Medicaid Improper Payment Findings

FY 2011 - FY 2013 Payment Error Rate Measurement (PERM) Cycles

CMS

FY 2011 - FY 2013

Updated: November 2014

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Background

The data contained in this package is a compilation of Medicaid improper payments identified in Fiscal Years (FYs) 2011, 2012, and 2013 through the Payment Error Rate Measurement (PERM) program. PERM is the Medicaid and Children's Health Insurance Program (CHIP) improper payment measurement required by the Improper Payments Information Act of 2002 (IPIA), amended by the Improper Payments Elimination and Recovery Act of 2010 (IPERA) and later the Improper Payments Elimination and Recovery Improvement Act of 2012 (IPERIA). CMS annually estimates the amount of Medicaid improper payments and submits those estimates to Congress.

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

The PERM program uses a 17-state three-year rotation for measuring improper payments in Medicaid, so that CMS measures each state once every three years. The data presented in this package consists of findings from the three most recently completed PERM cycles, FY 2011, FY 2012, and FY 2013, and, therefore, contains findings from all 50 states and the District of Columbia. This package also includes the most recent data available to CMS.

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

Please note that this package portrays non-weighted counts of errors and dollar amounts. Because the percentages of total number of errors and total dollars in error shown in the following tables are not weighted, higher percentages may be a result of a larger sample size for that claim type and vice versa for smaller percentages. These percentages are not error rates; they are simply the proportion of each type of error measured. All findings are later weighted and compiled to calculate the error rates.

Table 1: Medicaid Errors by Component

Component	Number of Claims Sampled	Overpayments		Underpayments		Total Errors	
		Number of Payment Errors	Dollar Amount of Errors	Number of Payment Errors	Dollar Amount of Errors	Number of Payment Errors	Dollar Amount of Errors
FFS Data Processing	19,377	585	$1,805,515	54	$4,227	639	$1,809,742
FFS Medical Review	19,377	468	$529,402	8	$23,594	476	$552,995
Managed Care	9,521	32	$27,404	62	$838	94	$28,242
Eligibility	25,914	1,009	$414,366	45	$5,582	1,054	$419,948
Total	**54,812**	**2,094**	**$2,776,688**	**169**	**$34,240**	**2,263**	**$2,810,928**

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

Error Code	Error Type Description	Payment Errors		Dollars in Error	
		Number	% of Total Number of Errors	Dollars In Error	% of Total Dollars in Error
MR1	No Documentation	109	22.9%	$57,214	10.3%
MR2	Insufficient Documentation	197	41.4%	$188,025	34.0%
MR3	Procedure Coding Error	9	1.9%	$594	0.1%
MR4	Diagnosis Coding Error	20	4.2%	$118,604	21.4%
MR5	Unbundling	1	0.2%	$4	0.0%
MR6	Number of Unit(s) Error	48	10.1%	$88,426	16.0%
MR7	Medically Unnecessary	4	0.8%	$2,683	0.5%
MR8	Policy Violation	66	13.9%	$89,575	16.2%
MR9	Admin/Other	22	4.6%	$7,871	1.4%
	Total	**476**	**100%**	**$552,995**	**100%**

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

Service Type	Number of Claims Sampled	Payment Errors		Dollars in Error	
		Number	% of Total Number of Errors	Dollars In Error	% of Total Dollars in Error
Habilitation and Waiver Programs, School Services	1,925	84	17.6%	$68,895	12.5%
Prescribed Drugs	1,764	63	13.2%	$7,738	1.4%
Personal Support Services	1,255	59	12.4%	$46,349	8.4%
Nursing Facility, Intermediate Care Facilities	1,982	46	9.7%	$173,585	31.4%
Inpatient and Outpatient Hospital	2,215	37	7.8%	$165,329	29.9%
Psychiatric, Mental Health, and Behavioral Health Services	1,043	33	6.9%	$25,752	4.7%
Physicians and Other Licensed Practitioner Services	837	33	6.9%	$5,966	1.1%
Outpatient Hospital Services and Clinics	1,319	32	6.7%	$7,503	1.4%
Dental and Other Oral Surgery Services	588	21	4.4%	$2,704	0.5%
Transportation and Accommodations	273	18	3.8%	$582	0.1%
Laboratory, X-ray and Imaging Services	425	17	3.6%	$624	0.1%
Durable Medical Equipment (DME) and supplies, Prosthetic/Orthopedic devices and Environmental Modifications	294	12	2.5%	$2,526	0.5%
ICF for the Mentally Retarded and Group Homes	387	11	2.3%	$35,869	6.5%
Home Health Services	298	4	0.8%	$601	0.1%
Vision: Ophthalmology, Optometry and Optical Services	88	3	0.6%	$89	0.0%
Therapies, Hearing and Rehabilitation Services	82	2	0.4%	$134	0.0%
Hospice Services	70	1	0.2%	$8,750	1.6%
Total	**19,377**	**476**	**100%**	**$552,995**	**100%**

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

Error Code	Error Type	Habilitation and Waiver Programs				Prescribed Drugs			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
MR1	No Documentation	12	14.3%	$2,871	4.2%	10	15.9%	$1,279	16.5%
MR2	Insufficient Documentation	44	52.4%	$25,057	36.4%	30	47.6%	$3,778	48.8%
MR3	Procedure Coding Error	1	1.2%	$47	0.1%	0	0.0%	$0	0.0%
MR4	Diagnosis Coding Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR5	Unbundling	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR6	Number of Unit(s) Error	17	20.2%	$39,444	57.3%	3	4.8%	$18	0.2%
MR7	Medically Unnecessary	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR8	Policy Violation	6	7.1%	$1,377	2.0%	17	27.0%	$2,134	27.6%
MR9	Admin/Other	4	4.8%	$99	0.1%	3	4.8%	$528	6.8%
	Total	**84**	**100%**	**$68,895**	**100%**	**63**	**100%**	**$7,738**	**100%**

Error Code	Error Type	Personal Support Services				Nursing Intermediate Care Facilities			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
MR1	No Documentation	18	30.5%	$7,845	16.9%	4	8.7%	$8,958	5.2%
MR2	Insufficient Documentation	19	32.2%	$10,797	23.3%	26	56.5%	$103,540	59.6%
MR3	Procedure Coding Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR4	Diagnosis Coding Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR5	Unbundling	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR6	Number of Unit(s) Error	11	18.6%	$3,504	7.6%	0	0.0%	$0	0.0%
MR7	Medically Unnecessary	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR8	Policy Violation	9	15.3%	$23,470	50.6%	16	34.8%	$61,087	35.2%
MR9	Admin/Other	2	3.4%	$732	1.6%	0	0.0%	$0	0.0%
	Total	**59**	**100%**	**$46,349**	**100%**	**46**	**100%**	**$173,585**	**100%**

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

Error Code	Error Type	Inpatient and Outpatient Hospital				Mental Health Services			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
MR1	No Documentation	6	16.2%	$15,178	9.2%	9	27.3%	$7,856	30.5%
MR2	Insufficient Documentation	3	8.1%	$575	0.3%	12	36.4%	$7,329	28.5%
MR3	Procedure Coding Error	0	0.0%	$0	0.0%	1	3.0%	$36	0.1%
MR4	Diagnosis Coding Error	20	54.1%	$118,604	71.7%	0	0.0%	$0	0.0%
MR5	Unbundling	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR6	Number of Unit(s) Error	3	8.1%	$25,586	15.5%	4	12.1%	$9,730	37.8%
MR7	Medically Unnecessary	3	8.1%	$2,628	1.6%	0	0.0%	$0	0.0%
MR8	Policy Violation	1	2.7%	$11	0.0%	6	18.2%	$713	2.8%
MR9	Admin/Other	1	2.7%	$2,748	1.7%	1	3.0%	$87	0.3%
	Total	**37**	**100%**	**$165,329**	**100%**	**33**	**100%**	**$25,752**	**100%**

Error Code	Error Type	Physician Services				Outpatient Hospital Services and Clinics			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
MR1	No Documentation	11	33.3%	$3,162	53.0%	8	25.0%	$935	12.5%
MR2	Insufficient Documentation	15	45.5%	$804	13.5%	14	43.8%	$5,078	67.7%
MR3	Procedure Coding Error	4	12.1%	$352	5.9%	2	6.3%	$136	1.8%
MR4	Diagnosis Coding Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR5	Unbundling	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR6	Number of Unit(s) Error	0	0.0%	$0	0.0%	2	6.3%	$556	7.4%
MR7	Medically Unnecessary	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR8	Policy Violation	1	3.0%	$67	1.1%	3	9.4%	$204	2.7%
MR9	Admin/Other	2	6.1%	$1,580	26.5%	3	9.4%	$594	7.9%
	Total	**33**	**100%**	**$5,966**	**100%**	**32**	**100%**	**$7,503**	**100%**

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

Error Code	Error Type	Dental Services				Transportation and Accommodations			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
MR1	No Documentation	6	28.6%	$458	16.9%	12	66.7%	$429	73.7%
MR2	Insufficient Documentation	6	28.6%	$1,533	56.7%	3	16.7%	$72	12.4%
MR3	Procedure Coding Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR4	Diagnosis Coding Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR5	Unbundling	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
MR6	Number of Unit(s) Error	0	0.0%	$0	0.0%	2	11.1%	$26	4.4%
MR7	Medically Unnecessary	0	0.0%	$0	0.0%	1	5.6%	$55	9.5%
MR8	Policy Violation	6	28.6%	$463	17.1%	0	0.0%	$0	0.0%
MR9	Admin/Other	3	14.3%	$251	9.3%	0	0.0%	$0	0.0%
	Total	**21**	**100%**	**$2,704**	**100%**	**18**	**100%**	**$582**	**100%**

Error Code	Error Type	Lab Xray Imaging			
		Number of Errors		Dollars in Error	
MR1	No Documentation	7	41.2%	$429	68.6%
MR2	Insufficient Documentation	9	52.9%	$192	30.8%
MR3	Procedure Coding Error	0	0.0%	$0	0.0%
MR4	Diagnosis Coding Error	0	0.0%	$0	0.0%
MR5	Unbundling	1	5.9%	$4	0.6%
MR6	Number of Unit(s) Error	0	0.0%	$0	0.0%
MR7	Medically Unnecessary	0	0.0%	$0	0.0%
MR8	Policy Violation	0	0.0%	$0	0.0%
MR9	Admin/Other	0	0.0%	$0	0.0%
	Total	**17**	**100%**	**$624**	**100%**

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

Error Code	Error Type	Number Of Errors		Dollars In Error	
		Number of Payment Errors	% of Total Number of Errors	Dollars in Error	% of Total Dollars in Error
DP1	Duplicate Item	9	1.4%	$864	0.0%
DP2	Non-covered Service	460	72.0%	$623,853	34.5%
DP3	FFS Claim for Managed Care Service	15	2.3%	$87,631	4.8%
DP4	Third-party Liability	10	1.6%	$6,316	0.3%
DP5	Pricing Error	110	17.2%	$890,638	49.2%
DP6	Logic Edit	22	3.4%	$176,848	9.8%
DP7	Data Entry Error	2	0.3%	$902	0.0%
DP8	Rate Cell Error	0	0.0%	$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	$0	0.0%
DP10	Admin/Other	11	1.7%	$22,689	1.3%
	Total	**639**	**100%**	**$1,809,742**	**100%**

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

Service Type	Number of Claims Sampled	Payment Errors		Dollars in Error	
		Number	% of Total Number of Errors	Dollars In Error	% of Total Dollars in Error
Inpatient and Outpatient Hospital	2,215	104	16.3%	$295,978	16.4%
Nursing Facility, Intermediate Care Facilities	1,982	87	13.6%	$302,773	16.7%
Prescribed Drugs	1,764	84	13.1%	$11,243	0.6%
Laboratory, X-ray and Imaging Services	425	53	8.3%	$1,796	0.1%
Capitated Care/Fixed Payments	2,203	39	6.1%	$880,947	48.7%
Habilitation and Waiver Programs, School Services	1,925	37	5.8%	$9,052	0.5%
Crossover Claims	731	32	5.0%	$7,945	0.4%
Psychiatric, Mental Health, and Behavioral Health Services	1,043	31	4.9%	$48,101	2.7%
Outpatient Hospital Services and Clinics	1,319	31	4.9%	$5,458	0.3%
Dental and Other Oral Surgery Services	588	31	4.9%	$2,537	0.1%
Durable Medical Equipment (DME) and supplies, Prosthetic/Orthopedic devices and Environmental Modifications	294	31	4.9%	$2,096	0.1%
Personal Support Services	1,255	19	3.0%	$3,519	0.2%
ICF for the Mentally Retarded and Group Homes	387	16	2.5%	$234,321	12.9%
Physicians and Other Licensed Practitioner Services	837	13	2.0%	$1,527	0.1%
Home Health Services	298	13	2.0%	$1,004	0.1%
Transportation and Accommodations	273	8	1.3%	$324	0.0%
Denied Claims	1,598	4	0.6%	$1,053	0.1%
Hospice Services	70	3	0%	$0	0%
Vision: Ophthalmology, Optometry and Optical Services	88	2	0.3%	$25	0.0%
Therapies, Hearing and Rehabilitation Services	82	1	0.2%	$43	0.0%
Total	**19,377**	**639**	**100.0%**	**$1,809,742**	**100.0%**

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

Error Code	Error Type	Inpatient and Outpatient Hospital				Nursing Intermediate Care Facilities			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
DP1	Duplicate Item	1	1.0%	$272	0.1%	0	0.0%	$0	0.0%
DP2	Non-covered Service	59	56.7%	$162,147	54.8%	75	86.2%	$289,659	95.7%
DP3	FFS Claim for Managed Care Service	6	5.8%	$87,013	29.4%	0	0.0%	$0	0.0%
DP4	Third-party Liability	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP5	Pricing Error	35	33.7%	$2,009	0.7%	10	11.5%	$7,286	2.4%
DP6	Logic Edit	1	1.0%	$27,480	9.3%	1	1.1%	$2,900	1.0%
DP7	Data Entry Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP8	Rate Cell Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP10	Admin/Other	2	1.9%	$17,056	5.8%	1	1.1%	$2,929	1.0%
	Total	**104**	**100%**	**$295,978**	**100%**	**87**	**100%**	**$302,773**	**100%**

Error Code	Error Type	Prescribed Drugs				Lab Xray Imaging			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
DP1	Duplicate Item	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP2	Non-covered Service	71	84.5%	$10,856	96.6%	41	77.4%	$1,419	79.0%
DP3	FFS Claim for Managed Care Service	1	1.2%	$115	1.0%	7	13.2%	$170	9.5%
DP4	Third-party Liability	1	1.2%	$112	1.0%	0	0.0%	$0	0.0%
DP5	Pricing Error	9	10.7%	$107	1.0%	4	7.5%	$61	3.4%
DP6	Logic Edit	0	0.0%	$0	0.0%	1	1.9%	$146	8.1%
DP7	Data Entry Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP8	Rate Cell Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP10	Admin/Other	2	2.4%	$53	0.5%	0	0.0%	$0	0.0%
	Total	**84**	**100%**	**$11,243**	**100%**	**53**	**100%**	**$1,796**	**100%**

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

Error Code	Error Type	Capitated Care Fixed Payments				Habilitation and Waiver Programs			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
DP1	Duplicate Item	0	0.0%	$0	0.0%	5	13.5%	$553	6.1%
DP2	Non-covered Service	26	66.7%	$6,731	0.8%	26	70.3%	$6,890	76.1%
DP3	FFS Claim for Managed Care Service	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP4	Third-party Liability	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP5	Pricing Error	10	25.6%	$872,154	99.0%	2	5.4%	$302	3.3%
DP6	Logic Edit	1	2.6%	$2	0.0%	3	8.1%	$813	9.0%
DP7	Data Entry Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP8	Rate Cell Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP10	Admin/Other	2	5.1%	$2,060	0.2%	1	2.7%	$495	5.5%
	Total	**39**	**100%**	**$880,947**	**100%**	**37**	**100%**	**$9,052**	**100%**

Error Code	Error Type	Crossover Claims				Mental Health Services			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
DP1	Duplicate Item	2	6.3%	$23	0.3%	0	0.0%	$0	0.0%
DP2	Non-covered Service	23	71.9%	$698	8.8%	21	67.7%	$42,353	88.1%
DP3	FFS Claim for Managed Care Service	1	3.1%	$333	4.2%	0	0.0%	$0	0.0%
DP4	Third-party Liability	1	3.1%	$6	0.1%	2	6.5%	$1,746	3.6%
DP5	Pricing Error	5	15.6%	$6,885	86.7%	4	12.9%	$866	1.8%
DP6	Logic Edit	0	0.0%	$0	0.0%	3	9.7%	$3,091	6.4%
DP7	Data Entry Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP8	Rate Cell Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP10	Admin/Other	0	0.0%	$0	0.0%	1	3.2%	$45	0.1%
	Total	**32**	**100%**	**$7,945**	**100%**	**31**	**100%**	**$48,101**	**100%**

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

Error Code	Error Type	Outpatient Hospital Services and Clinics				Dental Services			
		Number of Errors		Dollars in Error		Number of Errors		Dollars in Error	
DP1	Duplicate Item	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP2	Non-covered Service	18	58.1%	$1,891	34.6%	27	87.1%	$1,800	71.0%
DP3	FFS Claim for Managed Care Service	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP4	Third-party Liability	3	9.7%	$3,132	57.4%	0	0.0%	$0	0.0%
DP5	Pricing Error	7	22.6%	$200	3.7%	1	3.2%	$308	12.2%
DP6	Logic Edit	2	6.5%	$187	3.4%	3	9.7%	$428	16.9%
DP7	Data Entry Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP8	Rate Cell Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	$0	0.0%	0	0.0%	$0	0.0%
DP10	Admin/Other	1	3.2%	$48	0.9%	0	0.0%	$0	0.0%
	Total	**31**	**100%**	**$5,458**	**100%**	**31**	**100%**	**$2,537**	**100%**

Error Code	Error Type	DME Services			
		Number of Errors		Dollars in Error	
DP1	Duplicate Item	0	0.0%	$0	0.0%
DP2	Non-covered Service	24	77.4%	$2,045	97.6%
DP3	FFS Claim for Managed Care Service	0	0.0%	$0	0.0%
DP4	Third-party Liability	1	3.2%	$49	2.3%
DP5	Pricing Error	6	19.4%	$2	0.1%
DP6	Logic Edit	0	0.0%	$0	0.0%
DP7	Data Entry Error	0	0.0%	$0	0.0%
DP8	Rate Cell Error	0	0.0%	$0	0.0%
DP9	Managed Care Payment Error	0	0.0%	$0	0.0%
DP10	Admin/Other	0	0.0%	$0	0.0%
	Total	**31**	**100%**	**$2,096**	**100%**

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

Error Code	Error Type	Managed Care			
		Number of Errors		Dollars in Error	
DP1	Duplicate Item	3	3.2%	$15,016	53.2%
DP2	Non-covered Service	16	17.0%	$12,126	42.9%
DP3	FFS Claim for Managed Care Service	0	0.0%	$0	0.0%
DP4	Third-party Liability	0	0.0%	$0	0.0%
DP5	Pricing Error	6	6.4%	$58	0.2%
DP6	Logic Edit	0	0.0%	$0	0.0%
DP7	Data Entry Error	0	0.0%	$0	0.0%
DP8	Rate Cell Error	1	1.1%	$28	0.1%
DP9	Managed Care Payment Error	68	72.3%	$1,015	3.6%
DP10	Admin/Other	0	0.0%	$0	0.0%
	Total	**94**	**100%**	**$28,242**	**100%**

Table 9: Eligibility Payment Errors by Error Type

Error Code	Error Type	Total Number of Errors	Overpayments		Underpayments		Percentage of Total Errors	
			Number of Errors	Dollars in Error	Number of Errors	Dollars in Error	% of Total Number of Errors	% of Total Dollars in Error
NE	Not Eligible	639	639	$290,932	0	$0	60.6%	69.3%
U	Undetermined	183	183	$79,043	0	$0	17.4%	18.8%
L/U	Liability Understated	138	138	$29,913	0	$0	13.1%	7.1%
L/O	Liability Overstated	45	0	$0	45	$5,582	4.3%	1.3%
EI	Eligible with Ineligible Services	35	35	$13,653	0	$0	3.3%	3.3%
MCE2	Managed Care Error, Eligible for Managed Care but Improperly Enrolled	9	9	$282	0	$0	0.9%	0.1%
MCE1	Managed Care Error, Ineligible for Managed Care	5	5	$544	0	$0	0.5%	0.1%
	Total	**1,054**	**1,009**	**$414,366**	**45**	**$5,582**	**100%**	**100%**

Table 10: Eligibility Negative Case Errors by Error Type

Stratum	Number of Cases	Percentage of All Cases	Percentage of Cases in Error
Correct	11,194	92.8%	--
Improper Termination	651	5.4%	75.0%
Improper Denial	217	1.8%	25.0%
Total Negative Cases	**12,062**	**100%**	**100%**

Table 11: Deficiencies and Technical Errors

Stratum	Number of Deficiencies	Number Sampled	Percentage of Cases Deficient
Medical Review Deficiency	36	14,530	0.2%
Data Processing Deficiency	71	28,898	0.2%
Eligibility Technical Error - Active	750	25,914	2.9%
Eligibility Technical Error - Negative	54	12,062	0.4%