



Medicaid Improper Payment Findings

FY 2010 - FY 2012 Payment Error Rate
Measurement (PERM) Cycles

CMS

FY 2010 - FY 2012

Updated: January 5, 2014

Table of Contents

Background	3
Overall Medicaid.....	4
Table 1: Medicaid Errors by Component	4
Medicaid Fee-For-Service	4-10
Medical Review Errors.....	4-7
Table 2: FFS Medical Review Errors by Error Type	4
Table 3: FFS Medical Review Errors by Service Type.....	5
Table 4: FFS Medical Review Errors by Service Type and Error Type	6-8
Data Processing Errors	9-13
Table 5: FFS Data Processing Review Errors by Error Type	9
Table 6: FFS Data Processing Review Errors by Service Type	10
Table 7: FFS Data Processing Review Errors by Service Type and Error Type	11-13
Medicaid Managed Care	14
Table 8: Managed Care Data Processing Review Errors by Error Type.....	14
Medicaid Eligibility.....	14-15
Table 9: Eligibility Errors by Error Type.....	14
Table 10: Eligibility Negative Case Errors by Error Type.....	15

Background

The data contained in this package is a compilation of Medicaid improper payments identified in Fiscal Years (FYs) 2010, 2011, and 2012 through the Payment Error Rate Measurement (PERM) program. PERM is the Medicaid and Children's Health Insurance Program (CHIP) improper payment measurement required by the Improper Payments Information Act of 2002 (IPIA), amended by the Improper Payments Elimination and Recovery Act of 2010 (IPERA) and later the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). CMS annually estimates the amount of Medicaid improper payments and submits those estimates to Congress.

Through the PERM program, CMS samples state Fee-For-Service (FFS) and managed care Medicaid payments, collects documentation from providers, conducts a data processing review on sampled FFS and managed care payments, and performs a medical record review on sampled FFS claims. If an error is identified during medical or data processing review, states are given the opportunity to request a difference resolution. In addition, states perform eligibility reviews and submit the results of their eligibility reviews to CMS.

The PERM program uses a 17-state three-year rotation for measuring improper payments in Medicaid, so that CMS measures each state once every three years. The data presented in this package consists of findings from the three most recently completed PERM cycles, FY 2010, FY 2011, and FY 2012, and, therefore, contains findings from all 50 states and the District of Columbia. This package also includes the most recent data available to CMS.

CMS recovers the federal share of Medicaid payments from states on a claim-by-claim basis from the overpayments found in error. CMS also works closely with states to review their error rates, determine root causes of errors and develop corrective actions to address the major causes of errors.

Table 1: Medicaid Errors by Component

Component	Overpayments		Underpayments		Total Errors	
	Number of Payment Errors	Dollar Amount of Errors	Number of Payment Errors	Dollar Amount of Errors	Number of Payment Errors	Dollar Amount of Errors
FFS Data Processing	258	\$1,326,648	76	\$5,681	334	\$1,332,329
FFS Medical Review	746	\$1,870,200	23	\$71,831	769	\$1,942,031
Managed Care	46	\$46,017	62	\$838	108	\$46,855
Eligibility	1,039	\$424,500	44	\$8,601	1,083	\$433,101
Total	2,089	\$3,667,366	205	\$86,951	2,294	\$3,754,316

Table 2: Fee – For – Service (FFS) Medical Review Errors by Error Type

Error Code	Error Type Description	Payment Errors		Dollars in Error	
		Number	% of Total Number of Errors	Dollars In Error	% of Total Dollars in Error
MR1	No Documentation	123	16.0%	\$348,367	17.9%
MR2	Insufficient Documentation	310	40.3%	\$871,042	44.9%
MR3	Procedure Coding Error	18	2.3%	\$2,403	0.1%
MR4	Diagnosis Coding Error	58	7.5%	\$365,122	18.8%
MR5	Unbundling	0	0.0%	\$0	0.0%
MR6	Number of Unit(s) Error	125	16.3%	\$141,155	7.3%
MR7	Medically Unnecessary	5	0.7%	\$10,433	0.5%
MR8	Policy Violation	100	13.0%	\$189,082	9.7%
MR9	Admin/Other	30	3.9%	\$14,427	0.7%
	Total	769	100%	\$1,942,031	100%

Table 3: Fee – For – Service (FFS) Medical Review Errors by Service Type

Service Type	Payment Errors		Dollars in Error	
	Number	% of Total Number of Errors	Dollars In Error	% of Total Dollars in Error
Habilitation and Waiver Programs	204	26.5%	\$550,355	28.3%
Nursing Facility, Intermediate Care Facilities	91	11.8%	\$353,283	18.2%
Inpatient Hospital	78	10.1%	\$472,998	24.4%
Prescribed Drugs	78	10.1%	\$24,090	1.2%
Personal Support Services	64	8.3%	\$50,020	2.6%
Outpatient Hospital Services and Clinics	54	7.0%	\$21,979	1.1%
Physicians and Other Licensed Practitioner Services	51	6.6%	\$9,070	0.5%
Psychiatric, Mental Health, and Behavioral Health Services	45	5.9%	\$49,393	2.5%
ICF for the Mentally Retarded and Group Homes	29	3.8%	\$359,347	18.5%
Dental and Other Oral Surgery Services	15	2.0%	\$3,364	0.2%
Laboratory, X-ray and Imaging Services	14	1.8%	\$688	0.0%
Durable Medical Equipment (DME) and supplies, Prosthetic/Orthopedic devices and Environmental Modifications	11	1.4%	\$20,243	1.0%
Hospice Services	10	1.3%	\$23,602	1.2%
Home Health Services	10	1.3%	\$2,981	0.2%
Transportation and Accommodations	10	1.3%	\$309	0.0%
Therapies, Hearing and Rehabilitation Services	4	0.5%	\$261	0.0%
Vision: Ophthalmology, Optometry and Optical Services	1	0.1%	\$51	0.0%
Total	769	100.0%	\$1,942,031	100.0%

Table 4: Fee – For – Service (FFS) Medical Review Errors by Service Type and Error Type

Error Code	Error Type	Habilitation and Waiver Programs				Nursing Intermediate Care Facilities			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
MR1	No Documentation	32	15.7%	\$162,462	29.5%	9	9.9%	\$19,930	5.6%
MR2	Insufficient Documentation	93	45.6%	\$297,928	54.1%	53	58.2%	\$232,792	65.9%
MR3	Procedure Coding Error	1	0.5%	\$47	0.0%	0	0.0%	\$0	0.0%
MR4	Diagnosis Coding Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR5	Unbundling	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR6	Number of Unit(s) Error	61	29.9%	\$59,496	10.8%	1	1.1%	\$2,576	0.7%
MR7	Medically Unnecessary	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR8	Policy Violation	11	5.4%	\$27,387	5.0%	28	30.8%	\$97,984	27.7%
MR9	Admin/Other	6	2.9%	\$3,034	0.6%	0	0.0%	\$0	0.0%
	Total	204	100%	\$550,355	100%	91	100%	\$353,283	100%

Error Code	Error Type	Inpatient Hospital				Prescribed Drugs			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
MR1	No Documentation	4	5.1%	\$53,651	11.3%	5	6.4%	\$993	4.1%
MR2	Insufficient Documentation	1	1.3%	\$8,233	1.7%	36	46.2%	\$14,431	59.9%
MR3	Procedure Coding Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR4	Diagnosis Coding Error	58	74.4%	\$365,122	77.2%	0	0.0%	\$0	0.0%
MR5	Unbundling	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR6	Number of Unit(s) Error	10	12.8%	\$32,866	6.9%	4	5.1%	\$313	1.3%
MR7	Medically Unnecessary	4	5.1%	\$10,378	2.2%	0	0.0%	\$0	0.0%
MR8	Policy Violation	0	0.0%	\$0	0.0%	30	38.5%	\$7,404	30.7%
MR9	Admin/Other	1	1.3%	\$2,748	0.6%	3	3.8%	\$948	3.9%
	Total	78	100%	\$472,998	100%	78	100%	\$24,090	100%

Table 4: Fee – For – Service (FFS) Medical Review Errors by Service Type and Error Type (Continued)

Error Code	Error Type	Personal Support Services				Outpatient Services			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
MR1	No Documentation	16	25.0%	\$8,273	16.5%	12	22.2%	\$2,069	9.4%
MR2	Insufficient Documentation	24	37.5%	\$13,078	26.1%	28	51.9%	\$16,819	76.5%
MR3	Procedure Coding Error	0	0.0%	\$0	0.0%	2	3.7%	\$136	0.6%
MR4	Diagnosis Coding Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR5	Unbundling	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR6	Number of Unit(s) Error	11	17.2%	\$3,883	7.8%	5	9.3%	\$1,918	8.7%
MR7	Medically Unnecessary	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR8	Policy Violation	11	17.2%	\$24,054	48.1%	4	7.4%	\$444	2.0%
MR9	Admin/Other	2	3.1%	\$732	1.5%	3	5.6%	\$594	2.7%
	Total	64	100%	\$50,020	100%	54	100%	\$21,979	100%

Error Code	Error Type	Physician Services				Mental Health Services			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
MR1	No Documentation	18	35.3%	\$4,375	48.2%	10	22.2%	\$14,993	30.4%
MR2	Insufficient Documentation	15	29.4%	\$1,021	11.3%	13	28.9%	\$16,103	32.6%
MR3	Procedure Coding Error	13	25.5%	\$2,081	22.9%	1	2.2%	\$36	0.1%
MR4	Diagnosis Coding Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR5	Unbundling	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR6	Number of Unit(s) Error	2	3.9%	\$1,508	16.6%	11	24.4%	\$15,255	30.9%
MR7	Medically Unnecessary	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR8	Policy Violation	1	2.0%	\$26	0.3%	7	15.6%	\$757	1.5%
MR9	Admin/Other	2	3.9%	\$58	0.6%	3	6.7%	\$2,248	4.6%
	Total	51	100%	\$9,070	100%	45	100%	\$49,393	100%

Table 4: Fee – For – Service (FFS) Medical Review Errors by Service Type and Error Type (Continued)

Error Code	Error Type	ICF for the Mentally Retarded and Group Homes				Dental Services			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
MR1	No Documentation	5	17.2%	\$80,406	22.4%	2	13.3%	\$184	5.5%
MR2	Insufficient Documentation	21	72.4%	\$262,330	73.0%	5	33.3%	\$1,503	44.7%
MR3	Procedure Coding Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR4	Diagnosis Coding Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR5	Unbundling	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR6	Number of Unit(s) Error	1	3.4%	\$2,100	0.6%	0	0.0%	\$0	0.0%
MR7	Medically Unnecessary	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
MR8	Policy Violation	2	6.9%	\$14,510	4.0%	3	20.0%	\$256	7.6%
MR9	Admin/Other	0	0.0%	\$0	0.0%	5	33.3%	\$1,420	42.2%
	Total	29	100%	\$359,347	100%	15	100%	\$3,364	100%

Error Code	Error Type	Lab Xray Imaging			
		Number of Errors		Dollars in Error	
MR1	No Documentation	5	35.7%	\$343	49.9%
MR2	Insufficient Documentation	8	57.1%	\$282	41.1%
MR3	Procedure Coding Error	0	0.0%	\$0	0.0%
MR4	Diagnosis Coding Error	0	0.0%	\$0	0.0%
MR5	Unbundling	0	0.0%	\$0	0.0%
MR6	Number of Unit(s) Error	0	0.0%	\$0	0.0%
MR7	Medically Unnecessary	0	0.0%	\$0	0.0%
MR8	Policy Violation	1	7.1%	\$62	9.1%
MR9	Admin/Other	0	0.0%	\$0	0.0%
	Total	14	100%	\$688	100%

Table 5: Fee – For – Service (FFS) Data Processing Review Errors by Error Type

Error Code	Error Type	Number Of Errors		Dollars In Error	
		Number of Payment Errors	% of Total Number of Errors	Dollars in Error	% of Total Dollars in Error
DP1	Duplicate Item	9	2.7%	\$649	0.0%
DP2	Non-covered Service	109	32.6%	\$68,204	5.1%
DP3	FFS Claim for Managed Care Service	21	6.3%	\$90,145	6.8%
DP4	Third-party Liability	13	3.9%	\$44,282	3.3%
DP5	Pricing Error	138	41.3%	\$902,883	67.8%
DP6	Logic Edit	22	6.6%	\$178,627	13.4%
DP7	Data Entry Error	1	0.3%	\$359	0.0%
DP8	Rate Cell Error	0	0.0%	\$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	\$0	0.0%
DP10	Admin/Other	21	6.3%	\$47,180	3.5%
	Total	334	100%	\$1,332,329	100%

Table 6: Fee – For – Service (FFS) Data Processing Review Errors by Service Type

Service Type	Payment Errors		Dollars in Error	
	Number	% of Total Number of Errors	Dollars In Error	% of Total Dollars in Error
Inpatient Hospital	61	18.3%	\$176,593	13.3%
Nursing Facility, Intermediate Care Facilities	38	11.4%	\$39,050	2.9%
Capitated Care/Fixed Payments	37	11.1%	\$867,666	65.1%
Habilitation and Waiver Programs	30	9.0%	\$19,262	1.4%
Prescribed Drugs	25	7.5%	\$2,505	0.2%
Outpatient Hospital Services and Clinics	23	6.9%	\$24,026	1.8%
Psychiatric, Mental Health, and Behavioral Health Services	21	6.3%	\$14,265	1.1%
Laboratory, X-ray and Imaging Services	18	5.4%	\$816	0.1%
Crossover Claims	16	4.8%	\$8,880	0.7%
Physicians and Other Licensed Practitioner Services	16	4.8%	\$3,218	0.2%
Hospice Services	10	3.0%	\$2,954	0.2%
ICF for the Mentally Retarded and Group Homes	9	2.7%	\$154,815	11.6%
Personal Support Services	9	2.7%	\$641	0.0%
Durable Medical Equipment (DME) and supplies, Prosthetic/Orthopedic devices and Environmental Modifications	7	2.1%	\$16,286	1.2%
Denied Claims	6	1.8%	\$197	0.0%
Dental and Other Oral Surgery Services	5	1.5%	\$860	0.1%
Transportation and Accommodations	2	0.6%	\$274	0.0%
Vision: Ophthalmology, Optometry and Optical Services	1	0.3%	\$19	0.0%
Total	334	100.0%	\$1,332,329	100.0%

Table 7: Fee – For – Service (FFS) Data Processing Review Errors by Service Type and Error Type

Error Code	Error Type	Inpatient Hospital				Nursing Intermediate Care Facilities			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
DP1	Duplicate Item	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP2	Non-covered Service	0	0.0%	\$0	0.0%	23	60.5%	\$27,430	70.2%
DP3	FFS Claim for Managed Care Service	5	8.2%	\$87,326	49.5%	0	0.0%	\$0	0.0%
DP4	Third-party Liability	1	1.6%	\$21,113	12.0%	0	0.0%	\$0	0.0%
DP5	Pricing Error	50	82.0%	\$12,612	7.1%	14	36.8%	\$8,720	22.3%
DP6	Logic Edit	1	1.6%	\$27,480	15.6%	1	2.6%	\$2,900	7.4%
DP7	Data Entry Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP8	Rate Cell Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP10	Admin/Other	4	6.6%	\$28,061	15.9%	0	0.0%	\$0	0.0%
	Total	61	100%	\$176,593	100%	38	100%	\$39,050	100%

Error Code	Error Type	Capitated Care Fixed Payments				Habilitation and Waiver Programs			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
DP1	Duplicate Item	0	0.0%	\$0	0.0%	5	16.7%	\$553	2.9%
DP2	Non-covered Service	26	70.3%	\$3,352	0.4%	16	53.3%	\$15,753	81.8%
DP3	FFS Claim for Managed Care Service	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP4	Third-party Liability	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP5	Pricing Error	4	10.8%	\$862,890	99.4%	5	16.7%	\$1,649	8.6%
DP6	Logic Edit	1	2.7%	\$2	0.0%	3	10.0%	\$813	4.2%
DP7	Data Entry Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP8	Rate Cell Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP10	Admin/Other	6	16.2%	\$1,423	0.2%	1	3.3%	\$495	2.6%
	Total	37	100%	\$867,666	100%	30	100%	\$19,262	100%

Table 7: Fee – For – Service (FFS) Data Processing Review Errors by Service Type and Error Type (Continued)

Error Code	Error Type	Prescribed Drugs				Outpatient Services			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
DP1	Duplicate Item	0	0.0%	\$0	0.0%	1	4.3%	\$58	0.2%
DP2	Non-covered Service	9	36.0%	\$1,437	57.4%	1	4.3%	\$308	1.3%
DP3	FFS Claim for Managed Care Service	3	12.0%	\$143	5.7%	3	13.0%	\$2,050	8.5%
DP4	Third-party Liability	2	8.0%	\$809	32.3%	3	13.0%	\$3,132	13.0%
DP5	Pricing Error	11	44.0%	\$116	4.6%	11	47.8%	\$3,782	15.7%
DP6	Logic Edit	0	0.0%	\$0	0.0%	2	8.7%	\$187	0.8%
DP7	Data Entry Error	0	0.0%	\$0	0.0%	1	4.3%	\$359	1.5%
DP8	Rate Cell Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP10	Admin/Other	0	0.0%	\$0	0.0%	1	4.3%	\$14,151	58.9%
	Total	25	100%	\$2,505	100%	23	100%	\$24,026	100%

Error Code	Error Type	Mental Health Services				Lab Xray Imaging			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
DP1	Duplicate Item	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP2	Non-covered Service	8	38.1%	\$5,383	37.7%	6	33.3%	\$564	69.1%
DP3	FFS Claim for Managed Care Service	0	0.0%	\$0	0.0%	7	38.9%	\$170	20.8%
DP4	Third-party Liability	2	9.5%	\$1,746	12.2%	0	0.0%	\$0	0.0%
DP5	Pricing Error	6	28.6%	\$2,075	14.5%	4	22.2%	\$61	7.5%
DP6	Logic Edit	4	19.0%	\$5,016	35.2%	0	0.0%	\$0	0.0%
DP7	Data Entry Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP8	Rate Cell Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP10	Admin/Other	1	4.8%	\$45	0.3%	1	5.6%	\$20	2.5%
	Total	21	100%	\$14,265	100%	18	100%	\$816	100%

Table 7: Fee – For – Service (FFS) Data Processing Review Errors by Service Type and Error Type (Continued)

Error Code	Error Type	Crossover Claims				Physician Services			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
DP1	Duplicate Item	2	12.5%	\$23	0.3%	1	6.3%	\$16	0.5%
DP2	Non-covered Service	6	37.5%	\$175	2.0%	2	12.5%	\$130	4.0%
DP3	FFS Claim for Managed Care Service	1	6.3%	\$333	3.8%	2	12.5%	\$122	3.8%
DP4	Third-party Liability	0	0.0%	\$0	0.0%	1	6.3%	\$1,225	38.1%
DP5	Pricing Error	6	37.5%	\$7,159	80.6%	5	31.3%	\$60	1.9%
DP6	Logic Edit	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP7	Data Entry Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP8	Rate Cell Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	\$0	0.0%	0	0.0%	\$0	0.0%
DP10	Admin/Other	1	6.3%	\$1,190	13.4%	5	31.3%	\$1,664	51.7%
	Total	16	100%	\$8,880	100%	16	100%	\$3,218	100%

Error Code	Error Type	Hospice Services			
		Number of Errors		Dollars in Error	
DP1	Duplicate Item	0	0.0%	\$0	0.0%
DP2	Non-covered Service	0	0.0%	\$0	0.0%
DP3	FFS Claim for Managed Care Service	0	0.0%	\$0	0.0%
DP4	Third-party Liability	0	0.0%	\$0	0.0%
DP5	Pricing Error	10	100.0%	\$2,954	100.0%
DP6	Logic Edit	0	0.0%	\$0	0.0%
DP7	Data Entry Error	0	0.0%	\$0	0.0%
DP8	Rate Cell Error	0	0.0%	\$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	\$0	0.0%
DP10	Admin/Other	0	0.0%	\$0	0.0%
	Total	10	100%	\$2,954	100%

Table 8: Managed Care Data Processing Review Errors by Error Type

Error Code	Error Type	Managed Care			
		Number of Errors		Dollars in Error	
DP1	Duplicate Item	4	3.7%	\$11,815	25.2%
DP2	Non-covered Service	28	25.9%	\$24,887	53.1%
DP3	FFS Claim for Managed Care Service	0	0.0%	\$0	0.0%
DP4	Third-party Liability	0	0.0%	\$0	0.0%
DP5	Pricing Error	6	5.6%	\$58	0.1%
DP6	Logic Edit	1	0.9%	\$9,053	19.3%
DP7	Data Entry Error	0	0.0%	\$0	0.0%
DP8	Rate Cell Error	1	0.9%	\$28	0.1%
DP9	Managed Care Payment Error	68	63.0%	\$1,015	2.2%
DP10	Admin/Other	0	0.0%	\$0	0.0%
	Total	108	100%	\$46,855	100%

Table 9: Eligibility Payment Errors by Error Type

Error Code	Error Type	Total Number of Errors	Overpayments		Underpayments		Percentage of Total Errors	
			Number of Errors	Dollars in Error	Number of Errors	Dollars in Error	% of Total Number of Errors	% of Total Dollars in Error
NE	Not Eligible	660	660	\$325,633	0	\$0	60.9%	75.2%
U	Undetermined	203	203	\$64,409	0	\$0	18.7%	14.9%
L/U	Liability Understated	110	110	\$19,632	0	\$0	10.2%	4.5%
EI	Eligible with Ineligible Services	52	52	\$13,976	0	\$0	4.8%	3.2%
L/O	Liability Overstated	44	0	\$0	44	\$8,601	4.1%	2.0%
MCE2	Managed Care Error, Eligible for Managed Care but Improperly Enrolled	9	9	\$307	0	\$0	0.8%	0.1%
MCE1	Managed Care Error, Ineligible for Managed Care	5	5	\$544	0	\$0	0.5%	0.1%
	Total	1,083	1,039	\$424,500	44	\$8,601	100%	100%

Table 10: Eligibility Negative Case Errors by Error Type

Stratum	Number of Cases	Percentage of All Cases	Percentage of Cases in Error
Correct	11,017	93.9%	--
Improper Termination	510	4.3%	71.0%
Improper Denial	208	1.8%	29.0%
Total Negative Cases	11,735	100%	100%