

List of Over-Utilized Codes

FY2007

The Comprehensive Error Rate Testing Program

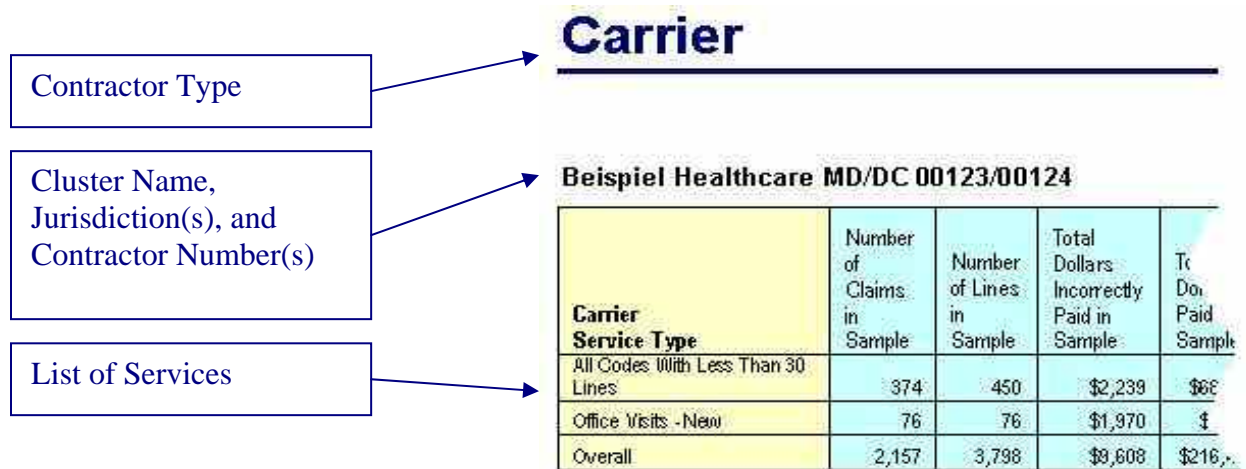


Introduction

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

The list of over-utilized codes displays the top service codes that were found in error based on claims that were sampled by the Comprehensive Error Rate Testing (CERT) program. The list includes a section for each CERT cluster grouping of Medicare Administrative Contractor (MAC), Carriers, Durable Medical Equipment Regional Carriers (DMERC), and Fiscal Intermediaries (FI). The service-types used are Berenson-Eggers Type of Service (BETOS) codes for Carriers and Part B MACs, policy groups for DMERCs and DME MACs, and bill types for FIs and Part A MACs. Within each cluster's list, the rows are sorted by Projected Improper Payments. This list is produced annually, following the publication of the report of Improper Medicare FFS Payments. The FY2007 Report includes sampled claims that were submitted from April 01, 2006 to March 31, 2007.

About the Format:



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

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

Additional Information:

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

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

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

Carrier and Part B MAC

AdminaStar IN/KY 00630/00660

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Hospital visit - subsequent	123	218	\$1,212	\$11,451	\$16,982,879	\$161,228,732	10.5%	2.4%	5.8% - 15.2%
Office visits - established	532	539	\$1,122	\$27,056	\$15,775,377	\$384,626,841	4.1%	0.8%	2.6% - 5.6%
Consultations	74	74	\$963	\$8,565	\$13,403,942	\$121,856,351	11.0%	2.6%	5.9% - 16.1%
Other drugs	56	76	\$920	\$14,339	\$11,912,050	\$209,438,679	5.7%	5.5%	(5.2%) - 16.5%
All Codes With Less Than 30 Claims	430	668	\$641	\$74,167	\$9,353,342	\$1,033,399,375	0.9%	0.3%	0.3% - 1.5%
Office visits - new	38	38	\$526	\$2,931	\$7,587,147	\$42,194,987	18.0%	5.1%	8.0% - 28.0%
Nursing home visit	45	55	\$297	\$2,972	\$4,338,969	\$42,885,025	10.1%	3.0%	4.3% - 16.0%
Chiropractic	49	74	\$136	\$1,744	\$1,955,753	\$25,186,288	7.8%	4.4%	(0.9%) - 16.5%
Emergency room visit	49	49	\$105	\$4,661	\$1,471,026	\$65,310,748	2.3%	1.5%	(0.8%) - 5.3%
Minor procedures - other (Medicare fee schedule)	87	137	\$45	\$4,703	\$669,742	\$66,916,280	1.0%	0.7%	(0.4%) - 2.4%
Minor procedures - skin	39	47	\$40	\$2,909	\$589,272	\$40,915,762	1.4%	1.4%	(1.3%) - 4.2%
Standard imaging - musculoskeletal	66	88	\$26	\$1,615	\$338,784	\$22,130,217	1.5%	1.5%	(1.4%) - 4.4%
Lab tests - other (non-Medicare fee schedule)	213	385	\$19	\$5,199	\$281,490	\$72,343,451	0.4%	0.4%	(0.4%) - 1.2%
Other tests - electrocardiograms	69	74	\$17	\$745	\$233,905	\$10,531,179	2.2%	1.6%	(0.9%) - 5.3%
Lab tests - routine venipuncture (non Medicare fee schedule)	160	161	\$6	\$450	\$83,888	\$6,342,256	1.3%	0.9%	(0.5%) - 3.1%
Lab tests - urinalysis	37	37	\$1	\$134	\$12,932	\$1,877,933	0.7%	0.7%	(0.6%) - 2.0%
Ambulance	34	74	\$0	\$12,763	\$0	\$173,351,730	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	34	64	\$0	\$763	\$0	\$10,870,929	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	101	102	\$0	\$977	\$0	\$13,507,429	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	80	82	\$0	\$817	\$0	\$11,140,419	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	38	58	\$0	\$4,268	\$0	\$59,723,160	0.0%	0.0%	0.0% - 0.0%
Other tests - other	41	46	\$0	\$3,851	\$0	\$53,762,666	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	56	86	\$0	\$4,483	\$0	\$64,406,779	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	46	58	\$0	\$2,477	\$0	\$36,042,628	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	102	115	\$0	\$1,244	\$0	\$17,166,666	0.0%	0.0%	0.0% - 0.0%
Overall	1,933	3,405	\$6,076	\$195,283	\$84,990,497	\$2,747,156,509	3.1%	0.5%	2.1% - 4.1%

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

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Hospital visit - subsequent	150	291	\$2,487	\$17,450	\$47,117,541	\$326,972,458	14.4%	3.5%	7.5% - 21.3%
Consultations	63	63	\$1,468	\$8,702	\$28,116,193	\$168,810,112	16.7%	2.9%	11.0% - 22.3%
Office visits - established	564	571	\$1,338	\$28,388	\$25,434,309	\$547,173,421	4.6%	0.7%	3.3% - 6.0%
Hospital visit - initial	40	41	\$1,056	\$4,956	\$20,960,187	\$97,747,497	21.4%	5.6%	10.5% - 32.4%
All Codes With Less Than 30 Claims	448	656	\$618	\$86,073	\$11,405,382	\$1,603,077,978	0.7%	0.3%	0.2% - 1.2%
Office visits - new	36	36	\$350	\$2,724	\$6,318,000	\$50,400,922	12.5%	4.2%	4.4% - 20.7%
Emergency room visit	53	53	\$232	\$4,599	\$4,358,194	\$86,414,540	5.0%	2.9%	(0.7%) - 10.8%
Minor procedures - other (Medicare fee schedule)	112	189	\$199	\$7,246	\$3,919,509	\$136,928,587	2.9%	1.2%	0.4% - 5.3%
Specialist - psychiatry	33	42	\$184	\$1,662	\$3,508,735	\$31,629,741	11.1%	8.0%	(4.6%) - 26.8%
Chiropractic	50	70	\$173	\$2,007	\$3,490,375	\$40,478,249	8.6%	4.5%	(0.1%) - 17.4%
Standard imaging - musculoskeletal	72	104	\$100	\$2,153	\$1,906,705	\$40,736,963	4.7%	4.5%	(4.2%) - 13.6%
Advanced imaging - CAT: other	33	58	\$114	\$4,829	\$1,888,406	\$98,239,791	1.9%	1.9%	(1.8%) - 5.6%
Nursing home visit	39	39	\$99	\$2,033	\$1,814,073	\$38,607,984	4.7%	2.7%	(0.6%) - 10.0%
Standard imaging - chest	123	130	\$69	\$1,425	\$1,359,185	\$27,561,596	4.9%	3.1%	(1.1%) - 11.0%
Lab tests - other (non-Medicare fee schedule)	192	299	\$59	\$4,538	\$1,301,559	\$86,028,616	1.5%	1.1%	(0.7%) - 3.7%
Other tests - electrocardiograms	83	92	\$52	\$965	\$1,076,158	\$19,032,741	5.7%	3.1%	(0.4%) - 11.7%
Specialist - ophthalmology	56	101	\$56	\$4,520	\$1,065,029	\$84,007,187	1.3%	1.3%	(1.2%) - 3.8%
Ambulance	33	92	\$62	\$12,208	\$1,047,127	\$231,705,087	0.5%	0.4%	(0.2%) - 1.1%
Immunizations/Vaccinations	40	78	\$26	\$1,090	\$544,306	\$20,468,902	2.7%	1.9%	(1.0%) - 6.3%
Other drugs	68	105	\$24	\$15,136	\$464,084	\$270,054,050	0.2%	0.1%	(0.0%) - 0.4%
Lab tests - urinalysis	50	50	\$13	\$175	\$285,668	\$3,392,550	8.4%	4.7%	(0.8%) - 17.6%
Lab tests - routine venipuncture (non Medicare fee schedule)	145	145	\$3	\$411	\$49,482	\$7,894,498	0.6%	0.6%	(0.6%) - 1.9%
Echography - heart	31	96	\$0	\$5,438	\$0	\$100,753,220	0.0%	0.0%	0.0% - 0.0%
Imaging/procedure - other	31	45	\$0	\$2,820	\$0	\$54,025,487	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	62	64	\$0	\$651	\$0	\$12,497,684	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	74	77	\$0	\$711	\$0	\$13,852,111	0.0%	0.0%	0.0% - 0.0%
Minor procedures - musculoskeletal	34	44	\$0	\$4,262	\$0	\$80,042,665	0.0%	0.0%	0.0% - 0.0%
Other tests - other	49	63	\$0	\$3,556	\$0	\$67,756,586	0.0%	0.0%	0.0% - 0.0%
Overall	2,041	3,694	\$8,783	\$230,726	\$167,430,205	\$4,346,291,223	3.9%	0.5%	2.9% - 4.8%

CIGNA ID 05130

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	600	607	\$1,069	\$27,673	\$1,176,532	\$30,471,003	3.9%	0.7%	2.4% - 5.3%
All Codes With Less Than 30 Claims	418	609	\$625	\$79,354	\$688,273	\$87,376,576	0.8%	0.3%	0.2% - 1.3%
Hospital visit - subsequent	58	106	\$470	\$6,208	\$517,603	\$6,835,243	7.6%	2.1%	3.4% - 11.7%
Consultations	50	50	\$337	\$5,215	\$370,739	\$5,742,471	6.5%	2.5%	1.5% - 11.4%
Office visits - new	53	53	\$331	\$3,298	\$364,551	\$3,630,898	10.0%	3.0%	4.2% - 15.8%
Emergency room visit	44	44	\$255	\$4,492	\$281,000	\$4,946,444	5.7%	2.3%	1.1% - 10.2%
Chiropractic	69	95	\$248	\$2,652	\$273,611	\$2,920,207	9.4%	4.9%	(0.3%) - 19.1%
Ambulatory procedures - other	33	37	\$209	\$3,591	\$229,645	\$3,953,806	5.8%	5.6%	(5.1%) - 16.7%
Minor procedures - other (Medicare fee schedule)	168	344	\$101	\$10,428	\$111,112	\$11,482,563	1.0%	0.6%	(0.3%) - 2.2%
Other tests - other	37	54	\$101	\$3,337	\$110,737	\$3,674,370	3.0%	3.0%	(2.9%) - 8.9%
Minor procedures - skin	30	34	\$69	\$1,809	\$76,438	\$1,991,883	3.8%	3.7%	(3.4%) - 11.1%
Standard imaging - musculoskeletal	88	106	\$61	\$2,200	\$66,737	\$2,422,148	2.8%	1.8%	(0.8%) - 6.3%
Ambulatory procedures - skin	41	65	\$42	\$3,472	\$45,938	\$3,823,414	1.2%	1.0%	(0.7%) - 3.1%
Lab tests - other (non-Medicare fee schedule)	170	242	\$36	\$2,716	\$39,882	\$2,990,049	1.3%	1.0%	(0.6%) - 3.2%
Standard imaging - chest	78	84	\$31	\$1,184	\$34,057	\$1,303,698	2.6%	1.9%	(1.1%) - 6.3%
Lab tests - automated general profiles	64	66	\$27	\$687	\$29,289	\$756,046	3.9%	2.7%	(1.4%) - 9.2%
Lab tests - blood counts	51	52	\$21	\$464	\$23,585	\$510,688	4.6%	3.2%	(1.6%) - 10.9%
Lab tests - routine venipuncture (non Medicare fee schedule)	135	137	\$18	\$375	\$19,820	\$412,911	4.8%	1.9%	1.0% - 8.6%
Immunizations/Vaccinations	58	104	\$17	\$1,015	\$18,509	\$1,118,053	1.7%	1.6%	(1.6%) - 4.9%
Other drugs	51	61	\$10	\$8,176	\$10,725	\$9,002,465	0.1%	0.1%	(0.1%) - 0.3%
Lab tests - urinalysis	49	50	\$4	\$188	\$4,140	\$206,654	2.0%	1.8%	(1.6%) - 5.6%
Anesthesia	32	33	\$0	\$5,275	\$0	\$5,808,393	0.0%	0.0%	0.0% - 0.0%
Imaging/procedure - other	30	31	\$0	\$1,903	\$0	\$2,095,849	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	39	69	\$0	\$4,544	\$0	\$5,003,360	0.0%	0.0%	0.0% - 0.0%
Minor procedures - musculoskeletal	46	59	\$0	\$8,227	\$0	\$9,058,742	0.0%	0.0%	0.0% - 0.0%
Other tests - electrocardiograms	47	51	\$0	\$594	\$0	\$653,974	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	52	87	\$0	\$3,658	\$0	\$4,028,064	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	34	39	\$0	\$1,828	\$0	\$2,012,991	0.0%	0.0%	0.0% - 0.0%
Overall	1,962	3,369	\$4,080	\$194,563	\$4,492,925	\$214,232,962	2.1%	0.3%	1.6% - 2.6%

CIGNA NC 05535

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	433	665	\$2,990	\$74,332	\$36,135,677	\$898,465,645	4.0%	1.7%	0.6% - 7.4%
Hospital visit - subsequent	95	178	\$1,506	\$11,090	\$18,207,628	\$134,049,525	13.6%	5.7%	2.5% - 24.7%
Consultations	62	62	\$1,248	\$7,730	\$15,083,436	\$93,440,116	16.1%	3.9%	8.4% - 23.9%
Office visits - established	519	527	\$1,231	\$26,273	\$14,875,656	\$317,569,381	4.7%	0.8%	3.2% - 6.2%
Nursing home visit	43	46	\$448	\$2,683	\$5,420,769	\$32,429,847	16.7%	4.4%	8.1% - 25.3%
Hospital visit - initial	37	37	\$437	\$4,992	\$5,277,776	\$60,344,382	8.7%	3.2%	2.5% - 14.9%
Office visits - new	33	33	\$258	\$2,495	\$3,123,829	\$30,152,851	10.4%	4.3%	1.9% - 18.9%
Emergency room visit	47	47	\$245	\$4,481	\$2,965,123	\$54,159,095	5.5%	2.5%	0.5% - 10.4%
Chiropractic	38	52	\$175	\$1,414	\$2,111,280	\$17,092,216	12.4%	5.0%	2.5% - 22.2%
Anesthesia	35	35	\$101	\$3,062	\$1,224,076	\$37,005,717	3.3%	3.3%	(3.1%) - 9.7%
Minor procedures - other (Medicare fee schedule)	100	148	\$77	\$5,566	\$936,157	\$67,271,826	1.4%	1.0%	(0.6%) - 3.4%
Other tests - other	38	53	\$46	\$1,804	\$560,365	\$21,808,177	2.6%	1.9%	(1.2%) - 6.3%
Ambulance	39	83	\$44	\$11,579	\$535,707	\$139,953,542	0.4%	0.4%	(0.4%) - 1.1%
Other drugs	57	76	\$23	\$11,526	\$277,281	\$139,315,456	0.2%	0.1%	(0.0%) - 0.4%
Lab tests - other (non-Medicare fee schedule)	329	692	\$18	\$8,561	\$218,537	\$103,477,367	0.2%	0.2%	(0.1%) - 0.5%
Other tests - electrocardiograms	59	66	\$18	\$795	\$212,252	\$9,608,033	2.2%	1.5%	(0.8%) - 5.2%
Lab tests - routine venipuncture (non Medicare fee schedule)	201	201	\$12	\$570	\$145,047	\$6,889,732	2.1%	1.0%	0.1% - 4.1%
Lab tests - automated general profiles	137	150	\$11	\$1,296	\$135,377	\$15,666,404	0.9%	0.9%	(0.8%) - 2.6%
Lab tests - blood counts	114	117	\$11	\$1,094	\$131,268	\$13,221,154	1.0%	1.0%	(0.9%) - 2.9%
Lab tests - urinalysis	68	68	\$5	\$257	\$63,942	\$3,102,918	2.1%	1.7%	(1.3%) - 5.5%
Standard imaging - musculoskeletal	66	87	\$1	\$1,922	\$18,010	\$23,230,967	0.1%	0.1%	(0.1%) - 0.2%
Immunizations/Vaccinations	40	76	\$0	\$896	\$0	\$10,827,637	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	42	54	\$0	\$3,467	\$0	\$41,904,437	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	60	104	\$0	\$6,246	\$0	\$75,494,056	0.0%	0.0%	0.0% - 0.0%
Standard imaging - breast	35	55	\$0	\$2,067	\$0	\$24,980,838	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	89	97	\$0	\$1,382	\$0	\$16,705,303	0.0%	0.0%	0.0% - 0.0%
Overall	1,991	3,809	\$8,907	\$197,577	\$107,659,193	\$2,388,166,624	4.5%	0.8%	3.0% - 6.0%

CIGNA TN 05440

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	569	570	\$1,164	\$28,675	\$9,827,452	\$242,010,013	4.1%	0.6%	2.8% - 5.3%
Hospital visit - subsequent	121	228	\$1,107	\$13,304	\$9,345,625	\$112,280,170	8.3%	1.7%	5.0% - 11.7%
Consultations	79	79	\$946	\$9,102	\$7,981,587	\$76,815,105	10.4%	2.6%	5.2% - 15.6%
Ambulance	39	78	\$582	\$10,864	\$4,915,836	\$91,689,210	5.4%	3.4%	(1.3%) - 12.0%
Hospital visit - initial	34	34	\$541	\$4,231	\$4,568,961	\$35,707,286	12.8%	4.1%	4.7% - 20.9%
All Codes With Less Than 30 Claims	381	618	\$460	\$66,852	\$3,878,924	\$564,214,506	0.7%	0.4%	(0.1%) - 1.5%
Minor procedures - other (Medicare fee schedule)	121	187	\$360	\$5,457	\$3,041,867	\$46,055,220	6.6%	3.2%	0.4% - 12.8%
Lab tests - other (non-Medicare fee schedule)	240	469	\$308	\$6,449	\$2,602,829	\$54,429,172	4.8%	3.3%	(1.8%) - 11.3%
Office visits - new	39	39	\$239	\$2,707	\$2,015,251	\$22,846,070	8.8%	2.8%	3.2% - 14.4%
Other drugs	91	124	\$198	\$22,319	\$1,674,115	\$188,364,137	0.9%	0.5%	(0.1%) - 1.9%
Nursing home visit	52	61	\$152	\$3,183	\$1,281,328	\$26,863,998	4.8%	1.8%	1.3% - 8.2%
Chiropractic	31	40	\$93	\$957	\$788,613	\$8,076,535	9.8%	5.1%	(0.3%) - 19.8%
Emergency room visit	50	50	\$86	\$4,544	\$725,653	\$38,347,841	1.9%	1.3%	(0.7%) - 4.5%
Minor procedures - musculoskeletal	36	49	\$55	\$3,307	\$460,728	\$27,913,569	1.7%	1.7%	(1.6%) - 4.9%
Other tests - electrocardiograms	82	87	\$27	\$1,056	\$223,992	\$8,914,352	2.5%	1.3%	(0.0%) - 5.1%
Immunizations/Vaccinations	44	84	\$26	\$1,091	\$218,084	\$9,210,926	2.4%	1.8%	(1.1%) - 5.8%
Standard imaging - chest	95	104	\$11	\$1,364	\$92,078	\$11,512,539	0.8%	0.8%	(0.8%) - 2.4%
Lab tests - blood counts	92	94	\$11	\$899	\$91,656	\$7,585,339	1.2%	1.2%	(1.1%) - 3.6%
Lab tests - urinalysis	55	56	\$10	\$192	\$82,035	\$1,622,633	5.1%	3.2%	(1.2%) - 11.3%
Standard imaging - musculoskeletal	57	74	\$9	\$1,671	\$73,257	\$14,099,923	0.5%	0.5%	(0.5%) - 1.6%
Lab tests - routine venipuncture (non Medicare fee schedule)	205	205	\$6	\$558	\$50,639	\$4,709,399	1.1%	0.8%	(0.4%) - 2.6%
Advanced imaging - CAT: other	39	63	\$0	\$5,109	\$0	\$43,115,053	0.0%	0.0%	0.0% - 0.0%
Anesthesia	37	39	\$0	\$4,264	\$0	\$35,983,689	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	87	89	\$0	\$789	\$0	\$6,657,891	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	41	58	\$0	\$4,830	\$0	\$40,761,535	0.0%	0.0%	0.0% - 0.0%
Other tests - other	39	51	\$0	\$2,734	\$0	\$23,072,172	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	59	92	\$0	\$5,174	\$0	\$43,664,482	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	49	59	\$0	\$2,421	\$0	\$20,432,208	0.0%	0.0%	0.0% - 0.0%
Overall	2,004	3,781	\$6,391	\$214,100	\$53,940,509	\$1,806,954,974	3.0%	0.4%	2.2% - 3.8%

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

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	489	752	\$2,201	\$81,007	\$44,452,814	\$1,686,438,933	2.6%	0.9%	1.0% - 4.3%
Hospital visit - subsequent	128	224	\$1,854	\$12,474	\$38,482,292	\$257,779,197	14.9%	3.1%	8.8% - 21.1%
Office visits - established	578	584	\$1,625	\$30,301	\$34,506,721	\$637,489,100	5.4%	0.9%	3.7% - 7.1%
Consultations	63	63	\$861	\$7,533	\$17,512,016	\$155,757,367	11.2%	2.7%	6.0% - 16.5%
Office visits - new	44	44	\$447	\$3,831	\$9,335,765	\$80,550,081	11.6%	2.5%	6.7% - 16.4%
Other tests - other	42	61	\$345	\$3,379	\$7,873,338	\$70,668,080	11.1%	6.4%	(1.4%) - 23.7%
Nursing home visit	36	39	\$297	\$1,776	\$6,206,598	\$37,792,749	16.4%	6.0%	4.7% - 28.1%
Minor procedures - other (Medicare fee schedule)	113	178	\$246	\$5,926	\$5,696,730	\$128,104,686	4.4%	2.0%	0.5% - 8.4%
Emergency room visit	50	50	\$204	\$5,204	\$4,482,184	\$108,912,540	4.1%	1.9%	0.3% - 7.9%
Lab tests - other (Medicare fee schedule)	35	50	\$126	\$4,015	\$2,425,887	\$88,786,837	2.7%	2.7%	(2.6%) - 8.1%
Lab tests - other (non-Medicare fee schedule)	253	499	\$111	\$5,788	\$2,286,857	\$122,129,727	1.9%	1.1%	(0.4%) - 4.1%
Other drugs	79	112	\$95	\$11,819	\$1,961,858	\$248,122,259	0.8%	0.4%	0.0% - 1.5%
Minor procedures - musculoskeletal	37	42	\$65	\$3,057	\$1,441,027	\$63,925,910	2.3%	2.3%	(2.2%) - 6.7%
Standard imaging - chest	86	95	\$30	\$1,387	\$671,856	\$29,500,854	2.3%	2.3%	(2.1%) - 6.7%
Lab tests - blood counts	109	121	\$28	\$1,116	\$651,314	\$23,840,322	2.7%	1.6%	(0.4%) - 5.9%
Specialist - ophthalmology	41	55	\$28	\$3,217	\$533,591	\$67,141,084	0.8%	0.8%	(0.7%) - 2.3%
Other tests - electrocardiograms	65	74	\$26	\$891	\$526,095	\$18,696,065	2.8%	1.6%	(0.3%) - 5.9%
Immunizations/Vaccinations	44	68	\$20	\$911	\$378,498	\$19,198,862	2.0%	2.0%	(1.9%) - 5.8%
Lab tests - automated general profiles	111	116	\$12	\$1,140	\$263,442	\$24,148,504	1.1%	1.1%	(1.0%) - 3.2%
Lab tests - routine venipuncture (non Medicare fee schedule)	182	182	\$12	\$474	\$255,512	\$10,016,920	2.6%	1.3%	0.1% - 5.0%
Standard imaging - musculoskeletal	64	85	\$6	\$1,912	\$124,929	\$38,942,074	0.3%	0.3%	(0.3%) - 1.0%
Lab tests - urinalysis	55	55	\$1	\$194	\$19,151	\$4,059,739	0.5%	0.5%	(0.4%) - 1.4%
Ambulatory procedures - skin	36	59	\$0	\$5,058	\$0	\$104,955,079	0.0%	0.0%	0.0% - 0.0%
Anesthesia	33	34	\$0	\$3,530	\$0	\$76,260,871	0.0%	0.0%	0.0% - 0.0%
Overall	1,952	3,642	\$8,637	\$195,938	\$180,088,478	\$4,103,217,842	4.4%	0.5%	3.4% - 5.4%

First Coast Service Options FL 00590

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Other drugs	113	165	\$18,589	\$39,679	\$385,624,241	\$823,137,784	46.8%	11.5%	24.2% - 69.5%
All Codes With Less Than 30 Claims	527	816	\$4,582	\$118,142	\$95,051,209	\$2,450,855,764	3.9%	1.2%	1.6% - 6.1%
Hospital visit - subsequent	183	385	\$3,521	\$25,022	\$73,038,760	\$519,085,938	14.1%	2.8%	8.7% - 19.5%
Consultations	128	128	\$3,038	\$17,723	\$63,017,298	\$367,670,954	17.1%	2.4%	12.5% - 21.8%
Office visits - established	682	694	\$2,348	\$38,771	\$48,712,422	\$804,299,310	6.1%	0.7%	4.6% - 7.5%
Standard imaging - nuclear medicine	36	93	\$1,145	\$12,355	\$23,756,890	\$256,295,557	9.3%	7.9%	(6.3%) - 24.8%
Minor procedures - other (Medicare fee schedule)	168	320	\$831	\$11,794	\$17,237,795	\$244,671,756	7.0%	2.2%	2.7% - 11.4%
Nursing home visit	65	79	\$637	\$4,902	\$13,204,772	\$101,698,093	13.0%	2.9%	7.2% - 18.7%
Office visits - new	65	65	\$612	\$6,129	\$12,696,729	\$127,153,578	10.0%	2.9%	4.3% - 15.7%
Hospital visit - initial	30	30	\$594	\$3,399	\$12,319,586	\$70,515,347	17.5%	6.5%	4.7% - 30.2%
Lab tests - other (non-Medicare fee schedule)	441	1,078	\$454	\$14,572	\$9,412,391	\$302,304,915	3.1%	1.6%	(0.1%) - 6.3%
Other tests - other	57	117	\$451	\$8,697	\$9,352,646	\$180,417,853	5.2%	3.2%	(1.1%) - 11.5%
Chiropractic	46	61	\$208	\$1,919	\$4,310,590	\$39,816,165	10.8%	4.1%	2.8% - 18.9%
Specialist - ophthalmology	81	131	\$149	\$7,743	\$3,094,522	\$160,624,283	1.9%	1.3%	(0.7%) - 4.5%
Standard imaging - other	31	43	\$111	\$1,487	\$2,303,932	\$30,853,317	7.5%	3.9%	(0.3%) - 15.2%
Specialist - psychiatry	44	52	\$79	\$2,847	\$1,646,318	\$59,063,521	2.8%	2.7%	(2.5%) - 8.1%
Standard imaging - chest	101	114	\$71	\$1,871	\$1,478,699	\$38,815,637	3.8%	2.3%	(0.7%) - 8.4%
Other tests - electrocardiograms	98	114	\$71	\$1,499	\$1,473,927	\$31,104,123	4.7%	2.1%	0.6% - 8.9%
Minor procedures - skin	70	84	\$69	\$5,792	\$1,425,592	\$120,157,142	1.2%	0.7%	(0.2%) - 2.6%
Advanced imaging - CAT: other	36	53	\$61	\$8,596	\$1,274,154	\$178,318,673	0.7%	0.7%	(0.7%) - 2.1%
Lab tests - routine venipuncture (non Medicare fee schedule)	256	260	\$57	\$729	\$1,188,062	\$15,123,056	7.9%	4.3%	(0.6%) - 16.3%
Lab tests - blood counts	148	157	\$33	\$1,482	\$675,870	\$30,734,656	2.2%	1.2%	(0.1%) - 4.5%
Lab tests - automated general profiles	150	160	\$27	\$1,533	\$550,985	\$31,802,605	1.7%	1.2%	(0.7%) - 4.1%
Lab tests - urinalysis	82	82	\$23	\$281	\$480,038	\$5,829,119	8.2%	3.3%	1.8% - 14.6%
Standard imaging - musculoskeletal	80	107	\$7	\$3,076	\$137,539	\$63,801,664	0.2%	0.2%	(0.1%) - 0.5%
Ambulatory procedures - skin	63	105	\$0	\$6,406	\$0	\$132,897,642	0.0%	0.0%	0.0% - 0.0%
Anesthesia	42	46	\$0	\$6,221	\$0	\$129,049,250	0.0%	0.0%	0.0% - 0.0%
Echography - heart	36	110	\$0	\$8,197	\$0	\$170,038,748	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	57	91	\$0	\$8,629	\$0	\$179,000,767	0.0%	0.0%	0.0% - 0.0%
Minor procedures - musculoskeletal	53	76	\$0	\$9,406	\$0	\$195,134,516	0.0%	0.0%	0.0% - 0.0%
Overall	2,775	5,816	\$37,767	\$378,901	\$783,464,966	\$7,860,271,730	10.0%	1.9%	6.2% - 13.8%

First Coast Service Options CT 00591

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	489	493	\$1,540	\$30,815	\$8,110,335	\$162,262,358	5.0%	0.8%	3.4% - 6.6%
Consultations	70	70	\$1,512	\$10,482	\$7,962,421	\$55,194,689	14.4%	3.2%	8.2% - 20.7%
All Codes With Less Than 30 Claims	380	551	\$1,331	\$66,539	\$7,009,383	\$350,376,296	2.0%	0.6%	0.9% - 3.1%
Hospital visit - subsequent	90	160	\$1,211	\$10,237	\$6,378,025	\$53,905,382	11.8%	3.0%	6.0% - 17.7%
Nursing home visit	98	103	\$840	\$6,458	\$4,421,765	\$34,005,884	13.0%	2.9%	7.3% - 18.7%
Ambulance	48	98	\$218	\$18,458	\$1,148,502	\$97,194,483	1.2%	1.1%	(0.9%) - 3.3%
Minor procedures - other (Medicare fee schedule)	119	216	\$144	\$7,255	\$758,208	\$38,200,172	2.0%	1.1%	(0.2%) - 4.2%
Lab tests - other (Medicare fee schedule)	50	76	\$110	\$8,369	\$579,806	\$44,070,899	1.3%	1.3%	(1.3%) - 3.9%
Other tests - other	65	85	\$70	\$3,966	\$366,756	\$20,881,761	1.8%	1.3%	(0.8%) - 4.3%
Specialist - ophthalmology	86	161	\$48	\$10,524	\$252,490	\$55,415,427	0.5%	0.4%	(0.4%) - 1.3%
Lab tests - other (non-Medicare fee schedule)	233	460	\$35	\$5,460	\$183,457	\$28,752,981	0.6%	0.3%	(0.0%) - 1.3%
Other tests - electrocardiograms	83	92	\$30	\$1,549	\$159,656	\$8,155,357	2.0%	1.9%	(1.8%) - 5.8%
Lab tests - urinalysis	49	49	\$12	\$158	\$65,453	\$833,244	7.9%	4.4%	(0.7%) - 16.4%
Standard imaging - musculoskeletal	67	86	\$10	\$2,303	\$51,025	\$12,125,430	0.4%	0.4%	(0.4%) - 1.3%
Other drugs	59	86	\$4	\$15,756	\$23,064	\$82,967,354	0.0%	0.0%	(0.0%) - 0.1%
Lab tests - routine venipuncture (non Medicare fee schedule)	183	183	\$3	\$510	\$15,797	\$2,685,507	0.6%	0.6%	(0.6%) - 1.7%
Ambulatory procedures - skin	40	61	\$0	\$4,304	\$0	\$22,662,568	0.0%	0.0%	0.0% - 0.0%
Anesthesia	27	31	\$0	\$2,824	\$0	\$14,871,124	0.0%	0.0%	0.0% - 0.0%
Emergency room visit	43	43	\$0	\$4,708	\$0	\$24,789,805	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	44	87	\$0	\$1,404	\$0	\$7,395,148	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	84	85	\$0	\$873	\$0	\$4,599,377	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	92	97	\$0	\$958	\$0	\$5,044,171	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	35	39	\$0	\$2,513	\$0	\$13,232,965	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	52	65	\$0	\$2,926	\$0	\$15,408,962	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	86	90	\$0	\$1,278	\$0	\$6,732,144	0.0%	0.0%	0.0% - 0.0%
Overall	1,948	3,567	\$7,119	\$220,629	\$37,486,143	\$1,161,763,489	3.2%	0.4%	2.5% - 3.9%

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

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	463	765	\$1,514	\$91,648	\$11,119,317	\$665,680,629	1.7%	0.5%	0.7% - 2.6%
Hospital visit - subsequent	126	230	\$1,453	\$13,068	\$10,475,876	\$94,520,114	11.1%	2.3%	6.6% - 15.6%
Consultations	80	80	\$1,071	\$9,069	\$7,713,992	\$65,848,034	11.7%	2.8%	6.3% - 17.1%
Office visits - established	496	498	\$995	\$25,082	\$7,264,028	\$182,898,190	4.0%	0.8%	2.3% - 5.6%
Standard imaging - musculoskeletal	65	79	\$472	\$1,585	\$3,380,680	\$11,499,393	29.4%	26.0%	(21.5%) - 80.3%
Chiropractic	106	135	\$381	\$3,906	\$2,782,241	\$28,378,082	9.8%	2.8%	4.2% - 15.4%
Minor procedures - other (Medicare fee schedule)	94	150	\$253	\$6,045	\$1,867,784	\$44,429,597	4.2%	1.9%	0.4% - 8.0%
Nursing home visit	31	36	\$173	\$1,756	\$1,269,179	\$12,710,085	10.0%	4.1%	1.9% - 18.1%
Emergency room visit	33	33	\$166	\$3,044	\$1,221,336	\$22,331,844	5.5%	2.6%	0.3% - 10.6%
Other tests - other	40	56	\$119	\$3,898	\$894,357	\$28,581,885	3.1%	2.8%	(2.4%) - 8.6%
Other tests - electrocardiograms	58	66	\$58	\$788	\$429,251	\$5,750,369	7.5%	3.7%	0.3% - 14.7%
Lab tests - other (non-Medicare fee schedule)	257	404	\$29	\$4,398	\$209,225	\$31,802,816	0.7%	0.4%	(0.1%) - 1.5%
Other drugs	65	94	\$13	\$10,850	\$93,962	\$78,597,300	0.1%	0.1%	(0.1%) - 0.3%
Lab tests - automated general profiles	114	116	\$12	\$1,256	\$84,686	\$9,091,161	0.9%	0.9%	(0.9%) - 2.8%
Standard imaging - chest	92	108	\$9	\$1,399	\$67,735	\$10,140,681	0.7%	0.7%	(0.6%) - 2.0%
Minor procedures - musculoskeletal	34	40	\$7	\$3,251	\$49,406	\$23,577,204	0.2%	0.2%	(0.2%) - 0.6%
Lab tests - routine venipuncture (non Medicare fee schedule)	196	202	\$3	\$549	\$21,593	\$4,001,261	0.5%	0.5%	(0.5%) - 1.6%
Immunizations/Vaccinations	36	66	\$2	\$850	\$17,037	\$6,228,828	0.3%	0.3%	(0.3%) - 0.8%
Anesthesia	32	33	\$0	\$4,265	\$0	\$30,909,547	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	111	121	\$0	\$947	\$0	\$6,870,469	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	37	55	\$0	\$3,297	\$0	\$23,873,728	0.0%	0.0%	0.0% - 0.0%
Lab tests - urinalysis	57	57	\$0	\$206	\$0	\$1,497,589	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	56	64	\$0	\$4,757	\$0	\$35,370,020	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	67	101	\$0	\$4,373	\$0	\$31,913,645	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	46	48	\$0	\$1,969	\$0	\$14,228,320	0.0%	0.0%	0.0% - 0.0%
Overall	2,016	3,637	\$6,728	\$202,256	\$48,961,686	\$1,470,730,789	3.3%	0.4%	2.5% - 4.2%

BCBS MT 00751

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	348	349	\$678	\$16,315	\$823,505	\$19,828,312	4.2%	0.9%	2.3% - 6.0%
Minor procedures - other (Medicare fee schedule)	70	125	\$417	\$4,057	\$506,256	\$4,930,517	10.3%	6.0%	(1.5%) - 22.0%
Consultations	35	35	\$366	\$3,511	\$444,360	\$4,267,362	10.4%	3.7%	3.1% - 17.8%
All Codes With Less Than 30 Claims	425	639	\$356	\$81,722	\$432,048	\$99,318,755	0.4%	0.2%	(0.0%) - 0.9%
Hospital visit - subsequent	42	75	\$331	\$5,124	\$402,018	\$6,226,930	6.5%	2.0%	2.6% - 10.3%
Chiropractic	51	78	\$178	\$2,060	\$216,608	\$2,503,718	8.7%	4.1%	0.6% - 16.7%
Office visits - new	31	31	\$166	\$2,125	\$202,279	\$2,582,179	7.8%	2.9%	2.2% - 13.4%
Specialist - ophthalmology	54	92	\$61	\$3,982	\$74,670	\$4,839,526	1.5%	1.5%	(1.5%) - 4.6%
Emergency room visit	31	31	\$53	\$2,487	\$64,595	\$3,023,063	2.1%	2.1%	(1.9%) - 6.2%
Other tests - electrocardiograms	38	45	\$41	\$448	\$50,047	\$545,062	9.2%	5.7%	(2.0%) - 20.4%
Standard imaging - chest	53	57	\$32	\$589	\$39,036	\$716,070	5.5%	5.2%	(4.8%) - 15.7%
Other drugs	31	52	\$19	\$10,542	\$23,225	\$12,812,259	0.2%	0.2%	(0.2%) - 0.6%
Lab tests - other (non-Medicare fee schedule)	90	121	\$12	\$1,143	\$14,365	\$1,389,422	1.0%	0.7%	(0.4%) - 2.4%
Lab tests - blood counts	37	41	\$8	\$351	\$9,176	\$426,616	2.2%	2.1%	(2.0%) - 6.3%
Standard imaging - musculoskeletal	50	65	\$2	\$1,269	\$2,406	\$1,542,054	0.2%	0.2%	(0.2%) - 0.5%
Immunizations/Vaccinations	33	64	\$0	\$770	\$0	\$935,351	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	42	42	\$0	\$514	\$0	\$624,386	0.0%	0.0%	0.0% - 0.0%
Lab tests - routine venipuncture (non Medicare fee schedule)	81	81	\$0	\$222	\$0	\$269,802	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	36	51	\$0	\$3,610	\$0	\$4,387,886	0.0%	0.0%	0.0% - 0.0%
Other tests - other	37	45	\$0	\$2,041	\$0	\$2,480,845	0.0%	0.0%	0.0% - 0.0%
Overall	1,268	2,119	\$2,719	\$142,884	\$3,304,593	\$173,650,115	1.9%	0.4%	1.2% - 2.6%

HealthNow NY 00801

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	519	526	\$1,615	\$26,988	\$11,471,205	\$191,667,852	6.0%	1.2%	3.6% - 8.3%
Consultations	68	68	\$1,177	\$8,165	\$8,360,449	\$57,988,942	14.4%	3.0%	8.5% - 20.3%
All Codes With Less Than 30 Claims	455	700	\$1,144	\$78,478	\$8,122,963	\$557,340,668	1.5%	0.4%	0.6% - 2.3%
Hospital visit - subsequent	99	163	\$628	\$8,046	\$4,460,180	\$57,143,963	7.8%	3.0%	2.0% - 13.6%
Nursing home visit	51	54	\$526	\$3,050	\$3,733,376	\$21,657,755	17.2%	4.6%	8.3% - 26.2%
Emergency room visit	50	50	\$252	\$4,516	\$1,791,160	\$32,072,487	5.6%	2.3%	1.1% - 10.1%
Other tests - other	34	50	\$219	\$1,945	\$1,556,585	\$13,815,812	11.3%	7.1%	(2.7%) - 25.3%
Chiropractic	41	57	\$92	\$1,721	\$649,891	\$12,224,286	5.3%	2.9%	(0.3%) - 10.9%
Minor procedures - skin	44	45	\$84	\$1,920	\$596,272	\$13,638,550	4.4%	4.2%	(3.9%) - 12.6%
Minor procedures - other (Medicare fee schedule)	109	194	\$67	\$5,969	\$476,038	\$42,391,345	1.1%	0.7%	(0.3%) - 2.6%
Specialist - ophthalmology	68	93	\$60	\$5,549	\$422,703	\$39,407,144	1.1%	0.8%	(0.4%) - 2.5%
Ambulatory procedures - skin	36	54	\$54	\$3,055	\$386,057	\$21,694,329	1.8%	1.8%	(1.7%) - 5.3%
Lab tests - other (non-Medicare fee schedule)	167	263	\$37	\$2,750	\$262,769	\$19,532,666	1.3%	1.3%	(1.3%) - 4.0%
Standard imaging - musculoskeletal	71	103	\$36	\$2,161	\$256,519	\$15,345,623	1.7%	1.3%	(1.0%) - 4.3%
Other drugs	36	47	\$36	\$11,122	\$255,241	\$78,990,343	0.3%	0.2%	(0.1%) - 0.8%
Other tests - electrocardiograms	82	95	\$26	\$1,097	\$181,950	\$7,794,218	2.3%	1.3%	(0.3%) - 4.9%
Specialist - psychiatry	52	59	\$24	\$2,485	\$171,439	\$17,650,034	1.0%	1.0%	(0.9%) - 2.9%
Lab tests - urinalysis	39	39	\$20	\$150	\$138,983	\$1,067,267	13.0%	5.5%	2.3% - 23.7%
Lab tests - automated general profiles	55	59	\$13	\$580	\$90,052	\$4,120,143	2.2%	2.2%	(2.1%) - 6.4%
Lab tests - routine venipuncture (non Medicare fee schedule)	120	120	\$9	\$330	\$63,917	\$2,343,613	2.7%	1.6%	(0.3%) - 5.8%
Anesthesia	29	37	\$0	\$3,392	\$0	\$24,092,414	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	49	95	\$0	\$1,152	\$0	\$8,181,056	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	58	62	\$0	\$532	\$0	\$3,780,816	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	82	84	\$0	\$997	\$0	\$7,079,984	0.0%	0.0%	0.0% - 0.0%
Overall	1,925	3,117	\$6,118	\$176,154	\$43,447,746	\$1,251,021,312	3.5%	0.4%	2.6% - 4.3%

Empire NY 00803

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Consultations	90	90	\$3,743	\$13,162	\$54,615,154	\$192,067,785	28.4%	3.3%	21.9% - 35.0%
Hospital visit - subsequent	134	296	\$2,997	\$18,093	\$43,732,633	\$264,029,014	16.6%	2.7%	11.2% - 21.9%
Minor procedures - other (Medicare fee schedule)	181	437	\$2,965	\$19,160	\$43,263,477	\$279,600,031	15.5%	4.1%	7.5% - 23.4%
Office visits - established	505	512	\$2,560	\$31,596	\$37,360,575	\$461,078,462	8.1%	1.0%	6.1% - 10.1%
All Codes With Less Than 30 Claims	449	688	\$2,299	\$111,813	\$33,544,287	\$1,631,658,360	2.1%	0.7%	0.7% - 3.4%
Other tests - other	59	107	\$827	\$7,784	\$12,069,056	\$113,590,759	10.6%	8.1%	(5.3%) - 26.5%
Nursing home visit	71	78	\$614	\$4,127	\$8,959,931	\$60,217,008	14.9%	3.8%	7.5% - 22.2%
Office visits - new	32	32	\$588	\$2,797	\$8,586,357	\$40,812,338	21.0%	5.4%	10.4% - 31.6%
Specialist - ophthalmology	72	127	\$454	\$8,583	\$6,629,327	\$125,244,798	5.3%	2.4%	0.6% - 10.0%
Standard imaging - musculoskeletal	52	65	\$113	\$2,124	\$1,649,999	\$30,993,042	5.3%	3.8%	(2.1%) - 12.8%
Anesthesia	32	32	\$75	\$5,172	\$1,088,033	\$75,474,281	1.4%	1.5%	(1.4%) - 4.3%
Other tests - electrocardiograms	99	101	\$64	\$1,958	\$933,350	\$28,574,736	3.3%	1.9%	(0.5%) - 7.0%
Chiropractic	31	41	\$59	\$1,296	\$861,408	\$18,904,870	4.6%	2.6%	(0.6%) - 9.7%
Lab tests - other (non-Medicare fee schedule)	178	416	\$46	\$4,679	\$675,789	\$68,279,340	1.0%	0.5%	0.1% - 1.9%
Specialist - psychiatry	89	142	\$21	\$7,617	\$310,825	\$111,158,445	0.3%	0.3%	(0.3%) - 0.8%
Lab tests - automated general profiles	72	77	\$18	\$722	\$255,519	\$10,534,777	2.4%	2.4%	(2.3%) - 7.1%
Ambulatory procedures - skin	37	51	\$12	\$4,862	\$174,967	\$70,942,658	0.2%	0.3%	(0.3%) - 0.8%
Standard imaging - chest	79	88	\$11	\$1,483	\$157,018	\$21,636,043	0.7%	0.7%	(0.7%) - 2.2%
Lab tests - routine venipuncture (non Medicare fee schedule)	145	150	\$9	\$423	\$131,334	\$6,172,721	2.1%	1.2%	(0.3%) - 4.5%
Lab tests - urinalysis	37	37	\$9	\$128	\$129,292	\$1,867,868	6.9%	4.3%	(1.6%) - 15.4%
Other drugs	41	71	\$8	\$6,489	\$115,137	\$94,686,619	0.1%	0.1%	(0.0%) - 0.3%
Lab tests - blood counts	80	91	\$0	\$832	\$0	\$12,137,641	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	61	80	\$0	\$10,111	\$0	\$147,553,274	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	67	73	\$0	\$5,701	\$0	\$83,200,105	0.0%	0.0%	0.0% - 0.0%
Other - non-Medicare fee schedule	31	33	\$0	\$292	\$0	\$4,263,993	0.0%	0.0%	0.0% - 0.0%
Overall	1,983	3,915	\$17,491	\$271,004	\$255,243,467	\$3,954,678,967	6.5%	0.7%	5.1% - 7.8%

Empire NJ 00805

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	452	642	\$3,623	\$76,792	\$53,809,716	\$1,140,420,539	4.7%	1.5%	1.7% - 7.7%
Office visits - established	470	477	\$3,095	\$30,858	\$45,957,642	\$458,271,923	10.0%	1.0%	8.0% - 12.1%
Consultations	96	96	\$3,068	\$13,074	\$45,558,155	\$194,153,521	23.5%	3.2%	17.2% - 29.7%
Hospital visit - subsequent	141	271	\$3,049	\$22,644	\$45,273,910	\$336,287,592	13.5%	3.2%	7.3% - 19.6%
Minor procedures - other (Medicare fee schedule)	97	230	\$924	\$7,269	\$13,721,414	\$107,956,248	12.7%	5.3%	2.3% - 23.1%
Nursing home visit	57	77	\$582	\$4,270	\$8,641,543	\$63,416,413	13.6%	3.9%	6.0% - 21.2%
Emergency room visit	34	34	\$332	\$3,519	\$4,933,888	\$52,259,587	9.4%	5.5%	(1.4%) - 20.3%
Other drugs	47	59	\$322	\$11,514	\$4,776,172	\$170,996,490	2.8%	2.0%	(1.2%) - 6.8%
Ambulance	36	83	\$265	\$9,195	\$3,931,903	\$136,550,906	2.9%	2.9%	(2.7%) - 8.5%
Chiropractic	38	70	\$144	\$2,159	\$2,135,845	\$32,058,463	6.7%	3.5%	(0.1%) - 13.5%
Other tests - other	48	70	\$94	\$4,646	\$1,401,917	\$69,001,509	2.0%	1.3%	(0.4%) - 4.5%
Lab tests - other (non-Medicare fee schedule)	355	838	\$65	\$10,830	\$965,006	\$160,841,203	0.6%	0.4%	(0.1%) - 1.3%
Specialist - ophthalmology	71	108	\$51	\$7,005	\$761,847	\$104,034,740	0.7%	0.7%	(0.7%) - 2.1%
Minor procedures - skin	57	63	\$44	\$3,674	\$658,782	\$54,562,801	1.2%	1.2%	(1.2%) - 3.6%
Other tests - electrocardiograms	93	96	\$40	\$1,539	\$590,023	\$22,854,223	2.6%	1.3%	0.1% - 5.1%
Standard imaging - musculoskeletal	45	62	\$32	\$2,150	\$481,464	\$31,928,222	1.5%	1.5%	(1.4%) - 4.4%
Immunizations/Vaccinations	30	59	\$22	\$807	\$319,590	\$11,978,671	2.7%	2.7%	(2.5%) - 7.9%
Standard imaging - chest	57	61	\$12	\$723	\$184,596	\$10,743,380	1.7%	1.7%	(1.7%) - 5.1%
Ambulatory procedures - skin	40	59	\$12	\$4,967	\$173,012	\$73,759,712	0.2%	0.2%	(0.2%) - 0.7%
Lab tests - blood counts	136	143	\$11	\$1,234	\$161,280	\$18,333,039	0.9%	0.9%	(0.8%) - 2.6%
Lab tests - routine venipuncture (non Medicare fee schedule)	164	166	\$6	\$441	\$89,105	\$6,549,211	1.4%	1.0%	(0.5%) - 3.2%
Lab tests - urinalysis	66	67	\$1	\$233	\$19,158	\$3,456,677	0.6%	0.5%	(0.5%) - 1.6%
Anesthesia	29	31	\$0	\$3,345	\$0	\$49,674,356	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	134	135	\$0	\$1,182	\$0	\$17,546,243	0.0%	0.0%	0.0% - 0.0%
Overall	1,970	3,997	\$15,793	\$224,071	\$234,545,967	\$3,327,635,668	7.0%	0.8%	5.5% - 8.6%

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

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	405	596	\$2,339	\$84,179	\$21,747,556	\$751,929,062	2.9%	1.8%	(0.7%) - 6.4%
Office visits - established	468	476	\$1,035	\$24,493	\$9,245,270	\$216,513,404	4.3%	0.9%	2.5% - 6.0%
Hospital visit - subsequent	110	191	\$757	\$10,193	\$6,608,729	\$88,304,510	7.5%	2.5%	2.7% - 12.3%
Office visits - new	39	39	\$667	\$2,943	\$5,980,545	\$26,615,349	22.5%	5.9%	11.0% - 34.0%
Consultations	55	55	\$684	\$6,392	\$5,865,558	\$56,216,047	10.4%	3.2%	4.2% - 16.7%
Chiropractic	92	124	\$462	\$3,506	\$4,182,327	\$30,305,826	13.8%	5.3%	3.3% - 24.3%
Minor procedures - other (Medicare fee schedule)	98	155	\$245	\$6,742	\$2,318,217	\$60,627,417	3.8%	2.1%	(0.3%) - 8.0%
Nursing home visit	45	51	\$220	\$2,744	\$2,020,781	\$24,615,898	8.2%	3.3%	1.7% - 14.7%
Minor procedures - musculoskeletal	30	30	\$127	\$2,479	\$1,112,417	\$22,578,603	4.9%	3.6%	(2.0%) - 11.9%
Emergency room visit	30	30	\$122	\$2,928	\$978,078	\$25,327,242	3.9%	2.7%	(1.3%) - 9.1%
Other tests - other	33	52	\$57	\$2,289	\$537,917	\$20,956,715	2.6%	2.4%	(2.1%) - 7.3%
Minor procedures - skin	51	55	\$39	\$2,465	\$367,012	\$20,751,670	1.8%	1.8%	(1.7%) - 5.2%
Standard imaging - musculoskeletal	62	77	\$38	\$1,459	\$362,085	\$13,343,568	2.7%	2.0%	(1.2%) - 6.6%
Other drugs	50	65	\$36	\$15,280	\$326,749	\$133,860,536	0.2%	0.1%	(0.0%) - 0.5%
Standard imaging - chest	73	80	\$23	\$901	\$214,674	\$7,906,619	2.7%	1.9%	(1.0%) - 6.4%
Lab tests - urinalysis	50	51	\$20	\$174	\$172,332	\$1,557,037	11.1%	4.7%	1.9% - 20.3%
Other tests - electrocardiograms	62	71	\$8	\$783	\$63,430	\$6,910,983	0.9%	0.9%	(0.9%) - 2.7%
Lab tests - routine venipuncture (non Medicare fee schedule)	147	148	\$3	\$396	\$23,996	\$3,517,059	0.7%	0.7%	(0.7%) - 2.0%
Ambulatory procedures - skin	32	44	\$0	\$3,175	\$0	\$29,329,294	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	38	69	\$0	\$895	\$0	\$8,054,533	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	57	60	\$0	\$620	\$0	\$5,629,715	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	58	62	\$0	\$568	\$0	\$5,139,232	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	40	51	\$0	\$2,886	\$0	\$25,114,398	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (non-Medicare fee schedule)	180	298	\$0	\$3,235	\$0	\$29,266,976	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	70	116	\$0	\$6,473	\$0	\$57,577,133	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	30	31	\$0	\$1,361	\$0	\$11,719,833	0.0%	0.0%	0.0% - 0.0%
Overall	1,810	3,077	\$6,881	\$189,560	\$62,127,673	\$1,683,668,659	3.7%	0.9%	2.0% - 5.4%

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

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	484	764	\$1,843	\$82,956	\$34,041,898	\$1,352,865,678	2.5%	2.0%	(1.4%) - 6.4%
Hospital visit - subsequent	109	211	\$1,684	\$13,359	\$28,100,686	\$226,606,514	12.4%	2.6%	7.4% - 17.4%
Office visits - established	564	568	\$1,709	\$31,982	\$27,551,357	\$516,635,928	5.3%	0.8%	3.8% - 6.9%
Minor procedures - other (Medicare fee schedule)	130	214	\$588	\$7,062	\$10,278,202	\$116,701,920	8.8%	4.5%	(0.1%) - 17.7%
Consultations	58	58	\$568	\$7,534	\$9,059,402	\$126,532,323	7.2%	2.2%	2.9% - 11.4%
Lab tests - other (non-Medicare fee schedule)	237	456	\$455	\$5,638	\$8,244,959	\$93,291,956	8.8%	4.8%	(0.5%) - 18.2%
Nursing home visit	40	46	\$348	\$2,885	\$5,652,477	\$46,095,843	12.3%	4.2%	4.1% - 20.4%
Office visits - new	37	37	\$273	\$2,798	\$4,985,683	\$48,967,533	10.2%	4.2%	2.0% - 18.4%
Chiropractic	72	111	\$352	\$2,539	\$4,973,571	\$39,262,139	12.7%	5.8%	1.4% - 24.0%
Ambulance	30	69	\$92	\$20,908	\$1,792,139	\$304,550,388	0.6%	0.6%	(0.6%) - 1.8%
Other tests - other	44	68	\$65	\$4,116	\$932,540	\$66,207,909	1.4%	1.1%	(0.8%) - 3.6%
Lab tests - other (Medicare fee schedule)	49	82	\$60	\$6,471	\$833,103	\$100,721,869	0.8%	0.8%	(0.8%) - 2.5%
Emergency room visit	47	47	\$35	\$4,715	\$683,045	\$78,505,567	0.9%	0.9%	(0.8%) - 2.6%
Standard imaging - musculoskeletal	73	92	\$32	\$2,745	\$610,044	\$45,414,162	1.3%	1.2%	(1.0%) - 3.7%
Minor procedures - skin	33	38	\$29	\$3,790	\$575,361	\$64,440,351	0.9%	0.9%	(0.9%) - 2.7%
Ambulatory procedures - skin	36	54	\$38	\$3,192	\$526,660	\$53,757,868	1.0%	1.0%	(1.0%) - 2.9%
Standard imaging - chest	99	102	\$23	\$1,394	\$379,471	\$21,892,000	1.7%	1.3%	(0.7%) - 4.2%
Other drugs	58	83	\$13	\$8,603	\$182,702	\$130,734,957	0.1%	0.1%	(0.1%) - 0.4%
Other tests - electrocardiograms	67	71	\$9	\$871	\$181,755	\$14,006,381	1.3%	1.3%	(1.2%) - 3.8%
Lab tests - automated general profiles	77	78	\$9	\$793	\$171,396	\$12,844,899	1.3%	1.3%	(1.3%) - 3.9%
Ambulatory procedures - other	31	33	\$11	\$1,638	\$155,651	\$29,174,220	0.5%	0.6%	(0.6%) - 1.6%
Lab tests - routine venipuncture (non Medicare fee schedule)	162	163	\$9	\$441	\$144,244	\$7,060,710	2.0%	1.2%	(0.3%) - 4.4%
Lab tests - urinalysis	44	45	\$4	\$159	\$69,770	\$2,755,094	2.5%	2.5%	(2.4%) - 7.4%
Lab tests - blood counts	78	85	\$0	\$771	\$0	\$12,216,170	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	68	119	\$0	\$6,545	\$0	\$105,065,073	0.0%	0.0%	0.0% - 0.0%
Overall	2,036	3,694	\$8,248	\$223,905	\$140,126,116	\$3,616,307,453	3.9%	0.8%	2.3% - 5.5%

HGSA PA 00865

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	395	635	\$2,198	\$66,695	\$32,169,864	\$976,360,799	3.3%	1.4%	0.6% - 6.0%
Office visits - established	499	515	\$1,051	\$27,497	\$15,392,716	\$402,535,463	3.8%	0.8%	2.2% - 5.5%
Consultations	74	74	\$895	\$7,866	\$13,108,263	\$115,151,045	11.4%	2.6%	6.4% - 16.4%
Hospital visit - subsequent	130	260	\$801	\$15,385	\$11,721,049	\$225,224,472	5.2%	1.4%	2.5% - 7.9%
Emergency room visit	45	46	\$309	\$4,544	\$4,526,890	\$66,527,561	6.8%	2.5%	1.9% - 11.7%
Chiropractic	31	51	\$265	\$1,369	\$3,874,127	\$20,040,526	19.3%	14.4%	(8.8%) - 47.5%
Office visits - new	33	33	\$212	\$2,532	\$3,106,006	\$37,067,859	8.4%	3.4%	1.6% - 15.1%
Minor procedures - other (Medicare fee schedule)	87	146	\$193	\$6,016	\$2,821,273	\$88,072,707	3.2%	2.5%	(1.7%) - 8.1%
Nursing home visit	57	58	\$133	\$2,625	\$1,951,117	\$38,429,600	5.1%	2.3%	0.6% - 9.6%
Other tests - electrocardiograms	91	98	\$98	\$1,215	\$1,429,521	\$17,793,550	8.0%	3.7%	0.9% - 15.2%
Specialist - ophthalmology	66	97	\$80	\$6,006	\$1,169,382	\$87,922,216	1.3%	1.3%	(1.3%) - 3.9%
Lab tests - other (non-Medicare fee schedule)	232	407	\$70	\$4,985	\$1,028,553	\$72,970,141	1.4%	1.4%	(1.4%) - 4.2%
Lab tests - other (Medicare fee schedule)	37	61	\$45	\$3,321	\$659,644	\$48,610,748	1.4%	1.3%	(1.2%) - 3.9%
Other drugs	43	63	\$24	\$28,794	\$344,168	\$421,516,401	0.1%	0.1%	(0.0%) - 0.2%
Standard imaging - chest	92	96	\$11	\$1,053	\$161,617	\$15,422,433	1.0%	0.9%	(0.7%) - 2.8%
Other tests - other	40	57	\$9	\$3,793	\$133,803	\$55,522,516	0.2%	0.3%	(0.3%) - 0.7%
Lab tests - routine venipuncture (non Medicare fee schedule)	163	168	\$3	\$429	\$43,918	\$6,280,231	0.7%	0.7%	(0.7%) - 2.1%
Standard imaging - musculoskeletal	70	94	\$0	\$2,246	\$5,563	\$32,873,572	0.0%	0.0%	(0.0%) - 0.1%
Ambulance	33	70	\$0	\$9,342	\$0	\$136,763,240	0.0%	0.0%	0.0% - 0.0%
Ambulatory procedures - skin	39	55	\$0	\$2,575	\$0	\$37,702,909	0.0%	0.0%	0.0% - 0.0%
Anesthesia	38	43	\$0	\$4,113	\$0	\$60,208,828	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	35	66	\$0	\$799	\$0	\$11,701,286	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	96	98	\$0	\$945	\$0	\$13,837,004	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	69	76	\$0	\$677	\$0	\$9,914,275	0.0%	0.0%	0.0% - 0.0%
Lab tests - urinalysis	41	41	\$0	\$152	\$0	\$2,231,458	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	61	74	\$0	\$4,269	\$0	\$62,495,916	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	32	41	\$0	\$1,808	\$0	\$26,463,636	0.0%	0.0%	0.0% - 0.0%
Overall	1,974	3,523	\$6,397	\$211,052	\$93,647,474	\$3,089,640,394	3.0%	0.6%	2.0% - 4.1%

BCBS AR RI 00524

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Consultations	72	72	\$1,529	\$8,873	\$1,597,716	\$9,271,936	17.2%	3.5%	10.5% - 24.0%
Hospital visit - subsequent	100	179	\$1,292	\$11,183	\$1,349,692	\$11,686,343	11.5%	2.9%	5.8% - 17.3%
Office visits - established	503	507	\$1,250	\$28,475	\$1,306,251	\$29,757,313	4.4%	0.7%	3.0% - 5.8%
Ambulance	63	146	\$749	\$20,455	\$783,209	\$21,375,909	3.7%	2.3%	(0.8%) - 8.1%
Hospital visit - initial	30	30	\$710	\$3,824	\$741,659	\$3,995,780	18.6%	6.1%	6.5% - 30.6%
Nursing home visit	71	81	\$629	\$4,581	\$657,023	\$4,787,213	13.7%	4.2%	5.4% - 22.0%
All Codes With Less Than 30 Claims	338	539	\$460	\$64,808	\$480,886	\$67,725,524	0.7%	0.4%	(0.1%) - 1.6%
Minor procedures - other (Medicare fee schedule)	105	203	\$442	\$6,061	\$461,511	\$6,333,870	7.3%	2.8%	1.7% - 12.8%
Emergency room visit	76	76	\$347	\$6,366	\$363,008	\$6,652,527	5.5%	2.2%	1.1% - 9.8%
Office visits - new	31	31	\$317	\$2,255	\$331,281	\$2,356,085	14.1%	4.8%	4.6% - 23.5%
Ambulatory procedures - skin	72	114	\$109	\$3,984	\$114,335	\$4,163,714	2.7%	1.9%	(1.1%) - 6.5%
Specialist - psychiatry	53	61	\$104	\$2,164	\$108,170	\$2,261,386	4.8%	4.5%	(4.1%) - 13.7%
Advanced imaging - CAT: other	38	51	\$62	\$4,283	\$64,687	\$4,476,059	1.4%	1.5%	(1.4%) - 4.3%
Other tests - electrocardiograms	141	157	\$61	\$2,147	\$64,143	\$2,243,997	2.9%	1.1%	0.7% - 5.0%
Chiropractic	30	45	\$49	\$686	\$50,830	\$717,258	7.1%	6.8%	(6.2%) - 20.4%
Standard imaging - musculoskeletal	74	94	\$35	\$2,316	\$36,649	\$2,420,364	1.5%	1.2%	(0.8%) - 3.8%
Other drugs	30	42	\$33	\$16,635	\$34,360	\$17,383,965	0.2%	0.2%	(0.1%) - 0.5%
Standard imaging - chest	71	76	\$12	\$1,039	\$12,300	\$1,086,097	1.1%	1.1%	(1.0%) - 3.3%
Lab tests - blood counts	76	87	\$11	\$740	\$11,349	\$772,947	1.5%	1.5%	(1.4%) - 4.3%
Lab tests - routine venipuncture (non Medicare fee schedule)	191	193	\$6	\$528	\$6,270	\$551,769	1.1%	0.8%	(0.4%) - 2.7%
Lab tests - other (non-Medicare fee schedule)	234	571	\$5	\$5,977	\$5,455	\$6,245,806	0.1%	0.1%	(0.1%) - 0.2%
Lab tests - urinalysis	42	44	\$4	\$147	\$3,731	\$153,983	2.4%	2.4%	(2.3%) - 7.1%
Immunizations/Vaccinations	36	64	\$0	\$932	\$0	\$973,883	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	61	69	\$0	\$544	\$0	\$568,730	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	42	51	\$0	\$2,987	\$0	\$3,121,372	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	35	35	\$0	\$1,531	\$0	\$1,599,827	0.0%	0.0%	0.0% - 0.0%
Other - non-Medicare fee schedule	89	91	\$0	\$262	\$0	\$274,223	0.0%	0.0%	0.0% - 0.0%
Other tests - other	34	57	\$0	\$2,099	\$0	\$2,193,512	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	59	92	\$0	\$5,893	\$0	\$6,157,941	0.0%	0.0%	0.0% - 0.0%
Overall	1,986	3,858	\$8,215	\$211,776	\$8,584,513	\$221,309,332	3.9%	0.5%	3.0% - 4.8%

Palmetto SC 00880

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Ambulance	83	176	\$1,682	\$18,760	\$7,897,389	\$88,102,534	9.0%	3.9%	1.4% - 16.5%
Consultations	56	56	\$1,416	\$6,842	\$6,652,230	\$32,132,883	20.7%	3.9%	13.0% - 28.4%
Office visits - established	622	628	\$1,181	\$31,754	\$5,546,554	\$149,128,762	3.7%	0.7%	2.4% - 5.0%
Hospital visit - subsequent	135	237	\$1,163	\$13,225	\$5,461,784	\$62,108,798	8.8%	2.3%	4.2% - 13.4%
Minor procedures - other (Medicare fee schedule)	105	161	\$812	\$5,883	\$3,815,645	\$27,629,354	13.8%	5.1%	3.8% - 23.9%
Hospital visit - initial	30	30	\$627	\$2,760	\$2,946,715	\$12,959,837	22.7%	6.8%	9.5% - 36.0%
Other tests - other	36	69	\$457	\$4,427	\$2,147,246	\$20,791,335	10.3%	9.2%	(7.7%) - 28.4%
All Codes With Less Than 30 Claims	353	609	\$418	\$79,348	\$1,962,395	\$372,650,111	0.5%	0.4%	(0.2%) - 1.3%
Chiropractic	45	60	\$334	\$1,613	\$1,568,131	\$7,574,229	20.7%	6.0%	9.0% - 32.4%
Emergency room visit	59	59	\$300	\$5,203	\$1,410,191	\$24,436,312	5.8%	2.5%	0.9% - 10.7%
Office visits - new	43	43	\$272	\$3,185	\$1,276,578	\$14,959,709	8.5%	2.9%	2.8% - 14.2%
Nursing home visit	33	34	\$268	\$1,846	\$1,257,652	\$8,669,666	14.5%	6.1%	2.5% - 26.5%
Specialist - ophthalmology	78	118	\$81	\$6,345	\$378,531	\$29,796,466	1.3%	1.2%	(1.1%) - 3.7%
Minor procedures - musculoskeletal	32	36	\$50	\$2,242	\$235,008	\$10,527,237	2.2%	2.2%	(2.2%) - 6.6%
Other tests - electrocardiograms	73	86	\$50	\$1,039	\$234,633	\$4,880,556	4.8%	2.7%	(0.4%) - 10.0%
Lab tests - other (non-Medicare fee schedule)	134	167	\$45	\$1,628	\$210,023	\$7,645,051	2.7%	1.7%	(0.7%) - 6.2%
Standard imaging - musculoskeletal	65	94	\$33	\$1,869	\$156,203	\$8,776,791	1.8%	0.9%	(0.0%) - 3.6%
Advanced imaging - CAT: other	31	41	\$25	\$3,287	\$118,115	\$15,435,267	0.8%	0.8%	(0.7%) - 2.3%
Lab tests - blood counts	82	83	\$14	\$763	\$66,219	\$3,583,877	1.8%	1.3%	(0.7%) - 4.4%
Lab tests - routine venipuncture (non Medicare fee schedule)	146	146	\$12	\$402	\$56,357	\$1,887,957	3.0%	1.5%	0.1% - 5.9%
Other drugs	79	112	\$10	\$21,017	\$46,917	\$98,706,417	0.0%	0.0%	(0.0%) - 0.1%
Lab tests - urinalysis	66	66	\$10	\$256	\$45,367	\$1,202,704	3.8%	2.0%	(0.2%) - 7.7%
Ambulatory procedures - skin	34	57	\$0	\$5,976	\$0	\$28,067,107	0.0%	0.0%	0.0% - 0.0%
Anesthesia	38	38	\$0	\$3,267	\$0	\$15,342,372	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	44	76	\$0	\$970	\$0	\$4,554,719	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	47	55	\$0	\$544	\$0	\$2,556,303	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	38	51	\$0	\$3,507	\$0	\$16,472,516	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	47	53	\$0	\$3,022	\$0	\$14,194,570	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	87	92	\$0	\$1,092	\$0	\$5,129,090	0.0%	0.0%	0.0% - 0.0%
Overall	2,002	3,533	\$9,260	\$232,071	\$43,489,882	\$1,089,902,530	4.0%	0.5%	3.0% - 5.0%

Palmetto OH/WV 00883/00884

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Consultations	83	83	\$2,321	\$10,802	\$38,283,315	\$178,168,771	21.5%	3.7%	14.2% - 28.8%
Hospital visit - subsequent	124	275	\$1,290	\$14,740	\$21,273,750	\$243,134,418	8.7%	1.9%	4.9% - 12.6%
Office visits - established	519	527	\$1,206	\$28,655	\$19,890,678	\$472,645,612	4.2%	0.8%	2.7% - 5.7%
Hospital visit - initial	39	41	\$614	\$4,321	\$10,128,841	\$71,277,801	14.2%	4.6%	5.2% - 23.2%
Office visits - new	45	45	\$550	\$3,746	\$9,074,671	\$61,791,920	14.7%	3.6%	7.7% - 21.7%
Other tests - other	30	43	\$440	\$1,635	\$7,262,079	\$26,973,296	26.9%	16.9%	(6.2%) - 60.1%
All Codes With Less Than 30 Claims	370	616	\$276	\$65,474	\$4,545,418	\$1,079,965,045	0.4%	0.2%	0.0% - 0.8%
Nursing home visit	45	47	\$252	\$2,700	\$4,149,547	\$44,535,595	9.3%	3.9%	1.6% - 17.0%
Minor procedures - other (Medicare fee schedule)	90	143	\$244	\$4,795	\$4,031,611	\$79,087,006	5.1%	3.0%	(0.7%) - 10.9%
Lab tests - other (Medicare fee schedule)	46	64	\$112	\$3,677	\$1,843,107	\$60,651,648	3.0%	3.0%	(2.9%) - 9.0%
Emergency room visit	61	61	\$109	\$6,099	\$1,803,355	\$100,595,640	1.8%	1.2%	(0.6%) - 4.2%
Other tests - electrocardiograms	79	87	\$60	\$1,149	\$988,192	\$18,945,042	5.2%	2.6%	0.1% - 10.3%
Other drugs	47	69	\$41	\$6,083	\$668,031	\$100,337,994	0.7%	0.5%	(0.4%) - 1.7%
Chiropractic	38	48	\$32	\$1,236	\$523,209	\$20,388,980	2.6%	2.0%	(1.4%) - 6.6%
Specialist - ophthalmology	47	75	\$30	\$4,422	\$496,488	\$72,932,870	0.7%	0.7%	(0.6%) - 2.0%
Minor procedures - skin	70	77	\$24	\$5,237	\$399,499	\$86,379,601	0.5%	0.5%	(0.5%) - 1.4%
Standard imaging - musculoskeletal	67	90	\$22	\$1,791	\$363,211	\$29,547,608	1.2%	0.7%	(0.2%) - 2.6%
Lab tests - other (non-Medicare fee schedule)	194	342	\$13	\$4,097	\$209,811	\$67,580,536	0.3%	0.2%	(0.1%) - 0.7%
Lab tests - blood counts	71	75	\$11	\$687	\$179,131	\$11,332,947	1.6%	1.6%	(1.5%) - 4.7%
Ambulatory procedures - skin	51	66	\$10	\$4,689	\$159,338	\$77,349,300	0.2%	0.2%	(0.2%) - 0.6%
Ambulance	41	82	\$0	\$11,021	\$0	\$181,782,079	0.0%	0.0%	0.0% - 0.0%
Anesthesia	31	34	\$0	\$3,025	\$0	\$49,901,620	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	41	76	\$0	\$983	\$0	\$16,215,020	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	73	75	\$0	\$683	\$0	\$11,271,258	0.0%	0.0%	0.0% - 0.0%
Lab tests - routine venipuncture (non Medicare fee schedule)	139	139	\$0	\$397	\$0	\$6,543,409	0.0%	0.0%	0.0% - 0.0%
Lab tests - urinalysis	45	45	\$0	\$150	\$0	\$2,474,026	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	103	110	\$0	\$1,363	\$0	\$22,477,856	0.0%	0.0%	0.0% - 0.0%
Standard imaging - other	31	37	\$0	\$1,350	\$0	\$22,271,344	0.0%	0.0%	0.0% - 0.0%
Overall	1,912	3,472	\$7,655	\$195,007	\$126,273,284	\$3,216,558,241	3.9%	0.5%	3.0% - 4.8%

Trailblazer TX 00900

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Consultations	76	76	\$1,655	\$9,917	\$38,162,121	\$228,729,158	16.7%	3.0%	10.9% - 22.5%
Office visits - established	499	503	\$1,526	\$25,604	\$35,200,066	\$590,557,051	6.0%	0.9%	4.2% - 7.7%
Hospital visit - subsequent	123	304	\$1,441	\$17,648	\$33,244,584	\$407,059,321	8.2%	1.7%	4.8% - 11.5%
All Codes With Less Than 30 Claims	490	793	\$809	\$84,119	\$18,661,040	\$1,940,247,432	1.0%	0.3%	0.3% - 1.6%
Office visits - new	40	40	\$468	\$3,577	\$10,786,752	\$82,493,999	13.1%	3.5%	6.2% - 19.9%
Other - Medicare fee schedule	30	45	\$421	\$1,623	\$9,701,988	\$37,432,794	25.9%	10.6%	5.2% - 46.6%
Ambulance	40	86	\$378	\$9,434	\$8,720,787	\$217,597,116	4.0%	2.8%	(1.5%) - 9.5%
Emergency room visit	38	38	\$348	\$3,232	\$8,023,521	\$74,544,980	10.8%	5.0%	0.9% - 20.6%
Minor procedures - other (Medicare fee schedule)	103	171	\$291	\$6,596	\$6,705,796	\$152,132,743	4.4%	2.3%	(0.1%) - 8.9%
Nursing home visit	40	49	\$251	\$2,498	\$5,790,331	\$57,627,451	10.0%	4.4%	1.5% - 18.6%
Lab tests - other (non-Medicare fee schedule)	264	540	\$169	\$6,636	\$3,907,274	\$153,066,199	2.6%	1.1%	0.3% - 4.8%
Other tests - other	30	55	\$161	\$2,715	\$3,706,836	\$62,619,720	5.9%	5.8%	(5.5%) - 17.3%
Lab tests - other (Medicare fee schedule)	37	59	\$80	\$3,938	\$1,844,769	\$90,841,589	2.0%	2.1%	(2.0%) - 6.1%
Immunizations/Vaccinations	105	209	\$73	\$3,177	\$1,688,155	\$73,273,155	2.3%	1.6%	(0.9%) - 5.5%
Specialist - ophthalmology	62	93	\$68	\$4,853	\$1,560,142	\$111,936,487	1.4%	1.0%	(0.6%) - 3.4%
Other drugs	61	113	\$61	\$24,599	\$1,395,916	\$567,386,039	0.2%	0.1%	(0.0%) - 0.5%
Specialist - psychiatry	43	55	\$58	\$2,750	\$1,336,408	\$63,430,007	2.1%	2.0%	(1.8%) - 6.0%
Chiropractic	30	44	\$47	\$1,158	\$1,073,924	\$26,715,238	4.0%	3.1%	(2.0%) - 10.1%
Lab tests - blood counts	103	108	\$43	\$1,001	\$1,001,960	\$23,090,284	4.3%	2.1%	0.2% - 8.5%
Lab tests - automated general profiles	131	134	\$36	\$1,387	\$829,892	\$31,993,749	2.6%	1.5%	(0.4%) - 5.5%
Other tests - electrocardiograms	62	73	\$36	\$951	\$829,200	\$21,927,097	3.8%	2.9%	(1.9%) - 9.5%
Standard imaging - musculoskeletal	67	92	\$31	\$2,347	\$708,568	\$54,141,812	1.3%	1.3%	(1.3%) - 3.9%
Lab tests - urinalysis	52	52	\$17	\$189	\$388,882	\$4,356,126	8.9%	4.0%	1.0% - 16.8%
Lab tests - routine venipuncture (non Medicare fee schedule)	205	205	\$15	\$576	\$345,981	\$13,285,655	2.6%	1.1%	0.4% - 4.9%
Standard imaging - chest	87	96	\$9	\$1,115	\$212,663	\$25,715,585	0.8%	0.8%	(0.8%) - 2.5%
Overall	1,944	4,033	\$8,490	\$221,640	\$195,827,556	\$5,112,200,787	3.8%	0.4%	3.0% - 4.6%

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

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	467	728	\$1,654	\$98,503	\$23,393,535	\$1,354,296,658	1.7%	0.6%	0.6% - 2.8%
Consultations	66	66	\$1,556	\$7,836	\$21,960,030	\$109,669,324	20.0%	3.8%	12.5% - 27.5%
Hospital visit - subsequent	135	244	\$1,406	\$14,259	\$19,449,595	\$198,986,774	9.8%	2.2%	5.5% - 14.1%
Office visits - established	572	583	\$1,163	\$31,865	\$16,275,679	\$438,026,503	3.7%	0.6%	2.6% - 4.8%
Hospital visit - initial	33	33	\$738	\$4,054	\$10,435,849	\$56,876,678	18.3%	4.8%	8.8% - 27.8%
Office visits - new	43	43	\$702	\$3,355	\$9,695,841	\$46,490,145	20.9%	5.1%	10.9% - 30.8%
Nursing home visit	50	55	\$535	\$3,319	\$7,506,401	\$46,586,895	16.1%	4.0%	8.3% - 24.0%
Other drugs	61	79	\$400	\$14,961	\$5,683,324	\$210,971,168	2.7%	2.6%	(2.4%) - 7.8%
Minor procedures - other (Medicare fee schedule)	125	213	\$401	\$8,257	\$5,629,963	\$114,530,302	4.9%	2.2%	0.5% - 9.3%
Specialist - ophthalmology	71	123	\$356	\$7,703	\$5,190,956	\$105,564,235	4.9%	3.5%	(1.9%) - 11.7%
Standard imaging - musculoskeletal	58	76	\$254	\$2,078	\$3,570,173	\$28,778,819	12.4%	6.3%	(0.0%) - 24.8%
Emergency room visit	54	54	\$168	\$5,429	\$2,338,634	\$74,728,967	3.1%	1.7%	(0.2%) - 6.5%
Other tests - electrocardiograms	96	101	\$76	\$1,528	\$1,081,435	\$21,474,527	5.0%	2.8%	(0.4%) - 10.5%
Lab tests - other (Medicare fee schedule)	44	56	\$39	\$6,058	\$563,860	\$81,663,223	0.7%	0.7%	(0.7%) - 2.1%
Lab tests - automated general profiles	94	100	\$30	\$1,043	\$426,893	\$14,463,777	3.0%	2.1%	(1.1%) - 7.0%
Immunizations/Vaccinations	40	74	\$18	\$1,003	\$265,964	\$13,668,856	1.9%	2.0%	(1.9%) - 5.8%
Minor procedures - skin	39	40	\$18	\$2,314	\$230,096	\$32,246,901	0.7%	0.7%	(0.8%) - 2.2%
Lab tests - other (non-Medicare fee schedule)	191	350	\$15	\$4,188	\$206,893	\$58,637,565	0.4%	0.2%	(0.1%) - 0.8%
Standard imaging - chest	71	76	\$10	\$1,041	\$148,083	\$14,400,071	1.0%	1.0%	(1.0%) - 3.0%
Ambulance	36	71	\$6	\$14,728	\$77,381	\$194,929,022	0.0%	0.0%	(0.0%) - 0.1%
Lab tests - urinalysis	45	45	\$4	\$153	\$56,661	\$2,103,070	2.7%	2.2%	(1.6%) - 7.0%
Lab tests - routine venipuncture (non Medicare fee schedule)	172	173	\$3	\$468	\$42,964	\$6,419,070	0.7%	0.7%	(0.6%) - 2.0%
Lab tests - blood counts	85	89	\$2	\$774	\$27,559	\$10,664,764	0.3%	0.3%	(0.2%) - 0.8%
Ambulatory procedures - skin	37	46	\$0	\$4,023	\$0	\$56,628,960	0.0%	0.0%	0.0% - 0.0%
Anesthesia	29	30	\$0	\$3,311	\$0	\$45,449,894	0.0%	0.0%	0.0% - 0.0%
Other tests - other	32	43	\$0	\$2,677	\$0	\$37,541,945	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	35	47	\$0	\$2,001	\$0	\$27,779,861	0.0%	0.0%	0.0% - 0.0%
Overall	1,986	3,638	\$9,553	\$246,929	\$134,257,765	\$3,403,577,973	3.9%	0.5%	3.0% - 4.9%

Noridian UT 00823

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	432	614	\$1,280	\$85,102	\$2,651,382	\$176,289,680	1.5%	0.5%	0.5% - 2.5%
Office visits - established	374	376	\$1,007	\$19,026	\$2,085,778	\$39,411,574	5.3%	1.0%	3.3% - 7.3%
Hospital visit - subsequent	38	74	\$746	\$3,945	\$1,545,240	\$8,171,136	18.9%	6.9%	5.3% - 32.5%
Minor procedures - other (Medicare fee schedule)	79	147	\$534	\$3,810	\$1,105,459	\$7,892,560	14.0%	5.6%	3.1% - 25.0%
Office visits - new	37	37	\$341	\$3,009	\$706,218	\$6,232,435	11.3%	4.3%	3.0% - 19.7%
Chiropractic	33	44	\$279	\$1,317	\$578,634	\$2,729,167	21.2%	7.6%	6.4% - 36.0%
Lab tests - other (non-Medicare fee schedule)	127	227	\$238	\$5,648	\$492,480	\$11,700,215	4.2%	3.4%	(2.4%) - 10.8%
Emergency room visit	45	45	\$169	\$3,897	\$350,147	\$8,072,533	4.3%	2.1%	0.2% - 8.5%
Other drugs	40	49	\$166	\$5,163	\$344,781	\$10,695,307	3.2%	2.6%	(1.9%) - 8.4%
Standard imaging - musculoskeletal	73	94	\$60	\$1,797	\$123,669	\$3,721,729	3.3%	2.4%	(1.3%) - 8.0%
Minor procedures - skin	38	43	\$51	\$4,110	\$104,673	\$8,513,391	1.2%	1.0%	(0.8%) - 3.3%
Specialist - ophthalmology	39	63	\$30	\$3,279	\$62,228	\$6,793,316	0.9%	0.9%	(0.9%) - 2.7%
Other tests - electrocardiograms	37	41	\$26	\$454	\$53,321	\$941,479	5.7%	3.1%	(0.4%) - 11.8%
Lab tests - routine venipuncture (non Medicare fee schedule)	101	101	\$15	\$267	\$31,073	\$553,092	5.6%	2.4%	0.8% - 10.4%
Standard imaging - chest	57	60	\$11	\$601	\$22,932	\$1,245,907	1.8%	1.8%	(1.8%) - 5.4%
Lab tests - blood counts	44	45	\$7	\$295	\$15,308	\$610,742	2.5%	2.5%	(2.3%) - 7.4%
Ambulatory procedures - skin	38	62	\$0	\$6,111	\$0	\$12,658,204	0.0%	0.0%	0.0% - 0.0%
Immunizations/Vaccinations	38	76	\$0	\$1,121	\$0	\$2,321,557	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	51	51	\$0	\$578	\$0	\$1,197,144	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	32	48	\$0	\$1,482	\$0	\$3,069,205	0.0%	0.0%	0.0% - 0.0%
Overall	1,280	2,297	\$4,959	\$151,011	\$10,273,321	\$312,820,373	3.3%	0.5%	2.3% - 4.2%

Triple S, INC. PR/VI 00973/00974

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	721	731	\$4,786	\$32,630	\$9,581,189	\$65,320,937	14.7%	1.2%	12.3% - 17.0%
Ambulance	103	380	\$3,876	\$40,035	\$7,745,269	\$79,996,672	9.7%	2.9%	4.1% - 15.3%
Consultations	86	86	\$3,179	\$8,683	\$6,352,297	\$17,359,921	36.6%	3.2%	30.3% - 42.9%
Hospital visit - subsequent	63	138	\$2,637	\$9,960	\$5,275,680	\$19,915,538	26.5%	3.8%	19.0% - 34.0%
All Codes With Less Than 30 Claims	443	706	\$2,215	\$64,800	\$4,426,131	\$129,583,329	3.4%	0.8%	1.9% - 4.9%
Office visits - new	73	73	\$1,166	\$5,231	\$2,329,559	\$10,471,225	22.2%	3.9%	14.7% - 29.8%
Emergency room visit	48	48	\$830	\$3,259	\$1,663,784	\$6,533,925	25.5%	5.3%	15.2% - 35.8%
Minor procedures - other (Medicare fee schedule)	124	351	\$584	\$7,116	\$1,166,778	\$14,224,835	8.2%	2.6%	3.0% - 13.4%
Home visit	37	44	\$211	\$2,371	\$421,376	\$4,736,688	8.9%	4.2%	0.6% - 17.2%
Specialist - ophthalmology	69	101	\$166	\$5,175	\$334,036	\$10,413,258	3.2%	1.6%	0.1% - 6.3%
Lab tests - other (non-Medicare fee schedule)	231	512	\$116	\$6,164	\$231,389	\$12,348,512	1.9%	0.9%	0.2% - 3.6%
Lab tests - blood counts	140	159	\$60	\$1,318	\$119,551	\$2,636,743	4.5%	2.6%	(0.6%) - 9.7%
Standard imaging - chest	61	69	\$54	\$882	\$107,322	\$1,764,004	6.1%	3.4%	(0.7%) - 12.8%
Standard imaging - musculoskeletal	47	70	\$40	\$1,771	\$84,703	\$3,550,789	2.4%	2.2%	(2.0%) - 6.7%
Other tests - electrocardiograms	79	91	\$31	\$985	\$62,723	\$1,968,358	3.2%	1.6%	0.1% - 6.3%
Other drugs	54	83	\$17	\$6,991	\$34,009	\$13,969,083	0.2%	0.2%	(0.1%) - 0.6%
Lab tests - routine venipuncture (non Medicare fee schedule)	211	211	\$15	\$528	\$29,973	\$1,056,060	2.8%	1.3%	0.4% - 5.3%
Lab tests - automated general profiles	136	141	\$12	\$1,298	\$23,099	\$2,595,306	0.9%	0.9%	(0.8%) - 2.6%
Lab tests - other (Medicare fee schedule)	33	41	\$0	\$2,536	\$0	\$5,067,706	0.0%	0.0%	0.0% - 0.0%
Lab tests - urinalysis	104	105	\$0	\$382	\$0	\$763,028	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	34	37	\$0	\$2,523	\$0	\$5,059,769	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	48	70	\$0	\$2,410	\$0	\$4,815,496	0.0%	0.0%	0.0% - 0.0%
Overall	2,028	4,247	\$19,995	\$207,046	\$39,988,868	\$414,151,178	9.7%	0.8%	8.1% - 11.2%

GHI NY 14330

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Consultations	76	82	\$1,706	\$8,205	\$3,289,141	\$15,823,009	20.8%	3.5%	14.0% - 27.6%
Office visits - established	520	535	\$1,691	\$27,838	\$3,260,966	\$53,683,528	6.1%	1.0%	4.2% - 7.9%
Minor procedures - other (Medicare fee schedule)	219	584	\$1,647	\$15,955	\$3,176,462	\$30,767,688	10.3%	2.7%	5.1% - 15.6%
All Codes With Less Than 30 Claims	439	737	\$988	\$69,082	\$1,905,191	\$133,220,191	1.4%	0.5%	0.5% - 2.4%
Nursing home visit	122	143	\$791	\$7,379	\$1,524,611	\$14,230,979	10.7%	2.5%	5.8% - 15.6%
Hospital visit - subsequent	115	251	\$755	\$14,167	\$1,456,209	\$27,319,604	5.3%	1.4%	2.5% - 8.1%
Office visits - new	41	41	\$545	\$3,155	\$1,050,503	\$6,083,500	17.3%	4.4%	8.6% - 25.9%
Minor procedures - musculoskeletal	30	35	\$335	\$2,381	\$646,917	\$4,590,805	14.1%	12.3%	(10.1%) - 38.2%
Specialist - ophthalmology	82	150	\$275	\$9,218	\$529,610	\$17,775,620	3.0%	1.6%	(0.2%) - 6.1%
Emergency room visit	41	41	\$78	\$3,031	\$151,210	\$5,845,048	2.6%	1.6%	(0.5%) - 5.7%
Standard imaging - musculoskeletal	53	70	\$61	\$1,641	\$117,442	\$3,164,255	3.7%	2.8%	(1.7%) - 9.1%
Ambulatory procedures - other	57	64	\$49	\$558	\$94,783	\$1,076,209	8.8%	4.6%	(0.2%) - 17.8%
Specialist - psychiatry	82	103	\$42	\$6,034	\$80,879	\$11,637,179	0.7%	0.7%	(0.7%) - 2.1%
Standard imaging - chest	89	106	\$23	\$1,182	\$44,682	\$2,279,213	2.0%	1.8%	(1.6%) - 5.5%
Other tests - other	51	98	\$11	\$8,346	\$22,139	\$16,095,615	0.1%	0.1%	(0.1%) - 0.4%
Ambulatory procedures - skin	31	40	\$11	\$1,484	\$21,309	\$2,862,163	0.7%	0.7%	(0.6%) - 2.1%
Lab tests - routine venipuncture (non Medicare fee schedule)	113	115	\$9	\$276	\$17,356	\$532,252	3.3%	1.8%	(0.3%) - 6.8%
Other drugs	35	64	\$7	\$4,371	\$14,309	\$8,429,341	0.2%	0.1%	(0.1%) - 0.4%
Lab tests - other (non-Medicare fee schedule)	62	132	\$0	\$1,413	\$0	\$2,725,417	0.0%	0.0%	0.0% - 0.0%
Lab tests - urinalysis	44	44	\$0	\$130	\$0	\$251,489	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	77	86	\$0	\$4,214	\$0	\$8,125,630	0.0%	0.0%	0.0% - 0.0%
Other tests - electrocardiograms	91	96	\$0	\$1,665	\$0	\$3,210,846	0.0%	0.0%	0.0% - 0.0%
Overall	1,840	3,617	\$9,025	\$191,724	\$17,403,719	\$369,729,580	4.7%	0.5%	3.8% - 5.7%

NHIC CA 31140/31146

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	595	608	\$2,842	\$37,403	\$79,565,096	\$1,046,446,897	7.6%	0.8%	6.1% - 9.1%
Consultations	70	70	\$1,829	\$11,432	\$50,721,147	\$318,653,725	15.9%	3.2%	9.6% - 22.2%
Hospital visit - subsequent	110	241	\$1,664	\$15,744	\$46,570,233	\$439,409,017	10.6%	1.9%	6.8% - 14.4%
All Codes With Less Than 30 Claims	402	565	\$1,319	\$72,563	\$36,779,717	\$2,029,961,962	1.8%	0.6%	0.7% - 3.0%
Office visits - new	42	44	\$1,003	\$3,553	\$27,873,109	\$99,128,767	28.1%	5.2%	18.0% - 38.2%
Minor procedures - other (Medicare fee schedule)	140	309	\$893	\$12,084	\$24,740,113	\$336,210,644	7.4%	3.1%	1.2% - 13.5%
Ambulance	32	81	\$275	\$11,301	\$7,838,815	\$316,684,944	2.5%	2.5%	(2.3%) - 7.3%
Specialist - psychiatry	32	49	\$267	\$3,220	\$7,402,109	\$89,493,091	8.3%	4.9%	(1.3%) - 17.8%
Nursing home visit	40	47	\$202	\$2,772	\$5,643,257	\$77,525,951	7.3%	3.0%	1.3% - 13.2%
Emergency room visit	42	42	\$161	\$4,179	\$4,527,540	\$117,353,400	3.9%	2.1%	(0.4%) - 8.1%
Chiropractic	31	44	\$132	\$1,205	\$3,759,839	\$33,864,083	11.1%	6.2%	(1.0%) - 23.2%
Standard imaging - chest	78	86	\$49	\$1,265	\$1,401,640	\$35,346,463	4.0%	3.1%	(2.1%) - 10.0%
Other tests - electrocardiograms	93	101	\$39	\$1,603	\$1,072,840	\$44,744,355	2.4%	1.9%	(1.3%) - 6.1%
Specialist - ophthalmology	74	115	\$33	\$7,321	\$901,691	\$205,051,600	0.4%	0.4%	(0.4%) - 1.3%
Minor procedures - skin	49	61	\$24	\$5,105	\$683,106	\$142,708,050	0.5%	0.4%	(0.2%) - 1.2%
Ambulatory procedures - skin	37	56	\$24	\$5,020	\$649,647	\$140,406,120	0.5%	0.5%	(0.5%) - 1.4%
Lab tests - routine venipuncture (non Medicare fee schedule)	144	146	\$21	\$402	\$577,831	\$11,222,814	5.1%	1.9%	1.4% - 8.9%
Immunizations/Vaccinations	32	53	\$20	\$811	\$539,859	\$22,812,729	2.4%	2.4%	(2.3%) - 7.0%
Lab tests - other (non-Medicare fee schedule)	287	641	\$15	\$8,868	\$424,293	\$247,894,599	0.2%	0.1%	(0.1%) - 0.4%
Other drugs	68	80	\$12	\$16,592	\$328,633	\$465,510,022	0.1%	0.1%	(0.1%) - 0.2%
Standard imaging - musculoskeletal	54	75	\$4	\$2,329	\$120,519	\$65,035,180	0.2%	0.2%	(0.2%) - 0.5%
Echography - heart	31	84	\$0	\$7,503	\$0	\$209,135,493	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	91	95	\$0	\$981	\$0	\$27,337,513	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	99	102	\$0	\$970	\$0	\$27,013,924	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	53	71	\$0	\$6,180	\$0	\$171,450,515	0.0%	0.0%	0.0% - 0.0%
Lab tests - urinalysis	56	56	\$0	\$204	\$0	\$5,681,611	0.0%	0.0%	0.0% - 0.0%
Other tests - other	39	72	\$0	\$4,378	\$0	\$122,040,766	0.0%	0.0%	0.0% - 0.0%
Overall	1,995	3,994	\$10,828	\$244,989	\$302,121,034	\$6,848,124,234	4.4%	0.4%	3.6% - 5.3%

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

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Office visits - established	476	491	\$1,666	\$28,545	\$18,365,232	\$314,676,723	5.8%	1.9%	2.1% - 9.6%
Consultations	69	69	\$1,341	\$8,883	\$14,780,310	\$97,923,947	15.1%	3.1%	9.0% - 21.2%
Ambulance	50	111	\$571	\$17,264	\$6,290,812	\$190,315,515	3.3%	2.0%	(0.7%) - 7.3%
All Codes With Less Than 30 Claims	393	629	\$532	\$89,568	\$5,864,082	\$987,377,967	0.6%	0.3%	(0.0%) - 1.2%
Hospital visit - subsequent	92	143	\$527	\$8,204	\$5,805,436	\$90,433,751	6.4%	2.1%	2.3% - 10.5%
Minor procedures - other (Medicare fee schedule)	92	166	\$469	\$6,032	\$5,165,397	\$66,500,535	7.8%	5.1%	(2.2%) - 17.7%
Hospital visit - initial	31	31	\$376	\$3,869	\$4,145,370	\$42,646,689	9.7%	3.7%	2.5% - 16.9%
Emergency room visit	49	49	\$369	\$4,790	\$4,062,802	\$52,802,757	7.7%	3.6%	0.6% - 14.8%
Nursing home visit	51	56	\$332	\$3,318	\$3,654,923	\$36,576,352	10.0%	3.3%	3.6% - 16.4%
Office visits - new	33	34	\$325	\$2,375	\$3,577,316	\$26,184,266	13.7%	4.1%	5.6% - 21.8%
Chiropractic	46	64	\$93	\$1,813	\$1,022,894	\$19,980,652	5.1%	2.6%	0.1% - 10.1%
Specialist - ophthalmology	93	144	\$71	\$9,370	\$782,686	\$103,292,842	0.8%	0.6%	(0.5%) - 2.0%
Specialist - psychiatry	100	138	\$27	\$5,763	\$296,980	\$63,530,627	0.5%	0.5%	(0.5%) - 1.4%
Other tests - electrocardiograms	102	109	\$18	\$1,534	\$195,451	\$16,911,200	1.2%	0.8%	(0.4%) - 2.7%
Lab tests - other (non-Medicare fee schedule)	182	330	\$17	\$4,268	\$184,427	\$47,051,778	0.4%	0.3%	(0.2%) - 1.0%
Advanced imaging - CAT: other	31	51	\$14	\$4,405	\$151,136	\$48,557,181	0.3%	0.3%	(0.3%) - 0.9%
Lab tests - urinalysis	31	32	\$8	\$123	\$89,182	\$1,355,259	6.6%	3.9%	(1.0%) - 14.1%
Lab tests - routine venipuncture (non Medicare fee schedule)	155	157	\$3	\$423	\$33,071	\$4,663,045	0.7%	0.7%	(0.7%) - 2.1%
Ambulatory procedures - skin	35	48	\$0	\$2,491	\$0	\$27,455,083	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	52	55	\$0	\$482	\$0	\$5,315,651	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	45	45	\$0	\$429	\$0	\$4,727,754	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	43	52	\$0	\$3,049	\$0	\$33,607,437	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	39	39	\$0	\$2,032	\$0	\$22,404,554	0.0%	0.0%	0.0% - 0.0%
Other - non-Medicare fee schedule	32	32	\$0	\$157	\$0	\$1,732,382	0.0%	0.0%	0.0% - 0.0%
Other tests - other	42	57	\$0	\$1,612	\$0	\$17,766,202	0.0%	0.0%	0.0% - 0.0%
Standard imaging - chest	84	85	\$0	\$1,173	\$0	\$12,926,115	0.0%	0.0%	0.0% - 0.0%
Standard imaging - musculoskeletal	67	78	\$0	\$1,461	\$0	\$16,102,057	0.0%	0.0%	0.0% - 0.0%
Overall	1,956	3,295	\$6,755	\$213,432	\$74,467,507	\$2,352,818,321	3.2%	0.5%	2.2% - 4.1%

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

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Hospital visit - subsequent	120	241	\$1,554	\$15,487	\$61,834,550	\$613,588,296	10.1%	2.7%	4.8% - 15.4%
Office visits - established	476	482	\$1,383	\$26,806	\$54,258,540	\$1,048,790,709	5.2%	0.8%	3.6% - 6.7%
Consultations	75	75	\$1,113	\$9,718	\$44,636,103	\$379,164,426	11.8%	3.1%	5.8% - 17.8%
Nursing home visit	59	72	\$803	\$4,589	\$32,081,900	\$184,080,237	17.4%	3.5%	10.7% - 24.2%
All Codes With Less Than 30 Claims	453	698	\$477	\$76,222	\$18,558,916	\$2,957,706,966	0.6%	0.2%	0.1% - 1.1%
Office visits - new	47	47	\$451	\$3,570	\$17,586,938	\$139,752,030	12.6%	4.1%	4.6% - 20.5%
Minor procedures - other (Medicare fee schedule)	105	189	\$431	\$6,688	\$16,768,626	\$261,055,075	6.4%	3.4%	(0.2%) - 13.0%
Hospital visit - initial	33	33	\$330	\$3,871	\$12,646,563	\$149,265,716	8.5%	3.5%	1.6% - 15.4%
Chiropractic	58	80	\$305	\$2,258	\$12,185,174	\$87,050,144	14.0%	5.3%	3.7% - 24.3%
Emergency room visit	47	47	\$247	\$5,212	\$10,099,186	\$205,089,576	4.9%	2.8%	(0.5%) - 10.4%
Lab tests - other (non-Medicare fee schedule)	181	358	\$74	\$4,056	\$2,773,852	\$155,944,131	1.8%	1.6%	(1.3%) - 4.8%
Other drugs	55	83	\$67	\$12,900	\$2,505,130	\$493,847,911	0.5%	0.5%	(0.4%) - 1.4%
Other tests - electrocardiograms	89	96	\$59	\$1,378	\$2,332,955	\$54,162,353	4.3%	2.4%	(0.4%) - 9.0%
Ambulance	35	73	\$42	\$10,558	\$1,775,085	\$416,751,796	0.4%	0.4%	(0.4%) - 1.3%
Standard imaging - musculoskeletal	68	93	\$40	\$1,774	\$1,630,956	\$68,623,983	2.4%	1.6%	(0.8%) - 5.5%
Immunizations/Vaccinations	35	68	\$18	\$816	\$718,989	\$31,099,082	2.3%	2.3%	(2.2%) - 6.9%
Specialist - ophthalmology	69	112	\$19	\$7,077	\$670,691	\$280,154,459	0.2%	0.2%	(0.2%) - 0.7%
Standard imaging - chest	62	65	\$11	\$708	\$426,746	\$27,705,739	1.5%	1.5%	(1.5%) - 4.6%
Other tests - other	46	100	\$6	\$4,540	\$246,877	\$173,004,293	0.1%	0.1%	(0.1%) - 0.4%
Lab tests - routine venipuncture (non Medicare fee schedule)	147	147	\$6	\$423	\$225,394	\$16,579,681	1.4%	1.0%	(0.5%) - 3.2%
Lab tests - urinalysis	41	41	\$6	\$160	\$212,486	\$6,184,307	3.4%	2.7%	(1.9%) - 8.8%
Lab tests - automated general profiles	52	53	\$0	\$576	\$0	\$22,413,136	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	80	82	\$0	\$821	\$0	\$32,035,338	0.0%	0.0%	0.0% - 0.0%
Lab tests - other (Medicare fee schedule)	42	74	\$0	\$3,453	\$0	\$135,278,357	0.0%	0.0%	0.0% - 0.0%
Minor procedures - skin	41	51	\$0	\$2,499	\$0	\$95,312,202	0.0%	0.0%	0.0% - 0.0%
Specialist - psychiatry	51	57	\$0	\$2,635	\$0	\$101,262,335	0.0%	0.0%	0.0% - 0.0%
Overall	1,940	3,517	\$7,442	\$208,795	\$294,175,659	\$8,135,902,277	3.6%	0.4%	2.8% - 4.4%

Noridian Part B MAC Region 3 03002

Carrier Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Codes With Less Than 30 Claims	421	649	\$1,319	\$82,645	\$2,155,891	\$81,719,953	2.6%	1.1%	0.5% - 4.8%
Hospital visit - subsequent	65	129	\$1,015	\$7,668	\$2,053,134	\$8,318,589	24.7%	9.6%	5.8% - 43.5%
Office visits - established	492	499	\$1,020	\$25,304	\$1,871,847	\$36,379,990	5.1%	1.4%	2.5% - 7.8%
Consultations	53	53	\$912	\$6,271	\$1,341,780	\$7,716,256	17.4%	5.4%	6.7% - 28.1%
Hospital visit - initial	33	33	\$908	\$4,110	\$1,150,030	\$3,803,060	30.2%	6.7%	17.0% - 43.5%
Minor procedures - other (Medicare fee schedule)	102	178	\$558	\$5,564	\$617,151	\$5,934,302	10.4%	5.9%	(1.2%) - 22.0%
Office visits - new	39	40	\$320	\$2,863	\$506,611	\$4,104,542	12.3%	7.2%	(1.7%) - 26.4%
Chiropractic	59	85	\$279	\$1,847	\$310,903	\$1,940,869	16.0%	7.8%	0.7% - 31.4%
Other tests - other	38	51	\$204	\$3,229	\$104,519	\$1,842,361	5.7%	5.6%	(5.4%) - 16.7%
Minor procedures - skin	39	45	\$162	\$2,548	\$82,777	\$2,041,261	4.1%	4.1%	(3.9%) - 12.0%
Emergency room visit	32	32	\$173	\$2,674	\$53,539	\$2,271,674	2.4%	1.6%	(0.7%) - 5.5%
Lab tests - other (Medicare fee schedule)	33	46	\$133	\$1,897	\$52,882	\$1,470,786	3.6%	2.9%	(2.0%) - 9.2%
Minor procedures - musculoskeletal	38	42	\$113	\$2,692	\$48,074	\$4,582,025	1.0%	0.9%	(0.7%) - 2.8%
Standard imaging - musculoskeletal	80	105	\$86	\$2,072	\$43,838	\$2,742,892	1.6%	1.2%	(0.8%) - 4.0%
Ambulatory procedures - skin	32	44	\$69	\$3,853	\$35,296	\$4,203,512	0.8%	0.9%	(0.9%) - 2.5%
Standard imaging - chest	75	85	\$102	\$729	\$31,561	\$851,765	3.7%	3.3%	(2.9%) - 10.3%
Lab tests - other (non-Medicare fee schedule)	159	244	\$23	\$5,569	\$28,732	\$5,604,996	0.5%	0.4%	(0.3%) - 1.3%
Lab tests - routine venipuncture (non Medicare fee schedule)	122	123	\$6	\$318	\$22,198	\$385,319	5.8%	4.0%	(2.0%) - 13.5%
Other tests - electrocardiograms	46	51	\$25	\$495	\$9,287	\$906,398	1.0%	0.7%	(0.3%) - 2.3%
Other drugs	52	72	\$15	\$11,679	\$7,621	\$7,303,520	0.1%	0.1%	(0.1%) - 0.3%
Lab tests - urinalysis	32	33	\$9	\$109	\$3,643	\$173,898	2.1%	1.6%	(1.1%) - 5.2%
Immunizations/Vaccinations	37	65	\$0	\$692	\$0	\$928,258	0.0%	0.0%	0.0% - 0.0%
Lab tests - automated general profiles	44	44	\$0	\$527	\$0	\$633,286	0.0%	0.0%	0.0% - 0.0%
Lab tests - blood counts	45	46	\$0	\$376	\$0	\$405,596	0.0%	0.0%	0.0% - 0.0%
Specialist - ophthalmology	62	108	\$0	\$5,101	\$0	\$5,062,668	0.0%	0.0%	0.0% - 0.0%
Overall	1,678	2,902	\$7,450	\$180,831	\$10,531,313	\$191,327,775	5.5%	0.9%	3.8% - 7.3%

Durable Medical Equipment Contractors

AdminaStar Region B 00635

DMERC Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Policy Groups with Less than 30 Claims	246	426	\$1,779	\$46,083	\$14,337,358	\$371,334,673	3.9%	1.8%	0.4% - 7.4%
Glucose Monitor	204	334	\$1,434	\$18,318	\$11,551,094	\$147,603,342	7.8%	2.3%	3.3% - 12.3%
Nebulizers & Related Drugs	190	347	\$456	\$14,708	\$3,676,583	\$118,518,477	3.1%	1.7%	(0.2%) - 6.4%
CPAP	54	84	\$455	\$6,016	\$3,665,221	\$48,476,788	7.6%	5.2%	(2.5%) - 17.7%
Wheelchairs Manual	60	62	\$340	\$3,406	\$2,743,154	\$27,443,549	10.0%	4.0%	2.1% - 17.9%
Oxygen Supplies/Equipment	182	283	\$232	\$32,027	\$1,873,383	\$258,068,663	0.7%	0.7%	(0.7%) - 2.1%
Hospital Beds/Accessories	37	42	\$140	\$4,113	\$1,131,814	\$33,138,557	3.4%	3.4%	(3.2%) - 10.0%
Overall	944	1,578	\$4,837	\$124,671	\$38,978,608	\$1,004,584,049	3.9%	0.9%	2.2% - 5.5%

TriCenturion Region A 77011

DMERC Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Policy Groups with Less than 30 Claims	194	334	\$1,267	\$37,435	\$12,561,242	\$371,141,465	3.4%	2.1%	(0.7%) - 7.4%
Glucose Monitor	93	144	\$1,137	\$9,982	\$11,270,220	\$98,962,359	11.4%	3.6%	4.3% - 18.5%
Nebulizers & Related Drugs	95	163	\$330	\$7,261	\$3,269,888	\$71,989,894	4.5%	2.7%	(0.7%) - 9.8%
Oxygen Supplies/Equipment	91	137	\$0	\$14,255	\$0	\$141,331,219	0.0%	0.0%	0.0% - 0.0%
Wheelchairs Manual	31	37	\$0	\$4,192	\$0	\$41,559,864	0.0%	0.0%	0.0% - 0.0%
Overall	492	815	\$2,734	\$73,126	\$27,101,350	\$724,984,802	3.7%	1.2%	1.3% - 6.1%

Palmetto Region C 00885

DMERC Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Policy Groups with Less than 30 Claims	376	626	\$46,665	\$149,096	\$391,687,916	\$1,251,459,596	31.3%	8.1%	15.5% - 47.1%
Nebulizers & Related Drugs	594	1,136	\$17,936	\$75,111	\$150,550,593	\$630,455,042	23.9%	5.8%	12.6% - 35.2%
Enteral Nutrition	71	163	\$9,731	\$33,518	\$81,678,220	\$281,339,776	29.0%	10.1%	9.3% - 48.8%
Glucose Monitor	518	1,041	\$4,823	\$55,847	\$40,480,701	\$468,756,095	8.6%	1.4%	5.8% - 11.5%
Support Surfaces	50	53	\$4,025	\$12,471	\$33,783,748	\$104,678,233	32.3%	10.5%	11.6% - 52.9%
Wheelchairs Options/Accessories	90	157	\$2,720	\$6,602	\$22,833,064	\$55,411,736	41.2%	19.7%	2.5% - 79.9%
CPAP	176	302	\$2,177	\$17,864	\$18,275,818	\$149,947,509	12.2%	4.3%	3.9% - 20.5%
Surgical Dressings	32	70	\$1,049	\$4,148	\$8,802,751	\$34,820,279	25.3%	14.6%	(3.3%) - 53.9%
Wheelchairs Manual	228	230	\$676	\$10,463	\$5,676,370	\$87,820,857	6.5%	1.9%	2.7% - 10.3%
Oxygen Supplies/Equipment	579	867	\$663	\$100,882	\$5,565,406	\$846,769,085	0.7%	0.4%	(0.1%) - 1.4%
Diabetic Shoes	40	86	\$609	\$9,222	\$5,110,890	\$77,402,330	6.6%	3.8%	(0.8%) - 14.0%
Ostomy Supplies	44	97	\$238	\$5,198	\$2,001,045	\$43,628,318	4.6%	3.6%	(2.4%) - 11.6%
Walkers	34	38	\$211	\$2,795	\$1,770,220	\$23,456,711	7.5%	5.2%	(2.6%) - 17.7%
Commodes/Bed Pans/Urinals	44	44	\$110	\$2,547	\$925,735	\$21,378,193	4.3%	4.2%	(4.0%) - 12.6%
Hospital Beds/Accessories	150	171	\$105	\$13,707	\$884,270	\$115,054,877	0.8%	0.8%	(0.7%) - 2.3%
Immunosuppressive Drugs	40	101	\$0	\$19,513	\$0	\$163,781,495	0.0%	0.0%	0.0% - 0.0%
Overall	2,889	5,182	\$91,739	\$518,983	\$770,026,748	\$4,356,160,134	17.7%	2.5%	12.8% - 22.5%

CIGNA Region D 05655

DMERC Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Policy Groups with Less than 30 Claims	216	371	\$1,855	\$59,645	\$13,614,346	\$437,756,132	3.1%	2.1%	(1.0%) - 7.2%
Glucose Monitor	196	348	\$1,068	\$19,549	\$7,838,792	\$143,475,539	5.5%	1.5%	2.6% - 8.4%
Oxygen Supplies/Equipment	247	366	\$927	\$43,374	\$6,800,861	\$318,339,272	2.1%	0.9%	0.3% - 4.0%
Nebulizers & Related Drugs	167	293	\$695	\$12,528	\$5,097,912	\$91,944,062	5.5%	3.1%	(0.5%) - 11.6%
Immunosuppressive Drugs	30	91	\$521	\$17,755	\$3,820,645	\$130,307,206	2.9%	2.6%	(2.2%) - 8.1%
CPAP	74	124	\$219	\$7,868	\$1,607,758	\$57,748,567	2.8%	2.0%	(1.2%) - 6.8%
Hospital Beds/Accessories	65	71	\$140	\$6,497	\$1,030,885	\$47,683,530	2.2%	2.1%	(2.0%) - 6.4%
Wheelchairs Manual	77	92	\$85	\$3,735	\$625,239	\$27,410,854	2.3%	2.3%	(2.1%) - 6.7%
Wheelchairs Options/Accessories	32	65	\$0	\$15,538	\$0	\$114,040,346	0.0%	0.0%	0.0% - 0.0%
Overall	1,046	1,821	\$5,510	\$186,489	\$40,436,437	\$1,368,705,508	3.0%	0.8%	1.3% - 4.6%

NHIC MAC Region A 16003

DMERC Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Glucose Monitor	258	441	3,102	26,146	\$12,887,058	\$108,619,937	11.9%	2.5%	7.0% - 16.7%
All Policy Groups with Less than 30 Claims	285	501	1,790	70,099	\$7,437,322	\$291,220,924	2.6%	1.0%	0.6% - 4.5%
Oxygen Supplies/Equipment	228	374	1,128	40,858	\$4,687,528	\$169,741,763	2.8%	1.2%	0.4% - 5.2%
CPAP	77	130	554	8,289	\$2,303,446	\$34,436,818	6.7%	3.5%	(0.1%) - 13.5%
Wheelchairs Manual	108	118	524	5,269	\$2,178,149	\$21,888,219	10.0%	3.5%	3.1% - 16.9%
Nebulizers & Related Drugs	187	284	321	10,695	\$1,331,857	\$44,429,966	3.0%	1.6%	(0.2%) - 6.2%
Hospital Beds/Accessories	67	72	246	6,415	\$1,021,150	\$26,649,031	3.8%	2.7%	(1.4%) - 9.1%
Wheelchairs Options/Accessories	58	83	203	3,509	\$845,212	\$14,575,736	5.8%	3.2%	(0.4%) - 12.0%
Enteral Nutrition	37	63	0	10,607	\$0	\$44,064,628	0.0%	0.0%	0.0% - 0.0%
Walkers	35	40	0	3,360	\$0	\$13,956,897	0.0%	0.0%	0.0% - 0.0%
Overall	1,279	2,106	7,869	185,246	\$32,691,723	\$769,583,920	4.2%	0.7%	2.9% - 5.6%

National Government Services MAC Region B 17003

DMERC Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
Glucose Monitor	676	1,078	6,654	57,519	\$20,747,231	\$179,355,424	11.6%	1.6%	8.5% - 14.6%
Oxygen Supplies/Equipment	480	758	1,748	85,940	\$5,451,853	\$267,975,342	2.0%	0.7%	0.7% - 3.4%
All Policy Groups with Less than 30 Claims	304	432	1,197	100,989	\$3,733,082	\$314,902,854	1.2%	0.5%	0.1% - 2.3%
Nebulizers & Related Drugs	382	675	1,157	34,816	\$3,606,515	\$108,563,532	3.3%	1.3%	0.8% - 5.9%
Immunosuppressive Drugs	35	81	1,152	13,902	\$3,591,735	\$43,350,308	8.3%	6.5%	(4.5%) - 21.1%
Enteral Nutrition	41	85	1,053	13,256	\$3,284,065	\$41,335,841	7.9%	6.5%	(4.9%) - 20.8%
CPAP	172	276	861	17,581	\$2,686,029	\$54,820,306	4.9%	2.2%	0.6% - 9.2%
Wheelchairs Manual	161	167	648	8,730	\$2,021,203	\$27,221,004	7.4%	2.1%	3.3% - 11.6%
Wheelchairs Options/Accessories	54	86	224	6,248	\$699,532	\$19,481,376	3.6%	3.6%	(3.5%) - 10.7%
Lenses	34	108	86	3,247	\$269,598	\$10,125,097	2.7%	2.6%	(2.5%) - 7.9%
Ostomy Supplies	48	90	64	6,252	\$200,343	\$19,496,125	1.0%	0.6%	(0.2%) - 2.2%
Urological Supplies	40	59	52	1,459	\$161,241	\$4,549,826	3.5%	2.6%	(1.6%) - 8.7%
Hospital Beds/Accessories	77	81	29	7,915	\$91,363	\$24,678,879	0.4%	0.3%	(0.1%) - 0.9%
Infusion Pumps & Related Drugs	30	78	0	9,987	\$0	\$31,141,988	0.0%	0.0%	0.0% - 0.0%
Walkers	49	56	0	4,578	\$0	\$14,274,674	0.0%	0.0%	0.0% - 0.0%
Overall	2,483	4,110	14,927	372,420	\$46,543,790	\$1,161,272,577	4.0%	0.5%	2.9% - 5.1%

Noridian Administrative Services MAC Region D 19003

DMERC Service Type	Number of Claims in Sample	Number of Line in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
							Paid Claims Error Rate	Standard Error	95% Confidence Interval
All Policy Groups with Less than 30 Claims	267	496	13,208	67,786	\$42,882,097	\$220,086,227	19.5%	6.2%	7.4% - 31.6%
Glucose Monitor	196	310	2,984	19,286	\$9,689,158	\$62,619,054	15.5%	3.3%	8.9% - 22.0%
Oxygen Supplies/Equipment	256	388	923	41,191	\$2,997,856	\$133,738,163	2.2%	1.0%	0.2% - 4.3%
Wheelchairs Manual	86	87	625	4,304	\$2,030,248	\$13,972,936	14.5%	4.7%	5.3% - 23.7%
CPAP	85	158	446	10,051	\$1,449,268	\$32,633,031	4.4%	2.2%	0.2% - 8.7%
Hospital Beds/Accessories	43	46	236	4,038	\$765,982	\$13,112,083	5.8%	4.1%	(2.2%) - 13.8%
Nebulizers & Related Drugs	155	239	12	8,252	\$39,221	\$26,792,646	0.1%	0.1%	(0.1%) - 0.4%
Overall	1,058	1,724	18,435	154,908	\$59,853,831	\$502,954,140	11.9%	2.8%	6.3% - 17.5%

Fiscal Intermediary (FI) and Part A MAC

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

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	132	\$5,376	\$427,913	\$40,664,527	\$3,327,297,669	1.2%	0.4%	0.3% - 2.1%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,545	\$3,989	\$387,239	\$31,215,750	\$2,957,863,816	1.1%	0.3%	0.4% - 1.7%
Other FI Service Types	181	\$1,609	\$52,636	\$12,512,532	\$404,633,954	3.1%	1.4%	0.4% - 5.8%
ESRD	35	\$158	\$70,262	\$1,147,073	\$543,832,099	0.2%	0.2%	(0.2%) - 0.6%
All Codes With Less Than 30 Lines	1	\$0	\$110	\$0	\$874,368	0.0%		
Non-PPS Hospital In-patient	48	\$0	\$86,385	\$0	\$639,464,871	0.0%	0.0%	0.0% - 0.0%
RHCs	36	\$0	\$3,389	\$0	\$24,830,894	0.0%	0.0%	0.0% - 0.0%
Overall	1,978	\$11,131	\$1,027,934	\$85,539,881	\$7,898,797,672	1.1%	0.2%	0.6% - 1.6%

Anthem ME/MA 00180/00181

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,677	\$13,786	\$430,530	\$28,947,337	\$937,703,516	3.1%	1.5%	0.1% - 6.1%
Hospice	34	\$2,381	\$88,414	\$6,874,110	\$255,247,229	2.7%	2.6%	(2.5%) - 7.9%
HHA	155	\$2,041	\$280,086	\$5,893,270	\$808,592,299	0.7%	0.7%	(0.7%) - 2.2%
SNF	44	\$2,267	\$125,807	\$4,753,492	\$283,456,276	1.7%	1.1%	(0.4%) - 3.8%
Other FI Service Types	127	\$945	\$120,974	\$2,484,250	\$267,369,189	0.9%	0.6%	(0.3%) - 2.1%
All Codes With Less Than 30 Lines	39	\$553	\$65,278	\$1,110,654	\$147,335,986	0.8%	0.4%	(0.1%) - 1.6%
RHCs	39	\$199	\$3,973	\$575,224	\$11,470,939	5.0%	3.4%	(1.6%) - 11.6%
Overall	2,115	\$22,173	\$1,115,063	\$50,638,337	\$2,711,175,434	1.9%	0.6%	0.6% - 3.1%

Anthem NH/VT 00270

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
Other FI Service Types	470	\$38,835	\$210,873	\$24,061,237	\$130,652,711	18.4%	14.0%	(9.1%) - 45.9%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,357	\$3,813	\$290,444	\$2,362,238	\$179,953,196	1.3%	0.4%	0.5% - 2.1%
Non-PPS Hospital In-patient	88	\$912	\$64,990	\$565,347	\$40,266,479	1.4%	1.5%	(1.5%) - 4.3%
All Codes With Less Than 30 Lines	4	\$595	\$12,517	\$368,780	\$7,755,232	4.8%	3.0%	(1.1%) - 10.6%
SNF	42	\$446	\$123,945	\$276,258	\$76,793,984	0.4%	0.3%	(0.3%) - 1.0%
RHCs	107	\$0	\$11,242	\$0	\$6,965,015	0.0%	0.0%	0.0% - 0.0%
Overall	2,068	\$44,601	\$714,012	\$27,633,859	\$442,386,617	6.2%	4.7%	(3.0%) - 15.5%

Cahaba AL 00010

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,610	\$4,928	\$422,709	\$4,168,169	\$357,525,586	1.2%	0.4%	0.3% - 2.0%
SNF	43	\$378	\$122,340	\$319,863	\$103,474,588	0.3%	0.3%	(0.3%) - 0.9%
Other FI Service Types	139	\$328	\$118,486	\$277,134	\$100,214,855	0.3%	0.2%	(0.1%) - 0.6%
All Codes With Less Than 30 Lines	17	\$36	\$11,333	\$30,533	\$9,585,604	0.3%	0.3%	(0.3%) - 0.9%
RHCs	56	\$0	\$3,562	\$0	\$3,012,574	0.0%	0.0%	0.0% - 0.0%
Overall	1,865	\$5,670	\$678,430	\$4,795,699	\$573,813,207	0.8%	0.3%	0.3% - 1.4%

BCBS AR AR 00020

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	74	\$5,061	\$256,536	\$1,941,606	\$98,420,111	2.0%	0.9%	0.1% - 3.8%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,408	\$4,909	\$438,670	\$1,883,499	\$168,295,752	1.1%	0.3%	0.4% - 1.8%
Other FI Service Types	309	\$2,063	\$242,864	\$791,527	\$93,174,684	0.8%	0.3%	0.2% - 1.5%
Non-PPS Hospital In-patient	67	\$1,134	\$113,527	\$435,002	\$43,554,710	1.0%	0.9%	(0.8%) - 2.8%
RHCs	115	\$0	\$9,121	\$0	\$3,499,091	0.0%	0.0%	0.0% - 0.0%
Overall	1,973	\$13,167	\$1,060,718	\$5,051,634	\$406,944,348	1.2%	0.3%	0.7% - 1.8%

BCBS AZ AZ 00030

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	728	\$3,717	\$274,171	\$1,676,610	\$123,665,522	1.4%	0.5%	0.4% - 2.3%
SNF	34	\$972	\$143,908	\$438,373	\$64,909,930	0.7%	0.5%	(0.2%) - 1.6%
Other FI Service Types	36	\$259	\$18,018	\$116,619	\$8,127,010	1.4%	1.2%	(0.9%) - 3.8%
All Codes With Less Than 30 Lines	37	\$47	\$50,678	\$21,172	\$22,858,554	0.1%	0.1%	(0.0%) - 0.2%
Overall	835	\$4,994	\$486,775	\$2,252,775	\$219,561,015	1.0%	0.3%	0.4% - 1.6%

First Coast Service Options FL 00090

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,600	\$5,814	\$455,028	\$15,328,842	\$1,199,599,509	1.3%	0.4%	0.5% - 2.1%
Other FI Service Types	256	\$5,432	\$130,567	\$14,320,609	\$344,215,413	4.2%	1.3%	1.6% - 6.8%
SNF	114	\$2,698	\$395,722	\$7,112,416	\$1,043,248,638	0.7%	0.3%	0.0% - 1.3%
ESRD	41	\$1,540	\$68,211	\$4,060,272	\$179,826,805	2.3%	2.2%	(2.1%) - 6.6%
All Codes With Less Than 30 Lines	24	\$81	\$7,602	\$214,834	\$20,041,180	1.1%	1.3%	(1.5%) - 3.6%
Overall	2,035	\$15,566	\$1,057,130	\$41,036,972	\$2,786,931,545	1.5%	0.3%	0.9% - 2.1%

BCBS GA GA 00101

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,401	\$4,394	\$418,486	\$7,012,251	\$667,774,431	1.1%	0.3%	0.4% - 1.7%
ESRD	355	\$3,348	\$855,669	\$5,343,046	\$1,365,383,076	0.4%	0.1%	0.1% - 0.7%
Other FI Service Types	110	\$982	\$36,878	\$1,567,001	\$58,845,961	2.7%	0.9%	1.0% - 4.4%
All Codes With Less Than 30 Lines	25	\$324	\$54,614	\$517,754	\$87,146,779	0.6%	0.5%	(0.4%) - 1.6%
RHCs	43	\$74	\$4,709	\$118,416	\$7,514,510	1.6%	1.6%	(1.5%) - 4.7%
Non-PPS Hospital In-patient	39	\$0	\$44,460	\$0	\$70,945,021	0.0%	0.0%	0.0% - 0.0%
Overall	1,973	\$9,124	\$1,414,816	\$14,558,467	\$2,257,609,778	0.6%	0.1%	0.4% - 0.9%

Cahaba IA/SD 00011

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
HHA	523	\$2,813	\$938,488	\$6,568,921	\$2,191,325,803	0.3%	0.2%	(0.0%) - 0.6%
Hospice	213	\$1,398	\$545,514	\$3,264,077	\$1,273,749,271	0.3%	0.2%	(0.2%) - 0.7%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	630	\$791	\$173,752	\$1,847,881	\$405,701,654	0.5%	0.2%	0.2% - 0.8%
Other FI Service Types	360	\$244	\$128,564	\$569,145	\$300,190,529	0.2%	0.1%	0.0% - 0.4%
SNF	69	\$157	\$91,954	\$367,755	\$214,708,018	0.2%	0.1%	(0.1%) - 0.5%
All Codes With Less Than 30 Lines	8	\$20	\$19,375	\$45,532	\$45,240,472	0.1%	0.1%	(0.1%) - 0.3%
Non-PPS Hospital In-patient	100	\$9	\$132,306	\$19,870	\$308,927,968	0.0%	0.0%	(0.0%) - 0.0%
RHCs	70	\$0	\$6,782	\$0	\$15,835,203	0.0%	0.0%	0.0% - 0.0%
Overall	1,973	\$5,432	\$2,036,735	\$12,683,181	\$4,755,678,919	0.3%	0.1%	0.1% - 0.5%

BCBS KS KS 00150

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	903	\$6,039	\$369,928	\$2,987,213	\$183,000,210	1.6%	1.1%	(0.5%) - 3.8%
SNF	67	\$2,053	\$157,001	\$1,015,759	\$77,666,951	1.3%	0.7%	(0.1%) - 2.7%
Other FI Service Types	559	\$941	\$193,855	\$465,603	\$95,898,177	0.5%	0.2%	0.2% - 0.8%
Non-PPS Hospital In-patient	145	\$8	\$243,101	\$3,992	\$120,259,988	0.0%	0.0%	(0.0%) - 0.0%
All Codes With Less Than 30 Lines	9	\$3	\$19,260	\$1,697	\$9,527,589	0.0%	0.0%	(0.0%) - 0.0%
RHCs	237	\$0	\$22,552	\$0	\$11,156,449	0.0%	0.0%	0.0% - 0.0%
Overall	1,920	\$9,045	\$1,005,697	\$4,474,264	\$497,509,363	0.9%	0.4%	0.1% - 1.7%

Trispan LA/MO/MS 00230

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,261	\$19,478	\$358,324	\$26,248,740	\$482,871,865	5.4%	2.8%	(0.1%) - 11.0%
SNF	176	\$13,396	\$459,593	\$18,052,653	\$619,340,147	2.9%	1.1%	0.7% - 5.2%
Other FI Service Types	286	\$2,428	\$181,391	\$3,271,759	\$244,439,219	1.3%	0.6%	0.2% - 2.5%
ESRD	44	\$834	\$108,993	\$1,123,791	\$146,877,331	0.8%	0.6%	(0.5%) - 2.0%
Non-PPS Hospital In-patient	94	\$261	\$147,375	\$352,097	\$198,600,489	0.2%	0.2%	(0.2%) - 0.5%
RHCs	232	\$115	\$20,823	\$154,851	\$28,060,674	0.6%	0.6%	(0.5%) - 1.6%
Overall	2,093	\$36,513	\$1,276,499	\$49,203,890	\$1,720,189,725	2.9%	0.9%	1.1% - 4.6%

BCBS MT MT 00250

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	801	\$1,207	\$161,155	\$522,281	\$69,736,362	0.7%	0.3%	0.2% - 1.3%
SNF	36	\$459	\$60,901	\$198,735	\$26,353,576	0.8%	0.5%	(0.2%) - 1.7%
Other FI Service Types	296	\$319	\$85,232	\$138,149	\$36,882,120	0.4%	0.2%	0.0% - 0.7%
All Codes With Less Than 30 Lines	5	\$0	\$6,610	\$0	\$2,860,369	0.0%	0.0%	0.0% - 0.0%
Non-PPS Hospital In-patient	39	\$0	\$89,106	\$0	\$38,558,601	0.0%	0.0%	0.0% - 0.0%
RHCs	116	\$0	\$12,079	\$0	\$5,226,895	0.0%	0.0%	0.0% - 0.0%
Overall	1,293	\$1,985	\$415,082	\$859,165	\$179,617,923	0.5%	0.1%	0.2% - 0.7%

Palmetto NC 00382

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,747	\$13,244	\$565,849	\$17,859,286	\$763,025,370	2.3%	0.9%	0.6% - 4.1%
Other FI Service Types	130	\$4,790	\$197,026	\$6,458,602	\$265,681,775	2.4%	2.1%	(1.7%) - 6.6%
SNF	90	\$4,317	\$243,100	\$5,820,820	\$327,810,884	1.8%	1.6%	(1.3%) - 4.9%
ESRD	46	\$1,464	\$121,913	\$1,974,565	\$164,394,967	1.2%	1.0%	(0.8%) - 3.2%
All Codes With Less Than 30 Lines	25	\$0	\$1,931	\$0	\$2,603,339	0.0%	0.0%	0.0% - 0.0%
Non-PPS Hospital In-patient	30	\$0	\$32,649	\$0	\$44,025,428	0.0%	0.0%	0.0% - 0.0%
Overall	2,068	\$23,815	\$1,162,467	\$32,113,273	\$1,567,541,762	2.0%	0.7%	0.8% - 3.3%

BCBS NE NE 00260

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	754	\$7,403	\$333,351	\$1,880,969	\$84,703,611	2.2%	1.3%	(0.3%) - 4.7%
Other FI Service Types	705	\$1,335	\$280,664	\$339,146	\$71,316,139	0.5%	0.2%	0.1% - 0.9%
RHCs	328	\$199	\$30,145	\$50,667	\$7,659,754	0.7%	0.5%	(0.3%) - 1.6%
Non-PPS Hospital In-patient	166	\$27	\$296,936	\$6,751	\$75,450,742	0.0%	0.0%	(0.0%) - 0.0%
All Codes With Less Than 30 Lines	15	\$20	\$26,713	\$5,176	\$6,787,740	0.1%	0.1%	(0.1%) - 0.2%
SNF	38	\$0	\$44,370	\$0	\$11,274,250	0.0%	0.0%	0.0% - 0.0%
Overall	2,006	\$8,984	\$1,012,179	\$2,282,710	\$257,192,236	0.9%	0.4%	0.1% - 1.7%

BCBS AR RI 00021

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,845	\$6,331	\$452,308	\$1,039,776	\$74,289,055	1.4%	0.5%	0.5% - 2.3%
SNF	124	\$5,679	\$305,404	\$932,688	\$50,160,974	1.9%	1.0%	(0.0%) - 3.8%
All Codes With Less Than 30 Lines	23	\$0	\$188,243	\$0	\$30,917,899	0.0%	0.0%	0.0% - 0.0%
Overall	1,992	\$12,009	\$945,956	\$1,972,464	\$155,367,928	1.3%	0.4%	0.5% - 2.0%

Palmetto SC 00380

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
HHA	1,074	\$32,518	\$2,437,644	\$112,773,209	\$8,453,730,182	1.3%	0.4%	0.6% - 2.0%
Hospice	597	\$16,922	\$1,568,438	\$58,684,322	\$5,439,332,346	1.1%	0.5%	0.2% - 2.0%
All Codes With Less Than 30 Lines	54	\$2,768	\$71,056	\$9,600,269	\$246,421,892	3.9%	3.5%	(3.0%) - 10.8%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	424	\$2,143	\$143,954	\$7,430,728	\$499,231,444	1.5%	0.8%	(0.1%) - 3.1%
Overall	2,149	\$54,351	\$4,221,093	\$188,488,528	\$14,638,715,863	1.3%	0.3%	0.8% - 1.8%

BCBS WY WY 00460

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	677	\$6,161	\$235,275	\$361,054	\$13,788,647	2.6%	1.0%	0.6% - 4.7%
Other FI Service Types	329	\$2,183	\$137,469	\$127,910	\$8,056,579	1.6%	1.1%	(0.5%) - 3.7%
All Codes With Less Than 30 Lines	25	\$684	\$36,936	\$40,076	\$2,164,714	1.9%	1.4%	(1.0%) - 4.7%
Non-PPS Hospital In-patient	47	\$179	\$231,651	\$10,502	\$13,576,256	0.1%	0.1%	(0.1%) - 0.2%
RHCs	62	\$30	\$3,677	\$1,758	\$215,492	0.8%	0.6%	(0.3%) - 2.0%
Overall	1,140	\$9,236	\$645,009	\$541,300	\$37,801,687	1.4%	0.5%	0.5% - 2.4%

Highmark Medicare Services DC/MD 00366

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	270	\$12,697	\$1,008,211	\$33,926,418	\$2,693,892,698	1.3%	0.4%	0.5% - 2.0%
Non-PPS Hospital In-patient	1,190	\$12,639	\$541,027	\$33,772,140	\$1,445,600,620	2.3%	0.6%	1.1% - 3.6%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	283	\$9,677	\$101,311	\$25,856,689	\$270,698,308	9.6%	5.0%	(0.3%) - 19.4%
Other FI Service Types	88	\$1,516	\$87,722	\$4,049,935	\$234,390,484	1.7%	1.1%	(0.5%) - 4.0%
Free Standing Ambulatory Surgery	73	\$295	\$163,399	\$788,627	\$436,595,702	0.2%	0.1%	(0.1%) - 0.5%
All Codes With Less Than 30 Lines	25	\$236	\$66,222	\$631,303	\$176,941,864	0.4%	0.2%	(0.1%) - 0.8%
Overall	1,929	\$37,061	\$1,967,893	\$99,025,111	\$5,258,119,676	1.9%	0.4%	1.1% - 2.6%

COSVI PR/VI 57400

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,817	\$13,447	\$399,157	\$1,443,480	\$42,848,561	3.4%	1.1%	1.2% - 5.5%
ESRD	71	\$785	\$101,453	\$84,256	\$10,890,787	0.8%	0.4%	0.0% - 1.5%
Non-PPS Hospital Inpatient	77	\$230	\$83,211	\$24,733	\$8,932,506	0.3%	0.3%	(0.2%) - 0.8%
All Codes With Less Than 30 Lines	44	\$191	\$86,123	\$20,528	\$9,245,104	0.2%	0.2%	(0.2%) - 0.7%
Overall	2,009	\$14,653	\$669,944	\$1,572,998	\$71,916,957	2.2%	0.7%	0.9% - 3.5%

Empire CT/DE/NY 00308

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,845	\$7,111	\$464,704	\$28,227,131	\$1,844,636,937	1.5%	0.4%	0.7% - 2.4%
ESRD	45	\$1,588	\$124,719	\$6,302,829	\$495,068,803	1.3%	0.8%	(0.4%) - 2.9%
SNF	129	\$1,096	\$417,038	\$4,349,643	\$1,655,425,532	0.3%	0.1%	(0.0%) - 0.5%
Other FI Service Types	41	\$219	\$146,713	\$867,968	\$582,374,820	0.1%	0.1%	(0.1%) - 0.4%
All Codes With Less Than 30 Lines	2	\$0	\$31	\$0	\$122,617	0.0%	0.0%	0.0% - 0.0%
Overall	2,062	\$10,013	\$1,153,205	\$39,747,571	\$4,577,628,710	0.9%	0.2%	0.4% - 1.3%

Chisholm OK 00340

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,619	\$2,669	\$506,679	\$904,613	\$171,711,630	0.5%	0.2%	0.1% - 0.9%
Other FI Service Types	210	\$658	\$224,080	\$223,116	\$75,939,971	0.3%	0.1%	0.1% - 0.5%
All Codes With Less Than 30 Lines	9	\$353	\$36,394	\$119,776	\$12,333,915	1.0%	0.8%	(0.6%) - 2.5%
RHCs	52	\$122	\$3,651	\$41,450	\$1,237,385	3.3%	3.3%	(3.1%) - 9.8%
Non-PPS Hospital Inpatient	75	\$12	\$145,957	\$4,009	\$49,464,329	0.0%	0.0%	(0.0%) - 0.0%
Overall	1,965	\$3,815	\$916,762	\$1,292,964	\$310,687,230	0.4%	0.1%	0.2% - 0.7%

Veritus PA 00363

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	142	\$2,593	\$332,640	\$7,502,688	\$962,555,471	0.8%	0.4%	0.0% - 1.5%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,511	\$2,388	\$304,583	\$6,909,569	\$881,367,884	0.8%	0.2%	0.4% - 1.2%
Other FI Service Types	86	\$144	\$23,739	\$415,967	\$68,692,108	0.6%	0.5%	(0.4%) - 1.6%
All Codes With Less Than 30 Lines	33	\$0	\$42,283	\$0	\$122,353,723	0.0%	0.0%	0.0% - 0.0%
RHCs	111	\$0	\$8,082	\$0	\$23,387,945	0.0%	0.0%	0.0% - 0.0%
Overall	1,883	\$5,124	\$711,327	\$14,828,224	\$2,058,357,131	0.7%	0.2%	0.3% - 1.1%

Mutual of Omaha (all states) 52280

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,920	\$12,046	\$645,812	\$74,241,541	\$3,980,128,066	1.9%	0.5%	0.8% - 2.9%
SNF	244	\$8,753	\$760,135	\$53,943,810	\$4,684,698,181	1.2%	0.4%	0.4% - 1.9%
Other FI Service Types	116	\$638	\$46,883	\$3,929,335	\$288,941,216	1.4%	0.7%	(0.0%) - 2.8%
All Codes With Less Than 30 Lines	30	\$4	\$67,238	\$24,652	\$414,388,167	0.0%	0.0%	(0.0%) - 0.0%
RHCs	49	\$0	\$4,785	\$0	\$29,491,734	0.0%	0.0%	0.0% - 0.0%
Overall	2,359	\$21,441	\$1,524,853	\$132,139,337	\$9,397,647,363	1.4%	0.3%	0.8% - 2.0%

Noridian MN/ND 00320/00321

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	63	\$4,160	\$150,829	\$6,395,909	\$231,770,766	2.8%	1.9%	(1.0%) - 6.5%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,169	\$2,787	\$296,624	\$4,280,399	\$448,152,010	1.0%	0.3%	0.3% - 1.6%
Other FI Service Types	360	\$983	\$102,459	\$1,511,501	\$155,736,319	1.0%	0.6%	(0.2%) - 2.2%
RHCs	66	\$126	\$7,531	\$193,422	\$11,202,453	1.7%	1.7%	(1.6%) - 5.1%
All Codes With Less Than 30 Lines	17	\$1	\$33,413	\$1,480	\$49,347,856	0.0%	0.0%	(0.0%) - 0.0%
Non-PPS Hospital In-patient	52	\$0	\$104,982	\$0	\$157,082,408	0.0%	0.0%	0.0% - 0.0%
Overall	1,727	\$8,056	\$695,838	\$12,382,711	\$1,053,291,811	1.2%	0.5%	0.3% - 2.1%

Noridian AK/WA 00322

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,520	\$4,706	\$411,572	\$3,098,703	\$270,988,097	1.1%	0.5%	0.1% - 2.2%
All Codes With Less Than 30 Lines	51	\$3,497	\$147,186	\$2,302,342	\$96,910,451	2.4%	1.6%	(0.8%) - 5.6%
Other FI Service Types	263	\$2,504	\$201,106	\$1,648,477	\$132,412,313	1.2%	0.7%	(0.2%) - 2.7%
Non-PPS Hospital Inpatient	49	\$0	\$207,337	\$0	\$136,515,438	0.0%	0.0%	0.0% - 0.0%
RHCs	173	\$0	\$22,047	\$0	\$14,515,955	0.0%	0.0%	0.0% - 0.0%
Overall	2,056	\$10,707	\$989,248	\$7,049,521	\$651,342,253	1.1%	0.4%	0.4% - 1.8%

Noridian ID/OR/UT 00323

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
ESRD	31	\$8,056	\$74,670	\$11,545,409	\$87,347,072	13.2%	8.5%	(3.4%) - 29.9%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,283	\$5,210	\$368,654	\$7,196,210	\$415,907,799	1.7%	0.8%	0.2% - 3.3%
Other FI Service Types	332	\$664	\$127,377	\$865,414	\$139,952,236	0.6%	0.3%	0.1% - 1.2%
SNF	31	\$441	\$101,913	\$659,912	\$146,198,498	0.5%	0.2%	(0.0%) - 0.9%
Non-PPS Hospital Inpatient	62	\$12	\$98,030	\$20,927	\$121,320,357	0.0%	0.0%	(0.0%) - 0.1%
RHCs	42	\$0	\$5,379	\$0	\$5,738,881	0.0%	0.0%	0.0% - 0.0%
Overall	1,781	\$14,383	\$776,023	\$20,287,872	\$916,464,844	2.2%	1.0%	0.2% - 4.2%

Riverbend NJ/TN 00390

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	113	\$8,100	\$383,274	\$33,260,479	\$1,573,790,407	2.1%	1.3%	(0.4%) - 4.6%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,009	\$4,465	\$340,188	\$18,336,025	\$1,396,871,137	1.3%	0.3%	0.6% - 2.0%
RHCs	764	\$294	\$52,605	\$1,208,159	\$216,003,532	0.6%	0.3%	0.0% - 1.1%
ESRD	34	\$72	\$86,858	\$295,069	\$356,654,101	0.1%	0.1%	(0.0%) - 0.2%
Other FI Service Types	56	\$63	\$11,789	\$257,005	\$48,406,748	0.5%	0.3%	(0.1%) - 1.1%
All Codes With Less Than 30 Lines	6	\$0	\$4,130	\$0	\$16,958,158	0.0%	0.0%	0.0% - 0.0%
Overall	1,982	\$12,994	\$878,844	\$53,356,738	\$3,608,684,084	1.5%	0.6%	0.4% - 2.6%

Trailblazer CO/NM/TX 00400

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,217	\$9,203	\$372,786	\$35,573,372	\$1,440,995,868	2.5%	0.8%	0.9% - 4.1%
SNF	53	\$5,115	\$167,939	\$19,771,630	\$649,163,599	3.0%	1.8%	(0.4%) - 6.5%
Other FI Service Types	140	\$2,595	\$107,950	\$10,030,616	\$417,279,648	2.4%	1.7%	(1.0%) - 5.8%
ESRD	192	\$1,311	\$451,257	\$5,067,299	\$1,744,325,133	0.3%	0.1%	0.1% - 0.5%
RHCs	260	\$198	\$21,143	\$766,370	\$81,726,490	0.9%	0.5%	(0.1%) - 2.0%
All Codes With Less Than 30 Lines	5	\$0	\$378	\$0	\$1,462,080	0.0%	0.0%	0.0% - 0.0%
Non-PPS Hospital In-patient	33	\$0	\$29,691	\$0	\$114,771,179	0.0%	0.0%	0.0% - 0.0%
Overall	1,900	\$18,422	\$1,151,143	\$71,209,287	\$4,449,723,997	1.6%	0.4%	0.8% - 2.4%

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

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	111	\$24,468	\$436,016	\$96,325,627	\$1,716,510,403	5.6%	3.2%	(0.6%) - 11.8%
ESRD	107	\$10,588	\$234,484	\$41,682,419	\$923,119,123	4.5%	3.0%	(1.3%) - 10.4%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,426	\$9,383	\$376,282	\$36,937,742	\$1,481,350,592	2.5%	0.9%	0.7% - 4.2%
Hospice	93	\$5,487	\$282,175	\$21,600,383	\$1,110,868,385	1.9%	1.1%	(0.3%) - 4.2%
HHA	100	\$4,932	\$298,704	\$19,415,299	\$1,175,939,677	1.7%	1.0%	(0.3%) - 3.6%
Other FI Service Types	69	\$1,574	\$30,528	\$6,194,838	\$120,184,515	5.2%	4.3%	(3.2%) - 13.5%
All Codes With Less Than 30 Lines	9	\$0	\$1,858	\$0	\$7,313,796	0.0%	0.0%	0.0% - 0.0%
RHCs	48	\$0	\$4,762	\$0	\$18,746,317	0.0%	0.0%	0.0% - 0.0%
Overall	1,963	\$56,431	\$1,664,810	\$222,156,308	\$6,554,032,809	3.4%	1.0%	1.4% - 5.4%

UGS WI/MI 00450/00452

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
HHA	117	\$7,080	\$235,775	\$58,991,763	\$1,964,590,894	3.0%	2.1%	(1.0%) - 7.0%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	949	\$1,671	\$232,050	\$11,839,751	\$1,732,014,317	0.7%	0.3%	0.2% - 1.2%
SNF	60	\$961	\$141,878	\$8,010,698	\$1,181,465,052	0.7%	0.4%	(0.1%) - 1.5%
FQHC	566	\$786	\$51,930	\$6,550,678	\$432,709,363	1.5%	0.5%	0.5% - 2.6%
Other FI Service Types	145	\$476	\$51,753	\$3,740,937	\$406,138,535	0.9%	0.4%	0.1% - 1.7%
All Codes With Less Than 30 Lines	34	\$8	\$33,460	\$52,346	\$246,621,739	0.0%	0.0%	(0.0%) - 0.1%
Hospice	53	\$0	\$120,356	\$0	\$1,002,863,389	0.0%	0.0%	0.0% - 0.0%
Non-PPS Hospital In-patient	31	\$0	\$69,406	\$0	\$550,839,332	0.0%	0.0%	0.0% - 0.0%
Overall	1,955	\$10,982	\$936,609	\$89,186,173	\$7,517,242,621	1.2%	0.6%	0.1% - 2.3%

UGS VA/WV 00453

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	1,704	\$6,043	\$435,749	\$12,351,849	\$890,628,489	1.4%	0.4%	0.7% - 2.1%
SNF	83	\$1,829	\$262,616	\$3,737,397	\$536,762,192	0.7%	0.3%	0.1% - 1.3%
Other FI Service Types	135	\$422	\$36,193	\$862,486	\$73,974,561	1.2%	0.7%	(0.1%) - 2.4%
All Codes With Less Than 30 Lines	22	\$0	\$33,790	\$0	\$69,063,147	0.0%	0.0%	0.0% - 0.0%
RHCs	35	\$0	\$2,753	\$0	\$5,627,679	0.0%	0.0%	0.0% - 0.0%
Overall	1,979	\$8,294	\$771,102	\$16,951,731	\$1,576,056,068	1.1%	0.2%	0.6% - 1.6%

Noridian MAC Part A Region 3 03001

FI Service Type	Number of Claims in Sample	Total Dollars Incorrectly Paid in Sample	Total Dollars Paid in Sample	Projected Improper Payments	Projected Dollars Paid	Paid Claims Error Rate		
						Paid Claims Error Rate	Standard Error	95% Confidence Interval
SNF	112	\$16,052	\$258,686	\$2,483,356	\$46,233,907	5.4%	2.3%	0.9% - 9.8%
OPPS, Laboratory (an FI), Ambulatory (Billing an FI)	2,279	\$11,575	\$775,410	\$1,399,011	\$135,528,893	1.0%	0.3%	0.4% - 1.6%
Other FI Service Types	579	\$6,162	\$397,694	\$486,009	\$46,451,521	1.0%	0.5%	0.1% - 2.0%
ESRD	50	\$2,065	\$97,457	\$98,339	\$13,067,728	0.8%	0.4%	(0.1%) - 1.6%
Non-PPS Hospital In-patient	96	\$2,086	\$266,578	\$83,464	\$35,771,459	0.2%	0.2%	(0.2%) - 0.7%
RHCs	138	\$0	\$12,635	\$0	\$2,713,604	0.0%	0.0%	0.0% - 0.0%
Overall	3,254	\$37,940	\$1,808,460	\$4,550,179	\$279,767,111	1.6%	0.4%	0.8% - 2.4%