



U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

The Supplementary Appendices for the

Improper Medicare Fee-for-Service Payments

May 2007

Appendix A – List of Acronyms

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

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

Appendix B – Projected Improper Payments by Cluster

Tables in this section of the appendix contain improper payment amounts for clusters.

In the 2003 and 2004 reports, the CERT program provided error rates and improper payment amounts for each cluster. The MMA included a provision and additional funding to allow CMS to temporarily produce error rates at the individual contractor level, in addition to the cluster level rates, for the 2005 and 2006 reports. Beginning with the May 2007 Report, CERT reverts to reporting only cluster level error rates.

Table B1a contains improper payment amounts for Carrier clusters. The table is sorted in descending order by projected improper payment amounts for Carrier cluster values.

Table B1a: Actual and Projected Improper Payments: Carrier Clusters

Carrier Cluster	Actual Overpymt	Actual Underpymt	Actual Improper Payment	Projected Overpymt	Projected Underpymt	Projected Improper Payment
First Coast Service Options FL 00590	\$41,530	\$449	\$41,979	\$854,101,911	\$9,226,191	\$863,328,101
WPS WI/IL/MI/MN 00951/00952/00953/00954	\$10,127	\$706	\$10,833	\$275,438,582	\$18,639,396	\$294,077,978
NHIC CA 31140/31146	\$8,344	\$142	\$8,486	\$245,609,312	\$4,190,648	\$249,799,960
Empire NY 00803	\$16,302	\$233	\$16,535	\$234,387,307	\$3,355,357	\$237,742,664
Trailblazer TX 00900	\$9,379	\$245	\$9,623	\$227,538,653	\$5,932,506	\$233,471,159
Cahaba AL/GA/MS 00510/00511/00512	\$9,186	\$1,830	\$11,017	\$141,882,384	\$21,963,038	\$163,845,422
Noridian AK/AZ/HI/NV/OR/WA 00831/00832/00833/00834/00835/00836	\$9,182	\$351	\$9,533	\$146,334,386	\$5,511,839	\$151,846,225
BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/00528	\$10,498	\$741	\$11,239	\$139,188,714	\$9,801,517	\$148,990,230
Palmetto OH/WV 00883/00884	\$8,315	\$275	\$8,590	\$142,463,727	\$4,711,836	\$147,175,563
Empire NJ 00805	\$11,781	\$292	\$12,073	\$140,028,364	\$3,472,818	\$143,501,182
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904	\$9,290	\$405	\$9,695	\$119,731,670	\$5,271,428	\$125,003,098
AdminaStar IN/KY 00630/00660	\$5,470	\$1,214	\$6,684	\$76,676,362	\$16,635,186	\$93,311,548
CIGNA NC 05535	\$5,410	\$1,423	\$6,833	\$68,282,089	\$17,962,886	\$86,244,975
NHIC ME/MA/NH/VT 31142/31143/31144/31145	\$6,584	\$312	\$6,896	\$81,171,024	\$3,849,335	\$85,020,359
HGSA PA 00865	\$4,784	\$432	\$5,215	\$74,012,392	\$6,675,797	\$80,688,189
Triple S, Inc. PR/VI 00973/00974	\$13,544	\$507	\$14,051	\$66,936,478	\$2,518,415	\$69,454,893
Palmetto SC 00880	\$8,500	\$503	\$9,003	\$47,193,118	\$2,793,157	\$49,986,275
CIGNA TN 05440	\$5,176	\$352	\$5,528	\$45,336,767	\$3,082,637	\$48,419,404
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889	\$6,174	\$525	\$6,700	\$40,562,012	\$4,466,195	\$45,028,207
BCBS KS/NE/W MO 00650/00655/00651	\$5,708	\$871	\$6,579	\$34,873,957	\$5,439,081	\$40,313,037
HealthNow NY 00801	\$5,197	\$202	\$5,399	\$38,679,879	\$1,500,371	\$40,180,250
First Coast Service Options CT 00591	\$7,106	\$357	\$7,463	\$37,128,023	\$1,863,846	\$38,991,869
GHI NY 14330	\$8,575	\$552	\$9,128	\$16,533,632	\$1,065,254	\$17,598,886
Noridian UT 00823	\$8,232	\$343	\$8,575	\$13,659,316	\$569,357	\$14,228,673
BCBS AR RI 00524	\$9,043	\$153	\$9,196	\$9,974,896	\$168,725	\$10,143,621
BCBS MT 00751	\$3,826	\$275	\$4,101	\$3,763,611	\$270,823	\$4,034,435
CIGNA ID 05130	\$2,947	\$164	\$3,111	\$3,612,815	\$201,121	\$3,813,936
Combined	\$250,211	\$13,855	\$264,066	\$3,325,101,379	\$161,138,760	\$3,486,240,139

Table B2a contains actual and projected improper payment amounts for DMERC clusters. The table is sorted in descending order by projected improper payments.

Table B2a: Actual and Projected Improper Payments: DMERCs

DMERC Cluster	Actual Overpymt	Actual Underpymt	Actual Improper Payment	Projected Overpymt	Projected Underpymt	Projected Improper Payment
Palmetto Region C 00885	\$83,794	\$352	\$84,146	\$678,013,614	\$2,870,760	\$680,884,375
CIGNA Region D 05655	\$15,056	\$58	\$15,114	\$88,028,576	\$337,358	\$88,365,933
Tricenturion Region A 77011	\$17,181	\$115	\$17,297	\$81,598,980	\$536,062	\$82,135,042
AdminaStar Region B 00635	\$14,265	\$0	\$14,265	\$71,776,464	\$0	\$71,776,464
Combined	\$130,296	\$525	\$130,821	\$919,417,634	\$3,744,180	\$923,161,814

Table B3a contains FI-specific improper payment amounts for FI clusters. The table is sorted in descending order by projected improper payment amounts.

Table B3a: Actual and Improper Payments: FI Clusters

FI Cluster	Actual Overpymt	Actual Underpymt	Actual Improper Payment	Projected Overpymt	Projected Underpymt	Projected Improper Payment
Palmetto SC 00380	\$27,037	\$13,409	\$40,446	\$71,040,035	\$35,233,076	\$106,273,111
Mutual of Omaha (all states) 52280	\$18,095	\$4,852	\$22,947	\$81,668,762	\$21,899,884	\$103,568,646
Highmark Medicare Services DC/MD 00366	\$43,060	\$777	\$43,837	\$98,923,702	\$1,784,219	\$100,707,922
UGS AS/CA/GU/HI/NV/NMI 00454	\$25,361	\$2,407	\$27,768	\$76,457,177	\$7,255,395	\$83,712,572
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332	\$12,226	\$2,694	\$14,920	\$57,423,187	\$13,673,514	\$71,096,701
UGS W/MI 00450/00452	\$9,953	\$446	\$10,398	\$62,436,751	\$2,445,351	\$64,882,102
Riverbend NJ/TN 00390	\$12,721	\$2,797	\$15,518	\$40,770,220	\$8,964,530	\$49,734,750
Empire CT/DE/NY 00308	\$10,164	\$1,890	\$12,054	\$33,226,632	\$6,178,849	\$39,405,481
Trailblazer CO/NM/TX 00400	\$8,985	\$2,764	\$11,749	\$27,521,910	\$8,465,509	\$35,987,418
Noridian ID/OR/UT 00323/00325	\$37,447	\$3,595	\$41,041	\$31,145,232	\$3,004,394	\$34,149,626
First Coast Service Options FL 00090	\$13,190	\$1,824	\$15,013	\$27,369,291	\$3,784,373	\$31,153,664
Anthem ME/MA 00180/00181	\$7,824	\$8,678	\$16,502	\$14,583,535	\$16,381,728	\$30,965,263
Trispan LA/MO/MS 00230	\$14,938	\$6,861	\$21,799	\$17,130,622	\$7,867,509	\$24,998,131
Veritus PA 00363	\$7,390	\$203	\$7,593	\$17,858,401	\$489,408	\$18,347,809
Anthem NH/VT 00270	\$40,320	\$586	\$40,906	\$17,479,051	\$253,930	\$17,732,981
BCBS GA GA 00101	\$10,426	\$2,316	\$12,742	\$12,214,658	\$2,713,130	\$14,927,788
Palmetto NC 00382	\$10,365	\$975	\$11,340	\$12,936,433	\$1,216,653	\$14,153,086
UGS VA/WV 00453	\$6,636	\$587	\$7,222	\$11,371,939	\$1,005,229	\$12,377,168
Noridian AK/WA 00322	\$14,285	\$2,027	\$16,313	\$9,115,872	\$1,293,653	\$10,409,524
Noridian MN/ND 00320/00321	\$11,047	\$110	\$11,157	\$9,697,133	\$96,852	\$9,793,985
Cahaba IA/SD 00011	\$3,898	\$1,493	\$5,390	\$6,642,697	\$2,543,884	\$9,186,581
BCBS AR AR 00020	\$12,383	\$278	\$12,661	\$4,284,734	\$96,051	\$4,380,785
BCBS KS KS 00150	\$8,867	\$301	\$9,168	\$4,024,024	\$136,602	\$4,160,626
Cahaba AL 00010	\$2,329	\$2,918	\$5,247	\$1,593,785	\$1,997,238	\$3,591,024
BCBS AZ AZ 00030	\$9,093	\$2,146	\$11,239	\$2,608,193	\$615,480	\$3,223,673
COSVI PR/VI 57400	\$8,892	\$273	\$9,165	\$1,923,829	\$59,036	\$1,982,865
BCBS MT MT 00250	\$5,550	\$402	\$5,952	\$1,657,404	\$120,057	\$1,777,460
BCBS NE NE 00260	\$2,013	\$4,788	\$6,800	\$483,069	\$1,149,080	\$1,632,149
BCBS AR RI 00021	\$7,842	\$566	\$8,408	\$1,080,711	\$77,967	\$1,158,678
Chisholm OK 00340	\$3,292	\$519	\$3,811	\$962,246	\$151,598	\$1,113,844
BCBS WY WY 00460	\$11,664	\$798	\$12,461	\$522,021	\$35,707	\$557,728
Combined	\$417,291	\$74,276	\$491,567	\$756,153,254	\$150,989,886	\$907,143,140

Table B4a contains the following:

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

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

Table B4a: Improper Payments: QIOs

QIO Cluster	Actual Overpymt	Actual Underpymt	Actual Improper Payment	Projected Overpymt	Projected Underpymt	Projected Improper Payment
Short-term Acute Paid Claims	\$12,732,478	\$1,806,476	\$14,538,954	\$4,233,150,548	\$584,089,238	\$4,817,239,787
Long-term Acute Paid Claims	\$1,989,897	\$450,437	\$2,440,334	\$193,017,402	\$43,419,086	\$236,436,488
Denied Claims	N/A	N/A	N/A	\$0	\$16,442,686	\$16,442,686
Total	\$14,722,375	\$2,256,913	\$16,979,288	\$4,426,167,950	\$643,951,010	\$5,070,118,961

Appendix C – Error Rates by Cluster and Provider Type

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

- Paid Claims Error Rate,
- Provider Compliance Error Rate (except FIs), and
- No Resolution Rate.

The No Resolution Rate is based on the number of no resolution claims the Carrier/DMERC/FI has and measures whether a Carrier/DMERC/FI was able to account for all of its claims included in the CERT sample. A no resolution claim is one that the CERT program sampled on the day the provider submitted the claim but was missing from the Carrier/DMERC/FI claims processing system 10-30 days later. This is a gross rate where the number of claims that the Carrier/DMERC/FI could not find is divided by the number of claims in the CERT sample for the Carrier/DMERC/FI.

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

Carrier

AdminaStar IN/KY 00630/00660

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Cardiology	5.4%	\$15,219,550	1.7%	2.0% - 8.9%	10.4%	0.0%
Hematology/Oncology	7.1%	\$14,742,606	6.2%	(5.0%) - 19.3%	9.5%	0.0%
Family Practice	6.6%	\$14,040,646	1.3%	4.1% - 9.1%	15.0%	0.0%
Internal Medicine	3.8%	\$9,391,205	0.9%	2.1% - 5.4%	15.3%	0.0%
Chiropractic	17.7%	\$6,257,275	8.8%	0.4% - 35.0%	23.9%	0.0%
Physical Medicine and Rehabilitation	22.2%	\$3,969,685	13.7%	(4.7%) - 49.1%	42.4%	0.0%
Gastroenterology	8.6%	\$3,941,927	4.0%	0.7% - 16.5%	8.1%	0.0%
General Surgery	4.8%	\$3,900,670	2.8%	(0.6%) - 10.2%	9.2%	0.0%
Podiatry	8.9%	\$3,039,281	4.4%	0.3% - 17.6%	25.3%	0.0%
Orthopedic Surgery	4.5%	\$2,869,025	2.3%	0.0% - 9.0%	6.7%	0.0%
All Provider Types With Less Than 30 Lines	0.6%	\$2,686,713	0.3%	0.0% - 1.2%	8.9%	0.0%
Nurse Practitioner	7.2%	\$2,046,096	3.9%	(0.6%) - 14.9%	16.6%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	1.3%	\$1,926,692	1.2%	(1.2%) - 3.7%	10.3%	0.0%
Nephrology	2.9%	\$1,857,943	2.9%	(2.8%) - 8.6%	3.1%	0.0%
Ophthalmology	1.7%	\$1,791,629	1.3%	(0.7%) - 4.2%	6.5%	0.0%
Neurology	2.6%	\$1,035,676	2.3%	(1.8%) - 7.1%	9.5%	0.0%
Diagnostic Radiology	0.7%	\$1,028,801	0.6%	(0.5%) - 1.8%	3.3%	0.0%
General Practice	4.1%	\$998,507	2.5%	(0.9%) - 9.1%	12.8%	0.0%
Psychiatry	2.7%	\$598,403	2.6%	(2.3%) - 7.8%	4.0%	0.0%
Dermatology	1.1%	\$560,319	1.1%	(1.0%) - 3.2%	3.0%	0.0%
Optometry	1.3%	\$483,541	1.2%	(1.2%) - 3.7%	1.1%	0.0%
Urology	0.7%	\$419,083	0.7%	(0.7%) - 2.1%	3.2%	0.0%
Otolaryngology	1.1%	\$349,315	1.0%	(1.0%) - 3.1%	7.9%	0.0%
Physical Therapist in Private Practice	0.9%	\$156,960	0.9%	(0.8%) - 2.6%	11.5%	0.0%
Clinical Laboratory (Billing Independently)	0.0%	\$0	0.0%	0.0% - 0.0%	5.1%	0.0%
Emergency Medicine	0.0%	\$0	0.0%	0.0% - 0.0%	11.2%	0.0%
Pulmonary Disease	0.0%	\$0	0.0%	0.0% - 0.0%	2.2%	0.0%
Radiation Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	41.1%	0.0%
Rheumatology	0.0%	\$0	0.0%	0.0% - 0.0%	7.9%	0.0%
All Provider Types	3.5%	\$93,311,548	0.6%	2.3% - 4.6%	10.7%	0.0%

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

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	6.3%	\$27,224,160	1.6%	3.2% - 9.4%	10.9%	0.0%
Cardiology	5.7%	\$18,442,619	1.4%	2.9% - 8.5%	15.3%	0.0%
Family Practice	4.8%	\$13,693,755	1.1%	2.6% - 7.0%	13.1%	0.2%
All Provider Types With Less Than 30 Lines	2.1%	\$12,022,359	0.6%	0.9% - 3.4%	10.0%	0.0%
Nephrology	13.3%	\$7,201,967	6.3%	0.9% - 25.7%	24.4%	0.0%
Neurology	9.0%	\$7,196,041	4.9%	(0.7%) - 18.6%	17.0%	0.0%
Orthopedic Surgery	2.6%	\$5,935,971	1.0%	0.5% - 4.6%	10.1%	0.0%
Psychiatry	11.0%	\$5,133,748	5.8%	(0.3%) - 22.2%	19.7%	0.0%
Emergency Medicine	5.1%	\$4,861,589	2.7%	(0.1%) - 10.4%	11.4%	0.0%
Gastroenterology	7.0%	\$3,777,176	3.9%	(0.7%) - 14.6%	14.3%	0.0%
Urology	1.9%	\$3,680,130	0.9%	0.0% - 3.7%	3.3%	0.0%
Chiropractic	9.8%	\$3,674,381	3.5%	3.0% - 16.6%	19.5%	0.0%
General Surgery	2.4%	\$3,631,804	1.0%	0.5% - 4.3%	6.9%	0.0%
General Practice	6.8%	\$3,391,924	2.9%	1.1% - 12.5%	18.9%	0.0%
Otolaryngology	9.1%	\$3,367,101	3.8%	1.6% - 16.6%	11.4%	0.0%
Dermatology	4.2%	\$2,816,735	2.7%	(1.1%) - 9.5%	5.2%	0.0%
Anesthesiology	2.8%	\$2,531,071	2.5%	(2.1%) - 7.7%	9.1%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Hematology/Oncology	1.1%	\$2,314,152	0.6%	(0.1%) - 2.3%	7.6%	0.0%
Physical Medicine and Rehabilitation	7.7%	\$2,282,206	4.7%	(1.6%) - 16.9%	10.7%	0.0%
Podiatry	4.6%	\$2,093,808	2.3%	0.1% - 9.2%	12.6%	0.0%
Obstetrics/Gynecology	10.3%	\$1,952,708	3.6%	3.1% - 17.4%	17.0%	0.0%
Pulmonary Disease	3.9%	\$1,834,223	2.3%	(0.5%) - 8.4%	17.3%	0.0%
Radiation Oncology	5.2%	\$1,766,544	4.3%	(3.3%) - 13.7%	6.2%	0.0%
Ophthalmology	0.6%	\$1,125,105	0.3%	(0.1%) - 1.2%	11.3%	0.0%
Pathology	3.2%	\$1,101,570	3.2%	(3.1%) - 9.5%	13.2%	0.0%
Rheumatology	3.4%	\$960,652	2.2%	(1.0%) - 7.7%	8.4%	0.0%
Endocrinology	4.6%	\$846,107	4.1%	(3.5%) - 12.8%	9.5%	0.0%
Physical Therapist in Private Practice	1.6%	\$817,726	1.3%	(1.0%) - 4.3%	5.4%	0.0%
Clinical Laboratory (Billing Independently)	0.8%	\$796,693	0.6%	(0.3%) - 2.0%	7.4%	0.0%
Diagnostic Radiology	0.4%	\$776,568	0.3%	(0.2%) - 1.0%	6.1%	0.0%
Optometry	1.7%	\$762,585	1.1%	(0.4%) - 3.8%	16.4%	0.0%
Nurse Practitioner	1.5%	\$391,143	1.1%	(0.7%) - 3.6%	24.9%	0.0%
Medical Oncology	0.4%	\$360,832	0.4%	(0.5%) - 1.3%	14.9%	0.0%
Physician Assistant	1.4%	\$225,080	1.4%	(1.2%) - 4.1%	6.9%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	21.5%	0.0%
Ambulatory Surgical Center	0.0%	\$0	0.0%	0.0% - 0.0%	9.3%	0.0%
All Provider Types	3.4%	\$148,990,230	0.3%	2.8% - 4.1%	11.6%	0.0%

CIGNA ID 05130

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
All Provider Types With Less Than 30 Lines	1.3%	\$681,880	0.4%	0.5% - 2.1%	18.2%	0.0%
Family Practice	4.0%	\$680,777	1.2%	1.6% - 6.4%	15.6%	0.0%
Cardiology	3.8%	\$607,248	1.3%	1.2% - 6.3%	24.8%	0.0%
Internal Medicine	2.3%	\$276,525	0.9%	0.5% - 4.1%	7.4%	0.0%
Dermatology	4.5%	\$273,596	2.7%	(0.9%) - 9.8%	7.3%	0.0%
Orthopedic Surgery	4.2%	\$273,399	2.1%	0.2% - 8.3%	23.4%	0.0%
Physical Therapist in Private Practice	2.6%	\$203,585	1.6%	(0.7%) - 5.8%	4.8%	0.0%
Urology	2.4%	\$151,619	1.2%	(0.0%) - 4.8%	8.7%	0.0%
Diagnostic Radiology	1.5%	\$136,565	1.3%	(1.1%) - 4.1%	4.8%	0.0%
General Practice	7.2%	\$124,245	4.2%	(0.9%) - 15.4%	7.4%	0.0%
Emergency Medicine	2.9%	\$120,457	2.5%	(1.9%) - 7.7%	10.7%	0.0%
Otolaryngology	1.9%	\$96,429	2.0%	(2.0%) - 5.8%	3.8%	0.0%
Nurse Practitioner	3.4%	\$56,367	2.6%	(1.7%) - 8.6%	10.9%	0.0%
General Surgery	0.4%	\$41,730	0.3%	(0.2%) - 1.0%	22.1%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Ophthalmology	0.2%	\$34,730	0.2%	(0.2%) - 0.7%	8.8%	0.0%
Physician Assistant	1.0%	\$30,537	1.0%	(0.9%) - 3.0%	21.0%	0.0%
Chiropractic	1.1%	\$24,248	1.0%	(1.0%) - 3.1%	28.4%	0.0%
Anesthesiology	0.0%	\$0	0.0%	0.0% - 0.0%	1.7%	0.0%
Clinical Laboratory (Billing Independently)	0.0%	\$0	0.0%	0.0% - 0.0%	10.6%	0.0%
Gastroenterology	0.0%	\$0	0.0%	0.0% - 0.0%	30.7%	0.0%
Hematology/Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	53.6%	0.0%
Optometry	0.0%	\$0	0.0%	0.0% - 0.0%	27.2%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	10.6%	0.0%
Podiatry	0.0%	\$0	0.0%	0.0% - 0.0%	1.6%	0.0%
Pulmonary Disease	0.0%	\$0	0.0%	0.0% - 0.0%	25.9%	0.0%
All Provider Types	1.8%	\$3,813,936	0.3%	1.3% - 2.3%	15.6%	0.0%

CIGNA NC 05535

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	9.6%	\$32,365,531	3.1%	3.6% - 15.7%	14.4%	0.0%
General Surgery	28.2%	\$12,919,253	17.4%	(6.0%) - 62.4%	28.1%	0.0%
All Provider Types With Less Than 30 Lines	3.7%	\$12,849,204	1.5%	0.8% - 6.6%	12.8%	0.0%
Family Practice	6.0%	\$7,455,959	1.9%	2.2% - 9.7%	12.9%	0.0%
Orthopedic Surgery	5.8%	\$6,465,685	2.6%	0.6% - 10.9%	24.8%	0.0%
Pulmonary Disease	6.5%	\$2,036,335	4.1%	(1.4%) - 14.5%	25.9%	0.0%
Ophthalmology	1.4%	\$1,701,111	1.2%	(0.9%) - 3.7%	7.1%	0.0%
Urology	2.8%	\$1,558,994	1.4%	0.0% - 5.6%	7.4%	0.0%
Emergency Medicine	3.0%	\$1,519,994	1.7%	(0.3%) - 6.4%	15.7%	0.0%
Nephrology	3.2%	\$1,489,450	1.7%	(0.1%) - 6.5%	12.0%	0.0%
Chiropractic	9.9%	\$1,457,139	4.8%	0.6% - 19.3%	47.0%	0.0%
Gastroenterology	2.2%	\$1,145,265	1.5%	(0.8%) - 5.3%	16.8%	0.0%
Cardiology	0.6%	\$787,322	0.5%	(0.3%) - 1.5%	13.6%	0.0%
Nurse Practitioner	2.9%	\$546,759	2.0%	(1.1%) - 6.9%	6.2%	0.0%
Anesthesiology	2.6%	\$502,836	1.8%	(0.9%) - 6.2%	29.1%	0.0%
Physical Therapist in Private Practice	1.4%	\$340,146	1.4%	(1.3%) - 4.1%	11.7%	0.0%
Podiatry	1.3%	\$334,719	1.0%	(0.6%) - 3.2%	1.2%	0.0%
Hematology/Oncology	0.2%	\$234,505	0.2%	(0.2%) - 0.5%	2.7%	0.0%
Diagnostic Radiology	0.1%	\$217,467	0.1%	(0.1%) - 0.3%	4.3%	0.0%
Clinical Laboratory (Billing Independently)	0.2%	\$180,233	0.2%	(0.1%) - 0.5%	4.6%	0.0%
Rheumatology	1.1%	\$137,068	1.2%	(1.2%) - 3.4%	27.3%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	9.1%	0.0%
Dermatology	0.0%	\$0	0.0%	0.0% - 0.0%	16.6%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Optometry	0.0%	\$0	0.0%	0.0% - 0.0%	15.7%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	14.2%	0.0%
Physician Assistant	0.0%	\$0	0.0%	0.0% - 0.0%	5.1%	0.0%
All Provider Types	3.9%	\$86,244,975	0.7%	2.6% - 5.3%	12.9%	0.0%

CIGNA TN 05440

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	6.4%	\$12,359,453	1.5%	3.5% - 9.3%	8.9%	0.4%
Cardiology	3.9%	\$4,498,439	2.1%	(0.3%) - 8.1%	9.1%	0.0%
Family Practice	3.7%	\$3,916,668	1.2%	1.3% - 6.0%	18.1%	0.0%
All Provider Types With Less Than 30 Lines	1.4%	\$3,842,304	0.7%	0.1% - 2.8%	16.7%	0.0%
Medical Oncology	6.3%	\$3,480,733	6.6%	(6.6%) - 19.2%	15.5%	0.0%
Clinical Laboratory (Billing Independently)	3.7%	\$2,615,345	2.7%	(1.7%) - 9.0%	7.9%	0.0%
Orthopedic Surgery	3.1%	\$2,423,523	1.5%	0.2% - 6.0%	27.4%	0.0%
Hematology/Oncology	1.1%	\$2,133,251	0.8%	(0.4%) - 2.7%	14.7%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	2.3%	\$2,121,076	1.9%	(1.4%) - 6.0%	11.0%	0.0%
Pulmonary Disease	6.0%	\$1,659,915	2.7%	0.7% - 11.3%	7.5%	0.0%
Dermatology	5.1%	\$1,240,185	3.5%	(1.6%) - 11.9%	23.0%	0.0%
Ophthalmology	2.6%	\$1,123,603	1.9%	(1.0%) - 6.2%	11.8%	0.0%
Physician Assistant	8.4%	\$1,080,859	4.7%	(1.0%) - 17.7%	8.2%	0.0%
Urology	3.0%	\$1,072,800	2.0%	(0.9%) - 6.8%	3.4%	0.0%
Gastroenterology	2.5%	\$967,605	1.4%	(0.2%) - 5.2%	2.3%	0.0%
Nephrology	4.0%	\$798,557	3.8%	(3.3%) - 11.4%	4.0%	0.0%
Chiropractic	11.6%	\$720,164	6.7%	(1.4%) - 24.7%	49.2%	0.0%
Emergency Medicine	1.5%	\$590,618	1.0%	(0.5%) - 3.5%	2.7%	0.0%
Nurse Practitioner	1.7%	\$536,926	1.0%	(0.2%) - 3.7%	8.6%	0.0%
Psychiatry	2.1%	\$363,848	2.0%	(1.8%) - 6.1%	4.7%	0.0%
General Surgery	0.5%	\$342,914	0.5%	(0.5%) - 1.4%	6.6%	0.0%
Optometry	2.4%	\$333,279	2.1%	(1.8%) - 6.5%	12.4%	0.0%
Physical Medicine and Rehabilitation	0.8%	\$197,340	0.8%	(0.7%) - 2.4%	8.9%	0.0%
Clinical Social Worker	0.0%	\$0	0.0%	0.0% - 0.0%	1.6%	0.0%
Diagnostic Radiology	0.0%	\$0	0.0%	0.0% - 0.0%	10.7%	0.0%
General Practice	0.0%	\$0	0.0%	0.0% - 0.0%	6.4%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	7.7%	0.0%
Physical Therapist in Private Practice	0.0%	\$0	0.0%	0.0% - 0.0%	15.9%	0.0%
All Provider Types	2.9%	\$48,419,404	0.4%	2.0% - 3.7%	12.8%	0.1%

Cahaba AL/GA/MS 00510/00511/00512

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Family Practice	12.1%	\$27,307,926	5.0%	2.3% - 21.9%	24.8%	0.0%
Internal Medicine	5.7%	\$24,549,983	1.9%	2.0% - 9.4%	13.3%	0.0%
Diagnostic Radiology	10.9%	\$17,296,125	9.9%	(8.6%) - 30.4%	10.2%	0.0%
Cardiology	2.9%	\$12,012,813	1.2%	0.6% - 5.1%	10.1%	0.7%
All Provider Types With Less Than 30 Lines	2.2%	\$11,497,880	0.9%	0.4% - 3.9%	24.3%	0.5%
General Surgery	8.0%	\$8,790,087	2.7%	2.8% - 13.3%	36.6%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	5.1%	\$8,011,050	5.0%	(4.6%) - 14.9%	38.0%	0.0%
Pulmonary Disease	6.5%	\$7,131,246	2.2%	2.2% - 10.9%	12.1%	0.0%
Orthopedic Surgery	3.7%	\$7,111,970	1.7%	0.3% - 7.1%	6.0%	0.0%
Gastroenterology	3.4%	\$4,608,407	2.0%	(0.5%) - 7.2%	12.3%	0.0%
Pathology	7.9%	\$3,586,605	7.2%	(6.3%) - 22.0%	12.6%	0.0%
Neurology	5.2%	\$3,277,528	3.3%	(1.2%) - 11.6%	25.0%	2.2%
Hematology/Oncology	1.3%	\$3,057,986	1.0%	(0.6%) - 3.2%	2.0%	0.0%
Chiropractic	11.0%	\$2,774,181	5.1%	1.1% - 21.0%	27.6%	0.0%
General Practice	13.5%	\$2,734,148	8.1%	(2.5%) - 29.4%	21.5%	0.0%
Nephrology	3.9%	\$2,564,020	3.0%	(2.0%) - 9.8%	9.6%	0.0%
Podiatry	5.1%	\$2,107,788	2.3%	0.6% - 9.6%	28.1%	0.0%
Obstetrics/Gynecology	7.4%	\$2,104,141	4.9%	(2.2%) - 17.0%	10.1%	0.0%
Nurse Practitioner	5.9%	\$2,035,710	2.8%	0.4% - 11.4%	11.0%	0.0%
Physical Therapist in Private Practice	5.5%	\$1,618,698	4.2%	(2.6%) - 13.7%	25.9%	0.0%
Ophthalmology	0.8%	\$1,473,969	0.5%	(0.2%) - 1.7%	3.9%	0.0%
Urology	1.7%	\$1,366,256	1.2%	(0.7%) - 4.1%	27.3%	0.0%
Psychiatry	4.1%	\$1,353,859	2.1%	0.0% - 8.1%	11.5%	0.0%
Rheumatology	1.5%	\$1,281,302	1.8%	(2.0%) - 5.0%	5.3%	0.0%
Medical Oncology	2.5%	\$1,140,531	1.3%	(0.1%) - 5.1%	4.0%	0.0%
Clinical Laboratory (Billing Independently)	0.8%	\$1,074,607	0.6%	(0.3%) - 1.9%	5.0%	0.0%
Dermatology	0.8%	\$794,450	0.6%	(0.4%) - 2.0%	7.8%	0.0%
Emergency Medicine	0.8%	\$689,744	0.7%	(0.5%) - 2.2%	16.2%	0.0%
Anesthesiology	0.5%	\$272,894	0.5%	(0.5%) - 1.6%	3.6%	0.0%
Otolaryngology	0.6%	\$219,518	0.6%	(0.6%) - 1.9%	18.4%	0.0%
Public Health or Welfare Agencies (Federal, State, and local)	0.0%	\$0	0.0%	0.0% - 0.0%	7.0%	0.0%
All Provider Types	4.2%	\$163,845,422	0.7%	2.9% - 5.5%	16.3%	0.1%

First Coast Service Options FL 00590

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
General Practice	70.5%	\$236,066,220	8.2%	54.4% - 86.7%	79.1%	0.0%
Obstetrics/Gynecology	84.9%	\$214,346,358	10.4%	64.5% - 105.4%	84.0%	0.0%
Internal Medicine	15.3%	\$124,052,592	5.4%	4.7% - 25.9%	33.4%	0.3%
All Provider Types With Less Than 30 Lines	11.2%	\$55,143,877	5.4%	0.6% - 21.7%	15.5%	0.0%
Psychiatry	33.7%	\$27,561,553	17.0%	0.5% - 66.9%	51.5%	0.0%
Cardiology	4.0%	\$24,047,489	1.0%	2.0% - 5.9%	14.8%	0.0%
Family Practice	6.5%	\$21,044,484	2.0%	2.6% - 10.4%	29.8%	0.5%
Orthopedic Surgery	7.9%	\$16,426,658	3.3%	1.4% - 14.3%	12.9%	0.0%
Nephrology	18.9%	\$14,796,208	7.5%	4.2% - 33.7%	18.9%	0.0%
Gastroenterology	13.1%	\$12,671,359	3.7%	5.9% - 20.3%	21.8%	0.0%
General Surgery	6.5%	\$12,553,312	4.9%	(3.0%) - 16.1%	10.5%	3.0%
Pulmonary Disease	6.4%	\$12,374,390	2.8%	1.0% - 11.9%	6.4%	0.0%
Neurology	7.8%	\$9,624,137	3.2%	1.6% - 14.0%	39.2%	0.0%
Diagnostic Radiology	2.2%	\$8,822,691	1.4%	(0.5%) - 4.9%	7.3%	0.0%
Hematology/Oncology	2.9%	\$8,694,567	1.7%	(0.4%) - 6.1%	17.9%	0.0%
Physical Therapist in Private Practice	9.5%	\$8,110,501	6.6%	(3.4%) - 22.3%	19.1%	0.0%
Physical Medicine and Rehabilitation	9.0%	\$6,556,761	4.6%	(0.1%) - 18.0%	11.5%	0.0%
Urology	4.1%	\$6,531,465	1.6%	0.9% - 7.2%	17.9%	0.0%
Nurse Practitioner	12.4%	\$5,246,108	6.9%	(1.1%) - 25.9%	37.4%	0.0%
Clinical Laboratory (Billing Independently)	1.4%	\$4,439,315	0.7%	(0.1%) - 2.8%	8.6%	0.0%
Infectious Disease	7.3%	\$4,293,504	3.5%	0.4% - 14.3%	45.8%	0.0%
Chiropractic	11.2%	\$3,904,606	4.4%	2.6% - 19.8%	37.1%	0.0%
Otolaryngology	4.1%	\$3,880,133	2.2%	(0.2%) - 8.5%	4.6%	0.0%
Endocrinology	10.2%	\$3,734,322	5.5%	(0.6%) - 21.0%	15.5%	0.0%
Emergency Medicine	3.7%	\$3,547,380	2.3%	(0.9%) - 8.2%	11.3%	0.0%
Ophthalmology	0.9%	\$2,976,270	0.6%	(0.2%) - 2.0%	11.5%	0.0%
Radiation Oncology	1.1%	\$2,626,653	1.2%	(1.2%) - 3.4%	2.0%	0.0%
Podiatry	2.2%	\$2,534,930	1.0%	0.3% - 4.1%	12.2%	0.0%
Rheumatology	4.2%	\$2,038,474	3.2%	(2.1%) - 10.6%	7.1%	0.0%
Anesthesiology	1.6%	\$1,779,140	1.1%	(0.6%) - 3.8%	10.8%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.7%	\$1,386,746	0.6%	(0.6%) - 1.9%	6.8%	0.0%
Independent Diagnostic Testing Facility (IDTF)	0.2%	\$560,004	0.2%	(0.2%) - 0.5%	13.2%	0.0%
Medical Oncology	0.2%	\$416,044	0.2%	(0.1%) - 0.5%	2.6%	0.0%
Dermatology	0.2%	\$288,743	0.2%	(0.2%) - 0.5%	1.9%	0.0%
Physician Assistant	0.8%	\$251,107	0.8%	(0.8%) - 2.3%	2.8%	0.0%
Ambulatory Surgical Center	0.0%	\$0	0.0%	0.0% - 0.0%	10.5%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	2.6%	2.7%
All Provider Types	11.1%	\$863,328,101	2.1%	6.9% - 15.3%	22.2%	0.1%

First Coast Service Options CT 00591

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	5.7%	\$8,242,869	1.0%	3.7% - 7.8%	14.7%	0.0%
All Provider Types With Less Than 30 Lines	3.8%	\$7,254,388	1.1%	1.6% - 6.1%	11.1%	0.4%
Cardiology	6.3%	\$4,788,434	2.0%	2.5% - 10.2%	10.0%	0.0%
Orthopedic Surgery	5.4%	\$2,424,312	2.9%	(0.3%) - 11.1%	8.0%	0.0%
Nephrology	7.3%	\$2,063,643	3.1%	1.3% - 13.3%	7.0%	0.0%
Physical Therapist in Private Practice	11.6%	\$1,917,296	7.0%	(2.0%) - 25.3%	23.9%	0.0%
Otolaryngology	12.2%	\$1,720,634	5.2%	2.0% - 22.3%	16.1%	0.0%
Obstetrics/Gynecology	13.9%	\$1,555,792	7.4%	(0.5%) - 28.3%	13.0%	0.0%
General Surgery	6.3%	\$1,249,722	4.1%	(1.7%) - 14.2%	19.0%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	1.5%	\$1,139,583	1.4%	(1.2%) - 4.2%	6.8%	0.0%
Emergency Medicine	5.0%	\$1,098,934	2.3%	0.4% - 9.6%	13.6%	0.0%
Urology	3.5%	\$968,157	1.8%	(0.0%) - 7.0%	7.2%	0.0%
Gastroenterology	3.6%	\$884,351	2.3%	(0.8%) - 8.0%	7.2%	0.0%
Pulmonary Disease	4.1%	\$804,777	3.1%	(1.9%) - 10.1%	9.2%	0.0%
Family Practice	3.8%	\$780,116	1.5%	0.8% - 6.7%	12.9%	0.0%
Clinical Laboratory (Billing Independently)	1.1%	\$681,524	1.0%	(0.9%) - 3.1%	3.7%	0.0%
Podiatry	2.4%	\$421,956	1.4%	(0.3%) - 5.0%	15.6%	0.0%
Nurse Practitioner	2.1%	\$283,968	1.2%	(0.2%) - 4.4%	9.9%	0.0%
Chiropractic	11.2%	\$280,781	10.5%	(9.4%) - 31.9%	50.1%	0.0%
Hematology/Oncology	0.5%	\$250,686	0.4%	(0.3%) - 1.3%	9.8%	0.0%
Psychiatry	1.0%	\$129,314	1.0%	(1.0%) - 3.0%	8.3%	0.0%
Diagnostic Radiology	0.1%	\$50,628	0.1%	(0.1%) - 0.2%	3.7%	0.0%
Dermatology	0.0%	\$0	0.0%	0.0% - 0.0%	4.0%	0.0%
Independent Diagnostic Testing Facility (IDTF)	0.0%	\$0	0.0%	0.0% - 0.0%	2.0%	0.0%
Medical Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	8.1%	0.0%
Ophthalmology	0.0%	\$0	0.0%	0.0% - 0.0%	2.0%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	12.3%	0.0%
All Provider Types	3.5%	\$38,991,869	0.4%	2.8% - 4.2%	9.7%	0.1%

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

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	4.4%	\$5,640,836	1.2%	2.1% - 6.7%	12.1%	0.0%
Family Practice	4.7%	\$4,524,798	1.3%	2.2% - 7.3%	10.6%	0.0%
Neurology	17.3%	\$3,744,386	9.8%	(2.0%) - 36.6%	22.8%	0.0%
All Provider Types With Less Than 30 Lines	1.4%	\$3,195,043	0.5%	0.5% - 2.4%	13.9%	0.0%
Diagnostic Radiology	4.5%	\$2,811,090	4.2%	(3.8%) - 12.7%	16.1%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Cardiology	2.1%	\$2,528,696	0.9%	0.4% - 3.9%	9.6%	0.0%
Chiropractic	8.8%	\$2,478,705	2.6%	3.7% - 13.9%	17.6%	0.0%
Urology	3.0%	\$1,896,014	1.6%	(0.1%) - 6.2%	5.9%	0.0%
Nephrology	7.3%	\$1,790,589	4.4%	(1.3%) - 15.9%	9.0%	0.0%
Psychiatry	8.9%	\$1,602,509	6.0%	(2.9%) - 20.7%	10.5%	0.0%
Orthopedic Surgery	2.8%	\$1,146,494	1.4%	(0.0%) - 5.6%	10.2%	0.0%
Vascular Surgery	2.8%	\$1,101,459	2.1%	(1.4%) - 7.0%	2.8%	0.0%
Emergency Medicine	4.1%	\$976,802	2.2%	(0.3%) - 8.4%	16.8%	0.0%
General Surgery	2.2%	\$956,151	1.3%	(0.4%) - 4.9%	6.6%	0.0%
Rheumatology	3.2%	\$711,476	3.4%	(3.5%) - 9.9%	8.9%	0.0%
Gastroenterology	4.3%	\$604,084	2.5%	(0.7%) - 9.3%	16.8%	0.0%
Clinical Laboratory (Billing Independently)	1.8%	\$595,769	1.5%	(1.2%) - 4.7%	17.0%	0.0%
Pulmonary Disease	2.0%	\$574,469	1.5%	(0.9%) - 5.0%	15.7%	0.0%
Physical Therapist in Private Practice	3.2%	\$558,649	3.3%	(3.2%) - 9.7%	11.0%	0.0%
Nurse Practitioner	7.3%	\$556,353	4.7%	(2.0%) - 16.6%	7.2%	0.0%
General Practice	4.3%	\$520,861	2.9%	(1.3%) - 10.0%	7.7%	0.0%
Podiatry	3.7%	\$519,698	2.4%	(1.1%) - 8.5%	21.0%	0.0%
Medical Oncology	0.9%	\$508,607	0.8%	(0.6%) - 2.4%	1.2%	0.0%
Otolaryngology	3.1%	\$437,180	2.1%	(1.1%) - 7.3%	13.7%	0.0%
Optometry	0.8%	\$184,141	0.8%	(0.8%) - 2.5%	3.3%	0.0%
Dermatology	0.6%	\$148,179	0.4%	(0.3%) - 1.4%	2.8%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	5.8%	0.0%
Hematology/Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	29.7%	0.0%
Ophthalmology	0.0%	\$0	0.0%	0.0% - 0.0%	1.9%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	2.9%	\$40,313,037	0.4%	2.1% - 3.6%	11.6%	0.0%

BCBS MT 00751

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	4.3%	\$786,954	1.1%	2.1% - 6.4%	9.3%	0.0%
Family Practice	6.0%	\$566,632	2.4%	1.3% - 10.7%	9.8%	0.0%
All Provider Types With Less Than 30 Lines	1.3%	\$497,087	0.4%	0.4% - 2.1%	7.1%	0.0%
Physical Therapist in Private Practice	10.1%	\$460,740	5.5%	(0.7%) - 20.8%	13.3%	0.0%
Gastroenterology	6.5%	\$291,303	4.4%	(2.1%) - 15.2%	6.8%	0.0%
Cardiology	2.5%	\$250,432	1.2%	0.2% - 4.9%	3.9%	0.0%
Diagnostic Radiology	1.3%	\$163,486	0.9%	(0.5%) - 3.2%	4.2%	0.0%
Physician Assistant	4.7%	\$154,013	2.5%	(0.1%) - 9.5%	13.8%	0.0%
Chiropractic	4.5%	\$132,510	2.0%	0.5% - 8.5%	23.5%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Clinical Laboratory (Billing Independently)	8.7%	\$126,972	6.8%	(4.7%) - 22.0%	17.0%	0.0%
Nurse Practitioner	3.6%	\$109,158	2.8%	(1.9%) - 9.0%	8.3%	0.0%
Podiatry	3.9%	\$93,793	2.4%	(0.9%) - 8.7%	11.0%	0.0%
Orthopedic Surgery	1.0%	\$88,589	0.6%	(0.2%) - 2.2%	15.4%	0.0%
Emergency Medicine	3.1%	\$85,186	2.1%	(1.0%) - 7.2%	11.5%	0.0%
Pulmonary Disease	3.3%	\$84,379	2.3%	(1.2%) - 7.7%	7.9%	0.0%
Dermatology	0.6%	\$56,600	0.4%	(0.3%) - 1.4%	9.4%	0.0%
Medical Oncology	0.5%	\$43,173	0.5%	(0.4%) - 1.5%	3.8%	0.0%
Urology	0.5%	\$30,504	0.4%	(0.4%) - 1.3%	0.4%	0.0%
Ophthalmology	0.1%	\$12,925	0.1%	(0.1%) - 0.4%	6.8%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	5.7%	0.0%
Anesthesiology	0.0%	\$0	0.0%	0.0% - 0.0%	5.6%	0.0%
Hematology/Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	9.5%	0.0%
Optometry	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	13.0%	0.0%
Rheumatology	0.0%	\$0	0.0%	0.0% - 0.0%	0.4%	0.0%
All Provider Types	2.1%	\$4,034,435	0.3%	1.5% - 2.7%	7.7%	0.0%

HealthNow NY 00801

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	7.3%	\$10,525,371	1.6%	4.2% - 10.5%	13.2%	0.3%
All Provider Types With Less Than 30 Lines	3.5%	\$6,985,582	1.2%	1.1% - 5.9%	9.1%	0.0%
Family Practice	4.0%	\$3,081,640	1.3%	1.4% - 6.6%	9.5%	0.0%
Orthopedic Surgery	4.4%	\$2,751,945	2.0%	0.4% - 8.4%	4.9%	0.0%
Physical Therapist in Private Practice	11.5%	\$2,562,315	6.2%	(0.6%) - 23.6%	19.4%	0.0%
Cardiology	2.5%	\$2,441,154	1.0%	0.5% - 4.5%	8.7%	0.0%
Chiropractic	17.8%	\$2,084,593	7.7%	2.8% - 32.9%	19.7%	0.0%
Urology	6.0%	\$1,798,585	4.1%	(2.0%) - 14.1%	9.6%	0.0%
General Surgery	6.2%	\$1,787,124	3.3%	(0.2%) - 12.5%	15.0%	0.0%
Anesthesiology	8.2%	\$1,310,145	6.3%	(4.1%) - 20.5%	31.8%	0.0%
Physician Assistant	5.7%	\$878,863	4.6%	(3.3%) - 14.7%	17.9%	0.0%
Hematology/Oncology	2.1%	\$736,045	2.0%	(1.9%) - 6.1%	10.4%	0.0%
Emergency Medicine	2.8%	\$703,150	1.8%	(0.7%) - 6.3%	7.2%	0.0%
Nurse Practitioner	3.2%	\$637,807	1.6%	(0.0%) - 6.3%	4.5%	0.0%
Ophthalmology	0.5%	\$434,482	0.4%	(0.2%) - 1.3%	2.2%	0.0%
Pulmonary Disease	1.6%	\$362,143	1.6%	(1.5%) - 4.8%	1.8%	0.0%
Psychiatry	3.1%	\$313,768	2.9%	(2.6%) - 8.7%	16.6%	0.0%
Obstetrics/Gynecology	4.8%	\$281,468	4.9%	(4.8%) - 14.5%	38.1%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Diagnostic Radiology	0.2%	\$257,355	0.2%	(0.2%) - 0.6%	8.3%	0.0%
Dermatology	1.3%	\$191,416	1.3%	(1.2%) - 3.8%	7.0%	0.0%
Clinical Laboratory (Billing Independently)	0.3%	\$55,296	0.2%	(0.1%) - 0.8%	13.1%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%
Medical Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	7.1%	0.0%
Nephrology	0.0%	\$0	0.0%	0.0% - 0.0%	12.3%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	2.0%	0.0%
Podiatry	0.0%	\$0	0.0%	0.0% - 0.0%	7.1%	0.0%
All Provider Types	3.2%	\$40,180,250	0.4%	2.4% - 4.0%	9.3%	0.1%

Empire NY 00803

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	11.2%	\$45,920,530	1.9%	7.5% - 14.9%	22.7%	0.0%
Cardiology	5.4%	\$20,564,341	2.3%	1.0% - 9.8%	14.5%	0.0%
Pulmonary Disease	17.9%	\$19,808,785	5.5%	7.2% - 28.7%	28.2%	0.0%
Neurology	14.5%	\$19,225,764	7.4%	0.0% - 28.9%	18.1%	0.0%
All Provider Types With Less Than 30 Lines	3.1%	\$15,803,406	1.1%	0.9% - 5.2%	5.8%	0.0%
Nephrology	14.7%	\$10,700,997	7.4%	0.2% - 29.3%	26.6%	0.0%
Diagnostic Radiology	2.8%	\$10,188,858	1.9%	(0.9%) - 6.5%	9.2%	0.0%
Gastroenterology	7.7%	\$9,441,786	4.6%	(1.3%) - 16.7%	17.7%	0.0%
Hematology/Oncology	15.8%	\$9,378,954	7.8%	0.5% - 31.0%	17.5%	0.0%
Physical Medicine and Rehabilitation	14.3%	\$9,006,856	5.5%	3.5% - 25.1%	24.2%	0.0%
Ophthalmology	5.0%	\$8,845,393	2.0%	1.2% - 8.9%	20.1%	0.0%
Urology	9.0%	\$8,428,291	4.2%	0.8% - 17.3%	14.1%	0.0%
General Surgery	11.3%	\$8,111,116	5.8%	(0.0%) - 22.5%	15.9%	0.0%
Physical Therapist in Private Practice	9.9%	\$7,805,587	5.4%	(0.7%) - 20.4%	27.8%	0.0%
Orthopedic Surgery	7.8%	\$7,470,008	3.7%	0.6% - 15.1%	11.8%	0.0%
Psychiatry	8.4%	\$6,044,301	4.7%	(0.8%) - 17.6%	18.4%	0.0%
Family Practice	6.8%	\$5,573,858	3.0%	0.9% - 12.8%	22.7%	0.0%
Endocrinology	10.4%	\$3,290,513	4.3%	2.0% - 18.8%	11.0%	0.0%
Podiatry	2.8%	\$3,041,489	1.6%	(0.2%) - 5.9%	8.4%	0.0%
Anesthesiology	3.9%	\$2,677,154	3.3%	(2.7%) - 10.4%	13.0%	0.0%
Obstetrics/Gynecology	4.7%	\$2,388,447	3.8%	(2.6%) - 12.1%	5.4%	0.0%
Chiropractic	10.4%	\$1,332,395	6.0%	(1.4%) - 22.2%	44.5%	0.0%
Medical Oncology	0.6%	\$753,687	0.5%	(0.4%) - 1.5%	2.7%	0.0%
General Practice	1.0%	\$563,755	1.2%	(1.3%) - 3.3%	4.8%	0.0%
Clinical Laboratory (Billing Independently)	0.4%	\$502,793	0.2%	(0.0%) - 0.8%	13.9%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Pathology	2.8%	\$489,997	2.2%	(1.5%) - 7.1%	39.5%	0.0%
Hematology	0.5%	\$383,601	0.6%	(0.7%) - 1.6%	21.9%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%
Clinical Psychologist	0.0%	\$0	0.0%	0.0% - 0.0%	9.1%	0.0%
Clinical Social Worker	0.0%	\$0	0.0%	0.0% - 0.0%	9.4%	0.0%
Dermatology	0.0%	\$0	0.0%	0.0% - 0.0%	17.3%	0.0%
All Provider Types	6.2%	\$237,742,664	0.7%	4.9% - 7.5%	14.9%	0.0%

Empire NJ 00805

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
All Provider Types With Less Than 30 Lines	9.5%	\$32,626,683	4.0%	1.8% - 17.3%	26.5%	0.5%
Internal Medicine	8.9%	\$24,757,839	2.1%	4.8% - 13.0%	19.0%	0.0%
Cardiology	8.4%	\$23,868,625	2.8%	2.8% - 13.9%	13.8%	0.0%
Gastroenterology	12.5%	\$8,818,083	6.9%	(1.1%) - 26.0%	11.4%	0.0%
Orthopedic Surgery	8.3%	\$8,033,588	3.2%	2.1% - 14.6%	12.8%	0.0%
Family Practice	8.6%	\$6,377,947	2.3%	4.2% - 13.0%	10.9%	0.0%
Neurology	7.3%	\$4,738,708	3.2%	1.0% - 13.6%	12.1%	0.0%
Urology	6.0%	\$4,342,894	2.5%	1.0% - 11.0%	24.7%	0.0%
Psychiatry	17.5%	\$4,206,083	15.2%	(12.2%) - 47.3%	19.5%	0.0%
Chiropractic	16.1%	\$3,815,024	5.2%	6.0% - 26.3%	29.5%	2.0%
Diagnostic Radiology	3.2%	\$3,366,198	2.1%	(1.0%) - 7.3%	28.0%	0.0%
Physical Medicine and Rehabilitation	9.0%	\$3,055,847	4.6%	(0.0%) - 18.0%	30.6%	0.0%
Anesthesiology	5.1%	\$2,794,586	3.0%	(0.8%) - 11.0%	19.0%	0.0%
Ophthalmology	1.5%	\$2,250,432	1.2%	(0.9%) - 3.8%	14.1%	0.0%
Pulmonary Disease	5.6%	\$2,112,313	3.2%	(0.6%) - 11.8%	21.4%	0.0%
Nephrology	2.3%	\$1,850,696	1.1%	0.2% - 4.4%	9.4%	0.0%
Dermatology	3.2%	\$1,832,628	1.9%	(0.6%) - 6.9%	9.1%	0.0%
Emergency Medicine	3.1%	\$1,298,696	2.7%	(2.1%) - 8.4%	15.5%	0.0%
Clinical Laboratory (Billing Independently)	0.7%	\$1,031,374	0.3%	0.0% - 1.3%	12.5%	0.0%
Rheumatology	3.7%	\$1,004,154	2.3%	(0.8%) - 8.2%	22.1%	0.0%
Podiatry	1.7%	\$956,133	1.0%	(0.2%) - 3.7%	26.8%	0.0%
Physical Therapist in Private Practice	0.8%	\$354,330	0.8%	(0.7%) - 2.3%	7.8%	0.0%
Hematology/Oncology	0.0%	\$8,320	0.0%	(0.0%) - 0.0%	7.5%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	10.6%	0.0%
General Practice	0.0%	\$0	0.0%	0.0% - 0.0%	15.6%	0.0%
All Provider Types	6.1%	\$143,501,182	0.8%	4.5% - 7.8%	17.7%	0.1%

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

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Ophthalmology	9.6%	\$7,870,833	8.5%	(7.1%) - 26.2%	12.2%	0.0%
Family Practice	6.0%	\$7,683,093	1.5%	2.9% - 9.0%	12.0%	0.0%
All Provider Types With Less Than 30 Lines	2.6%	\$7,096,467	0.8%	1.0% - 4.1%	5.1%	0.7%
Internal Medicine	6.3%	\$6,274,989	1.8%	2.9% - 9.8%	15.8%	0.0%
Chiropractic	10.0%	\$3,395,265	3.7%	2.8% - 17.3%	24.4%	0.0%
Cardiology	1.6%	\$1,346,205	0.7%	0.2% - 2.9%	15.1%	0.0%
Urology	1.4%	\$1,183,021	1.4%	(1.3%) - 4.2%	4.7%	0.0%
Orthopedic Surgery	1.5%	\$1,099,470	0.7%	0.1% - 2.9%	10.3%	0.0%
Otolaryngology	6.5%	\$1,087,459	3.6%	(0.6%) - 13.6%	17.8%	0.0%
Diagnostic Radiology	1.8%	\$989,660	1.0%	(0.2%) - 3.7%	9.1%	0.0%
Neurology	4.9%	\$983,311	2.8%	(0.6%) - 10.5%	5.6%	0.0%
Hematology/Oncology	1.5%	\$852,355	1.1%	(0.6%) - 3.7%	30.0%	0.0%
Physical Therapist in Private Practice	3.8%	\$776,338	2.8%	(1.6%) - 9.3%	16.0%	0.0%
General Surgery	1.9%	\$742,758	0.8%	0.3% - 3.5%	6.9%	0.0%
Clinical Laboratory (Billing Independently)	2.2%	\$725,976	1.3%	(0.5%) - 4.8%	7.2%	0.0%
Medical Oncology	3.4%	\$683,293	2.4%	(1.4%) - 8.1%	26.5%	0.0%
Pulmonary Disease	2.9%	\$564,670	2.1%	(1.3%) - 7.0%	4.8%	0.0%
General Practice	4.3%	\$550,996	4.3%	(4.1%) - 12.8%	23.3%	0.0%
Emergency Medicine	2.0%	\$344,734	1.9%	(1.8%) - 5.8%	5.6%	0.0%
Podiatry	1.3%	\$293,292	0.9%	(0.5%) - 3.0%	8.2%	0.0%
Optometry	1.0%	\$266,362	0.7%	(0.4%) - 2.3%	18.9%	0.0%
Nurse Practitioner	1.9%	\$142,916	1.8%	(1.7%) - 5.5%	24.5%	0.0%
Dermatology	0.1%	\$74,745	0.2%	(0.2%) - 0.4%	2.9%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%
Physician Assistant	0.0%	\$0	0.0%	0.0% - 0.0%	6.3%	0.0%
All Provider Types	3.3%	\$45,028,207	0.6%	2.1% - 4.6%	11.0%	0.1%

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

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	6.7%	\$29,322,821	1.5%	3.9% - 9.6%	19.4%	0.0%
Orthopedic Surgery	15.5%	\$25,119,287	12.6%	(9.2%) - 40.2%	14.7%	0.0%
Cardiology	3.2%	\$12,130,994	1.0%	1.3% - 5.1%	16.4%	0.0%
Family Practice	5.5%	\$11,014,555	1.5%	2.5% - 8.4%	16.5%	0.0%
Chiropractic	21.4%	\$8,620,570	9.1%	3.6% - 39.2%	36.6%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	4.4%	\$8,452,284	3.6%	(2.7%) - 11.6%	21.8%	0.0%
Pulmonary Disease	7.8%	\$7,037,453	4.7%	(1.3%) - 16.9%	10.8%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Physical Therapist in Private Practice	8.2%	\$6,917,334	5.1%	(1.8%) - 18.1%	9.7%	0.0%
Neurology	8.6%	\$5,393,666	4.7%	(0.6%) - 17.7%	25.5%	0.0%
Clinical Laboratory (Billing Independently)	4.0%	\$5,355,023	2.8%	(1.5%) - 9.4%	13.4%	0.5%
All Provider Types With Less Than 30 Lines	1.0%	\$4,321,076	0.4%	0.2% - 1.8%	12.5%	2.0%
Physical Medicine and Rehabilitation	5.1%	\$3,596,236	2.2%	0.7% - 9.5%	16.9%	0.0%
Hematology/Oncology	2.6%	\$3,573,064	1.6%	(0.6%) - 5.7%	3.0%	0.0%
Emergency Medicine	3.0%	\$2,922,312	1.8%	(0.5%) - 6.4%	13.4%	0.0%
Ophthalmology	1.6%	\$2,920,774	0.8%	(0.0%) - 3.2%	12.1%	0.0%
Optometry	6.9%	\$2,913,755	4.5%	(2.0%) - 15.8%	37.3%	0.0%
Endocrinology	9.6%	\$2,101,776	3.9%	2.0% - 17.1%	9.5%	6.3%
Podiatry	4.9%	\$1,998,527	2.3%	0.3% - 9.5%	27.1%	0.0%
Nephrology	2.7%	\$1,985,072	1.8%	(0.8%) - 6.2%	15.3%	0.0%
Gastroenterology	3.0%	\$1,654,212	1.9%	(0.6%) - 6.7%	2.9%	0.0%
Physician Assistant	3.8%	\$1,189,304	3.2%	(2.5%) - 10.1%	10.3%	0.0%
Dermatology	0.9%	\$900,176	0.5%	(0.2%) - 1.9%	9.7%	0.0%
Urology	0.9%	\$790,913	0.6%	(0.4%) - 2.2%	5.3%	0.0%
Nurse Practitioner	1.9%	\$665,509	1.4%	(0.7%) - 4.6%	7.7%	0.0%
General Surgery	0.5%	\$460,255	0.6%	(0.6%) - 1.6%	26.6%	0.0%
General Practice	1.4%	\$336,862	1.3%	(1.1%) - 3.8%	12.6%	0.0%
Diagnostic Radiology	0.0%	\$152,417	0.0%	(0.0%) - 0.1%	5.1%	0.4%
Anesthesiology	0.0%	\$0	0.0%	0.0% - 0.0%	15.4%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	1.2%	0.0%
All Provider Types	4.1%	\$151,846,225	0.7%	2.7% - 5.5%	14.7%	0.3%

HGSA PA 00865

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	8.1%	\$20,749,430	2.1%	4.0% - 12.3%	16.8%	0.5%
Cardiology	6.6%	\$12,943,930	1.9%	2.8% - 10.5%	21.2%	0.0%
All Provider Types With Less Than 30 Lines	1.0%	\$9,830,982	0.4%	0.2% - 1.8%	6.7%	0.0%
Gastroenterology	11.7%	\$6,303,098	3.9%	4.1% - 19.2%	11.5%	0.0%
Family Practice	2.7%	\$4,608,698	0.8%	1.2% - 4.3%	16.6%	0.0%
Chiropractic	31.6%	\$4,519,584	18.8%	(5.2%) - 68.3%	30.3%	0.0%
Ophthalmology	1.9%	\$2,701,261	1.1%	(0.2%) - 4.1%	9.3%	0.0%
Neurology	6.2%	\$2,324,539	2.9%	0.6% - 11.8%	17.3%	0.0%
Emergency Medicine	2.9%	\$2,283,540	1.6%	(0.2%) - 6.1%	4.2%	0.0%
Orthopedic Surgery	4.9%	\$2,195,510	2.9%	(0.8%) - 10.6%	14.0%	0.0%
Physical Medicine and Rehabilitation	3.0%	\$1,463,106	1.8%	(0.5%) - 6.6%	3.0%	0.0%
Pulmonary Disease	2.1%	\$1,411,587	0.9%	0.5% - 3.8%	8.6%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Otolaryngology	4.1%	\$1,334,695	2.2%	(0.3%) - 8.5%	4.1%	0.0%
Hematology/Oncology	1.3%	\$1,309,942	0.9%	(0.5%) - 3.1%	16.4%	0.0%
Urology	2.6%	\$1,280,237	2.0%	(1.3%) - 6.5%	8.4%	0.0%
Diagnostic Radiology	0.8%	\$1,263,838	0.6%	(0.4%) - 2.0%	9.2%	0.0%
Podiatry	1.9%	\$1,081,587	1.1%	(0.3%) - 4.0%	8.1%	0.0%
Nephrology	0.9%	\$798,001	0.6%	(0.4%) - 2.1%	9.3%	0.0%
Clinical Laboratory (Billing Independently)	0.7%	\$743,543	0.7%	(0.6%) - 2.0%	13.5%	0.0%
Psychiatry	2.6%	\$662,010	1.8%	(0.9%) - 6.0%	9.2%	0.0%
General Surgery	0.4%	\$451,448	0.4%	(0.4%) - 1.2%	2.3%	0.0%
Optometry	0.9%	\$208,242	0.9%	(0.9%) - 2.6%	9.1%	0.0%
Physical Therapist in Private Practice	0.5%	\$205,457	0.4%	(0.3%) - 1.2%	13.2%	0.0%
Anesthesiology	0.0%	\$13,924	0.0%	(0.0%) - 0.1%	12.1%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	3.1%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	9.1%	0.0%
Radiation Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	2.4%	0.0%
All Provider Types	2.5%	\$80,688,189	0.4%	1.8% - 3.3%	10.0%	0.1%

BCBS AR RI 00524

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	4.9%	\$1,895,171	1.3%	2.4% - 7.3%	11.4%	0.0%
All Provider Types With Less Than 30 Lines	6.3%	\$1,446,399	2.3%	1.9% - 10.7%	20.5%	0.0%
General Surgery	15.5%	\$1,210,342	8.7%	(1.6%) - 32.5%	19.8%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	5.4%	\$1,195,649	2.8%	(0.0%) - 10.8%	15.2%	0.0%
Nephrology	10.5%	\$452,203	8.1%	(5.3%) - 26.3%	11.5%	0.0%
Family Practice	10.3%	\$441,834	4.3%	1.9% - 18.7%	16.3%	0.0%
Psychiatry	13.6%	\$409,933	6.0%	1.8% - 25.4%	21.4%	0.0%
Pulmonary Disease	22.4%	\$408,400	11.8%	(0.7%) - 45.4%	28.8%	0.0%
Cardiology	2.5%	\$384,530	1.1%	0.4% - 4.6%	17.4%	0.0%
Nurse Practitioner	14.2%	\$352,155	5.9%	2.7% - 25.7%	26.1%	0.0%
Emergency Medicine	4.8%	\$344,786	2.2%	0.5% - 9.1%	14.1%	0.0%
Orthopedic Surgery	6.4%	\$318,974	3.5%	(0.5%) - 13.4%	12.7%	0.0%
Physical Therapist in Private Practice	8.9%	\$316,923	3.8%	1.5% - 16.2%	20.1%	0.0%
Gastroenterology	7.1%	\$199,942	4.2%	(1.1%) - 15.3%	14.5%	0.0%
General Practice	11.9%	\$134,927	6.1%	(0.1%) - 23.8%	11.1%	0.0%
Hematology/Oncology	3.3%	\$124,393	2.1%	(0.8%) - 7.4%	3.3%	0.0%
Ophthalmology	1.3%	\$121,448	0.9%	(0.4%) - 3.0%	15.0%	0.0%
Podiatry	2.5%	\$117,852	1.4%	(0.4%) - 5.3%	13.2%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Dermatology	3.2%	\$93,584	1.9%	(0.6%) - 6.9%	13.8%	0.0%
Chiropractic	8.1%	\$53,653	7.7%	(7.1%) - 23.2%	49.9%	0.0%
Physician Assistant	3.4%	\$44,156	2.5%	(1.6%) - 8.3%	45.8%	0.0%
Optometry	1.4%	\$35,221	1.4%	(1.3%) - 4.1%	14.9%	0.0%
Diagnostic Radiology	0.2%	\$21,907	0.1%	(0.1%) - 0.4%	16.9%	0.0%
Urology	0.3%	\$15,928	0.3%	(0.3%) - 0.8%	5.8%	0.0%
Clinical Laboratory (Billing Independently)	0.1%	\$3,309	0.1%	(0.1%) - 0.2%	19.4%	0.0%
Anesthesiology	0.0%	\$0	0.0%	0.0% - 0.0%	1.3%	0.0%
Endocrinology	0.0%	\$0	0.0%	0.0% - 0.0%	8.2%	0.0%
Otolaryngology	0.0%	\$0	0.0%	0.0% - 0.0%	17.0%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	22.8%	0.0%
Portable X-Ray Supplier (Billing Independently)	0.0%	\$0	0.0%	0.0% - 0.0%	2.7%	0.0%
Radiation Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	1.4%	0.0%
All Provider Types	4.8%	\$10,143,621	0.7%	3.5% - 6.1%	15.6%	0.0%

Palmetto SC 00880

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	10.2%	\$9,336,507	4.3%	1.7% - 18.7%	24.6%	0.0%
Family Practice	7.3%	\$7,057,486	2.8%	1.8% - 12.8%	14.3%	0.4%
Internal Medicine	4.7%	\$4,606,846	1.2%	2.4% - 7.0%	12.3%	0.0%
Hematology/Oncology	5.3%	\$3,855,130	3.6%	(1.7%) - 12.4%	11.1%	0.0%
Cardiology	3.2%	\$3,202,300	1.6%	0.1% - 6.2%	6.2%	0.0%
Ophthalmology	3.8%	\$2,376,574	2.5%	(1.1%) - 8.7%	12.5%	0.0%
Nephrology	7.8%	\$2,335,876	4.6%	(1.2%) - 16.8%	10.6%	0.0%
All Provider Types With Less Than 30 Lines	1.3%	\$2,150,876	0.5%	0.3% - 2.3%	15.4%	0.0%
Emergency Medicine	6.5%	\$2,029,837	2.6%	1.4% - 11.7%	13.8%	0.0%
Urology	4.5%	\$1,554,123	3.3%	(2.0%) - 11.1%	9.8%	0.0%
Orthopedic Surgery	2.8%	\$1,458,847	1.7%	(0.5%) - 6.1%	22.9%	0.0%
General Surgery	4.3%	\$1,380,394	2.2%	0.0% - 8.6%	8.8%	0.0%
Gastroenterology	7.0%	\$1,342,472	3.3%	0.5% - 13.5%	7.0%	0.0%
Pulmonary Disease	6.5%	\$1,023,608	3.9%	(1.2%) - 14.2%	31.4%	0.0%
Medical Oncology	6.7%	\$998,956	5.7%	(4.6%) - 17.9%	44.7%	0.0%
Chiropractic	10.6%	\$891,854	4.6%	1.7% - 19.5%	25.0%	0.0%
Physical Medicine and Rehabilitation	5.9%	\$833,444	5.8%	(5.5%) - 17.3%	14.4%	0.0%
Physical Therapist in Private Practice	8.1%	\$799,798	5.8%	(3.3%) - 19.6%	8.1%	0.0%
Anesthesiology	3.9%	\$612,244	3.3%	(2.6%) - 10.4%	47.7%	0.0%
Rheumatology	4.0%	\$612,077	4.2%	(4.2%) - 12.1%	4.5%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Psychiatry	4.0%	\$549,615	3.0%	(2.0%) - 9.9%	5.0%	0.0%
Diagnostic Radiology	0.9%	\$437,293	0.8%	(0.6%) - 2.4%	2.8%	0.0%
Otolaryngology	3.1%	\$312,535	3.2%	(3.1%) - 9.3%	8.3%	0.0%
Dermatology	0.6%	\$143,303	0.6%	(0.5%) - 1.7%	1.6%	0.0%
Podiatry	0.5%	\$67,626	0.5%	(0.5%) - 1.5%	9.6%	0.0%
Clinical Laboratory (Billing Independently)	0.3%	\$16,657	0.3%	(0.3%) - 0.8%	0.3%	0.0%
Neurology	0.0%	\$0	0.0%	0.0% - 0.0%	3.7%	0.0%
All Provider Types	4.5%	\$49,986,275	0.6%	3.3% - 5.7%	14.7%	0.1%

Palmetto OH/WV 00883/00884

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	8.1%	\$35,208,045	2.0%	4.1% - 12.1%	14.2%	0.0%
All Provider Types With Less Than 30 Lines	2.6%	\$15,210,584	0.9%	0.9% - 4.3%	21.0%	0.0%
Cardiology	4.3%	\$14,803,854	1.6%	1.2% - 7.5%	31.3%	0.0%
General Surgery	10.5%	\$11,029,520	4.8%	1.2% - 19.9%	24.8%	0.0%
Family Practice	4.2%	\$9,892,765	1.3%	1.7% - 6.7%	10.0%	0.0%
Psychiatry	18.3%	\$9,236,068	6.8%	4.9% - 31.6%	33.4%	0.0%
Orthopedic Surgery	12.1%	\$8,482,229	5.0%	2.2% - 22.0%	36.2%	0.0%
Nephrology	8.5%	\$7,213,724	6.1%	(3.4%) - 20.5%	13.7%	0.0%
Pulmonary Disease	14.0%	\$6,185,077	5.7%	2.8% - 25.2%	24.7%	0.0%
Ophthalmology	3.0%	\$5,873,090	1.6%	(0.2%) - 6.1%	6.7%	0.0%
Emergency Medicine	5.8%	\$5,407,252	2.1%	1.6% - 9.9%	12.2%	0.0%
Urology	4.7%	\$4,872,883	3.3%	(1.7%) - 11.0%	21.5%	0.0%
Gastroenterology	5.3%	\$4,010,423	3.5%	(1.4%) - 12.1%	5.6%	0.0%
Physical Therapist in Private Practice	9.8%	\$2,886,860	7.7%	(5.4%) - 25.0%	16.9%	0.0%
Podiatry	4.2%	\$2,689,149	1.8%	0.7% - 7.8%	14.6%	0.0%
General Practice	8.5%	\$1,955,527	5.2%	(1.7%) - 18.6%	17.0%	0.0%
Dermatology	3.0%	\$1,498,426	1.8%	(0.6%) - 6.6%	6.3%	0.0%
Anesthesiology	1.1%	\$424,206	0.8%	(0.3%) - 2.6%	21.8%	0.0%
Clinical Laboratory (Billing Independently)	0.1%	\$143,572	0.1%	(0.1%) - 0.4%	4.1%	0.0%
Chiropractic	0.7%	\$127,467	0.7%	(0.7%) - 2.1%	18.3%	0.0%
Diagnostic Radiology	0.0%	\$24,842	0.0%	(0.0%) - 0.0%	9.4%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	12.6%	0.0%
Hematology/Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	3.2%	0.0%
Optometry	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	9.8%	0.0%
Portable X-Ray Supplier (Billing Independently)	0.0%	\$0	0.0%	0.0% - 0.0%	12.6%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Rheumatology	0.0%	\$0	0.0%	0.0% - 0.0%	34.0%	0.0%
All Provider Types	4.4%	\$147,175,563	0.5%	3.4% - 5.5%	17.1%	0.0%

Trailblazer TX 00900

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	7.9%	\$36,349,550	2.2%	3.5% - 12.3%	19.5%	0.0%
Cardiology	7.3%	\$27,623,649	3.1%	1.2% - 13.5%	28.0%	0.0%
Family Practice	8.7%	\$25,778,611	2.1%	4.6% - 12.8%	18.3%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	7.8%	\$21,917,497	5.3%	(2.5%) - 18.2%	14.6%	0.0%
Clinical Psychologist	30.4%	\$17,580,384	22.2%	(13.1%) - 73.9%	32.9%	0.0%
All Provider Types With Less Than 30 Lines	2.3%	\$15,133,435	0.7%	1.0% - 3.6%	12.1%	0.0%
Pulmonary Disease	10.8%	\$12,057,401	6.5%	(1.9%) - 23.6%	13.5%	0.0%
Orthopedic Surgery	5.3%	\$8,944,006	3.2%	(1.0%) - 11.6%	10.3%	0.0%
Emergency Medicine	6.4%	\$7,465,307	3.4%	(0.2%) - 13.0%	17.2%	0.0%
Obstetrics/Gynecology	9.4%	\$6,738,452	5.1%	(0.7%) - 19.4%	12.8%	0.0%
Gastroenterology	5.5%	\$6,664,214	1.9%	1.9% - 9.1%	12.1%	0.0%
Anesthesiology	5.2%	\$6,210,536	4.7%	(4.1%) - 14.4%	15.8%	0.0%
Clinical Laboratory (Billing Independently)	3.2%	\$5,498,480	1.5%	0.3% - 6.1%	12.5%	0.0%
Nephrology	4.6%	\$4,783,997	2.7%	(0.6%) - 9.8%	6.3%	0.0%
Nurse Practitioner	12.2%	\$4,586,999	8.8%	(5.0%) - 29.4%	20.9%	0.0%
Urology	4.4%	\$4,181,358	2.6%	(0.7%) - 9.5%	15.1%	0.0%
Neurology	8.4%	\$3,720,887	4.5%	(0.5%) - 17.2%	22.7%	0.0%
Diagnostic Radiology	0.9%	\$3,392,395	0.8%	(0.6%) - 2.4%	13.8%	0.0%
Hematology/Oncology	0.8%	\$3,234,942	0.6%	(0.4%) - 2.0%	3.5%	0.0%
Rheumatology	2.0%	\$2,513,182	2.3%	(2.6%) - 6.6%	4.8%	0.0%
General Surgery	2.2%	\$2,241,703	2.3%	(2.3%) - 6.8%	5.2%	0.0%
Otolaryngology	4.7%	\$1,958,821	2.9%	(1.0%) - 10.4%	25.6%	0.0%
Physical Therapist in Private Practice	9.5%	\$1,919,761	8.2%	(6.5%) - 25.5%	21.7%	0.0%
Podiatry	3.0%	\$1,470,693	2.1%	(1.2%) - 7.1%	16.2%	0.0%
Chiropractic	3.4%	\$889,888	3.2%	(2.9%) - 9.7%	22.2%	0.0%
Radiation Oncology	0.9%	\$615,013	1.0%	(1.0%) - 2.9%	19.1%	0.0%
Dermatology	0.0%	\$0	0.0%	0.0% - 0.0%	2.0%	0.0%
Independent Diagnostic Testing Facility (IDTF)	0.0%	\$0	0.0%	0.0% - 0.0%	37.3%	0.0%
Mass Immunization Roster Billers (Mass Immunizers have to roster bill assigned claims and can only bill for immunizations)	0.0%	\$0	0.0%	0.0% - 0.0%	11.3%	0.0%
Medical Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	2.9%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Ophthalmology	0.0%	\$0	0.0%	0.0% - 0.0%	14.0%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	34.0%	0.0%
All Provider Types	4.4%	\$233,471,159	0.6%	3.2% - 5.7%	15.8%	0.0%

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

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	5.1%	\$25,477,727	1.1%	2.9% - 7.3%	14.8%	0.0%
All Provider Types With Less Than 30 Lines	3.0%	\$14,205,602	1.0%	0.9% - 5.0%	6.2%	0.0%
Cardiology	4.1%	\$11,879,859	1.7%	0.8% - 7.4%	9.6%	0.0%
Ophthalmology	6.4%	\$10,584,708	2.7%	1.1% - 11.7%	17.5%	0.0%
Family Practice	7.7%	\$10,546,704	2.1%	3.6% - 11.8%	16.8%	0.0%
Orthopedic Surgery	5.0%	\$9,263,223	2.0%	1.1% - 9.0%	15.9%	0.0%
Hematology/Oncology	2.2%	\$4,769,004	1.4%	(0.4%) - 4.9%	3.0%	0.0%
Physical Therapist in Private Practice	8.3%	\$4,328,057	4.5%	(0.5%) - 17.1%	22.0%	0.0%
Emergency Medicine	4.8%	\$3,805,420	2.2%	0.4% - 9.2%	12.0%	0.0%
General Surgery	2.2%	\$3,383,213	1.3%	(0.3%) - 4.8%	13.8%	0.0%
Nephrology	4.0%	\$3,228,217	1.6%	0.9% - 7.1%	16.1%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	3.6%	\$2,672,743	3.2%	(2.7%) - 9.9%	27.0%	0.0%
Chiropractic	12.7%	\$2,336,005	5.2%	2.6% - 22.9%	12.1%	3.2%
Urology	1.9%	\$2,334,966	1.1%	(0.2%) - 4.0%	9.1%	0.0%
Dermatology	6.3%	\$2,316,231	3.3%	(0.1%) - 12.8%	12.6%	0.0%
Medical Oncology	4.9%	\$2,276,545	3.1%	(1.2%) - 11.0%	7.4%	0.0%
Rheumatology	6.7%	\$2,157,442	1.7%	3.3% - 10.0%	11.2%	0.0%
Psychiatry	7.4%	\$1,630,060	5.1%	(2.6%) - 17.5%	34.3%	0.0%
Gastroenterology	3.1%	\$1,495,705	1.9%	(0.7%) - 6.9%	4.2%	0.0%
Nurse Practitioner	2.0%	\$1,348,539	2.0%	(1.9%) - 6.0%	4.9%	0.0%
Podiatry	2.4%	\$1,290,505	1.2%	0.0% - 4.7%	20.4%	0.0%
Otolaryngology	3.6%	\$1,252,118	2.4%	(1.2%) - 8.3%	14.4%	0.0%
Diagnostic Radiology	0.2%	\$561,865	0.2%	(0.1%) - 0.5%	13.9%	0.0%
Obstetrics/Gynecology	5.4%	\$535,257	4.7%	(3.7%) - 14.6%	22.0%	0.0%
Pathology	1.8%	\$530,409	1.9%	(1.9%) - 5.4%	36.0%	0.0%
Pulmonary Disease	0.8%	\$393,747	0.8%	(0.8%) - 2.4%	17.0%	0.0%
Optometry	1.2%	\$240,872	1.1%	(1.0%) - 3.4%	27.1%	0.0%
Portable X-Ray Supplier (Billing Independently)	0.7%	\$115,749	0.7%	(0.7%) - 2.2%	9.5%	0.0%
General Practice	0.4%	\$42,607	0.3%	(0.3%) - 1.0%	7.7%	0.0%
Clinical Laboratory (Billing Independently)	0.0%	\$0	0.0%	0.0% - 0.0%	7.2%	0.0%
Endocrinology	0.0%	\$0	0.0%	0.0% - 0.0%	1.2%	0.0%
Radiation Oncology	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
All Provider Types	3.6%	\$125,003,098	0.4%	2.8% - 4.3%	12.6%	0.1%

Noridian UT 00823

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
All Provider Types With Less Than 30 Lines	4.0%	\$3,321,244	1.4%	1.3% - 6.7%	15.2%	1.0%
Internal Medicine	7.8%	\$2,017,231	2.1%	3.6% - 12.0%	18.5%	0.0%
Orthopedic Surgery	6.3%	\$1,555,597	4.3%	(2.1%) - 14.6%	18.7%	0.0%
Family Practice	4.8%	\$1,205,218	1.7%	1.4% - 8.2%	15.0%	0.0%
Physical Therapist in Private Practice	20.9%	\$1,201,402	7.1%	7.1% - 34.7%	44.0%	0.0%
Pulmonary Disease	20.1%	\$1,094,460	6.0%	8.5% - 31.8%	24.5%	0.0%
Cardiology	3.8%	\$1,084,703	1.8%	0.3% - 7.3%	12.7%	0.0%
Chiropractic	22.1%	\$845,697	7.3%	7.8% - 36.3%	43.2%	0.0%
Diagnostic Radiology	1.3%	\$297,779	0.8%	(0.3%) - 2.8%	12.3%	0.0%
Hematology/Oncology	1.7%	\$252,413	1.5%	(1.2%) - 4.7%	21.7%	0.0%
Urology	3.5%	\$181,627	2.3%	(0.9%) - 7.9%	9.3%	0.0%
Podiatry	3.1%	\$168,851	1.5%	0.1% - 6.1%	16.6%	0.0%
General Practice	5.0%	\$168,270	2.7%	(0.3%) - 10.2%	12.5%	0.0%
Dermatology	1.1%	\$154,614	0.7%	(0.2%) - 2.5%	9.0%	0.0%
Ophthalmology	0.7%	\$146,068	0.6%	(0.4%) - 1.8%	2.7%	0.0%
Emergency Medicine	1.6%	\$144,459	1.1%	(0.6%) - 3.8%	11.8%	0.0%
Nurse Practitioner	4.8%	\$142,551	3.3%	(1.6%) - 11.3%	14.9%	0.0%
Clinical Laboratory (Billing Independently)	0.7%	\$76,361	0.8%	(0.9%) - 2.3%	33.2%	0.0%
Public Health or Welfare Agencies (Federal, State, and local)	8.2%	\$66,372	7.7%	(7.0%) - 23.4%	13.3%	0.0%
Anesthesiology	0.7%	\$53,911	0.7%	(0.7%) - 2.2%	27.7%	0.0%
Optometry	1.3%	\$49,845	1.3%	(1.3%) - 4.0%	15.7%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	12.1%	0.0%
Clinical Social Worker	0.0%	\$0	0.0%	0.0% - 0.0%	26.5%	0.0%
Neurology	0.0%	\$0	0.0%	0.0% - 0.0%	1.7%	0.0%
Psychiatry	0.0%	\$0	0.0%	0.0% - 0.0%	2.3%	0.0%
All Provider Types	4.2%	\$14,228,673	0.6%	3.0% - 5.3%	16.3%	0.2%

Triple S, INC. PR/VI 00973/00974

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	19.0%	\$15,220,120	2.8%	13.4% - 24.6%	30.0%	0.0%
All Provider Types With Less Than 30 Lines	8.5%	\$11,355,806	1.8%	4.9% - 12.0%	26.3%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	14.0%	\$10,553,540	4.3%	5.5% - 22.5%	34.0%	1.8%
General Practice	17.2%	\$9,581,900	3.0%	11.4% - 23.0%	40.0%	0.0%
Urology	28.4%	\$4,309,090	8.9%	10.9% - 45.9%	34.6%	0.0%
Cardiology	12.3%	\$3,967,314	3.1%	6.1% - 18.5%	28.5%	0.0%
Diagnostic Radiology	5.6%	\$2,758,594	3.8%	(1.9%) - 13.1%	17.4%	0.0%
Hematology/Oncology	14.9%	\$2,550,837	8.3%	(1.3%) - 31.2%	28.5%	0.0%
Pulmonary Disease	11.0%	\$2,166,039	4.9%	1.3% - 20.6%	14.9%	0.0%
Clinical Laboratory (Billing Independently)	5.6%	\$1,806,266	2.2%	1.4% - 9.9%	20.8%	0.5%
General Surgery	3.7%	\$1,463,970	1.7%	0.3% - 7.1%	22.3%	0.0%
Family Practice	11.1%	\$960,108	4.2%	2.9% - 19.2%	29.0%	0.0%
Rheumatology	11.6%	\$959,462	6.0%	(0.1%) - 23.4%	14.0%	0.0%
Physical Medicine and Rehabilitation	7.0%	\$931,409	3.5%	0.1% - 13.8%	24.6%	0.0%
Ophthalmology	2.0%	\$530,028	1.5%	(0.8%) - 4.9%	28.8%	0.0%
Physical Therapist in Private Practice	7.4%	\$340,410	7.3%	(6.9%) - 21.7%	13.4%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	25.6%	0.0%
Psychiatry	0.0%	\$0	0.0%	0.0% - 0.0%	22.3%	0.0%
All Provider Types	11.1%	\$69,454,893	1.0%	9.1% - 13.1%	27.9%	0.1%

GHI NY 14330

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	6.4%	\$5,446,582	1.3%	4.0% - 8.9%	28.3%	0.0%
All Provider Types With Less Than 30 Lines	6.3%	\$3,047,109	2.0%	2.4% - 10.2%	35.6%	0.5%
Physical Medicine and Rehabilitation	12.1%	\$2,003,565	4.6%	3.0% - 21.2%	32.4%	0.0%
Cardiology	4.0%	\$1,264,057	1.4%	1.3% - 6.7%	14.5%	0.0%
Physical Therapist in Private Practice	6.9%	\$1,034,926	2.8%	1.5% - 12.3%	30.2%	0.0%
Family Practice	5.9%	\$663,408	2.2%	1.6% - 10.2%	27.4%	0.0%
General Surgery	18.4%	\$587,577	7.5%	3.6% - 33.1%	47.4%	0.0%
Diagnostic Radiology	1.7%	\$541,419	1.1%	(0.4%) - 3.9%	21.2%	0.0%
Ophthalmology	2.2%	\$392,476	1.0%	0.3% - 4.1%	27.7%	0.0%
Pulmonary Disease	4.6%	\$372,174	3.0%	(1.2%) - 10.5%	19.0%	0.0%
Urology	5.0%	\$366,139	3.3%	(1.4%) - 11.5%	12.3%	0.0%
Podiatry	2.9%	\$355,515	2.2%	(1.3%) - 7.2%	17.3%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Psychiatry	5.5%	\$353,684	3.6%	(1.6%) - 12.5%	18.7%	0.0%
Neurology	4.8%	\$322,449	2.8%	(0.7%) - 10.3%	17.8%	0.0%
Otolaryngology	6.8%	\$302,841	4.2%	(1.5%) - 15.1%	23.7%	0.0%
Nephrology	1.8%	\$145,299	1.9%	(1.9%) - 5.5%	2.5%	0.0%
Pathology	5.3%	\$138,358	5.4%	(5.3%) - 15.9%	60.4%	0.0%
Hematology/Oncology	0.8%	\$78,472	0.9%	(0.9%) - 2.5%	39.9%	0.0%
Chiropractic	3.3%	\$62,681	2.8%	(2.3%) - 8.8%	36.6%	0.0%
Dermatology	0.9%	\$60,310	0.6%	(0.3%) - 2.2%	19.3%	0.0%
Anesthesiology	0.6%	\$59,847	0.7%	(0.7%) - 2.0%	13.9%	0.0%
Clinical Laboratory (Billing Independently)	0.0%	\$0	0.0%	0.0% - 0.0%	29.0%	0.0%
Clinical Psychologist	0.0%	\$0	0.0%	0.0% - 0.0%	5.4%	0.0%
Endocrinology	0.0%	\$0	0.0%	0.0% - 0.0%	32.1%	0.0%
Portable X-Ray Supplier (Billing Independently)	0.0%	\$0	0.0%	0.0% - 0.0%	9.2%	0.0%
All Provider Types	5.0%	\$17,598,886	0.6%	3.9% - 6.1%	26.6%	0.1%

NHIC CA 31140/31146

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	6.0%	\$37,789,458	1.3%	3.4% - 8.5%	15.3%	0.0%
All Provider Types With Less Than 30 Lines	2.8%	\$26,247,304	0.8%	1.2% - 4.5%	12.0%	0.0%
Cardiology	4.4%	\$23,530,325	1.6%	1.3% - 7.6%	13.4%	0.0%
Urology	10.2%	\$23,004,651	6.0%	(1.7%) - 22.0%	10.3%	0.0%
Orthopedic Surgery	11.5%	\$18,999,916	4.0%	3.6% - 19.4%	24.2%	0.0%
Pulmonary Disease	11.6%	\$17,770,695	4.4%	3.0% - 20.2%	11.7%	0.0%
Family Practice	6.3%	\$17,573,229	1.8%	2.7% - 9.9%	18.0%	0.0%
Psychiatry	17.7%	\$16,549,555	7.4%	3.2% - 32.1%	14.7%	0.0%
Gastroenterology	9.4%	\$11,284,505	6.3%	(3.1%) - 21.8%	17.4%	0.0%
General Practice	12.0%	\$9,386,640	6.2%	(0.2%) - 24.1%	17.4%	0.0%
Nephrology	6.2%	\$8,393,479	2.6%	1.0% - 11.4%	13.6%	0.0%
Physical Therapist in Private Practice	5.7%	\$8,177,137	2.8%	0.2% - 11.2%	18.7%	0.0%
Hematology/Oncology	1.0%	\$8,021,612	0.5%	(0.0%) - 2.1%	2.0%	0.0%
General Surgery	6.2%	\$7,031,664	3.2%	(0.0%) - 12.4%	23.7%	0.0%
Dermatology	3.3%	\$4,934,560	1.8%	(0.2%) - 6.9%	20.3%	0.0%
Ophthalmology	0.6%	\$3,208,955	0.4%	(0.3%) - 1.5%	7.5%	0.0%
Independent Diagnostic Testing Facility (IDTF)	1.2%	\$2,668,161	1.3%	(1.3%) - 3.6%	0.9%	0.0%
Podiatry	2.2%	\$2,327,412	1.3%	(0.4%) - 4.7%	5.5%	0.0%
Chiropractic	4.2%	\$1,594,875	2.7%	(1.1%) - 9.6%	27.2%	0.0%
Diagnostic Radiology	0.4%	\$1,112,088	0.3%	(0.2%) - 1.1%	3.6%	0.0%
Clinical Laboratory (Billing Independently)	0.0%	\$193,738	0.0%	(0.0%) - 0.1%	6.4%	0.0%

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.0%	\$0	0.0%	0.0% - 0.0%	10.0%	0.0%
Anesthesiology	0.0%	\$0	0.0%	0.0% - 0.0%	3.7%	0.0%
Emergency Medicine	0.0%	\$0	0.0%	0.0% - 0.0%	19.2%	0.0%
Pathology	0.0%	\$0	0.0%	0.0% - 0.0%	36.9%	0.0%
All Provider Types	3.6%	\$249,799,960	0.5%	2.7% - 4.5%	11.4%	0.0%

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

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	5.6%	\$13,766,665	1.3%	2.9% - 8.2%	11.0%	0.0%
All Provider Types With Less Than 30 Lines	2.0%	\$9,304,563	0.6%	0.7% - 3.2%	8.0%	0.0%
Cardiology	5.8%	\$8,388,865	2.3%	1.4% - 10.3%	8.8%	0.0%
Nephrology	17.0%	\$6,954,719	13.9%	(10.2%) - 44.2%	17.0%	0.0%
Pulmonary Disease	11.5%	\$6,533,797	7.0%	(2.1%) - 25.1%	13.3%	0.0%
Hematology/Oncology	9.7%	\$6,095,120	6.1%	(2.4%) - 21.7%	17.0%	0.0%
Orthopedic Surgery	3.4%	\$4,540,023	1.5%	0.4% - 6.5%	25.0%	0.0%
Family Practice	5.8%	\$4,400,579	2.5%	1.0% - 10.7%	14.9%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	1.6%	\$3,750,701	1.1%	(0.7%) - 3.8%	7.5%	0.0%
Gastroenterology	5.6%	\$3,223,499	3.8%	(1.8%) - 12.9%	5.2%	0.0%
Urology	5.8%	\$2,880,251	3.2%	(0.5%) - 12.0%	12.3%	0.0%
General Surgery	4.8%	\$2,571,525	2.2%	0.5% - 9.1%	10.7%	0.0%
Emergency Medicine	5.8%	\$2,067,133	3.5%	(1.1%) - 12.8%	13.6%	0.0%
Ophthalmology	1.4%	\$1,927,318	0.8%	(0.1%) - 2.9%	5.6%	0.0%
Psychiatry	3.9%	\$1,922,756	2.2%	(0.3%) - 8.1%	3.9%	0.0%
Podiatry	3.7%	\$1,606,386	1.6%	0.5% - 6.8%	7.6%	0.0%
Chiropractic	5.4%	\$1,113,337	2.9%	(0.4%) - 11.1%	20.9%	0.0%
Pathology	3.1%	\$1,010,757	3.0%	(2.7%) - 9.0%	6.8%	0.0%
Nurse Practitioner	3.8%	\$903,985	1.9%	0.0% - 7.6%	5.8%	0.0%
Physical Therapist in Private Practice	3.3%	\$900,903	1.8%	(0.3%) - 6.8%	12.7%	0.0%
Clinical Laboratory (Billing Independently)	1.3%	\$584,779	1.3%	(1.2%) - 3.9%	13.3%	0.0%
Dermatology	0.8%	\$320,192	0.8%	(0.8%) - 2.4%	4.1%	0.0%
Optometry	1.0%	\$252,504	1.0%	(0.9%) - 2.9%	12.5%	0.0%
Clinical Social Worker	0.0%	\$0	0.0%	0.0% - 0.0%	4.7%	0.0%
Diagnostic Radiology	0.0%	\$0	0.0%	0.0% - 0.0%	2.4%	0.0%
All Provider Types	3.8%	\$85,020,359	0.5%	2.8% - 4.8%	10.1%	0.0%

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

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Internal Medicine	6.0%	\$60,258,426	1.7%	2.7% - 9.3%	14.9%	0.0%
All Provider Types With Less Than 30 Lines	3.1%	\$29,374,214	1.1%	0.9% - 5.3%	15.9%	0.3%
Family Practice	5.7%	\$27,674,868	1.1%	3.5% - 7.9%	12.8%	0.0%
Cardiology	3.6%	\$25,049,399	1.4%	0.9% - 6.3%	8.8%	0.0%
Orthopedic Surgery	6.8%	\$22,332,993	4.4%	(1.8%) - 15.4%	7.4%	0.0%
Nephrology	9.7%	\$16,269,814	6.0%	(2.1%) - 21.4%	9.9%	0.0%
Pulmonary Disease	7.8%	\$13,348,644	4.9%	(1.8%) - 17.4%	10.9%	0.0%
Emergency Medicine	6.7%	\$10,693,685	3.1%	0.7% - 12.6%	8.1%	0.0%
Ophthalmology	2.1%	\$10,619,684	1.1%	(0.1%) - 4.3%	8.9%	0.0%
Psychiatry	9.3%	\$7,954,459	5.1%	(0.7%) - 19.4%	26.9%	0.0%
General Practice	7.1%	\$6,949,229	3.3%	0.7% - 13.5%	11.6%	0.0%
General Surgery	2.6%	\$6,767,030	1.6%	(0.5%) - 5.8%	7.2%	0.0%
Gastroenterology	4.8%	\$6,724,867	4.3%	(3.7%) - 13.3%	8.1%	0.0%
Chiropractic	5.6%	\$6,310,078	2.3%	1.2% - 10.0%	22.0%	0.0%
Physical Medicine and Rehabilitation	5.7%	\$5,368,432	3.0%	(0.2%) - 11.6%	5.4%	0.0%
Hematology/Oncology	1.7%	\$4,101,004	1.0%	(0.2%) - 3.7%	5.6%	0.0%
Physical Therapist in Private Practice	4.4%	\$4,082,015	3.3%	(2.0%) - 10.8%	12.0%	0.0%
Infectious Disease	6.3%	\$3,862,114	5.8%	(5.1%) - 17.7%	6.4%	0.0%
Nurse Practitioner	7.4%	\$3,657,493	4.2%	(0.8%) - 15.6%	9.8%	0.0%
Dermatology	4.0%	\$3,638,798	2.7%	(1.3%) - 9.3%	6.9%	0.0%
Neurology	3.4%	\$3,624,456	2.4%	(1.3%) - 8.1%	13.8%	0.0%
Diagnostic Radiology	0.6%	\$2,841,940	0.4%	(0.1%) - 1.4%	8.8%	0.0%
Ambulance Service Supplier (e.g., private ambulance companies, funeral homes)	0.7%	\$2,837,000	0.4%	(0.1%) - 1.6%	6.5%	0.0%
Medical Oncology	2.8%	\$2,553,571	3.0%	(3.1%) - 8.7%	8.6%	0.0%
Pathology	2.3%	\$2,466,381	2.3%	(2.2%) - 6.9%	15.7%	0.0%
Urology	0.7%	\$2,138,415	0.6%	(0.4%) - 1.9%	2.2%	0.0%
Podiatry	1.1%	\$1,802,551	0.8%	(0.4%) - 2.6%	12.4%	0.0%
Anesthesiology	0.5%	\$638,111	0.5%	(0.5%) - 1.5%	15.3%	0.0%
Otolaryngology	0.1%	\$112,299	0.2%	(0.2%) - 0.4%	5.4%	0.0%
Physician Assistant	0.0%	\$26,008	0.0%	(0.0%) - 0.1%	0.3%	0.0%
Clinical Laboratory (Billing Independently)	0.0%	\$0	0.0%	0.0% - 0.0%	10.0%	0.0%
Multispecialty Clinic or Group Practice	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%
Optometry	0.0%	\$0	0.0%	0.0% - 0.0%	11.5%	0.0%
All Provider Types	3.7%	\$294,077,978	0.4%	2.9% - 4.6%	10.9%	0.0%

DMERC

AdminaStar Region B 00635

DMERC Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Pharmacy	4.3%	\$40,475,009	0.7%	2.9% - 5.7%	8.5%	0.0%
Medical supply company not included in 51, 52, or 53	2.6%	\$16,323,502	0.6%	1.4% - 3.8%	10.6%	0.0%
All Provider Types With Less Than 30 Lines	9.8%	\$9,274,908	5.8%	(1.5%) - 21.1%	14.7%	0.0%
Medical Supply Company with Respiratory Therapist	1.7%	\$4,167,776	0.9%	(0.2%) - 3.5%	10.8%	0.0%
Unknown Supplier/Provider	7.4%	\$1,295,693	7.9%	(8.1%) - 22.9%	12.4%	0.0%
Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization	0.6%	\$239,577	0.6%	(0.7%) - 1.8%	13.8%	0.0%
Individual orthotic personnel certified by an accrediting organization	0.0%	\$0	0.0%	0.0% - 0.0%	1.8%	0.0%
Medical supply company with orthotic personnel certified by an accrediting organization	0.0%	\$0	0.0%	0.0% - 0.0%	15.9%	0.0%
Optician	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%
Optometry	0.0%	\$0	0.0%	0.0% - 0.0%	12.1%	0.0%
Podiatry	0.0%	\$0	0.0%	0.0% - 0.0%	10.7%	0.0%
All Provider Types	3.5%	\$71,776,464	0.5%	2.6% - 4.5%	9.8%	0.0%

TriCenturion Region A 77011

DMERC Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Medical supply company not included in 51, 52, or 53	9.6%	\$44,933,288	5.4%	(1.0%) - 20.2%	17.5%	0.0%
Pharmacy	4.8%	\$27,977,806	0.9%	2.9% - 6.6%	10.7%	0.0%
Medical Supply Company with Respiratory Therapist	3.5%	\$6,225,343	1.3%	1.1% - 6.0%	7.0%	0.0%
All Provider Types With Less Than 30 Lines	3.3%	\$2,818,554	2.5%	(1.6%) - 8.3%	29.5%	1.4%
Medical supply company with prosthetic/orthotic personnel certified by an accrediting organization	0.6%	\$180,052	0.7%	(0.8%) - 2.0%	2.5%	0.0%
Optometry	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%
Podiatry	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%	0.0%
All Provider Types	6.0%	\$82,135,042	2.0%	2.1% - 9.9%	13.4%	0.1%

Palmetto Region C 00885

DMERC Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Medical supply company not included in 51, 52, or 53	23.7%	\$398,828,021	3.8%	16.2% - 31.2%	37.1%	0.8%
Pharmacy	12.5%	\$210,264,534	3.2%	6.2% - 18.7%	20.4%	0.2%
Unknown Supplier/Provider	66.5%	\$46,198,696	20.7%	25.8% -107.1%	66.8%	0.0%
All Provider Types With Less Than 30 Lines	10.7%	\$23,369,997	8.7%	(6.3%) - 27.7%	15.2%	0.8%
Individual prosthetic personnel certified by an accrediting organization	2.3%	\$1,621,123	1.8%	(1.2%) - 5.7%	2.2%	0.0%
Medical Supply Company with Respiratory Therapist	0.2%	\$602,003	0.2%	(0.2%) - 0.7%	9.4%	0.4%
Optician	0.0%	\$0	0.0%	0.0% - 0.0%	10.9%	0.0%
Podiatry	0.0%	\$0	0.0%	0.0% - 0.0%	6.2%	0.0%
All Provider Types	16.8%	\$680,884,375	2.3%	12.3% - 21.4%	27.2%	0.5%

CIGNA Region D 05655

DMERC Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
Medical supply company not included in 51, 52, or 53	6.1%	\$48,984,352	4.0%	(1.7%) - 13.9%	16.7%	0.0%
Pharmacy	4.6%	\$33,387,430	1.2%	2.1% - 7.0%	15.8%	0.0%
Medical Supply Company with Respiratory Therapist	3.4%	\$4,295,377	1.5%	0.6% - 6.3%	8.7%	0.0%
All Provider Types With Less Than 30 Lines	1.2%	\$1,698,775	0.9%	(0.6%) - 3.0%	11.3%	0.0%
All Provider Types	4.9%	\$88,365,933	1.9%	1.3% - 8.6%	15.4%	0.0%

FI

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

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.5%	\$35,702,567	0.4%	0.7% - 2.3%	0.0%
SNF	1.4%	\$28,104,659	0.5%	0.4% - 2.4%	0.0%
Other FI Service Types	1.9%	\$6,487,112	0.7%	0.5% - 3.3%	0.0%
ESRD	0.2%	\$787,399	0.2%	(0.2%) - 0.5%	0.0%
Non-PPS Hospital In-patient	0.0%	\$14,963	0.0%	(0.0%) - 0.0%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.3%	\$71,096,701	0.3%	0.8% - 1.8%	0.0%

Anthem ME/MA 00180/00181

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.7%	\$12,632,065	0.6%	0.6% - 2.9%	0.3%
HHA	1.6%	\$9,029,506	1.1%	(0.6%) - 3.8%	0.6%
SNF	2.6%	\$6,078,213	1.2%	0.2% - 4.9%	0.0%
All Codes With Less Than 30 Lines	0.6%	\$1,585,070	0.3%	0.0% - 1.2%	0.0%
Other FI Service Types	1.4%	\$1,235,654	1.2%	(1.0%) - 3.7%	0.0%
RHCs	5.0%	\$404,754	3.3%	(1.5%) - 11.6%	0.0%
All Provider Types	1.6%	\$30,965,263	0.4%	0.8% - 2.5%	0.3%

Anthem NH/VT 00270

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
Other FI Service Types	19.9%	\$16,161,909	15.4%	(10.2%) - 50.0%	0.8%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.1%	\$1,367,606	0.4%	0.3% - 2.0%	0.2%
SNF	0.4%	\$193,291	0.3%	(0.3%) - 1.1%	0.0%
Non-PPS Hospital In-patient	0.0%	\$10,174	0.0%	(0.0%) - 0.1%	1.1%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	6.2%	\$17,732,981	5.1%	(3.8%) - 16.3%	0.4%

Cahaba AL 00010

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.2%	\$3,051,129	0.5%	0.2% - 2.1%	0.2%
SNF	0.3%	\$258,839	0.3%	(0.3%) - 0.9%	0.0%
Other FI Service Types	0.3%	\$256,348	0.2%	(0.0%) - 0.7%	1.8%
All Codes With Less Than 30 Lines	0.4%	\$24,708	0.3%	(0.3%) - 1.1%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	0.8%	\$3,591,024	0.3%	0.2% - 1.4%	0.3%

BCBS AR AR 00020

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
SNF	3.2%	\$2,429,621	2.4%	(1.4%) - 7.9%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.1%	\$1,401,494	0.3%	0.4% - 1.7%	0.0%
Other FI Service Types	0.8%	\$537,560	0.4%	0.2% - 1.5%	0.0%
All Codes With Less Than 30 Lines	2.1%	\$7,169		. - .	0.0%
Non-PPS Hospital In-patient	0.0%	\$4,941	0.0%	(0.0%) - 0.1%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.5%	\$4,380,785	0.6%	0.2% - 2.7%	0.0%

BCBS AZ AZ 00030

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.9%	\$2,651,248	0.4%	1.0% - 2.7%	0.0%
SNF	0.6%	\$427,819	0.3%	0.0% - 1.1%	0.0%
Other FI Service Types	1.4%	\$131,143	0.9%	(0.4%) - 3.1%	0.0%
All Codes With Less Than 30 Lines	0.3%	\$13,463	0.3%	(0.2%) - 0.8%	0.0%
ESRD	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.2%	\$3,223,673	0.3%	0.7% - 1.7%	0.0%

First Coast Service Options FL 00090

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.2%	\$18,028,224	0.6%	0.9% - 3.5%	0.0%
Other FI Service Types	2.7%	\$7,619,377	0.9%	0.9% - 4.5%	0.0%
SNF	0.7%	\$5,051,129	0.3%	0.0% - 1.3%	0.0%
All Codes With Less Than 30 Lines	0.7%	\$454,934	0.7%	(0.7%) - 2.1%	0.0%
All Provider Types	1.6%	\$31,153,664	0.3%	1.0% - 2.3%	0.0%

BCBS GA GA 00101

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.6%	\$6,979,006	0.7%	0.2% - 3.0%	0.1%
ESRD	0.7%	\$6,952,963	0.3%	0.0% - 1.3%	0.3%
Other FI Service Types	1.5%	\$848,744	0.7%	0.1% - 2.8%	0.0%
All Codes With Less Than 30 Lines	0.4%	\$147,075	0.3%	(0.2%) - 1.0%	0.0%
Non-PPS Hospital In-patient	0.0%	\$0	0.0%	0.0% - 0.0%	2.4%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	0.9%	\$14,927,788	0.3%	0.4% - 1.5%	0.2%

Cahaba IA/SD 00011

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
HHA	0.4%	\$5,988,609	0.2%	0.0% - 0.8%	0.4%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	0.9%	\$2,525,988	0.4%	0.1% - 1.7%	0.2%
Other FI Service Types	0.2%	\$322,289	0.1%	0.0% - 0.4%	0.3%
SNF	0.1%	\$263,029	0.1%	(0.1%) - 0.4%	0.0%
Non-PPS Hospital In-patient	0.0%	\$46,835	0.0%	(0.0%) - 0.0%	0.0%
Hospice	0.0%	\$39,830	0.0%	(0.0%) - 0.0%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	0.3%	\$9,186,581	0.1%	0.1% - 0.5%	0.2%

BCBS KS KS 00150

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.3%	\$3,079,048	1.4%	(0.4%) - 5.1%	0.1%
SNF	0.8%	\$437,380	0.5%	(0.2%) - 1.7%	0.0%
Other FI Service Types	0.6%	\$390,468	0.3%	0.1% - 1.1%	0.2%
Non-PPS Hospital In-patient	0.3%	\$253,730	0.3%	(0.3%) - 0.9%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.2%	\$4,160,626	0.6%	0.1% - 2.3%	0.1%

TriSpan LA/MO/MS 00230

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
SNF	3.1%	\$11,725,503	1.4%	0.3% - 5.9%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.4%	\$9,711,973	1.5%	(0.5%) - 5.3%	0.1%
Other FI Service Types	1.4%	\$2,588,292	0.6%	0.2% - 2.5%	0.0%
ESRD	1.0%	\$956,308	0.8%	(0.6%) - 2.6%	0.0%
Non-PPS Hospital In-patient	0.0%	\$16,054	0.0%	(0.0%) - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	2.1%	\$24,998,131	0.7%	0.7% - 3.4%	0.1%

BCBS MT MT 00250

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
All Codes With Less Than 30 Lines	11.8%	\$805,559	9.5%	(6.8%) - 30.3%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.2%	\$714,782	0.4%	0.5% - 1.9%	0.0%
Other FI Service Types	0.6%	\$170,049	0.2%	0.2% - 1.0%	0.0%
SNF	0.4%	\$87,070	0.2%	(0.1%) - 0.8%	0.0%
Non-PPS Hospital In-patient	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.1%	\$1,777,460	0.5%	0.1% - 2.1%	0.0%

Palmetto NC 00382

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.6%	\$9,802,005	0.7%	0.2% - 3.1%	0.1%
ESRD	1.2%	\$1,858,179	1.0%	(0.8%) - 3.3%	0.0%
SNF	0.6%	\$1,443,121	0.4%	(0.2%) - 1.3%	0.0%
Other FI Service Types	1.2%	\$1,049,781	1.2%	(1.0%) - 3.5%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.3%	\$14,153,086	0.4%	0.4% - 2.1%	0.1%

BCBS NE NE 00260

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.3%	\$1,333,588	1.6%	(0.9%) - 5.5%	0.1%
Other FI Service Types	0.5%	\$283,124	0.2%	0.1% - 0.9%	0.2%
Non-PPS Hospital In-patient	0.0%	\$10,548	0.0%	(0.0%) - 0.0%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$4,889	0.0%	(0.0%) - 0.1%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	0.9%	\$1,632,149	0.5%	(0.1%) - 1.9%	0.1%

BCBS AR RI 00021

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.2%	\$663,196	0.5%	0.3% - 2.2%	0.1%
SNF	1.4%	\$495,482	0.9%	(0.3%) - 3.1%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.0%	\$1,158,678	0.4%	0.3% - 1.7%	0.1%

Palmetto SC 00380

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
Hospice	1.6%	\$55,361,292	0.8%	0.0% - 3.1%	0.0%
HHA	0.7%	\$39,677,031	0.3%	0.2% - 1.3%	0.0%
All Codes With Less Than 30 Lines	2.8%	\$6,868,241	2.7%	(2.5%) - 8.1%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.4%	\$4,366,547	0.6%	0.2% - 2.6%	0.0%
All Provider Types	1.1%	\$106,273,111	0.3%	0.5% - 1.8%	0.0%

BCBS WY WY 00460

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.5%	\$366,548	0.8%	0.9% - 4.1%	0.2%
Other FI Service Types	1.7%	\$150,844	0.8%	0.1% - 3.3%	1.0%
All Codes With Less Than 30 Lines	1.0%	\$30,739	0.8%	(0.5%) - 2.5%	0.0%
Non-PPS Hospital In-patient	0.1%	\$8,255	0.1%	(0.1%) - 0.2%	0.0%
RHCs	0.5%	\$1,343	0.4%	(0.2%) - 1.2%	0.0%
All Provider Types	1.3%	\$557,728	0.4%	0.6% - 2.1%	0.4%

Highmark Medicare Services DC/MD 00366

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
SNF	2.5%	\$50,682,720	1.5%	(0.5%) - 5.5%	0.4%
Non-PPS Hospital In-patient	2.4%	\$27,657,181	0.8%	0.8% - 4.0%	0.4%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	7.3%	\$12,513,658	3.7%	0.1% - 14.5%	0.0%
All Codes With Less Than 30 Lines	4.6%	\$6,796,483	4.1%	(3.5%) - 12.6%	0.0%
Other FI Service Types	1.5%	\$3,057,881	1.1%	(0.6%) - 3.7%	0.0%
Free Standing Ambulatory Surgery	0.0%	\$0	0.0%	0.0% - 0.0%	1.6%
All Provider Types	2.6%	\$100,707,922	0.9%	0.9% - 4.3%	0.3%

COSVI PR/VI 57400

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	4.0%	\$1,876,534	1.5%	1.0% - 7.0%	0.3%
All Codes With Less Than 30 Lines	1.0%	\$56,524	0.8%	(0.6%) - 2.5%	0.0%
ESRD	0.3%	\$46,505	0.3%	(0.2%) - 0.8%	2.6%
Non-PPS Hospital In-patient	0.0%	\$3,301	0.1%	(0.1%) - 0.1%	0.0%
All Provider Types	2.6%	\$1,982,865	1.0%	0.7% - 4.5%	0.4%

Empire CT/DE/NY 00308

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.2%	\$29,276,600	0.7%	0.9% - 3.5%	0.2%
SNF	0.7%	\$7,176,729	0.4%	(0.0%) - 1.4%	0.0%
ESRD	0.4%	\$1,812,424	0.2%	(0.1%) - 0.9%	0.0%
Other FI Service Types	0.2%	\$1,139,728	0.1%	(0.1%) - 0.5%	1.8%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.2%	\$39,405,481	0.3%	0.6% - 1.7%	0.3%

Chisholm OK 00340

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	0.5%	\$628,665	0.2%	0.1% - 0.8%	0.0%
Other FI Service Types	0.5%	\$256,116	0.2%	0.1% - 0.9%	0.6%
All Codes With Less Than 30 Lines	3.0%	\$225,606	1.5%	0.1% - 5.9%	0.0%
Non-PPS Hospital In-patient	0.0%	\$3,458	0.0%	(0.0%) - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	0.5%	\$1,113,844	0.1%	0.2% - 0.8%	0.1%

Veritus PA 00363

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.2%	\$8,744,147	0.3%	0.6% - 1.8%	0.6%
SNF	1.2%	\$7,220,562	0.5%	0.2% - 2.2%	0.0%
All Codes With Less Than 30 Lines	1.3%	\$1,917,228	1.4%	(1.4%) - 4.0%	0.0%
RHCs	2.5%	\$425,541	1.5%	(0.5%) - 5.5%	0.0%
Other FI Service Types	0.1%	\$40,331	0.1%	(0.1%) - 0.2%	0.0%
All Provider Types	1.2%	\$18,347,809	0.3%	0.6% - 1.7%	0.5%

Mutual of Omaha (all states) 52280

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.4%	\$64,649,485	0.8%	0.8% - 4.0%	0.0%
SNF	1.1%	\$36,786,691	0.4%	0.3% - 1.9%	0.0%
Other FI Service Types	1.0%	\$2,132,470	0.6%	(0.3%) - 2.2%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.6%	\$103,568,646	0.4%	0.8% - 2.3%	0.0%

Noridian MN/ND 00320/00321

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.5%	\$5,811,908	0.9%	(0.3%) - 3.2%	0.0%
Other FI Service Types	1.7%	\$2,088,592	0.8%	0.1% - 3.3%	0.2%
SNF	1.0%	\$1,701,652	0.6%	(0.1%) - 2.1%	0.0%
RHCs	1.7%	\$163,641	1.2%	(0.6%) - 4.0%	0.0%
Non-PPS Hospital In-patient	0.0%	\$27,155	0.0%	(0.0%) - 0.1%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$1,036	0.0%	(0.0%) - 0.0%	0.0%
All Provider Types	1.2%	\$9,793,985	0.5%	0.3% - 2.1%	0.1%

Noridian AK/WA 00322

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	3.4%	\$7,183,376	2.6%	(1.6%) - 8.4%	0.2%
Other FI Service Types	1.9%	\$1,612,462	1.1%	(0.2%) - 4.1%	0.8%
All Codes With Less Than 30 Lines	2.2%	\$1,611,702	1.3%	(0.3%) - 4.6%	2.2%
Non-PPS Hospital In-patient	0.0%	\$1,985	0.0%	(0.0%) - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	2.3%	\$10,409,524	1.3%	(0.2%) - 4.8%	0.3%

Noridian ID/OR/UT 00323/00325

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	7.6%	\$26,016,092	5.1%	(2.3%) - 17.5%	0.0%
ESRD	11.4%	\$6,052,155	6.7%	(1.8%) - 24.6%	0.0%
Other FI Service Types	1.6%	\$1,523,314	0.7%	0.2% - 2.9%	0.0%
SNF	0.4%	\$548,131	0.2%	0.0% - 0.8%	0.0%
Non-PPS Hospital In-patient	0.0%	\$9,935	0.0%	(0.0%) - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	4.7%	\$34,149,626	2.6%	(0.3%) - 9.8%	0.0%

Riverbend NJ/TN 00390

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
SNF	2.4%	\$26,280,094	1.4%	(0.4%) - 5.2%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.1%	\$21,605,964	0.7%	0.8% - 3.5%	0.2%
RHCs	0.6%	\$888,450	0.3%	0.0% - 1.1%	0.1%
Other FI Service Types	2.3%	\$818,261	1.5%	(0.7%) - 5.3%	0.0%
ESRD	0.1%	\$141,980	0.1%	(0.0%) - 0.2%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.9%	\$49,734,750	0.7%	0.6% - 3.2%	0.2%

Trailblazer CO/NM/TX 00400

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2.1%	\$23,623,338	0.8%	0.5% - 3.7%	0.1%
SNF	1.4%	\$6,839,348	0.7%	(0.0%) - 2.8%	0.0%
ESRD	0.4%	\$4,453,113	0.1%	0.1% - 0.6%	0.0%
Other FI Service Types	0.4%	\$663,250	0.2%	(0.1%) - 0.8%	1.0%
RHCs	0.8%	\$408,370	0.5%	(0.3%) - 1.8%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
Non-PPS Hospital In-patient	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.1%	\$35,987,418	0.3%	0.5% - 1.8%	0.1%

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

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	5.7%	\$51,431,257	1.7%	2.3% - 9.1%	0.0%
SNF	1.4%	\$16,108,083	0.6%	0.2% - 2.6%	0.0%
Hospice	0.6%	\$5,054,674	0.6%	(0.5%) - 1.7%	0.0%
Other FI Service Types	5.4%	\$4,990,882	4.2%	(2.9%) - 13.7%	0.0%
HHA	0.4%	\$3,545,712	0.3%	(0.1%) - 0.9%	0.0%
ESRD	0.4%	\$2,581,964	0.2%	(0.0%) - 0.8%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.8%	\$83,712,572	0.4%	1.0% - 2.6%	0.0%

UGS WI/MI 00450/00452

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
HHA	1.3%	\$20,160,220	1.0%	(0.7%) - 3.4%	0.0%
Other FI Service Types	6.3%	\$19,959,254	3.5%	(0.5%) - 13.1%	0.0%
SNF	1.5%	\$13,178,207	0.6%	0.2% - 2.7%	0.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	0.7%	\$7,781,961	0.2%	0.2% - 1.1%	0.0%
FOHC	1.1%	\$3,802,461	0.5%	0.1% - 2.1%	0.0%
All Codes With Less Than 30 Lines	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
Hospice	0.0%	\$0	0.0%	0.0% - 0.0%	0.0%
All Provider Types	1.2%	\$64,882,102	0.4%	0.5% - 2.0%	0.0%

UGS VA/WV 00453

FI Provider Type	Paid Claims Error Rate				No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval	
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1.4%	\$8,787,292	0.5%	0.4% - 2.4%	0.2%
SNF	0.8%	\$2,953,272	0.4%	0.1% - 1.5%	0.0%
All Codes With Less Than 30 Lines	0.4%	\$356,458	0.4%	(0.3%) - 1.1%	0.0%
Other FI Service Types	0.6%	\$280,145	0.5%	(0.3%) - 1.5%	1.0%
RHCs	0.0%	\$0	0.0%	0.0% - 0.0%	2.7%
All Provider Types	1.1%	\$12,377,168	0.3%	0.5% - 1.7%	0.3%

Appendix D –No Documentation Information

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

This section of the appendix provides rates for:

- All No Documentation claims,
- No Documentation claims with less than \$100 billed, and
- No Documentation claims with \$100 or more billed.

The no documentation rates in the tables below are different than the no documentation rate elsewhere in the report and appendices. The rates in these tables are based on the ratio of the dollar value of medical records not received to the dollar value of medical records requested

The tables are sorted in descending order by the overall error rate.

D1: Overall Rates for No Documentation

Carrier/DMERC/FI	All		Less than \$100		\$100 or more	
	Paid No Doc Rate	95% Confidence Interval	Paid No Doc Rate Less Than \$100	95% Confidence Interval	Paid No Doc Rate Greater Than Or Equal To \$100	95% Confidence Interval
All	0.9%	0.7% - 1.2%	0.4%	0.3% - 0.5%	1.1%	0.7% - 1.4%

D2: Carrier Rates for No Documentation

Carrier Cluster	All		Less than \$100		\$100 or more	
	Paid No Doc Rate	95% Confidence Interval	Paid No Doc Rate Less Than \$100	95% Confidence Interval	Paid No Doc Rate Greater Than Or Equal To \$100	95% Confidence Interval
First Coast Service Options FL 00590	7.0%	2.8% - 11.3%	0.8%	0.3% - 1.2%	10.7%	4.3% - 17.2%
Palmetto SC 00880	1.0%	0.2% - 1.7%	0.2%	(0.1%) - 0.5%	1.5%	0.2% - 2.8%
Empire NY 00803	0.6%	0.1% - 1.1%	0.9%	0.1% - 1.6%	0.5%	(0.1%) - 1.0%
Trailblazer TX 00900	0.5%	(0.2%) - 1.2%	0.8%	(0.5%) - 2.1%	0.3%	(0.0%) - 0.7%
Cahaba AL/GA/MS 00510/00511/00512	0.5%	(0.2%) - 1.1%	0.2%	0.0% - 0.4%	0.7%	(0.4%) - 1.8%
CIGNA NC 05535	0.5%	0.0% - 0.9%	0.4%	0.1% - 0.8%	0.5%	(0.3%) - 1.2%
WPS WI/IL/MI/MN 00951/00952/00953/00954	0.4%	0.0% - 0.8%	0.4%	0.1% - 0.6%	0.4%	(0.3%) - 1.1%

Carrier Cluster	All		Less than \$100		\$100 or more	
	Paid No Doc Rate	95% Confidence Interval	Paid No Doc Rate Less Than \$100	95% Confidence Interval	Paid No Doc Rate Greater Than Or Equal To \$100	95% Confidence Interval
NHIC CA 31140/31146	0.4%	0.1% - 0.7%	0.6%	0.1% - 1.0%	0.3%	(0.1%) - 0.7%
Noridian UT 00823	0.4%	(0.2%) - 1.0%	0.2%	(0.0%) - 0.4%	0.5%	(0.5%) - 1.5%
Palmetto OH/WV 00883/00884	0.4%	0.0% - 0.7%	0.3%	0.1% - 0.6%	0.4%	(0.2%) - 0.9%
Triple S, Inc. PR/VI 00973/00974	0.4%	0.0% - 0.7%	0.5%	(0.0%) - 1.0%	0.2%	(0.2%) - 0.7%
CIGNA TN 05440	0.3%	(0.1%) - 0.8%	0.5%	(0.0%) - 1.1%	0.2%	(0.2%) - 0.5%
NHIC ME/MA/NH/VT 31142/31143/31144/31145	0.3%	(0.1%) - 0.7%	0.1%	(0.1%) - 0.4%	0.5%	(0.1%) - 1.0%
First Coast Service Options CT 00591	0.3%	0.1% - 0.5%	0.5%	0.2% - 0.9%	0.1%	(0.1%) - 0.3%
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904	0.3%	0.0% - 0.5%	0.3%	0.0% - 0.6%	0.2%	(0.1%) - 0.5%
Noridian AK/AZ/HI/NV/OR/WA 00831/00832/00833/00834/00835/00836	0.2%	0.0% - 0.4%	0.4%	0.0% - 0.7%	0.1%	(0.1%) - 0.3%
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889	0.2%	0.0% - 0.4%	0.3%	(0.0%) - 0.5%	0.2%	(0.1%) - 0.5%
GHI NY 14330	0.2%	0.0% - 0.4%	0.4%	0.1% - 0.7%	0.0%	0.0% - 0.0%
HGSA PA 00865	0.2%	(0.0%) - 0.3%	0.2%	(0.0%) - 0.4%	0.1%	(0.1%) - 0.4%
BCBS KS/NE/W MO 00650/00655/00651	0.1%	0.0% - 0.3%	0.3%	0.0% - 0.6%	0.0%	0.0% - 0.0%
Empire NJ 00805	0.1%	(0.0%) - 0.3%	0.3%	(0.0%) - 0.6%	0.0%	0.0% - 0.0%
HealthNow NY 00801	0.1%	(0.0%) - 0.3%	0.2%	(0.0%) - 0.5%	0.0%	0.0% - 0.0%
BCBS AR RI 00524	0.1%	0.0% - 0.2%	0.2%	0.0% - 0.4%	0.0%	0.0% - 0.0%
BCBS MT 00751	0.1%	(0.0%) - 0.2%	0.2%	(0.1%) - 0.4%	0.0%	0.0% - 0.0%
CIGNA ID 05130	0.1%	(0.0%) - 0.1%	0.1%	(0.0%) - 0.3%	0.0%	0.0% - 0.0%
BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/00528	0.0%	(0.0%) - 0.1%	0.1%	(0.0%) - 0.2%	0.0%	0.0% - 0.0%
AdminaStar IN/KY 00630/00660	0.0%	(0.0%) - 0.0%	0.0%	(0.0%) - 0.1%	0.0%	0.0% - 0.0%
Combined	1.0%	0.6% - 1.5%	0.4%	0.3% - 0.5%	1.5%	0.7% - 2.3%

D3: DMERC Rates for No Documentation

DMERC Cluster	All		Less than \$100		\$100 or more	
	Paid No Doc Rate	95% Confidence Interval	Paid No Doc Rate Less Than \$100	95% Confidence Interval	Paid No Doc Rate Greater Than Or Equal To \$100	95% Confidence Interval
Palmetto Region C 00885	12.5%	8.2% - 16.7%	1.7%	1.0% - 2.4%	14.8%	9.7% - 19.8%
Tricenturion Region A 77011	0.7%	0.1% - 1.3%	0.4%	(0.0%) - 0.7%	0.8%	0.0% - 1.5%
CIGNA Region D 05655	0.5%	0.1% - 0.8%	0.6%	0.1% - 1.2%	0.4%	0.1% - 0.8%
AdminaStar Region B 00635	0.4%	(0.0%) - 0.7%	0.3%	(0.0%) - 0.6%	0.4%	(0.1%) - 0.9%
Combined	5.7%	3.9% - 7.6%	0.9%	0.6% - 1.2%	6.9%	4.6% - 9.2%

D4: FI Rates for No Documentation

FI Cluster	All		Less than \$100		\$100 or more	
	Paid No Doc Rate	95% Confidence Interval	Paid No Doc Rate Less Than \$100	95% Confidence Interval	Paid No Doc Rate Greater Than Or Equal To \$100	95% Confidence Interval
Noridian AK/WA 00322	1.3%	(1.1%) - 3.7%	0.2%	(0.2%) - 0.5%	1.3%	(1.2%) - 3.9%
BCBS WY WY 00460	0.2%	(0.2%) - 0.6%	0.2%	(0.2%) - 0.7%	0.2%	(0.2%) - 0.6%
First Coast Service Options FL 00090	0.2%	(0.0%) - 0.4%	0.2%	(0.1%) - 0.4%	0.2%	(0.1%) - 0.4%
UGS WI/MI 00450/00452	0.1%	(0.0%) - 0.3%	0.1%	(0.1%) - 0.2%	0.1%	(0.1%) - 0.3%
Anthem ME/MA 00180/00181	0.1%	(0.0%) - 0.2%	0.0%	(0.0%) - 0.0%	0.1%	(0.0%) - 0.2%
Trispan LA/MO/MS 00230	0.1%	(0.0%) - 0.2%	0.0%	(0.0%) - 0.1%	0.1%	(0.0%) - 0.2%
COSVI PR/VI 57400	0.1%	0.0% - 0.2%	1.0%	0.1% - 1.9%	0.0%	0.0% - 0.0%
UGS AS/CA/GU/HI/NV/NMI 00454	0.1%	(0.1%) - 0.3%	0.1%	(0.1%) - 0.4%	0.1%	(0.1%) - 0.3%
BCBS AZ AZ 00030	0.1%	(0.1%) - 0.2%	0.1%	(0.1%) - 0.3%	0.1%	(0.1%) - 0.2%
Palmetto NC 00382	0.1%	0.0% - 0.1%	0.2%	(0.1%) - 0.5%	0.1%	(0.0%) - 0.1%
BCBS MT MT 00250	0.1%	(0.0%) - 0.2%	0.2%	(0.1%) - 0.6%	0.0%	(0.0%) - 0.1%
BCBS AR RI 00021	0.0%	(0.0%) - 0.1%	0.0%	0.0% - 0.0%	0.0%	(0.0%) - 0.1%
Trailblazer CO/NM/TX 00400	0.0%	(0.0%) - 0.1%	0.5%	(0.1%) - 1.1%	0.0%	(0.0%) - 0.1%
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332	0.0%	0.0% - 0.1%	0.1%	(0.0%) - 0.2%	0.0%	0.0% - 0.1%
Mutual of Omaha (all states) 52280	0.0%	(0.0%) - 0.1%	0.2%	(0.1%) - 0.6%	0.0%	(0.0%) - 0.1%
Cahaba AL 00010	0.0%	(0.0%) - 0.1%	0.1%	(0.1%) - 0.3%	0.0%	(0.0%) - 0.1%
Riverbend NJ/TN 00390	0.0%	(0.0%) - 0.1%	0.1%	(0.1%) - 0.3%	0.0%	(0.0%) - 0.1%
BCBS AR AR 00020	0.0%	(0.0%) - 0.1%	0.0%	(0.0%) - 0.1%	0.0%	(0.0%) - 0.1%
BCBS GA GA 00101	0.0%	(0.0%) - 0.1%	0.2%	(0.2%) - 0.5%	0.0%	(0.0%) - 0.1%
Veritus PA 00363	0.0%	(0.0%) - 0.1%	0.3%	(0.1%) - 0.6%	0.0%	(0.0%) - 0.0%
Empire CT/DE/NY 00308	0.0%	0.0% - 0.1%	0.2%	(0.1%) - 0.5%	0.0%	(0.0%) - 0.0%
BCBS KS KS 00150	0.0%	(0.0%) - 0.1%	0.0%	(0.0%) - 0.1%	0.0%	(0.0%) - 0.1%
BCBS NE NE 00260	0.0%	(0.0%) - 0.1%	0.1%	(0.1%) - 0.3%	0.0%	(0.0%) - 0.0%
Noridian MN/ND 00320/00321	0.0%	(0.0%) - 0.0%	0.2%	(0.2%) - 0.6%	0.0%	(0.0%) - 0.0%
Anthem NH/VT 00270	0.0%	(0.0%) - 0.0%	0.0%	0.0% - 0.0%	0.0%	(0.0%) - 0.1%
Highmark Medicare Services DC/MD 00366	0.0%	(0.0%) - 0.0%	0.0%	0.0% - 0.0%	0.0%	(0.0%) - 0.0%
Noridian ID/OR/UT 00323/00325	0.0%	(0.0%) - 0.0%	0.0%	(0.0%) - 0.0%	0.0%	(0.0%) - 0.0%
UGS VA/WV 00453	0.0%	(0.0%) - 0.0%	0.0%	(0.0%) - 0.0%	0.0%	(0.0%) - 0.0%
Chisholm OK 00340	0.0%	(0.0%) - 0.0%	0.0%	(0.0%) - 0.1%	0.0%	(0.0%) - 0.0%
Cahaba IA/SD 00011	0.0%	0.0% - 0.0%	0.0%	0.0% - 0.0%	0.0%	0.0% - 0.0%
Palmetto SC 00380	0.0%	0.0% - 0.0%	0.0%	0.0% - 0.0%	0.0%	0.0% - 0.0%
Combined	0.1%	0.0% - 0.1%	0.1%	0.1% - 0.2%	0.1%	0.0% - 0.1%

Type of No Documentation Errors by Contractor

Tables D5 through D7 present the percentage of projected dollars in error for each category of the Carrier/DMERC/FI no documentation error rate. No documentation issues are defined in the following six categories:

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

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

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

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

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

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

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

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

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

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

The first column in each table is the percent of total error due to no documentation. The second column contains the total number of no documentation claims. The other columns show the distribution of the no documentation rate (i.e., the last six columns add up to 100% of the error

rate). The tables are sorted in descending order by the paid claims error rate for no documentation for clusters.

D5: Type of No Documentation Errors for Carriers

Services Billed to Carriers	Paid Claims Error Rate for No Doc	Number of No Doc Claims	Type of No Documentation Error					
			Non-Response	Beneficiary Issue	Wrong DOS	Medical Record Issue	Billing Provider Issue	Third Party Record
First Coast Service Options FL 00590	7.0%	34	6.2%	0.1%	0.1%	0.4%	0.0%	0.3%
Palmetto SC 00880	1.0%	10	0.1%	0.1%	0.1%	0.5%	0.0%	0.2%
Empire NY 00803	0.6%	14	0.1%	0.5%	0.0%	0.0%	0.0%	0.0%
Trailblazer TX 00900	0.5%	10	0.1%	0.1%	0.0%	0.3%	0.0%	0.0%
Cahaba AL/GAMS 00510/00511/00512	0.5%	9	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%
CIGNA NC 05535	0.5%	11	0.0%	0.3%	0.1%	0.0%	0.0%	0.0%
WPS WI/IL/MI/MN 00951/00952/00953/00954	0.4%	15	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%
NHIC CA 31140/31146	0.4%	14	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%
Noridian UT 00823	0.4%	5	0.3%	0.1%	0.0%	0.0%	0.0%	0.0%
Palmetto OH/WV 00883/00884	0.4%	9	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%
Triple S, Inc. PR/VI 00973/00974	0.4%	8	0.0%	0.3%	0.1%	0.0%	0.0%	0.0%
CIGNA TN 05440	0.3%	5	0.0%	0.1%	0.0%	0.2%	0.0%	0.0%
NHIC ME/MA/NH/VT 31142/31143/31144/31145	0.3%	4	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%
First Coast Service Options CT 00591	0.3%	12	0.1%	0.1%	0.1%	0.0%	0.0%	0.0%
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904	0.3%	9	0.0%	0.0%	0.2%	0.0%	0.0%	0.0%
Noridian AK/AZ/HI/NV/OR/WA 00831/00832/00833/00834/00835/00836	0.2%	7	0.0%	0.1%	0.0%	0.1%	0.0%	0.0%
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889	0.2%	8	0.0%	0.1%	0.0%	0.0%	0.0%	0.1%
GHI NY 14330	0.2%	6	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%
HGSA PA 00865	0.2%	6	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%
BCBS KS/NE/W MO 00650/00655/00651	0.1%	8	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Empire NJ 00805	0.1%	5	0.0%	0.1%	0.1%	0.0%	0.0%	0.0%
HealthNow NY 00801	0.1%	7	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
BCBS AR RI 00524	0.1%	7	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
BCBS MT 00751	0.1%	3	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
CIGNA ID 05130	0.1%	3	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/00528	0.0%	6	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
AdminaStar IN/KY 00630/00660	0.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Combined	1.0%	237	0.7%	0.2%	0.0%	0.1%	0.0%	0.0%

D6: Type of No Documentaiton Errors for DMERCs

Services Billed to DMERCs	Paid Claims Error Rate for No Doc	Number of No Doc Claims	Type of No Documentation Error					
			Non-Response	Beneficiary Issue	Wrong DOS	Medical Record Issue	Billing Provider Issue	Third Party Record
Palmetto Region C 00885	12.5%	64	11.7%	0.7%	0.0%	0.0%	0.0%	0.0%
Tricenturion Region A 77011	0.7%	10	0.2%	0.4%	0.0%	0.0%	0.0%	0.0%
CIGNA Region D 05655	0.5%	10	0.1%	0.2%	0.0%	0.0%	0.0%	0.1%
AdminaStar Region B 00635	0.4%	9	0.0%	0.4%	0.0%	0.0%	0.0%	0.0%
Combined	5.7%	93	5.2%	0.5%	0.0%	0.0%	0.0%	0.0%

D7: Type of No Documentaiton Errors for FIs

Services Billed to FIs	Paid Claims Error Rate for No Doc	Number of No Doc Claims	Type of No Documentation Error					
			Non-Response	Beneficiary Issue	Wrong DOS	Medical Record Issue	Billing Provider Issue	Third Party Record
Noridian AK/WA 00322	1.3%	3	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%
BCBS WY WY 00460	0.2%	5	0.0%	0.2%	0.0%	0.0%	0.0%	0.0%
First Coast Service Options FL 00090	0.2%	7	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
UGS WI/MI 00450/00452	0.1%	5	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
Anthem ME/MA 00180/00181	0.1%	5	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
Trispan LA/MO/MS 00230	0.1%	10	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
COSVI PR/VI 57400	0.1%	6	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
UGS AS/CA/GU/HI/NV/NMI 00454	0.1%	2	0.1%	0.0%	0.0%	0.0%	0.0%	0.0%
BCBS AZ AZ 00030	0.1%	8	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%
Palmetto NC 00382	0.1%	10	0.0%	0.1%	0.0%	0.0%	0.0%	0.0%
BCBS MT MT 00250	0.1%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BCBS AR RI 00021	0.0%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Trailblazer CO/NM/TX 00400	0.0%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332	0.0%	13	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Mutual of Omaha (all states) 52280	0.0%	6	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cahaba AL 00010	0.0%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Riverbend NJ/TN 00390	0.0%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BCBS AR AR 00020	0.0%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BCBS GA GA 00101	0.0%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Veritus PA 00363	0.0%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Empire CT/DE/NY 00308	0.0%	5	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BCBS KS KS 00150	0.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
BCBS NE NE 00260	0.0%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Noridian MN/ND 00320/00321	0.0%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Anthem NH/VT 00270	0.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Highmark Medicare Services DC/MD 00366	0.0%	1	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Noridian ID/OR/UT 00323/00325	0.0%	3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
UGS VA/WV 00453	0.0%	2	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Chisholm OK 00340	0.0%	4	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Cahaba IA/SD 00011	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Palmetto SC 00380	0.0%	0	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Combined	0.1%	141	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

Appendix E – Coding Information

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

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

Table E1 summarizes data for this code.

Table E1: Problem Code: CPT Code 99233

Fiscal Year	Number of Lines Reviewed	Number of Lines Questioned	Percent of Lines in Error
1996	217	115	53.0%
1997	416	128	30.8%
1998	457	114	24.9%
1999	187	102	54.5%
2000	449	220	49.0%
2001	338	142	42.0%
2002	228	174	76.3%
2003	709	435	61.4%
2004	768	391	50.9%
2005	1,079	474	43.9%
2006	1,102	440	39.9%
May 2007	1,052	436	41.4%

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

Table E2 summarizes data for this code.

Table E2: Problem Code: CPT Code 99214

Fiscal Year	Number of Lines Reviewed	Number of Lines Questioned	Percent of Lines in Error
1996	140	54	38.6%
1997	234	86	36.8%
1998	168	63	37.5%
1999	143	81	56.6%
2000	191	71	37.2%
2001	214	67	31.3%
2002	104	24	23.1%
2003	2,798	687	24.6%
2004	3,250	589	18.1%
2005	4,436	648	14.6%
2006	4,491	609	13.6%
May 2007	4,054	529	13.0%

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

Table E3 summarizes data for this code.

Table E3: Problem Code: CPT Code 99232

Fiscal Year	Number of Lines Reviewed	Number of Lines Questioned	Percent of Lines in Error
1996	597	266	44.6%
1997	1,159	350	30.2%
1998	911	181	19.9%
1999	837	279	33.3%
2000	881	270	30.6%
2001	964	146	15.1%
2002	488	179	36.7%
2003	2,213	855	38.6%
2004	2,485	754	30.3%
2005	3,194	555	17.4%
2006	3,236	295	9.1%
May 2007	2,956	282	9.5%

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

The American Medical Association (AMA) has developed E&M codes that Medicare physicians use when submitting claims for payment. In 2003, there were 21 categories of E&M codes, including categories such as office or other outpatient service, consultations, emergency department services, and critical care services. Within each category of codes there is a range of three to five levels of HCPCS codes that determines the level of service and the level of payment. There are three key descriptors used to determine the appropriate HCPCS code: history, examination, and medical decision-making. There are four other components, including

counseling, coordination of care, nature of presenting problem, and time that are contributory factors, but they are not used to determine the HCPCS code.¹

Table E4 lists all E&M codes with 2,000 or more claims in the CERT sample. The table provides information on the types of error found for each code. The table is sorted in descending order by error rates.

Table E4: E&M Codes with more than 2,000 claims reviewed

Carrier Provider Type	Paid Claims Error Rate				Provider Compliance Error Rate	No Resolution Rate
	Paid Error Rate	Projected Improper Payments	Standard Error	95% Confidence Interval		
99232	7.5%	\$175,294,995	0.8%	5.9% - 9.1%	14.8%	0.0%
99214	6.2%	\$226,023,412	0.3%	5.6% - 6.8%	13.3%	0.1%
99213	2.3%	\$95,772,194	0.2%	1.9% - 2.7%	10.2%	0.0%

Tables E5 through E7 lists for each contractor type the top twenty services (if available) with the highest dollars in error due to overcoding. All estimates in these tables are based on a minimum of 30 claims in the sample. Data in these tables are sorted by projected improper payments.

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

Table E5: Services with Overcoding Errors: Carriers

Service Billed to Carrier (HCPCS)	Overcoding Errors		
	Paid Claims Error Rate	Projected Improper Payments	95% Confidence Interval
Office/outpatient visit, est (99214)	5.4%	\$196,943,474	4.9% - 6.0%
Subsequent hospital care (99233)	14.8%	\$180,965,094	12.4% - 17.1%
Office consultation (99244)	13.0%	\$100,223,609	10.5% - 15.4%
Office/outpatient visit, est (99215)	15.4%	\$98,294,800	13.1% - 17.6%
Initial inpatient consult (99255)	18.3%	\$96,707,083	13.9% - 22.7%
Initial inpatient consult (99254)	14.2%	\$94,221,527	11.8% - 16.5%
Initial hospital care (99223)	12.1%	\$80,693,350	9.2% - 15.0%
Office/outpatient visit, new (99204)	20.7%	\$67,948,875	16.4% - 25.0%
Office consultation (99245)	17.5%	\$65,649,590	13.0% - 21.9%
Subsequent hospital care (99232)	2.4%	\$56,190,084	1.6% - 3.2%
Office/outpatient visit, new (99203)	12.2%	\$51,920,884	9.8% - 14.6%
Office consultation (99243)	8.4%	\$40,464,702	6.4% - 10.4%
Critical care, first hour (99291)	5.2%	\$34,026,624	0.5% - 9.9%
Emergency dept visit (99285)	4.0%	\$30,032,537	2.6% - 5.4%

¹ However, in instances where counseling and coordination of care is the primary nature of the encounter, time is the primary basis for billing.

Service Billed to Carrier (HCPCS)	Overcoding Errors		
	Paid Claims Error Rate	Projected Improper Payments	95% Confidence Interval
Office/outpatient visit, est (99213)	0.7%	\$29,438,127	0.5% - 0.9%
Initial hospital care (99222)	8.2%	\$27,364,215	5.7% - 10.6%
Office/outpatient visit, new (99205)	20.6%	\$26,678,604	13.1% - 28.1%
Nursing fac care, subseq (99309)	12.7%	\$24,156,815	8.7% - 16.7%
Initial inpatient consult (99253)	8.4%	\$20,768,326	5.6% - 11.2%
Nursing fac care, subseq (99310)	29.1%	\$15,260,323	21.9% - 36.4%
All Other Codes	0.4%	\$209,140,327	0.3% - 0.5%
Overall	2.1%	\$1,547,088,970	2.0% - 2.3%

Table E6: Services with Overcoding Errors: DMERCs

Service Billed to DMERC (HCPCS)	Overcoding Errors		
	Paid Claims Error Rate	Projected Improper Payments	95% Confidence Interval
Levalbuterol unit dose (J7614)	4.9%	\$15,625,113	0.6% - 9.2%
Blood glucose/reagent strips (A4253)	1.3%	\$12,520,792	0.7% - 1.9%
Enteral feed supp pump per d (B4035)	1.2%	\$2,167,644	(1.1%) - 3.5%
Budesonide, non-compounded (J7626)	1.2%	\$2,156,065	(1.1%) - 3.4%
EF complet w/intact nutrient (B4150)	1.8%	\$2,153,611	(1.7%) - 5.3%
Oxygen concentrator (E1390)	0.1%	\$1,740,287	(0.0%) - 0.2%
Lancets per box (A4259)	1.1%	\$1,128,578	0.4% - 1.9%
Albuterol non-compounded (J7620)	0.6%	\$787,649	(0.5%) - 1.7%
Lightweight wheelchair (K0003)	0.9%	\$519,134	(0.4%) - 2.3%
Straight tip urine catheter (A4351)	3.4%	\$420,265	(3.2%) - 10.0%
High strength ltwt whlchr (K0004)	0.6%	\$319,455	(0.5%) - 1.6%
Albuterol unit dose (J7613)	0.8%	\$292,089	(0.3%) - 1.9%
Iv pole (E0776)	1.7%	\$154,780	(1.6%) - 5.0%
Ost sknbar w/o conv<=4 sq in (A4414)	0.6%	\$147,824	(0.6%) - 1.9%
Ipratropium brom inh sol u d (J7644)	0.4%	\$52,557	(0.4%) - 1.2%
Mycophenolate mofetil oral (J7517)	0.0%	\$1,781	(0.0%) - 0.0%
All Other Codes	0.2%	\$8,482,014	0.0% - 0.3%
Overall	0.5%	\$48,669,637	0.3% - 0.7%

Table E7: Services with Overcoding Errors: FIs

Service Billed to FIs (Type of Bill)	Overcoding Errors		
	Paid Claims Error Rate	Projected Improper Payments	95% Confidence Interval
SNF-inpatient (including Part A) (21)	0.7%	\$105,069,834	0.4% - 1.0%
Hospital-outpatient (HHA-A also)(under OPPTS 13X must be used for ASC claims submitted for OPPTS payment -- eff. 7/00) (13)	0.6%	\$103,666,769	0.3% - 0.8%
Special facility or ASC surgery-rural primary care hospital (eff 10/94) (85)	1.8%	\$31,862,087	(0.2%) - 3.8%
HHA-outpatient (HHA-A also) (33)	0.6%	\$22,714,391	(0.2%) - 1.3%
Clinic-hospital based or independent renal dialysis facility (72)	0.2%	\$12,279,403	0.1% - 0.4%
HHA-inpatient or home health visits (Part B only) (32)	0.1%	\$4,851,252	(0.0%) - 0.2%
SNF-inpatient or home health visits (Part B only) (22)	0.4%	\$3,979,950	0.0% - 0.8%
Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97) (74)	0.6%	\$2,920,293	(0.0%) - 1.2%
Clinic-CORF (75)	1.2%	\$2,031,012	(0.0%) - 2.3%
Special facility or ASC surgery-hospice (non-hospital based) (81)	0.0%	\$867,213	(0.0%) - 0.0%
Hospital-other (Part B) (14)	0.1%	\$791,163	0.0% - 0.2%
Hospital-inpatient or home health visits (Part B only) (12)	1.2%	\$251,429	(1.3%) - 3.8%
SNF-outpatient (HHA-A also) (23)	0.0%	\$25,346	(0.0%) - 0.0%
Overall	0.5%	\$291,310,143	0.3% - 0.6%

Appendix F – Overpayments

Tables F1 through F4 provide for each contractor type (Carrier/DMERC/FI) the service-specific overpayment rates. Each table contains information for the top 20 improperly paid services. FY 2004 was the first year that CMS included service specific overpayment rates. The tables are sorted in descending order by projected improper payments.

Table F1: Service Specific Overpayment Rates: Carriers

Service Billed to Carrier (HCPCS)	Number of Claims in Sample	Number of Lines in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
All Codes With Less Than 30 Lines	8,195	11,840	\$54,481	\$1,693,077	\$855,658,986	4.0%
Subsequent hospital care (99233)	638	1,052	\$17,279	\$85,637	\$241,777,129	19.7%
Office/outpatient visit, est (99214)	4,040	4,054	\$17,520	\$293,478	\$224,794,598	6.2%
Subsequent hospital care (99232)	1,729	2,956	\$12,989	\$175,268	\$165,709,336	7.1%
Initial inpatient consult (99254)	375	376	\$8,299	\$48,549	\$112,195,281	16.9%
Initial inpatient consult (99255)	210	210	\$7,968	\$34,874	\$109,838,814	20.8%
Office/outpatient visit, est (99215)	494	495	\$8,905	\$51,373	\$107,468,830	16.8%
Office consultation (99244)	412	412	\$9,444	\$62,236	\$107,401,720	13.9%
Initial hospital care (99223)	389	391	\$8,223	\$51,699	\$104,609,553	15.7%
Office consultation (99245)	144	144	\$5,582	\$28,039	\$69,384,348	18.4%
Office/outpatient visit, est (99213)	7,610	7,648	\$5,562	\$350,053	\$69,266,347	1.7%
Office/outpatient visit, new (99204)	236	236	\$5,349	\$26,449	\$67,948,875	20.7%
Critical care, first hour (99291)	163	244	\$4,585	\$47,717	\$60,495,251	9.2%
Office/outpatient visit, new (99203)	436	436	\$4,441	\$34,734	\$55,710,240	13.1%
Office consultation (99243)	362	362	\$3,899	\$40,104	\$44,362,542	9.2%
Therapeutic exercises (97110)	1,072	1,330	\$4,072	\$50,386	\$43,687,908	7.3%
Initial hospital care (99222)	270	270	\$3,024	\$27,126	\$36,055,932	10.8%
Methylprednisolone 80 MG inj (J1040)	87	87	\$1,781	\$2,526	\$36,041,056	80.2%
Emergency dept visit (99285)	465	465	\$3,266	\$63,115	\$36,021,421	4.8%
ESRD related svcs 4+mo 20+yrs (G0317)	139	141	\$1,946	\$40,466	\$33,848,668	7.1%
All Other Codes	37,336	66,574	\$61,596	\$2,652,646	\$742,824,545	2.3%
Combined	54,040	99,723	\$250,211	\$5,859,553	\$3,325,101,379	4.6%

Table F2: Service Specific Overpayment Rates: DMERCs

Service Billed to DMERC (HPCPS)	Number of Claims in Sample	Number of Lines in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
All Codes With Less Than 30 Lines	1,858	2,785	\$60,595	\$432,648	\$442,153,549	16.6%
Blood glucose/reagent strips (A4253)	1,607	1,627	\$16,806	\$160,185	\$101,040,955	10.5%
Budesonide, non-compounded (J7626)	95	106	\$7,384	\$26,742	\$59,886,064	32.2%
Levalbuterol unit dose (J7614)	120	126	\$7,838	\$45,272	\$59,867,331	18.9%
EF spec metabolic noninherit (B4154)	55	57	\$6,180	\$24,726	\$46,138,649	28.3%
Neg pres wound ther drsg set (A6550)	27	31	\$4,674	\$7,361	\$38,088,031	68.3%
Powered pres-redu air mattrs (E0277)	44	47	\$3,302	\$14,610	\$26,902,977	27.0%
Enteral feed supp pump per d (B4035)	109	119	\$2,806	\$29,113	\$20,478,811	11.3%
Oxygen concentrator (E1390)	1,572	1,626	\$2,536	\$289,202	\$14,666,276	0.8%
Albuterol non-compounded (J7620)	202	204	\$1,804	\$22,177	\$12,789,847	9.3%
Cont airway pressure device (E0601)	371	387	\$1,560	\$30,887	\$10,639,676	5.6%
Lancets per box (A4259)	935	946	\$1,238	\$16,556	\$7,746,065	7.7%
Humidifier heated used w PAP (E0562)	102	111	\$994	\$10,609	\$5,875,113	9.3%
Mycophenolate mofetil oral (J7517)	50	50	\$1,061	\$20,192	\$5,235,909	4.0%
Nasal application device (A7034)	87	88	\$706	\$8,694	\$4,791,568	8.7%
Disp fee inhal drugs/30 days (Q0513)	482	488	\$693	\$14,949	\$4,582,759	4.9%
RAD w/o backup non-inv intfc (E0470)	50	63	\$600	\$9,052	\$4,215,671	7.8%
EF complet w/intact nutrient (B4150)	90	96	\$788	\$19,969	\$4,146,424	3.5%
Hosp bed semi-electr w/ matt (E0260)	364	384	\$632	\$37,429	\$3,364,793	1.4%
Enter feed supkit syr by day (B4034)	40	43	\$552	\$5,114	\$2,786,727	8.7%
All Other Codes	4,981	6,715	\$7,546	\$264,061	\$44,020,439	2.7%
Combined	9,438	16,099	\$130,296	\$1,489,548	\$919,417,634	10.0%

Table F3: Service Specific Overpayment Rates: FI

Service Billed to Fiscal Intermediary (Type of Bill)	Number of Claims in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
Hospital-outpatient (HHA-A also)(under OPSS 13X must be used for ASC claims submitted for OPSS payment -- eff. 7/00) (13)	32,373	\$194,779	\$10,661,464	\$331,252,925	1.8%
SNF-inpatient (including Part A) (21)	1,406	\$66,523	\$6,367,652	\$139,517,552	0.9%
SNF-inpatient or home health visits (Part B only) (22)	896	\$22,409	\$397,922	\$59,782,770	6.0%

Service Billed to Fiscal Intermediary (Type of Bill)	Number of Claims in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
Special facility or ASC surgery-rural primary care hospital (eff 10/94) (85)	5,092	\$57,612	\$1,711,253	\$44,875,899	2.5%
HHA-inpatient or home health visits (Part B only) (32)	1,004	\$11,815	\$2,229,862	\$31,537,022	0.5%
Clinic-hospital based or independent renal dialysis facility (72)	1,141	\$23,174	\$2,659,517	\$31,201,669	0.6%
HHA-outpatient (HHA-A also) (33)	653	\$7,074	\$1,521,250	\$29,014,720	0.7%
Special facility or ASC surgery-hospice (non-hospital based) (81)	769	\$10,525	\$2,040,805	\$27,459,606	0.5%
Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97) (74)	821	\$6,750	\$254,745	\$18,342,782	3.8%
SNF-outpatient (HHA-A also) (23)	177	\$3,741	\$60,873	\$13,506,857	8.2%
Clinic-CORF (75)	180	\$4,512	\$81,043	\$10,047,738	5.7%
Hospital-other (Part B) (14)	8,699	\$4,005	\$378,284	\$6,916,396	1.0%
Special facility or ASC surgery-hospice (hospital based) (82)	91	\$1,597	\$275,142	\$4,813,375	0.7%
Clinic-independent provider based FQHC (eff 10/91) (73)	544	\$536	\$48,536	\$3,802,461	1.1%
Clinic-rural health (71)	3,084	\$986	\$266,597	\$2,292,100	0.5%
Hospital-inpatient or home health visits (Part B only) (12)	49	\$1,054	\$9,082	\$1,774,192	8.7%
Hospital-inpatient (including Part A) (11)	411	\$179	\$2,412,415	\$8,020	0.0%
Special facility or ASC surgery-ambulatory surgical center (Discontinued for Hospitals Subject to Outpatient PPS; hospitals must use 13X for ASC claims submitted for OPPS payment -- eff. 7/00) (83)	70	\$21	\$117,189	\$7,169	0.0%
All Other Codes	332	\$0	\$712,314	\$0	0.0%
Combined	57,792	\$417,291	\$32,205,944	\$756,153,254	1.2%

Table F4: Service Specific Overpayment Rates: Carrier/DMERC/FI

Service Billed to Carriers/DMERCs/FIs	Number of Claims in Sample	Dollars Overpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Overpaid	Overpayment Rate
All	121,270	\$797,798	\$39,555,044	\$5,000,672,267	3.4%

Appendix G - Underpayments

The tables in this section of the appendix provide underpayment information.

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

Table G1: Service Specific Underpayment Rates: Carriers

Service Billed to Carriers (HCPCS)	Number of Claims in Sample	Number of Lines in Sample	Dollars Underpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Underpaid	Underpymt Rate
All Codes With Less Than 30 Lines	8,195	11,840	\$3,111	\$1,693,077	\$33,361,223	0.2%
Office/outpatient visit, est (99213)	7,610	7,648	\$2,070	\$350,053	\$26,505,847	0.6%
Office/outpatient visit, est (99212)	1,740	1,752	\$1,845	\$58,136	\$21,330,250	3.3%
Darbepoetin alfa, non-esrd (J0881)	71	77	\$1,385	\$42,745	\$18,381,454	2.8%
Subsequent hospital care (99232)	1,729	2,956	\$803	\$175,268	\$9,585,659	0.4%
Subsequent hospital care (99231)	672	1,049	\$641	\$36,566	\$6,246,991	1.4%
Office/outpatient visit, est (99211)	678	684	\$424	\$12,370	\$4,736,040	3.1%
Emergency dept visit (99283)	372	372	\$258	\$19,877	\$4,290,407	1.9%
Chiropractic manipulation (98940)	412	617	\$371	\$12,354	\$3,080,703	2.3%
Nursing fac care, subseq (99307)	217	232	\$159	\$7,031	\$2,254,949	3.1%
Initial inpatient consult (99255)	210	210	\$102	\$34,874	\$2,088,037	0.4%
ESRD related svcs 2-3 mo 20+y (G0318)	41	41	\$56	\$9,042	\$2,083,944	1.6%
Eye exam established pat (92012)	465	472	\$155	\$27,282	\$1,545,498	0.5%
Initial inpatient consult (99254)	375	376	\$55	\$48,549	\$1,338,956	0.2%
Office consultation (99243)	362	362	\$97	\$40,104	\$1,323,957	0.3%
Destroy lesions, 2-14 (17003)	254	262	\$80	\$9,375	\$1,250,940	1.1%
Office/outpatient visit, est (99214)	4,040	4,054	\$155	\$293,478	\$1,228,814	0.0%
X-ray exam of knee, 1 or 2 (73560)	150	183	\$28	\$3,524	\$1,063,115	2.7%
ALS1-emergency (A0427)	306	307	\$200	\$97,240	\$1,044,753	0.1%
Ceftriaxone sodium injection (J0696)	54	57	\$82	\$913	\$978,220	8.3%
All Other Codes	36,634	66,172	\$1,779	\$2,887,695	\$17,419,003	0.0%
Combined	54,040	99,723	\$13,855	\$5,859,553	\$161,138,760	0.2%

Table G2: Service Specific Underpayment Rates: DMERC

Service Billed to DMERCs (HCPCS)	Number of Claims in Sample	Number of Lines in Sample	Dollars Underpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Underpaid	Underpymt Rate
Oxygen concentrator (E1390)	1,572	1,626	\$200	\$289,202	\$1,632,856	0.1%
EF complet w/intact nutrient (B4150)	90	96	\$146	\$19,969	\$1,191,702	1.0%
Albuterol compound solution (J7616)	58	60	\$173	\$5,134	\$873,420	2.6%
Ipratropium brom inh sol u d (J7644)	211	228	\$6	\$2,069	\$46,201	0.3%
All Other Codes	8,683	14,089	\$0	\$1,173,175	\$0	0.0%
Combined	9,438	16,099	\$525	\$1,489,548	\$3,744,180	0.0%

Table G3: Service Specific Underpayment Rates: FI

Service Billed to FIs (Type of Bill)	Number of Claims in Sample	Number of Lines in Sample	Dollars Underpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Underpaid	Underpymt Rate
Hospital-outpatient (HHA-A also)(under OPSS 13X must be used for ASC claims submitted for OPSS payment -- eff. 7/00) (13)	32,373	32,373	\$39,939	\$10,661,464	\$71,079,186	0.4%
Special facility or ASC surgery-hospice (non-hospital based) (81)	769	769	\$10,860	\$2,040,805	\$28,534,154	0.5%
SNF-inpatient (including Part A) (21)	1,406	1,406	\$8,357	\$6,367,652	\$21,011,769	0.1%
HHA-outpatient (HHA-A also) (33)	653	653	\$6,959	\$1,521,250	\$15,212,490	0.4%
Clinic-hospital based or independent renal dialysis facility (72)	1,141	1,141	\$3,327	\$2,659,517	\$5,979,518	0.1%
Special facility or ASC surgery-rural primary care hospital (eff 10/94) (85)	5,092	5,092	\$2,284	\$1,711,253	\$3,144,551	0.2%
HHA-inpatient or home health visits (Part B only) (32)	1,004	1,004	\$1,232	\$2,229,862	\$2,636,845	0.0%
Hospital-other (Part B) (14)	8,699	8,699	\$543	\$378,284	\$1,369,942	0.2%
SNF-inpatient or home health visits (Part B only) (22)	896	896	\$532	\$397,922	\$1,213,012	0.1%
Clinic-ORF only (eff 4/97): ORF and CMHC (10/91 - 3/97) (74)	821	821	\$111	\$254,745	\$296,760	0.1%
Special facility or ASC surgery-hospice (hospital based) (82)	91	91	\$80	\$275,142	\$241,299	0.0%
Clinic-CORF (75)	180	180	\$28	\$81,043	\$144,173	0.1%
SNF-outpatient (HHA-A also) (23)	177	177	\$25	\$60,873	\$126,187	0.1%
All Other Codes	4,490	4,490	\$0	\$3,566,133	\$0	0.0%
Combined	57,792	57,792	\$74,276	\$32,205,944	\$150,989,886	0.2%

Table G4: Service Specific Underpayment Rates: Carrier/DMERC/FI

Service Billed to Carriers/DMERCs/FIs	Number of Claims in Sample	Dollars Underpaid in Sample	Total Dollars Paid in Sample	Projected Dollars Underpaid	Underpymt Rate
All	121,270	\$88,656	\$39,555,044	\$315,872,826	0.2%

Appendix H – Statistics and Other Information for the CERT Sample

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

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

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

Cluster	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
First Coast Service Options FL 00590	2,690	293	10.9%
First Coast Service Options CT 00591	1,901	153	8.0%
Palmetto SC 00880	1,867	156	8.4%
WPS WI/IL/MI/MN 00951/00952/00953/00954	2,754	197	7.2%
Trailblazer TX 00900	1,814	149	8.2%
Cahaba AL/GA/MS 00510/00511/00512	2,299	185	8.0%
NHIC CA 31140/31146	1,772	168	9.5%
Trailblazer MD/DE/DC/VA 00901/00902/00903/00904	2,275	195	8.6%
NHIC ME/MA/NH/VT 31142/31143/31144/31145	1,849	123	6.7%
Noridian ND/CO/WY/IA/SD 00820/00824/00825/00826/00889	1,980	129	6.5%
Palmetto OH/WV 00883/00884	1,841	157	8.5%
HGSA PA 00865	1,792	126	7.0%
HealthNow NY 00801	1,847	139	7.5%
GHI NY 14330	1,845	153	8.3%
BCBS MT 00751	1,814	108	6.0%
Noridian UT 00823	1,890	156	8.3%
Noridian AK/AZ/HI/NV/OR/WA 00831/00832/00833/00834/00835/00836	2,210	176	8.0%
AdminaStar IN/KY 00630/00660	1,940	130	6.7%
BCBS KS/NE/W MO 00650/00655/00651	2,242	142	6.3%
Triple S, Inc. PR/VI 00973/00974	1,405	266	18.9%
Empire NY 00803	1,824	226	12.4%
Empire NJ 00805	1,857	171	9.2%
CIGNA ID 05130	1,808	88	4.9%
CIGNA TN 05440	1,772	124	7.0%

Cluster	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
CIGNA NC 05535	1,793	129	7.2%
BCBS AR AR/NM/OK/MO/LA 00520/00521/00522/00523/00528	3,076	234	7.6%
BCBS AR RI 00524	1,883	150	8.0%
All	54,040	4,423	8.2%

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

Cluster	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
AdminaStar Region B 00635	2,788	164	5.9%
Palmetto Region C 00885	2,899	193	6.7%
CIGNA Region D 05655	1,890	83	4.4%
Tricenturion Region A 77011	1,861	102	5.5%
All	9,438	542	5.7%

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

Cluster	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
Cahaba AL 00010	1,781	77	4.3%
BCBS GA GA 00101	1,834	89	4.9%
First Coast Service Options FL 00090	1,909	115	6.0%
BCBS AR AR 00020	1,828	79	4.3%
Cahaba IA/SD 00011	1,856	39	2.1%
AdminaStar IN/IL/KY/OH 00130/00131/00160/00332	2,643	122	4.6%
BCBS KS KS 00150	1,782	73	4.1%
Anthem ME/MA 00180/00181	1,961	82	4.2%
Anthem NH/VT 00270	1,852	62	3.3%
Highmark Medicare Services DC/MD 00366	1,718	110	6.4%
Trispan LA/MO/MS 00230	1,884	108	5.7%
Palmetto NC 00382	1,801	61	3.4%
Noridian MN/ND 00320/00321	2,203	69	3.1%
Mutual of Omaha (all states) 52280	2,254	120	5.3%
Empire CT/DE/NY 00308	1,945	89	4.6%
Chisholm OK 00340	1,724	65	3.8%
Veritus PA 00363	1,806	79	4.4%
COSVI PR/VI 57400	1,373	135	9.8%
Palmetto SC 00380	1,944	44	2.3%
Riverbend NJ/TN 00390	1,849	71	3.8%
Trailblazer CO/NM/TX 00400	1,787	93	5.2%

Cluster	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
BCBS AZ AZ 00030	1,729	85	4.9%
UGS VA/WV 00453	1,783	63	3.5%
UGS AS/CA/GU/HI/NV/NMI 00454	1,756	102	5.8%
UGS WI/MI 00450/00452	1,906	60	3.1%
BCBS WY WY 00460	1,798	109	6.1%
BCBS MT MT 00250	1,691	50	3.0%
Noridian AK/WA 00322	1,837	57	3.1%
Noridian ID/OR/UT 00323/00325	1,868	113	6.0%
BCBS NE NE 00260	1,807	50	2.8%
BCBS AR RI 00021	1,883	58	3.1%
All	57,792	2,529	4.4%

Table H2 series provides information on the sample size for each category for which this report makes national estimates. These tables also show the number of claims containing errors and the percent of claims with payment errors. Data in these tables for Carrier and DMERC data is expressed in terms of line items, and data in these tables for FI data is expressed in terms of claims. Totals cannot be calculated for these categories since CMS is using different units for each type of service.

Table H2a: Claims in Error: Carriers

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
HCPCS Procedure Code			
All Codes With Less Than 30 Lines	11,840	528	4.5%
Complete cbc w/auto diff wbc (85025)	1,846	28	1.5%
Comprehen metabolic panel (80053)	1,431	11	0.8%
Electrocardiogram report (93010)	1,333	52	3.9%
Office/outpatient visit, est (99212)	1,752	144	8.2%
Office/outpatient visit, est (99213)	7,648	304	4.0%
Office/outpatient visit, est (99214)	4,054	529	13.0%
Prothrombin time (85610)	1,429	14	1.0%
Routine venipuncture (36415)	4,414	82	1.9%
Subsequent hospital care (99232)	2,956	282	9.5%
Other	61,020	3,676	6.0%
TOS Code			
Hospital visit - subsequent	5,736	859	15.0%
Lab tests - automated general profiles	2,389	17	0.7%
Lab tests - blood counts	2,340	34	1.5%
Lab tests - other (non-Medicare fee schedule)	11,348	175	1.5%
Lab tests - routine venipuncture (non Medicare fee schedule)	4,487	82	1.8%
Minor procedures - other (Medicare fee schedule)	6,189	439	7.1%
Office visits - established	14,956	1,280	8.6%
Specialist - ophthalmology	2,785	51	1.8%

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
Standard imaging - chest	2,439	36	1.5%
Standard imaging - musculoskeletal	2,412	75	3.1%
Other	44,642	2,602	5.8%
Resolution Type			
Automated	20,219	89	0.4%
Complex	92	3	3.3%
None	79,090	5,550	7.0%
Routine	322	8	2.5%
Diagnosis Code			
Arthropathies and related disorders	4,917	324	6.6%
Diseases of other endocrine glands	4,654	221	4.7%
Diseases of the blood and bloodforming organs	3,107	185	6.0%
Disorders of the eye and adnexa	4,143	129	3.1%
Dorsopathies	3,931	274	7.0%
Hypertensive disease	4,893	265	5.4%
Ischemic heart disease	2,829	173	6.1%
Other forms of heart disease	5,293	303	5.7%
Other metabolic disorders and immunity disorders	3,868	126	3.3%
Symptoms	10,578	662	6.3%
Other	51,510	2,988	5.8%

Table H2b: Claims in Error: DMERCs

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
HCPCS Procedure Code			
All Codes With Less Than 30 Lines	2,785	166	6.0%
Blood glucose/reagent strips (A4253)	1,627	195	12.0%
Calibrator solution/chips (A4256)	402	14	3.5%
Cont airway pressure device (E0601)	387	21	5.4%
Disp fee inhal drugs/30 days (Q0513)	488	21	4.3%
Hosp bed semi-electr w/ matt (E0260)	384	5	1.3%
Lancets per box (A4259)	946	75	7.9%
Nebulizer with compression (E0570)	698	21	3.0%
Oxygen concentrator (E1390)	1,626	15	0.9%
Portable gaseous O2 (E0431)	1,048	10	1.0%
Other	5,708	271	4.7%
TOS Code			
All Policy Groups with Less than 30 Claims	467	19	4.1%
CPAP	948	50	5.3%
Enteral Nutrition	521	37	7.1%
Glucose Monitor	3,328	303	9.1%
Hospital Beds/Accessories	497	6	1.2%
Lenses	374	14	3.7%
Nebulizers & Related Drugs	2,971	137	4.6%

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
Oxygen Supplies/Equipment	2,926	29	1.0%
Wheelchairs Manual	741	31	4.2%
Wheelchairs Options/Accessories	474	22	4.6%
Other	2,852	166	5.8%
Resolution Type			
Automated	2,692	19	0.7%
Complex	4	0	0.0%
None	13,201	787	6.0%
Routine	202	8	4.0%
Diagnosis Code			
All Codes With Less Than 30 Lines	465	19	4.1%
Arthropathies and related disorders	615	32	5.2%
Cerebrovascular disease	309	13	4.2%
Chronic obstructive pulmonary disease and allied conditions	5,153	164	3.2%
Diseases of other endocrine glands	3,666	311	8.5%
Ill-defined and unknown causes of morbidity and mortality	213	4	1.9%
Other diseases of skin and subcutaneous tissue	219	23	10.5%
Other forms of heart disease	533	7	1.3%
Persons with a condition influencing their health status	1,116	70	6.3%
Symptoms	1,555	92	5.9%
Other	2,255	79	3.5%

Table H2c: Claims in Error: FIs

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
Type Of Bill			
Clinic-ORF only (eff 4/97); ORF and CMHC (10/91 - 3/97) (74)	821	72	8.8%
Clinic-hospital based or independent renal dialysis facility (72)	1,141	89	7.8%
Clinic-rural health (71)	3,084	16	0.5%
HHA-inpatient or home health visits (Part B only) (32)	1,004	16	1.6%
Hospital-other (Part B) (14)	8,699	199	2.3%
Hospital-outpatient (HHA-A also)(under OPSS 13X must be used for ASC claims submitted for OPSS payment -- eff. 7/00) (13)	32,373	1,461	4.5%
SNF-inpatient (including Part A) (21)	1,406	78	5.5%
SNF-inpatient or home health visits (Part B only) (22)	896	188	21.0%
Special facility or ASC surgery-hospice (non-hospital based) (81)	769	11	1.4%
Special facility or ASC surgery-rural primary care hospital (eff 10/94) (85)	5,092	317	6.2%
Other	2,507	82	3.3%
TOS Code			
ESRD	1,141	89	7.8%
FQHC	544	5	0.9%
Free Standing Ambulatory Surgery	70	2	2.9%

Variable	Number of Claims Reviewed	Number of Claims Containing Errors	Percent of Claims Containing Errors
HHA	1,818	32	1.8%
Hospice	860	13	1.5%
Non-PPS Hospital In-patient	2,426	91	3.8%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	39,110	1,583	4.0%
Other FI Service Types	6,260	410	6.5%
RHCs	3,084	16	0.5%
SNF	2,479	288	11.6%
Diagnosis Code			
Arthropathies and related disorders	2,154	107	5.0%
Diseases of other endocrine glands	2,557	177	6.9%
Diseases of the blood and bloodforming organs	1,778	82	4.6%
Dorsopathies	1,886	102	5.4%
Hypertensive disease	2,561	76	3.0%
Other forms of heart disease	3,025	103	3.4%
Other metabolic disorders and immunity disorders	2,110	58	2.7%
Persons encountering health services for specific procedures and aftercare	4,622	196	4.2%
Persons without reported diagnosis encountered during examination and investigation of individuals and populations	2,767	75	2.7%
Symptoms	6,441	278	4.3%
Other	27,891	1,275	4.6%

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

Table H3: Included and Excluded in the Sample

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

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

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

Table H4a: Frequency of Claims in the May 2007 Improper Medicare Fee-for-Service Payments Report that are Included and Excluded From Each Error Rate: Carriers

Error Type	Included	Dropped	Total	Percent Included
Paid	54,040	9,125	63,165	85.6%
No Resolution	54,072	9,093	63,165	85.6%
Provider Compliance	54,040	9,125	63,165	85.6%

Table H4b: Frequency of Claims in the May 2007 Improper Medicare Fee-for-Service Payments Report that are Included and Excluded from Each Error Rate: DMERCs

Error Type	Included	Dropped	Total	Percent Included
Paid	9,438	1,493	10,931	86.3%
No Resolution	9,452	1,479	10,931	86.5%
Provider Compliance	9,438	1,493	10,931	86.3%

Table H4c: Frequency of Claims in the May 2007 Improper Medicare Fee-for-Service Payments Report that are Included and Excluded From Each Error Rate: FIs

Error Type	Included	Dropped	Total	Percent Included
Paid	57,792	12,457	70,249	82.3%
No Resolution	57,876	12,373	70,249	82.4%
Provider Compliance	57,792	12,457	70,249	82.3%