	\$0	\$2,203	\$0	\$12,421,827	0.0%	0.0%	0.0% - 0.0%
Overall	2,001	3,287	\$39,517	\$341,017	\$222,789,512	\$1,922,568,419	11.6%	2.6%	6.5% - 16.7%

Fiscal Intermediaries (FI) and Part A MAC

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

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,556	\$4,892	\$436,238	\$32,413,086	\$2,994,778,313	1.1%	0.4%	0.3% - 1.9%
SNF	145	\$3,893	\$476,266	\$29,535,656	\$3,310,658,067	0.9%	0.4%	0.1% - 1.7%
Other FI Service Types	199	\$1,373	\$71,190	\$9,884,222	\$489,272,751	2.0%	1.0%	0.1% - 4.0%
ESRD	36	\$673	\$83,524	\$5,244,937	\$577,104,037	0.9%	0.5%	(0.0%) - 1.9%
Non-PPS Hospital In-patient	49	\$1	\$82,731	\$7,952	\$516,337,666	0.0%	0.0%	(0.0%) - 0.0%
All Codes With Less Than 30 Lines	21	\$0	\$1,618	\$0	\$10,646,838	0.0%	0.0%	0.0% - 0.0%
Overall	2,006	\$10,832	\$1,151,567	\$77,085,853	\$7,898,797,672	1.0%	0.2%	0.5% - 1.5%

Anthem ME/MA 00180/00181

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,558	\$13,352	\$368,262	\$30,676,956	\$869,436,908	3.5%	1.7%	0.1% - 6.9%
All Codes With Less Than 30 Lines	57	\$2,584	\$121,769	\$7,858,579	\$344,823,340	2.3%	2.2%	(1.9%) - 6.5%
Other FI Service Types	126	\$496	\$159,323	\$1,253,049	\$380,543,289	0.3%	0.2%	(0.0%) - 0.7%
SNF	42	\$29	\$112,187	\$69,835	\$276,563,151	0.0%	0.0%	(0.0%) - 0.1%
HHA	143	\$0	\$264,966	\$0	\$825,448,328	0.0%	0.0%	0.0% - 0.0%
RHCs	43	\$0	\$4,610	\$0	\$14,360,418	0.0%	0.0%	0.0% - 0.0%
Overall	1,969	\$16,461	\$1,031,117	\$39,858,419	\$2,711,175,434	1.5%	0.6%	0.2% - 2.7%

Anthem NH/VT 00270

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
Other FI Service Types	429	\$4,891	\$150,653	\$3,505,658	\$107,975,451	3.2%	1.0%	1.2% - 5.3%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,195	\$3,380	\$261,647	\$2,422,540	\$187,526,840	1.3%	0.5%	0.4% - 2.2%
Non-PPS Hospital In-patient	78	\$889	\$81,727	\$637,162	\$58,575,268	1.1%	1.1%	(1.1%) - 3.3%
All Codes With Less Than 30 Lines	5	\$595	\$18,443	\$426,597	\$13,218,510	3.2%	2.5%	(1.7%) - 8.1%
RHCs	84	\$0	\$8,950	\$0	\$6,414,433	0.0%	0.0%	0.0% - 0.0%
SNF	30	\$0	\$95,820	\$0	\$68,676,115	0.0%	0.0%	0.0% - 0.0%
Overall	1,821	\$9,756	\$617,240	\$6,991,957	\$442,386,617	1.6%	0.4%	0.9% - 2.3%

Cahaba AL 00010

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,631	\$4,170	\$420,307	\$3,973,372	\$400,478,292	1.0%	0.2%	0.6% - 1.4%
Other FI Service Types	125	\$231	\$73,564	\$220,017	\$70,093,085	0.3%	0.2%	(0.1%) - 0.7%
RHCs	62	\$50	\$4,245	\$48,099	\$4,045,149	1.2%	1.2%	(1.1%) - 3.5%
All Codes With Less Than 30 Lines	11	\$0	\$12,379	\$0	\$11,795,154	0.0%	0.0%	0.0% - 0.0%
SNF	35	\$0	\$91,729	\$0	\$87,401,528	0.0%	0.0%	0.0% - 0.0%
Overall	1,864	\$4,451	\$602,224	\$4,241,488	\$573,813,207	0.7%	0.1%	0.5% - 1.0%

BCBS AR AR 00020

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,437	\$16,090	\$443,054	\$6,113,087	\$168,327,824	3.6%	1.9%	(0.1%) - 7.4%
SNF	84	\$6,032	\$217,445	\$2,291,602	\$82,613,001	2.8%	1.2%	0.4% - 5.1%
Non-PPS Hospital In-patient	82	\$5,556	\$134,128	\$2,110,871	\$50,958,620	4.1%	4.1%	(3.9%) - 12.2%
Other FI Service Types	313	\$1,266	\$268,290	\$481,161	\$101,930,260	0.5%	0.2%	0.1% - 0.8%
RHCs	94	\$90	\$7,691	\$34,041	\$2,921,971	1.2%	1.2%	(1.1%) - 3.4%
All Codes With Less Than 30 Lines	3	\$41	\$507	\$15,759	\$192,672	8.2%	6.8%	(5.2%) - 21.5%
Overall	2,013	\$29,075	\$1,071,114	\$11,046,521	\$406,944,348	2.7%	1.0%	0.8% - 4.6%

First Coast Service Options FL 00090

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	121	\$20,414	\$425,164	\$49,150,459	\$1,023,678,549	4.8%	2.2%	0.5% - 9.1%
Other FI Service Types	293	\$5,930	\$149,013	\$14,278,997	\$358,781,759	4.0%	1.2%	1.7% - 6.2%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,511	\$4,618	\$482,897	\$11,118,784	\$1,162,683,912	1.0%	0.2%	0.5% - 1.4%
ESRD	50	\$1,609	\$88,156	\$3,873,502	\$212,255,165	1.8%	1.7%	(1.6%) - 5.2%
All Codes With Less Than 30 Lines	33	\$76	\$12,266	\$182,987	\$29,532,160	0.6%	0.7%	(0.8%) - 2.0%
Overall	2,008	\$32,647	\$1,157,495	\$78,604,730	\$2,786,931,545	2.8%	0.9%	1.1% - 4.5%

BCBS GA GA 00101

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,352	\$6,391	\$424,752	\$10,258,185	\$681,720,184	1.5%	0.4%	0.7% - 2.3%
ESRD	366	\$3,184	\$849,051	\$5,109,504	\$1,362,714,289	0.4%	0.2%	0.1% - 0.7%
All Codes With Less Than 30 Lines	54	\$1,088	\$92,945	\$1,746,481	\$149,175,688	1.2%	0.9%	(0.6%) - 3.0%
Other FI Service Types	130	\$920	\$35,263	\$1,477,229	\$56,596,205	2.6%	1.0%	0.6% - 4.6%
RHCs	47	\$74	\$4,613	\$119,106	\$7,403,413	1.6%	1.6%	(1.5%) - 4.8%
Overall	1,949	\$11,658	\$1,406,623	\$18,710,504	\$2,257,609,778	0.8%	0.2%	0.5% - 1.2%

Cahaba IA/SD 00011

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
HHA	509	\$7,957	\$946,901	\$18,444,267	\$2,194,848,339	0.8%	0.5%	(0.2%) - 1.8%
Hospice	209	\$1,398	\$542,872	\$3,240,279	\$1,258,339,623	0.3%	0.2%	(0.2%) - 0.7%
Other FI Service Types	322	\$933	\$138,238	\$2,161,561	\$320,425,106	0.7%	0.3%	0.0% - 1.3%
SNF	58	\$664	\$66,158	\$1,538,641	\$153,348,564	1.0%	0.8%	(0.5%) - 2.5%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	567	\$574	\$164,282	\$1,330,074	\$380,793,746	0.3%	0.1%	0.1% - 0.6%
All Codes With Less Than 30 Lines	4	\$20	\$10,508	\$45,200	\$24,355,657	0.2%	0.2%	(0.1%) - 0.5%
Non-PPS Hospital In-patient	90	\$14	\$95,902	\$31,408	\$222,293,401	0.0%	0.0%	(0.0%) - 0.0%
RHCs	59	\$0	\$5,907	\$0	\$13,691,053	0.0%	0.0%	0.0% - 0.0%
Overall	1,818	\$11,558	\$1,970,766	\$26,791,429	\$4,568,095,490	0.6%	0.3%	0.1% - 1.1%

BCBS KS KS 00150

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	73	\$3,912	\$177,465	\$1,633,853	\$74,119,270	2.2%	1.0%	0.2% - 4.2%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	966	\$3,625	\$451,575	\$1,513,952	\$188,602,990	0.8%	0.3%	0.3% - 1.3%
Other FI Service Types	564	\$1,138	\$211,889	\$475,288	\$88,496,534	0.5%	0.2%	0.2% - 0.9%
All Codes With Less Than 30 Lines	16	\$3	\$39,557	\$1,433	\$16,521,166	0.0%	0.0%	(0.0%) - 0.0%
Non-PPS Hospital In-patient	143	\$3	\$286,436	\$1,253	\$119,631,487	0.0%	0.0%	(0.0%) - 0.0%
RHCs	250	\$0	\$24,273	\$0	\$10,137,915	0.0%	0.0%	0.0% - 0.0%
Overall	2,012	\$8,681	\$1,191,195	\$3,625,779	\$497,509,363	0.7%	0.2%	0.4% - 1.1%

Trispan LA/MO/MS 00230

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,170	\$15,229	\$350,275	\$22,214,947	\$510,943,012	4.3%	2.5%	(0.6%) - 9.3%
SNF	168	\$7,381	\$430,210	\$10,765,913	\$627,544,514	1.7%	0.7%	0.3% - 3.1%
Other FI Service Types	268	\$1,463	\$188,648	\$2,134,783	\$275,179,725	0.8%	0.4%	0.0% - 1.5%
Non-PPS Hospital In-patient	81	\$270	\$102,785	\$394,328	\$149,931,208	0.3%	0.2%	(0.2%) - 0.7%
RHCs	202	\$202	\$18,353	\$294,744	\$26,771,845	1.1%	0.8%	(0.4%) - 2.6%
ESRD	39	\$0	\$88,997	\$0	\$129,819,420	0.0%	0.0%	0.0% - 0.0%
Overall	1,928	\$24,546	\$1,179,268	\$35,804,714	\$1,720,189,725	2.1%	0.8%	0.5% - 3.7%

BCBS MT MT 00250

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	221	\$498	\$57,982	\$127,078	\$14,805,532	0.9%	0.5%	(0.2%) - 1.9%
All Codes With Less Than 30 Lines	17	\$235	\$29,560	\$60,040	\$7,547,966	0.8%	0.9%	(1.0%) - 2.6%
Other FI Service Types	87	\$15	\$32,585	\$3,738	\$8,320,496	0.0%	0.0%	(0.0%) - 0.1%
RHCs	32	\$0	\$3,434	\$0	\$876,956	0.0%	0.0%	0.0% - 0.0%
Overall	357	\$747	\$123,561	\$190,856	\$31,550,950	0.6%	0.3%	(0.0%) - 1.2%

Palmetto NC 00382

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,633	\$10,292	\$613,886	\$12,370,484	\$737,882,549	1.7%	0.6%	0.5% - 2.9%
SNF	92	\$4,767	\$278,537	\$5,730,266	\$334,797,840	1.7%	1.1%	(0.5%) - 4.0%
Other FI Service Types	115	\$1,535	\$239,093	\$1,844,737	\$287,386,387	0.6%	0.4%	(0.1%) - 1.3%
ESRD	53	\$45	\$145,399	\$53,645	\$174,767,025	0.0%	0.0%	(0.0%) - 0.1%
All Codes With Less Than 30 Lines	20	\$0	\$24,864	\$0	\$29,886,575	0.0%	0.0%	0.0% - 0.0%
RHCs	32	\$0	\$2,347	\$0	\$2,821,387	0.0%	0.0%	0.0% - 0.0%
Overall	1,945	\$16,638	\$1,304,126	\$19,999,131	\$1,567,541,762	1.3%	0.4%	0.5% - 2.0%

BCBS NE NE 00260

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
Other FI Service Types	711	\$4,718	\$324,178	\$1,094,772	\$75,229,362	1.5%	0.5%	0.4% - 2.5%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	731	\$2,831	\$347,529	\$656,901	\$80,648,191	0.8%	0.5%	(0.2%) - 1.8%
RHCs	317	\$184	\$28,228	\$42,746	\$6,550,735	0.7%	0.5%	(0.2%) - 1.6%
Non-PPS Hospital In-patient	171	\$39	\$349,896	\$9,155	\$81,197,507	0.0%	0.0%	(0.0%) - 0.0%
All Codes With Less Than 30 Lines	33	\$0	\$58,461	\$0	\$13,566,441	0.0%	0.0%	0.0% - 0.0%
Overall	1,963	\$7,772	\$1,108,293	\$1,803,574	\$257,192,236	0.7%	0.2%	0.3% - 1.1%

BCBS AR RI 00021

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,771	\$5,715	\$428,128	\$1,025,172	\$76,799,310	1.3%	0.5%	0.3% - 2.3%
SNF	106	\$2,681	\$288,325	\$481,014	\$51,720,885	0.9%	0.7%	(0.5%) - 2.3%
All Codes With Less Than 30 Lines	17	\$0	\$149,666	\$0	\$26,847,732	0.0%	0.0%	0.0% - 0.0%
Overall	1,894	\$8,396	\$866,119	\$1,506,187	\$155,367,928	1.0%	0.3%	0.3% - 1.7%

Palmetto SC 00380

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
HHA	1,034	\$33,630	\$2,425,744	\$119,862,667	\$8,645,621,540	1.4%	0.4%	0.7% - 2.1%
Hospice	557	\$8,826	\$1,427,903	\$31,457,916	\$5,089,206,364	0.6%	0.4%	(0.1%) - 1.3%
All Codes With Less Than 30 Lines	65	\$1,338	\$95,993	\$4,769,066	\$342,129,237	1.4%	0.9%	(0.3%) - 3.1%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	394	\$616	\$157,615	\$2,196,134	\$561,758,722	0.4%	0.2%	(0.1%) - 0.8%
Overall	2,050	\$44,411	\$4,107,256	\$158,285,783	\$14,638,715,863	1.1%	0.2%	0.6% - 1.6%

BCBS WY WY 00460

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	113	\$352	\$51,073	\$16,063	\$2,328,857	0.7%	0.4%	(0.1%) - 1.4%
Other FI Service Types	45	\$22	\$20,886	\$1,000	\$952,400	0.1%	0.1%	(0.1%) - 0.3%
All Codes With Less Than 30 Lines	12	\$0	\$6,423	\$0	\$292,894	0.0%	0.0%	0.0% - 0.0%
Overall	170	\$374	\$78,382	\$17,063	\$3,574,151	0.5%	0.3%	(0.0%) - 1.0%

Highmark Medicare Services DC/MD 00366

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	282	\$15,693	\$1,054,806	\$40,624,341	\$2,730,563,209	1.5%	0.5%	0.6% - 2.4%
Non-PPS Hospital In-patient	1,188	\$9,048	\$512,821	\$23,422,428	\$1,327,534,526	1.8%	0.5%	0.8% - 2.7%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	292	\$8,840	\$130,945	\$22,883,204	\$338,975,124	6.8%	3.4%	0.0% - 13.5%
Other FI Service Types	75	\$1,934	\$68,261	\$5,005,954	\$176,706,521	2.8%	2.4%	(1.8%) - 7.5%
Free Standing Ambulatory Surgery	95	\$371	\$215,834	\$959,239	\$558,727,549	0.2%	0.1%	(0.0%) - 0.4%
All Codes With Less Than 30 Lines	24	\$11	\$48,524	\$28,838	\$125,612,747	0.0%	0.0%	(0.0%) - 0.1%
Overall	1,956	\$35,896	\$2,031,191	\$92,924,004	\$5,258,119,676	1.8%	0.4%	1.0% - 2.5%

COSVI PR/VI 57400

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2,042	\$13,994	\$491,069	\$1,243,506	\$43,636,473	2.8%	0.6%	1.6% - 4.1%
Non-PPS Hospital In-patient	98	\$1,513	\$103,777	\$134,486	\$9,221,612	1.5%	0.9%	(0.2%) - 3.1%
ESRD	97	\$1,213	\$129,055	\$107,756	\$11,467,880	0.9%	0.3%	0.3% - 1.6%
All Codes With Less Than 30 Lines	50	\$1,129	\$85,426	\$100,309	\$7,590,994	1.3%	1.0%	(0.7%) - 3.4%
Overall	2,287	\$17,849	\$809,328	\$1,586,058	\$71,916,957	2.2%	0.4%	1.4% - 3.1%

Empire CT/DE/NY 00308

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,750	\$8,339	\$442,059	\$35,781,276	\$1,896,834,983	1.9%	0.4%	1.0% - 2.8%
SNF	135	\$4,985	\$444,118	\$21,389,015	\$1,905,669,961	1.1%	0.5%	0.1% - 2.2%
ESRD	36	\$4,486	\$99,637	\$19,249,483	\$427,531,729	4.5%	3.4%	(2.1%) - 11.1%
Other FI Service Types	30	\$8	\$80,965	\$32,182	\$347,413,750	0.0%	0.0%	(0.0%) - 0.0%
All Codes With Less Than 30 Lines	3	\$0	\$42	\$0	\$178,287	0.0%	0.0%	0.0% - 0.0%
Overall	1,954	\$17,817	\$1,066,821	\$76,451,956	\$4,577,628,710	1.7%	0.4%	0.8% - 2.5%

Chisholm OK 00340

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,754	\$6,534	\$532,964	\$2,024,135	\$165,100,780	1.2%	0.3%	0.6% - 1.8%
All Codes With Less Than 30 Lines	20	\$1,818	\$44,810	\$563,319	\$13,881,265	4.1%	4.1%	(4.0%) - 12.1%
Other FI Service Types	245	\$1,210	\$282,018	\$374,767	\$87,363,008	0.4%	0.2%	0.1% - 0.8%
RHCs	52	\$202	\$3,692	\$62,519	\$1,143,822	5.5%	3.8%	(2.0%) - 13.0%
Non-PPS Hospital In-patient	83	\$32	\$139,449	\$9,894	\$43,198,355	0.0%	0.0%	(0.0%) - 0.1%
Overall	2,154	\$9,796	\$1,002,934	\$3,034,635	\$310,687,230	1.0%	0.3%	0.5% - 1.5%

Veritus PA 00363

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,586	\$4,673	\$308,250	\$13,231,942	\$872,861,472	1.5%	0.7%	0.2% - 2.8%
SNF	147	\$1,689	\$347,820	\$4,783,332	\$984,908,809	0.5%	0.2%	0.1% - 0.9%
Other FI Service Types	92	\$180	\$35,609	\$509,360	\$100,832,333	0.5%	0.4%	(0.2%) - 1.2%
All Codes With Less Than 30 Lines	21	\$10	\$27,808	\$28,543	\$78,743,654	0.0%	0.0%	(0.0%) - 0.1%
RHCs	109	\$0	\$7,420	\$0	\$21,010,863	0.0%	0.0%	0.0% - 0.0%
Overall	1,955	\$6,552	\$726,907	\$18,553,177	\$2,058,357,131	0.9%	0.3%	0.3% - 1.5%

Mutual of Omaha (all states) 52280

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,596	\$9,208	\$513,350	\$66,999,955	\$3,735,352,958	1.8%	0.4%	0.9% - 2.7%
SNF	217	\$5,961	\$699,059	\$43,376,235	\$5,086,648,060	0.9%	0.3%	0.2% - 1.5%
Other FI Service Types	90	\$177	\$25,388	\$1,287,054	\$184,736,688	0.7%	0.5%	(0.3%) - 1.7%
All Codes With Less Than 30 Lines	26	\$58	\$50,217	\$422,615	\$365,400,396	0.1%	0.1%	(0.1%) - 0.3%
RHCs	36	\$0	\$3,506	\$0	\$25,509,260	0.0%	0.0%	0.0% - 0.0%
Overall	1,965	\$15,404	\$1,291,520	\$112,085,860	\$9,397,647,363	1.2%	0.3%	0.7% - 1.7%

Noridian MN/ND 00320/00321

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	69	\$3,550	\$156,162	\$4,792,445	\$210,754,889	2.3%	1.2%	(0.0%) - 4.6%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,055	\$2,729	\$263,789	\$3,684,019	\$347,612,170	1.1%	0.3%	0.4% - 1.7%
Other FI Service Types	323	\$809	\$121,551	\$1,092,174	\$163,106,862	0.7%	0.3%	0.1% - 1.3%
RHCs	55	\$126	\$5,859	\$169,819	\$7,727,418	2.2%	2.2%	(2.1%) - 6.5%
All Codes With Less Than 30 Lines	11	\$0	\$25,076	\$0	\$32,789,780	0.0%	0.0%	0.0% - 0.0%
Non-PPS Hospital In-patient	63	\$0	\$107,678	\$0	\$145,329,567	0.0%	0.0%	0.0% - 0.0%
Overall	1,576	\$7,214	\$680,115	\$9,738,456	\$907,320,686	1.1%	0.3%	0.5% - 1.7%

Noridian AK/WA 00322

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
Other FI Service Types	258	\$14,732	\$197,661	\$9,988,699	\$134,022,429	7.5%	6.4%	(5.2%) - 20.1%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,427	\$6,217	\$413,364	\$4,215,139	\$280,277,667	1.5%	0.5%	0.5% - 2.5%
ESRD	31	\$1,793	\$71,203	\$1,215,563	\$48,278,765	2.5%	2.5%	(2.4%) - 7.4%
All Codes With Less Than 30 Lines	27	\$1,068	\$91,226	\$724,113	\$61,854,718	1.2%	1.0%	(0.7%) - 3.0%
Non-PPS Hospital In-patient	40	\$16	\$169,892	\$11,086	\$115,193,318	0.0%	0.0%	(0.0%) - 0.0%
RHCs	152	\$0	\$17,278	\$0	\$11,715,356	0.0%	0.0%	0.0% - 0.0%
Overall	1,935	\$23,825	\$960,625	\$16,154,601	\$651,342,253	2.5%	1.4%	(0.3%) - 5.3%

Noridian ID/OR/UT 00323/00325

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Lines	52	\$3,122	\$148,258	\$4,017,359	\$145,042,674	2.8%	1.5%	(0.2%) - 5.7%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,113	\$3,958	\$328,780	\$3,263,038	\$298,755,708	1.1%	0.3%	0.4% - 1.7%
Other FI Service Types	341	\$1,078	\$113,106	\$888,697	\$93,350,494	1.0%	0.4%	0.2% - 1.7%
Non-PPS Hospital In-patient	53	\$0	\$68,130	\$0	\$56,266,564	0.0%	0.0%	0.0% - 0.0%
RHCs	46	\$0	\$6,040	\$0	\$5,145,915	0.0%	0.0%	0.0% - 0.0%
Overall	1,605	\$8,159	\$664,313	\$8,169,094	\$598,561,354	1.4%	0.4%	0.5% - 2.2%

Riverbend NJ/TN 00390

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,009	\$6,699	\$375,073	\$25,192,565	\$1,410,534,016	1.8%	0.4%	1.0% - 2.6%
SNF	110	\$4,093	\$427,185	\$15,393,409	\$1,606,510,972	1.0%	0.5%	(0.0%) - 2.0%
RHCs	748	\$396	\$52,587	\$1,489,873	\$197,762,908	0.8%	0.3%	0.1% - 1.4%
Other FI Service Types	61	\$130	\$10,049	\$487,160	\$37,791,217	1.3%	0.9%	(0.5%) - 3.1%
ESRD	34	\$66	\$84,115	\$249,484	\$316,331,238	0.1%	0.1%	(0.0%) - 0.2%
All Codes With Less Than 30 Lines	5	\$0	\$10,571	\$0	\$39,753,733	0.0%	0.0%	0.0% - 0.0%
Overall	1,967	\$11,384	\$959,580	\$42,812,491	\$3,608,684,084	1.2%	0.3%	0.6% - 1.7%

Trailblazer CO/NM/TX 00400

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	55	\$11,714	\$181,480	\$42,361,254	\$656,276,882	6.5%	2.9%	0.8% - 12.1%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,229	\$10,716	\$406,631	\$38,750,106	\$1,470,478,574	2.6%	0.9%	1.0% - 4.3%
Other FI Service Types	152	\$2,603	\$137,170	\$9,413,813	\$496,040,168	1.9%	1.4%	(0.8%) - 4.6%
ESRD	197	\$2,004	\$448,786	\$7,247,247	\$1,622,919,925	0.4%	0.2%	0.1% - 0.8%
RHCs	265	\$65	\$22,004	\$234,839	\$79,570,116	0.3%	0.3%	(0.3%) - 0.9%
Non-PPS Hospital In-patient	30	\$4	\$34,169	\$16,020	\$123,562,767	0.0%	0.0%	(0.0%) - 0.0%
All Codes With Less Than 30 Lines	2	\$0	\$242	\$0	\$875,566	0.0%	0.0%	0.0% - 0.0%
Overall	1,930	\$27,106	\$1,230,481	\$98,023,279	\$4,449,723,997	2.2%	0.6%	1.1% - 3.3%

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

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	124	\$29,357	\$433,053	\$105,268,374	\$1,552,835,024	6.8%	3.7%	(0.4%) - 14.0%
HHA	111	\$10,702	\$276,359	\$38,375,521	\$990,965,787	3.9%	2.6%	(1.2%) - 9.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,537	\$9,404	\$531,954	\$33,721,241	\$1,907,473,894	1.8%	0.3%	1.2% - 2.4%
ESRD	104	\$9,276	\$228,387	\$33,262,225	\$818,947,956	4.1%	2.0%	0.2% - 7.9%
Hospice	102	\$5,053	\$315,814	\$18,117,726	\$1,132,441,715	1.6%	1.0%	(0.3%) - 3.5%
Other FI Service Types	86	\$236	\$35,592	\$847,178	\$127,623,603	0.7%	0.3%	(0.0%) - 1.3%
All Codes With Less Than 30 Lines	11	\$0	\$2,096	\$0	\$7,514,913	0.0%	0.0%	0.0% - 0.0%
RHCs	44	\$0	\$4,526	\$0	\$16,229,917	0.0%	0.0%	0.0% - 0.0%
Overall	2,119	\$64,028	\$1,827,781	\$229,592,265	\$6,554,032,809	3.5%	1.0%	1.5% - 5.5%

UGS WI/MI 00450/00452

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	56	\$6,158	\$154,519	\$40,191,364	\$1,132,606,417	3.5%	2.4%	(1.1%) - 8.2%
HHA	121	\$4,426	\$299,767	\$32,788,473	\$2,220,897,572	1.5%	1.5%	(1.4%) - 4.3%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	971	\$2,711	\$233,835	\$17,084,954	\$1,529,746,038	1.1%	0.3%	0.4% - 1.8%
FOHC	562	\$786	\$50,069	\$5,820,748	\$370,946,010	1.6%	0.6%	0.5% - 2.7%
Other FI Service Types	154	\$471	\$51,597	\$3,159,430	\$361,217,083	0.9%	0.3%	0.2% - 1.5%
All Codes With Less Than 30 Lines	66	\$14	\$83,532	\$93,509	\$545,327,994	0.0%	0.0%	(0.0%) - 0.0%
Hospice	65	\$0	\$183,095	\$0	\$1,356,501,508	0.0%	0.0%	0.0% - 0.0%
Overall	1,995	\$14,565	\$1,056,413	\$99,138,477	\$7,517,242,621	1.3%	0.6%	0.2% - 2.4%

UGS VA/WV 00453

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,811	\$10,844	\$542,194	\$18,048,802	\$902,412,591	2.0%	0.6%	0.9% - 3.1%
SNF	89	\$4,748	\$301,633	\$7,901,766	\$502,028,553	1.6%	1.2%	(0.7%) - 3.8%
Other FI Service Types	155	\$1,145	\$52,604	\$1,905,621	\$87,552,006	2.2%	0.9%	0.3% - 4.0%
All Codes With Less Than 30 Lines	56	\$0	\$50,507	\$17	\$84,062,919	0.0%	0.0%	(0.0%) - 0.0%
Overall	2,111	\$16,737	\$946,938	\$27,856,206	\$1,576,056,068	1.8%	0.5%	0.8% - 2.7%

Noridian MAC Region 3 03001

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Payments	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	172	\$14,698	\$399,328	\$11,453,484	\$352,340,725	3.3%	1.3%	0.7% - 5.8%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2,952	\$11,891	\$969,977	\$3,949,045	\$539,451,058	0.7%	0.2%	0.4% - 1.1%
Other FI Service Types	726	\$6,632	\$473,500	\$1,787,464	\$219,626,503	0.8%	0.3%	0.2% - 1.5%
ESRD	61	\$3,271	\$122,685	\$1,326,198	\$63,980,039	2.1%	1.0%	0.1% - 4.1%
Non-PPS Hospital In-patient	131	\$2,086	\$333,951	\$200,615	\$142,318,654	0.1%	0.1%	(0.1%) - 0.4%
All Codes With Less Than 30 Lines	23	\$0	\$1,792	\$0	\$1,747,887	0.0%	0.0%	0.0% - 0.0%
RHCs	202	\$0	\$18,895	\$0	\$13,615,814	0.0%	0.0%	0.0% - 0.0%
Overall	4,267	\$38,578	\$2,320,128	\$18,716,806	\$1,333,080,680	1.4%	0.4%	0.7% - 2.1%