

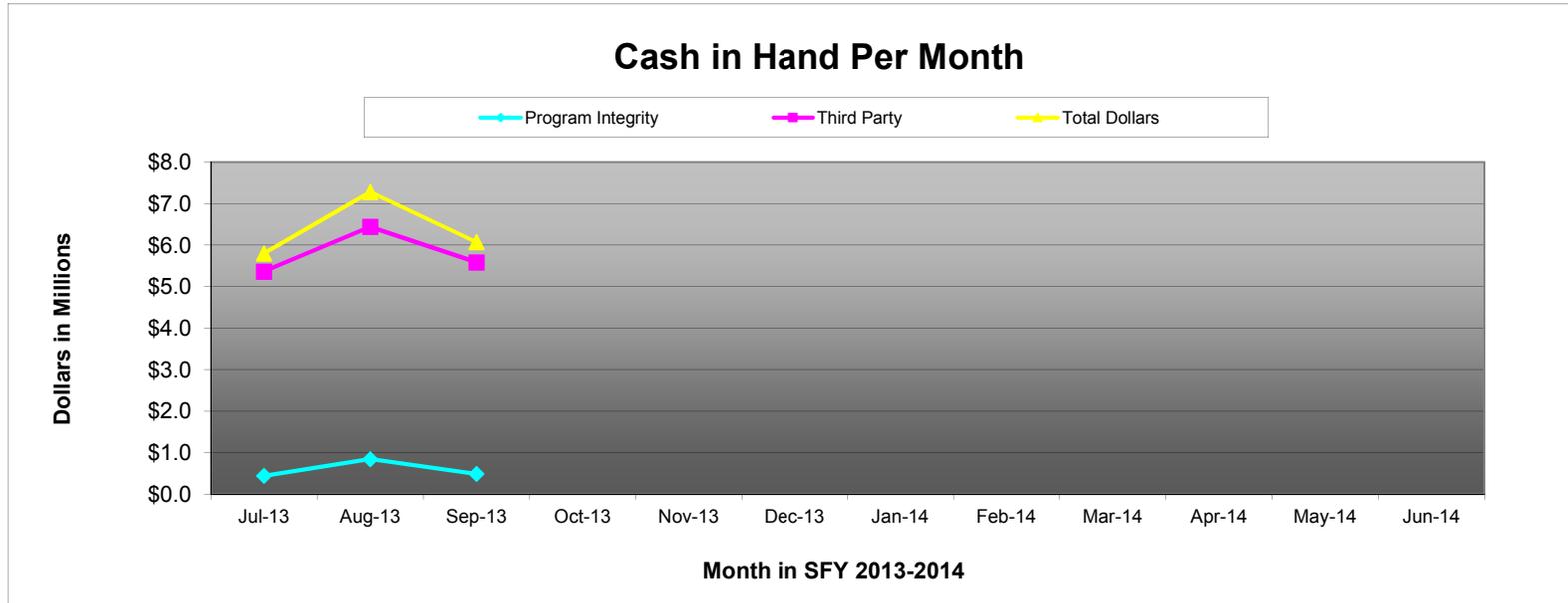
Program Integrity



Monthly Report

Report Month: September 2013

Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits

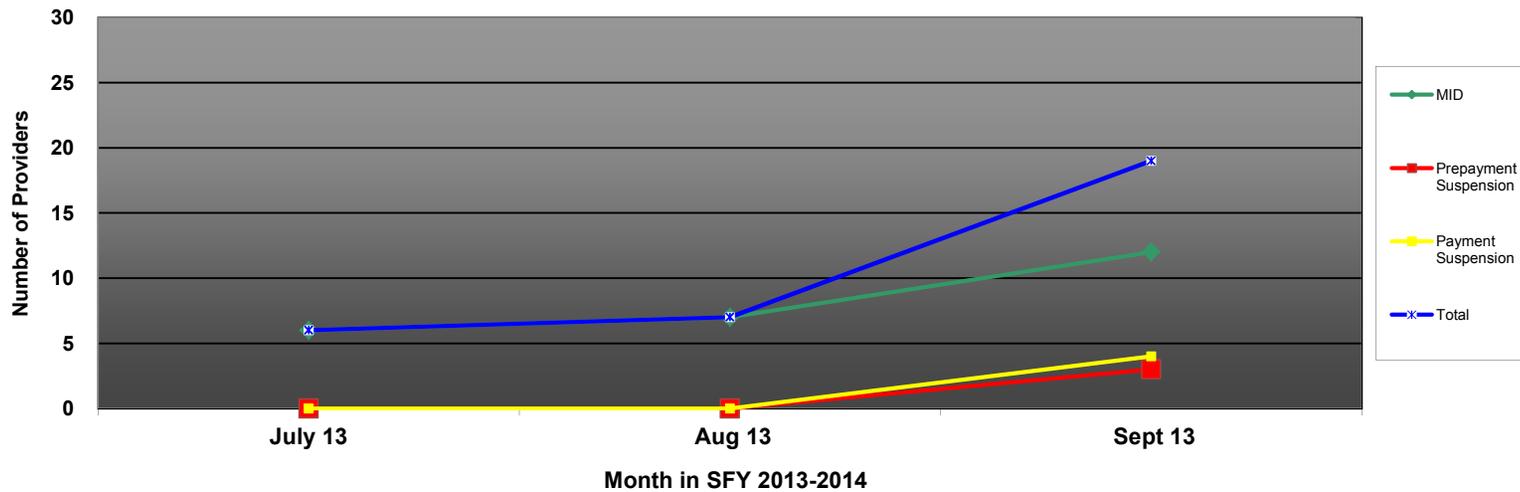


Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities													
	<u>Jul-13</u>	<u>Aug-13</u>	<u>Sep-13</u>	<u>Oct-13</u>	<u>Nov-13</u>	<u>Dec-13</u>	<u>Jan-14</u>	<u>Feb-14</u>	<u>Mar-14</u>	<u>Apr-14</u>	<u>May-14</u>	<u>Jun-14</u>	<u>YTD Total</u>
Controllers Office	\$438,795	\$843,747	\$486,970	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<u>\$1,769,512</u>
Third Party Recovery	\$5,363,184	\$6,439,856	\$5,585,900	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<u>\$17,388,940</u>
Totals	<u>\$5,801,978</u>	<u>\$7,283,604</u>	<u>\$6,072,871</u>	<u>\$0</u>	<u>\$19,158,453</u>								

* Includes disposed and undisposed funds

Referral and Suspension Information: Providers referred for prepayment review or potential criminal investigation, or placed on payment suspension by Program Integrity

Number of providers referred or suspended per month



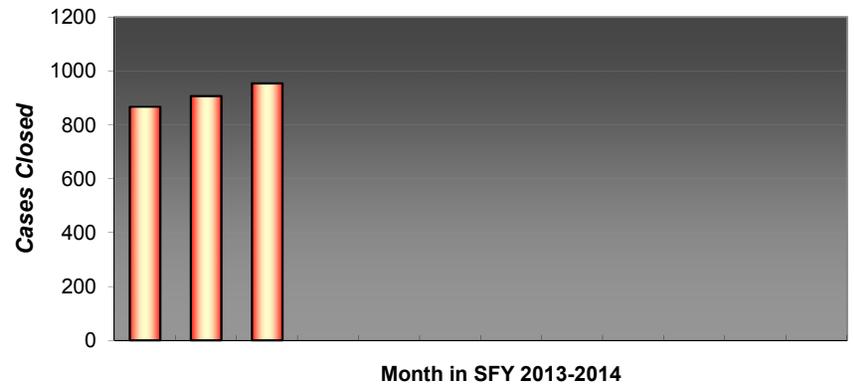
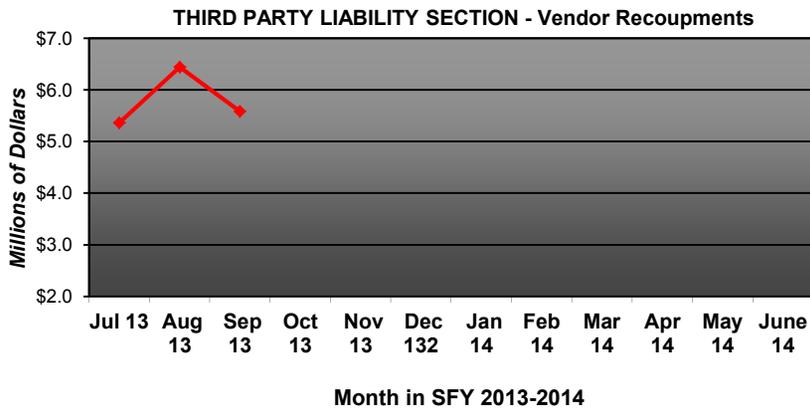
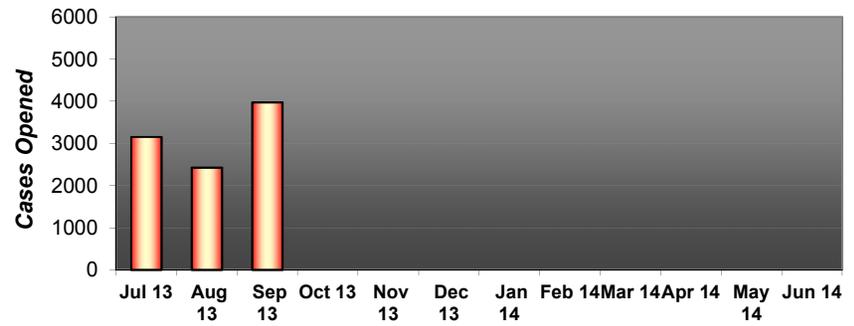
	Jul-13	Aug-13	Sep-13	Oct-13	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14	May-14	Jun-14	YTD Total
MIU	6	7	12	0	0	0	0	0	0	0	0	0	25
Payment Suspension	0	0	4	0	0	0	0	0	0	0	0	0	4
Prepayment Suspension	0	0	3	0	0	0	0	0	0	0	0	0	3
Total	6	7	19	0	32								

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



Program Integrity

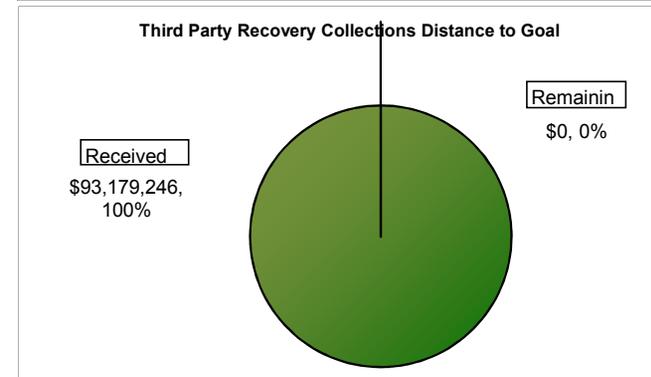
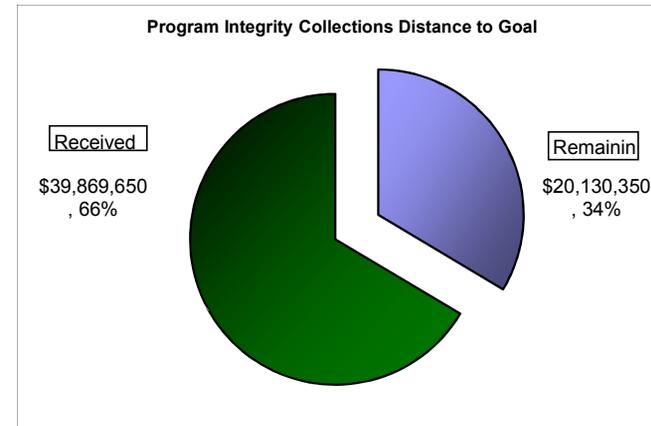
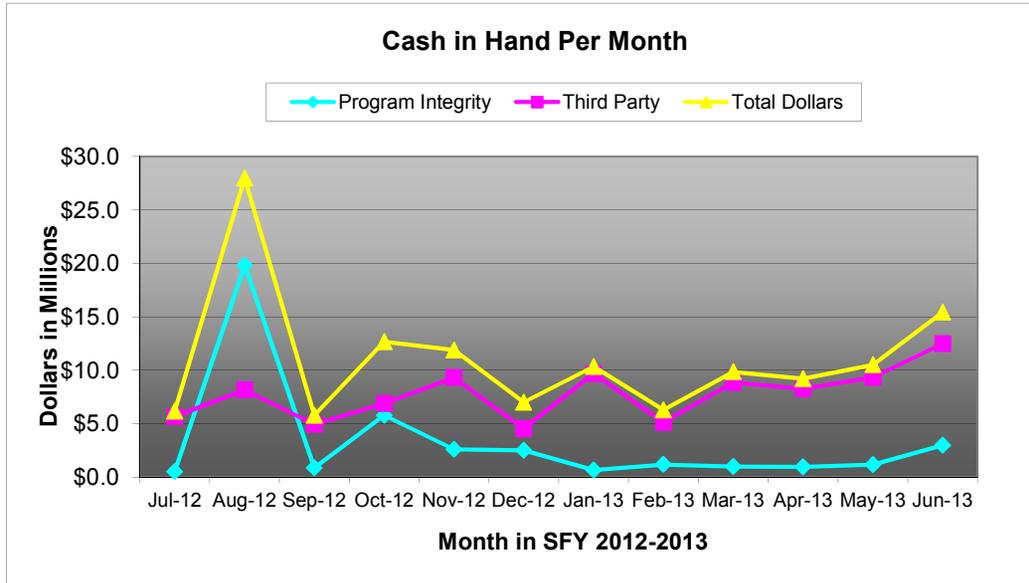


Monthly Report

Report Month: June 2013

Investigations

Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits

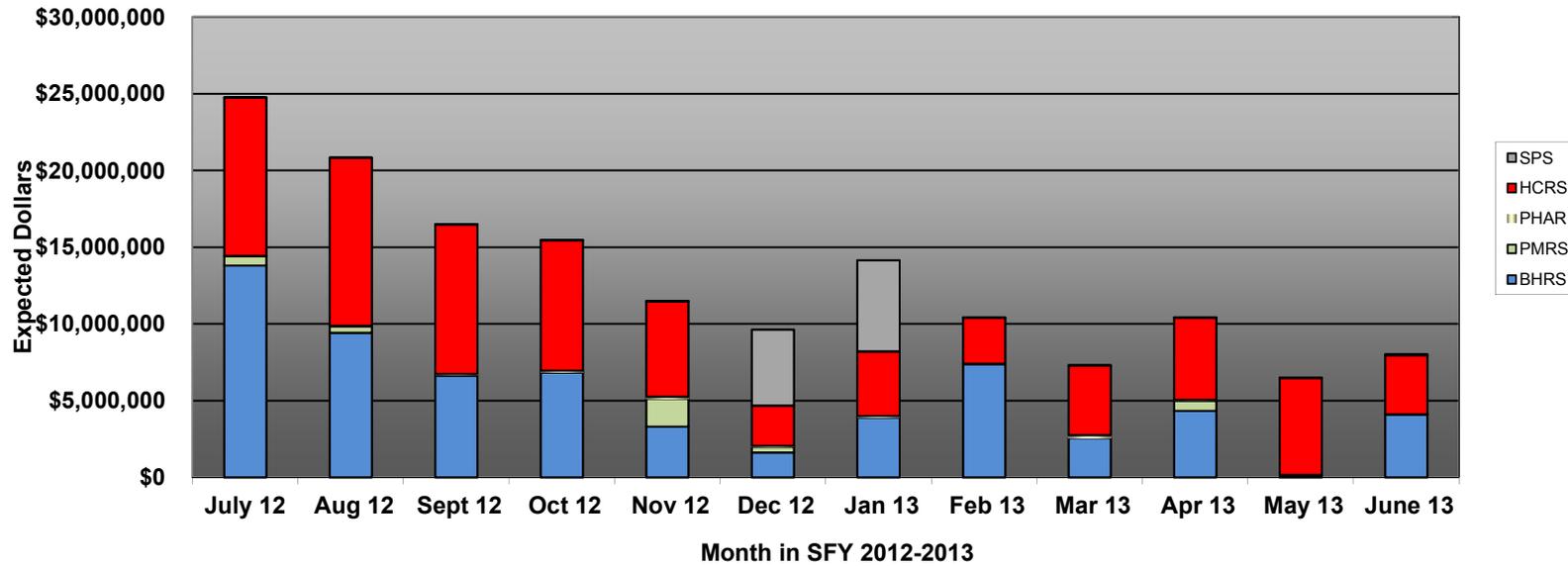


Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities														
	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>YTD Total</u>	<u>Goals</u>
Controllers Office	\$498,063	\$19,803,592	\$848,921	\$5,772,414	\$2,583,521	\$2,490,735	\$641,001	\$1,171,931	\$986,442	\$934,677	\$1,166,297	\$2,972,057	\$39,869,650	\$60,000,000
Third Party Recovery	\$5,653,269	\$8,167,032	\$4,926,988	\$6,881,572	\$9,307,263	\$4,517,401	\$9,685,215	\$5,119,104	\$8,856,488	\$8,261,161	\$9,333,261	\$12,470,494	\$93,179,246	\$80,000,000
Totals	<u>\$6,151,332</u>	<u>\$27,970,624</u>	<u>\$5,775,909</u>	<u>\$12,653,986</u>	<u>\$11,890,783</u>	<u>\$7,008,136</u>	<u>\$10,326,216</u>	<u>\$6,291,035</u>	<u>\$9,842,930</u>	<u>\$9,195,838</u>	<u>\$10,499,558</u>	<u>\$15,442,551</u>	#####	

* Includes dispositioned and undispositioned funds

Program Integrity Investigations: Overview of activities for overpayments identified. When an overpayment is identified, a notice of overpayment is sent to the

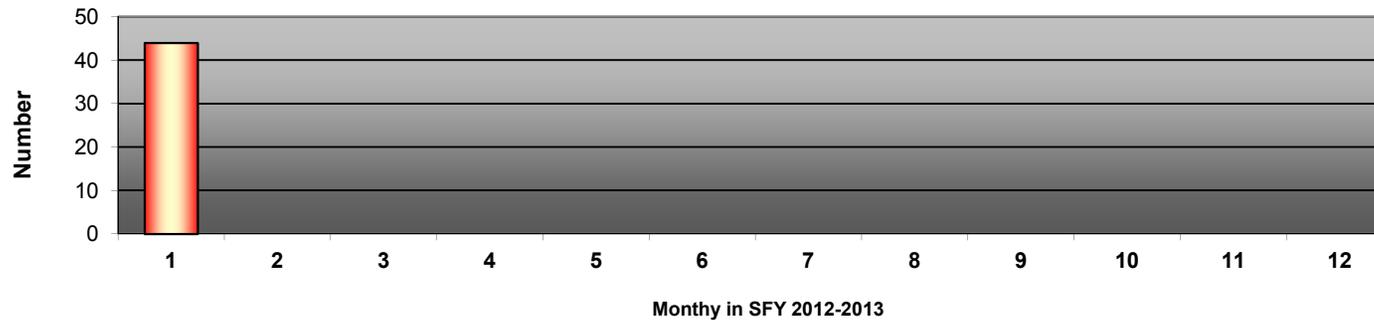
Expected Dollars from Notices of Overpayment Sent



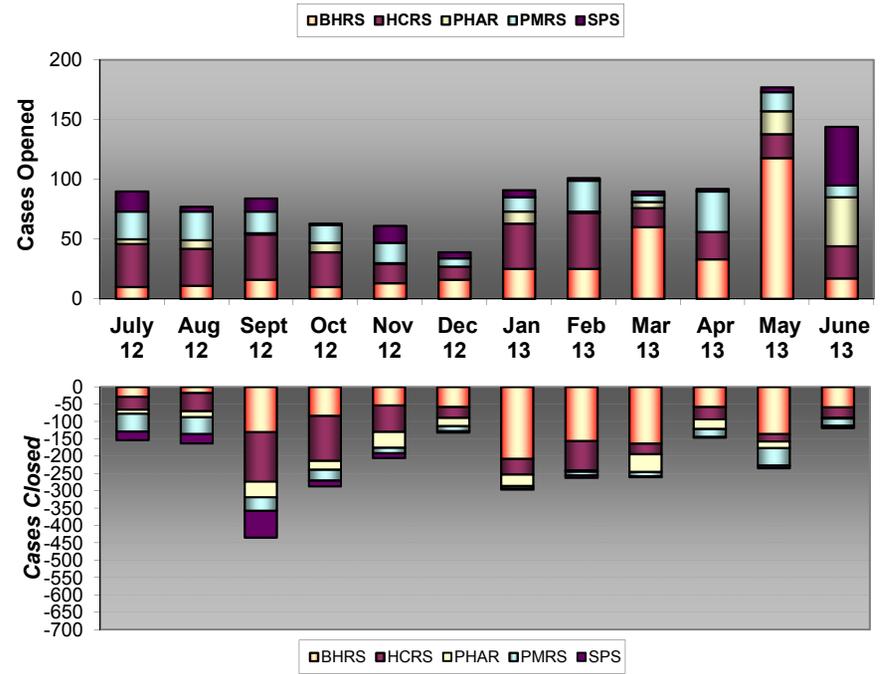
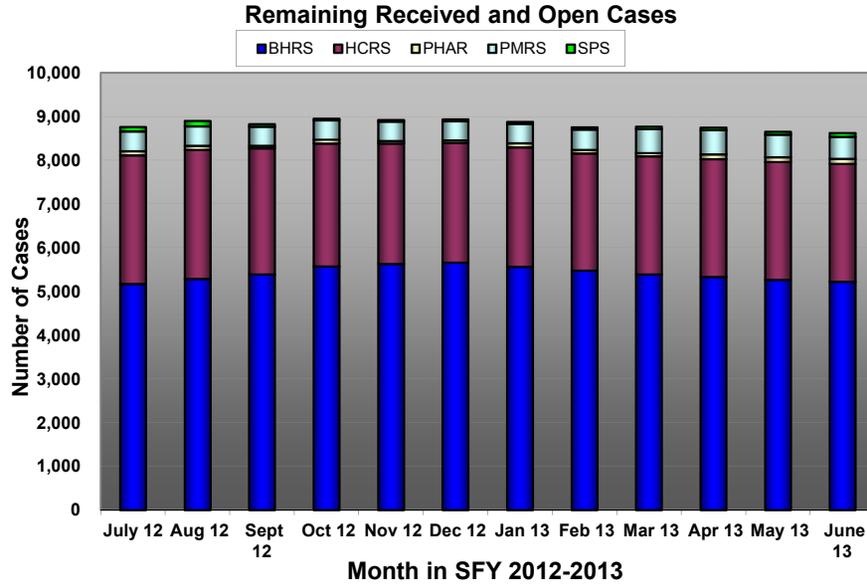
Expected Dollars by Section: includes vendor activities

	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
BHRS	\$13,813,490	\$9,429,087	\$6,631,256	\$6,864,593	\$3,299,121	\$1,617,797	\$3,926,640	\$7,383,689	\$2,561,059	\$4,333,905	\$71,562	\$4,116,171	\$64,048,370
PMRS	\$612,696	\$416,530	\$36,905	\$12,805	\$1,844,228	\$368,996	\$1,915	\$0	\$0	\$663,392	\$59,022	\$3,354	\$4,019,844
PHAR	\$21,860	\$32,123	\$71,809	\$79,725	\$123,269	\$73,266	\$78,355	\$23,655	\$188,519	\$51,527	\$38,988	\$0	\$783,097
HCRS	\$10,311,646	\$10,944,507	\$9,753,340	\$8,505,292	\$6,217,939	\$2,620,261	\$4,203,867	\$2,999,055	\$4,537,202	\$5,370,411	\$6,330,667	\$3,853,497	\$75,647,685
SPS	\$305	\$5,261	\$2,303	\$12,821	\$89	\$4,952,130	\$5,949,660	\$11,310	\$673	\$1,253	\$7,356	\$49,911	\$10,993,074
Total	\$24,759,998	\$20,827,508	\$16,495,613	\$15,475,236	\$11,484,646	\$9,632,450	\$14,160,436	\$10,417,710	\$7,287,454	\$10,420,488	\$6,507,596	\$8,022,933	\$155,492,069

Number of Notices Sent: includes vendor activities



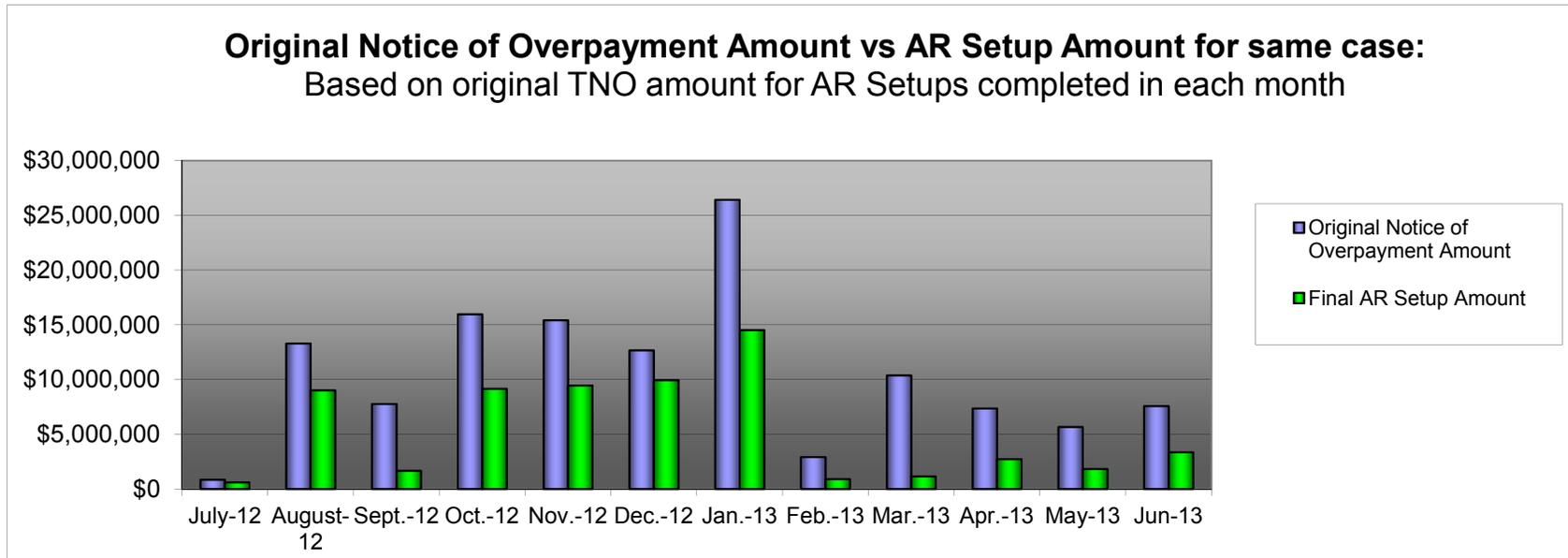
Case Activity: Program Integrity activity related to cases opened, closed and remaining open, including vendor activity



Case Information - Values

		12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
Opened	BHRS	10	11	16	10	13	16	25	25	60	33	118	17	354
	HCRS	36	31	38	29	16	11	38	47	16	23	20	27	332
	PHAR	4	7	1	8	1	0	10	1	5	0	19	41	97
	PMRS	23	24	18	15	17	7	12	26	6	34	16	10	208
	SPS	17	4	11	1	14	5	6	2	3	2	4	49	118
	Total		90	77	84	63	61	39	91	101	90	92	177	144
Closed	BHRS	28	17	130	83	53	58	207	156	163	58	136	59	1148
	HCRS	37	53	143	130	76	31	45	84	31	35	21	30	716
	PHAR	12	17	45	26	46	24	33	4	51	28	19	2	307
	PMRS	51	49	39	31	16	14	8	11	13	23	51	21	327
	SPS	25	26	77	16	14	4	3	7	2	2	7	6	189
	Total		153	162	434	286	205	131	296	262	260	146	234	118

Original Notice of Overpayment Amount vs Final AR Setup Amount: After the Notice of Overpayment is sent to a provider identifying an overpayment, the provider has the opportunity to appeal the identified overpayment. The accounts receivable (AR) setup amount refers to the final overpayment after the final agency decision is completed

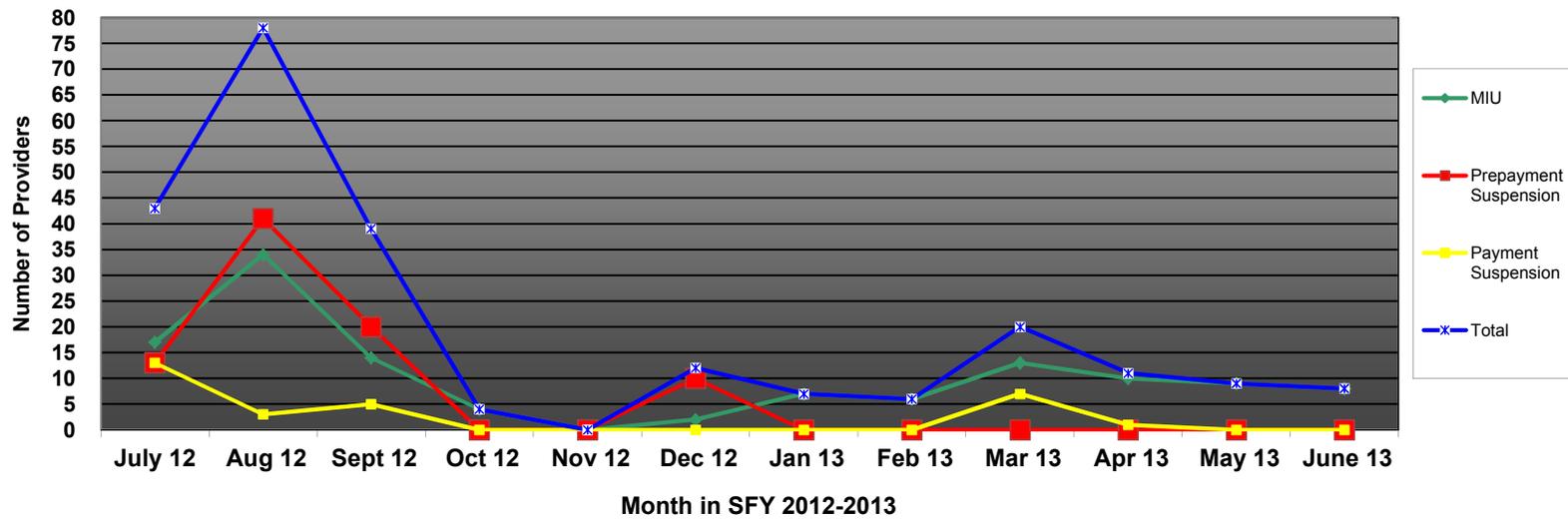


	July-12	August-12	Sept.-12	Oct.-12	Nov.-12	Dec.-12	Jan.-13	Feb.-13	Mar.-13	Apr.-13	May-13	Jun-13	Total
Original Notice of Overpayment Amount	\$854,413	\$13,291,250	\$7,778,964	\$15,951,308	\$15,405,143	\$12,659,072	\$26,418,678	\$2,910,553	\$10,374,419	\$7,360,675	\$5,672,110	\$7,569,457	\$126,246,044
Final AR Setup Amount	\$596,889	\$9,019,089	\$1,665,223	\$9,152,458	\$9,447,360	\$9,952,830	\$14,520,352	\$908,008	\$1,142,407	\$2,731,977	\$1,823,872	\$3,349,872	\$64,310,337
Change in Amount	\$257,524	\$4,272,161	\$6,113,741	\$6,798,851	\$5,957,783	\$2,706,243	\$11,898,326	\$2,002,545	\$9,232,012	\$4,628,698	\$3,848,238	\$4,219,585	\$61,935,707

*note: Original Notice of overpayment amount is displayed the same month that the final AR Setup is generated, not the month that the notice of overpayment was initially sent to a provider. Only the Notice of Overpayment amount for final AR Setups generated each month is displayed in the same month as the final AR Setup amount. Tracking began January 2012

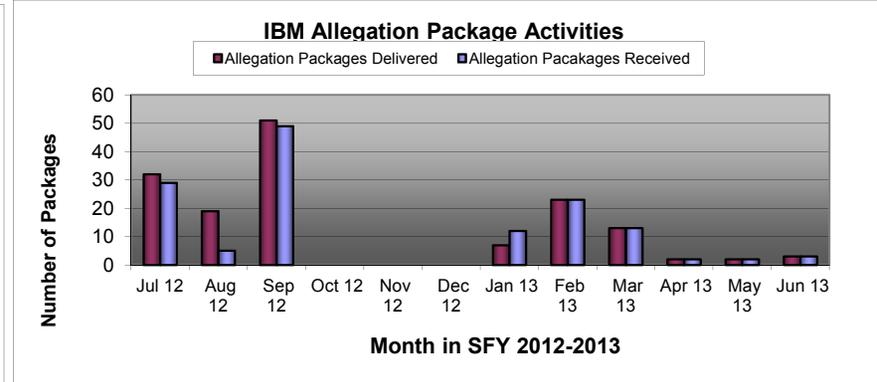
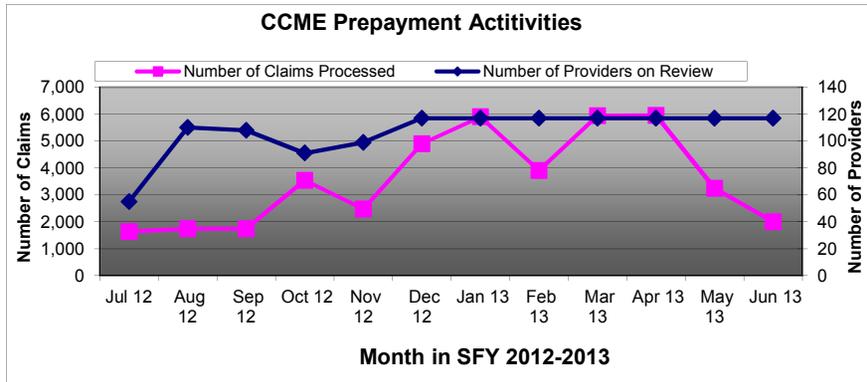
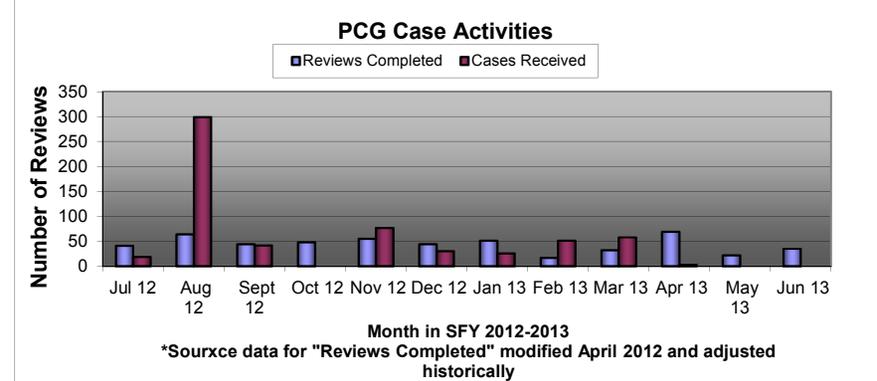
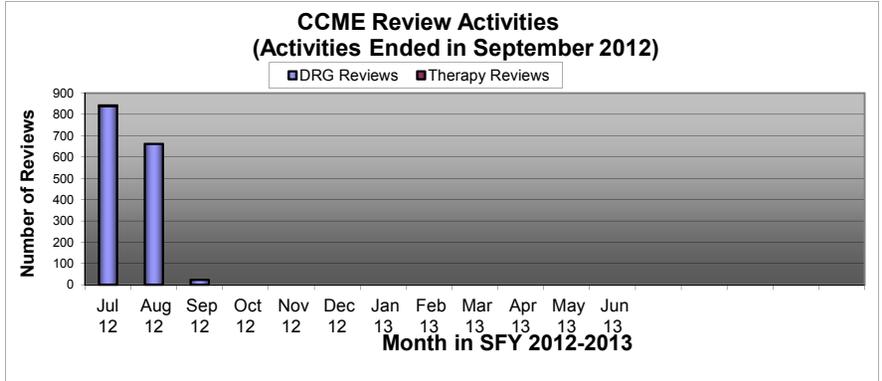
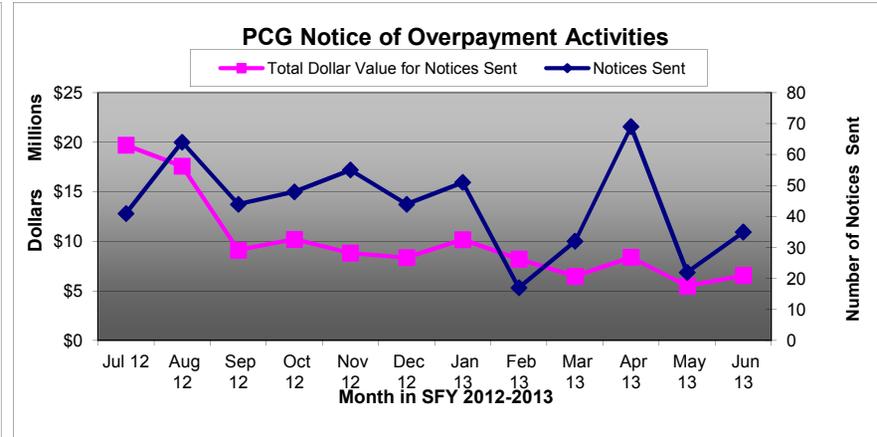
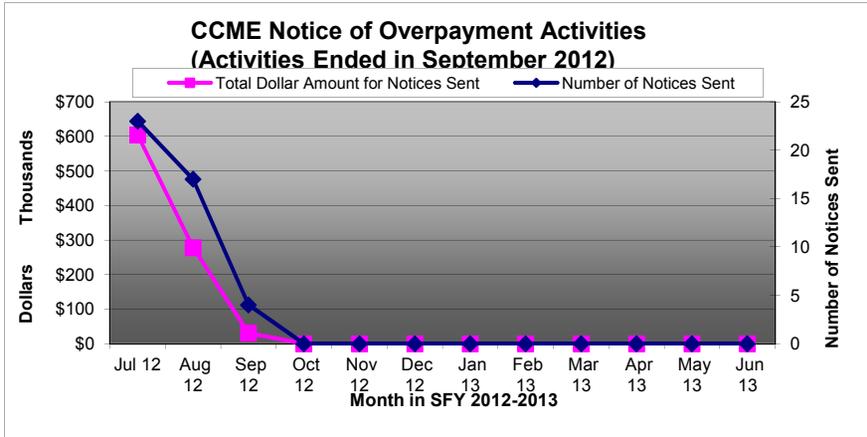
Referral and Suspension Information: Providers referred to external organizations for prepayment suspension and criminal investigation, or placed on payment suspension by Program Integrity

Number of providers referred or suspended per month



	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>MIU</u>	17	34	14	4	0	2	7	6	13	10	9	8	124
<u>Payment Suspension</u>	13	3	5	0	0	0	0	0	7	1	0	0	29
<u>Prepayment Suspension</u>	13	41	20	0	0	10	0	0	0	0	0	0	84
<u>Total</u>	43	78	39	4	0	12	7	6	20	11	9	8	237

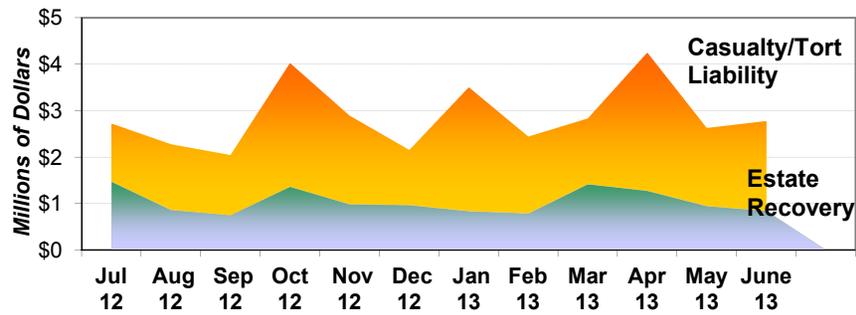
Vendor Activities: PI contracts vendors for post-payment review (PCG and CCME), prepayment review (CCME), and data analysis (IBM)



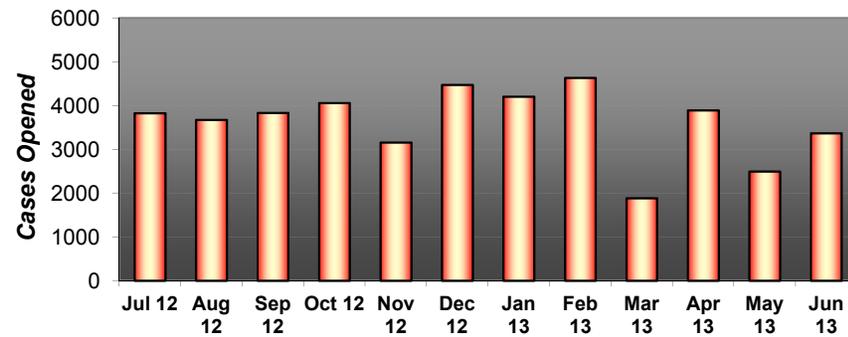
Third Party Recovery

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

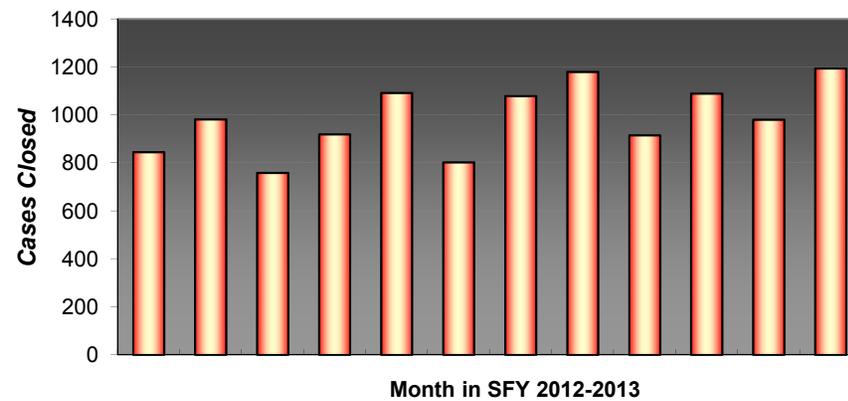
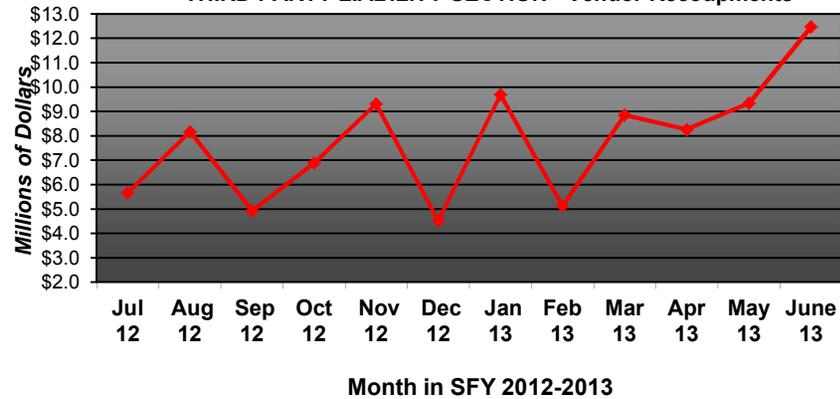
Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



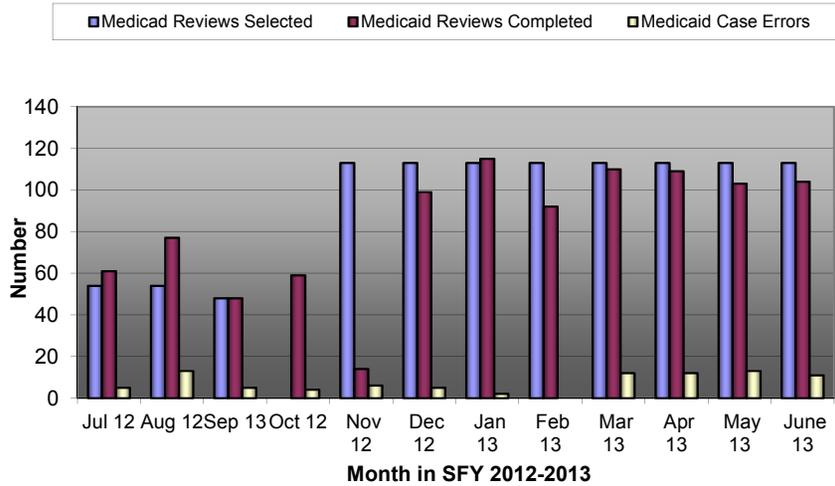
THIRD PARTY LIABILITY SECTION - Vendor Recoupments



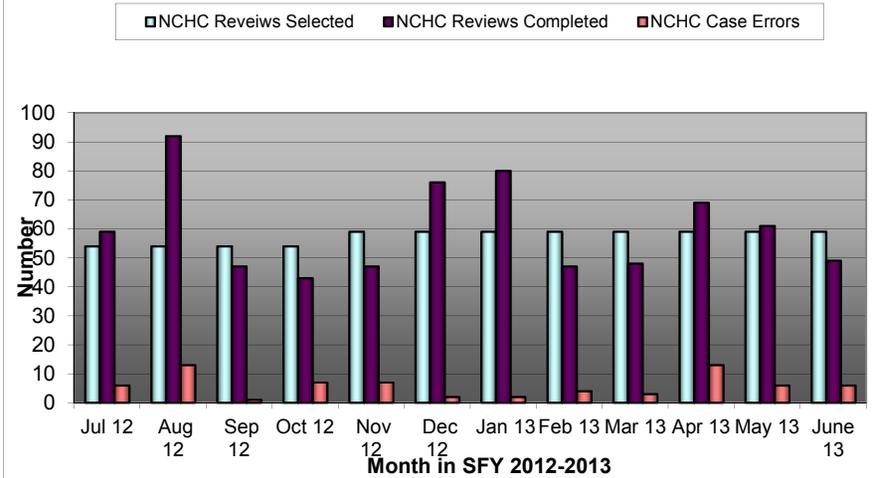
Quality Assurance Section

Quality Assurance Activities: Program Integrity Quality Assurance section reviews Medicaid Recipients cases for potential overpayment and Medicaid eligibility

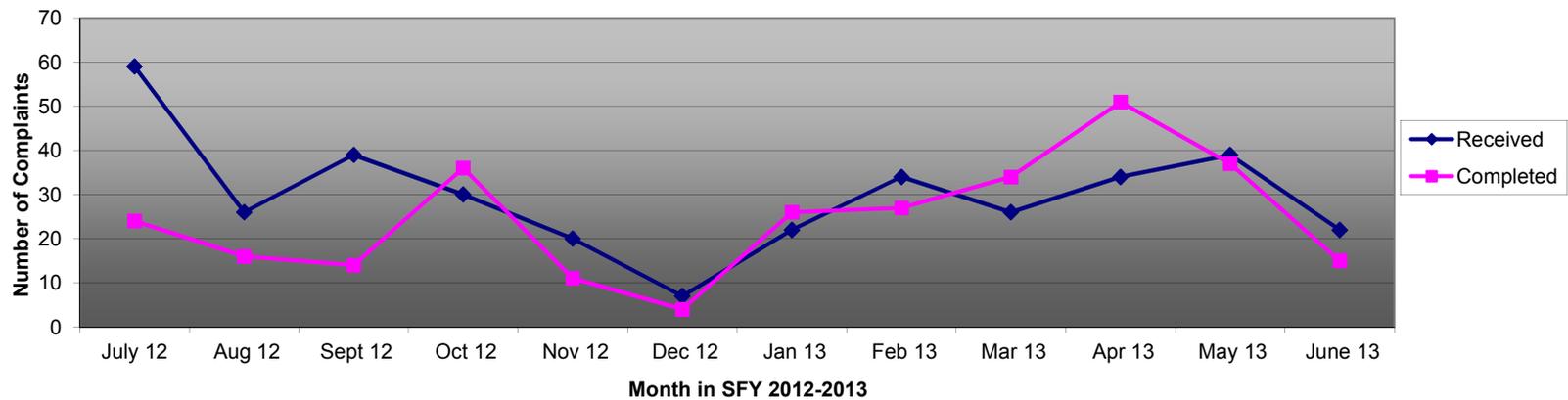
2012-2013 Active and Negative Medicaid Case Review Activities



2012-2013 Active and Negative North Carolina Health Choice Review Activities



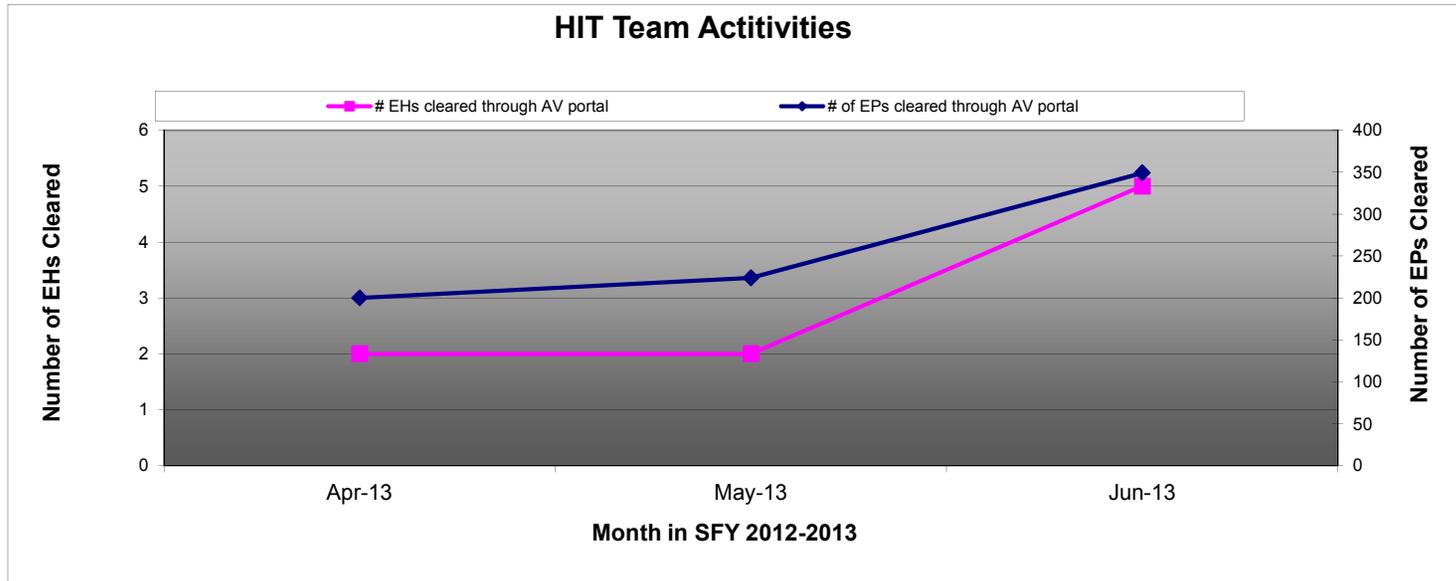
Recipient Fraud and Abuse Complaints



*Calculation modified beginning February 2012 and applied historically

HIT Team Activity

HIT Team Activities: Program Integrity HIT team reviews providers who have received funding for health information technology improvements to ensure appropriate technologies are being utilized.



*DMA conducts a validation process when eligible professionals or hospitals attest to adopt, implement, upgrade or meaningful use of electronic health records. The process consist of nine steps: (1) Provider Registers for EHR Incentive Program with CMS (2) CMS Notifies State (3) Provider Invited to Attest with NC-MIPS (4) Provider Attests with NC (5) NC-MIPS Operations Validations (6) DMA Finance Payment Calculation Check for Eligible Hospitals (7) DMA Provider Services Validations (8) DMA Program Integrity Validations and (9) State Payment De DMA Program Integrity receives notification from DMA Provider Services through the NC-MIPS Operations Portal. DMA PI staff is notified electronically when a new attestation is ready for their validation. DMA Program Integrity reviews the case tracking system, MMIS and other internal resources to ensure the provider is in good standing. Providers that are not in good standing require additional review.

Program Integrity

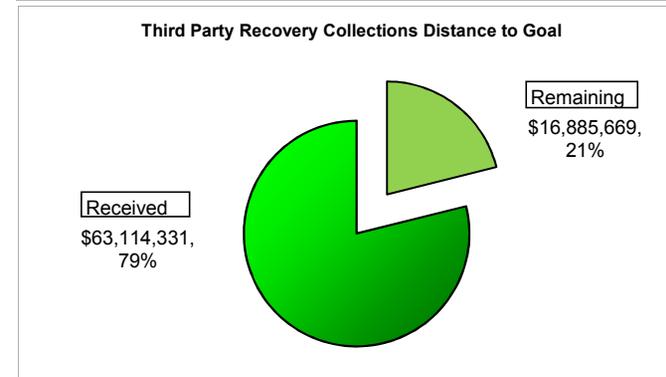
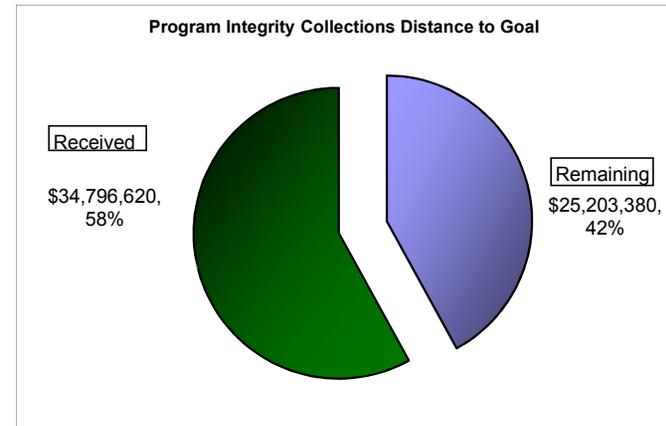
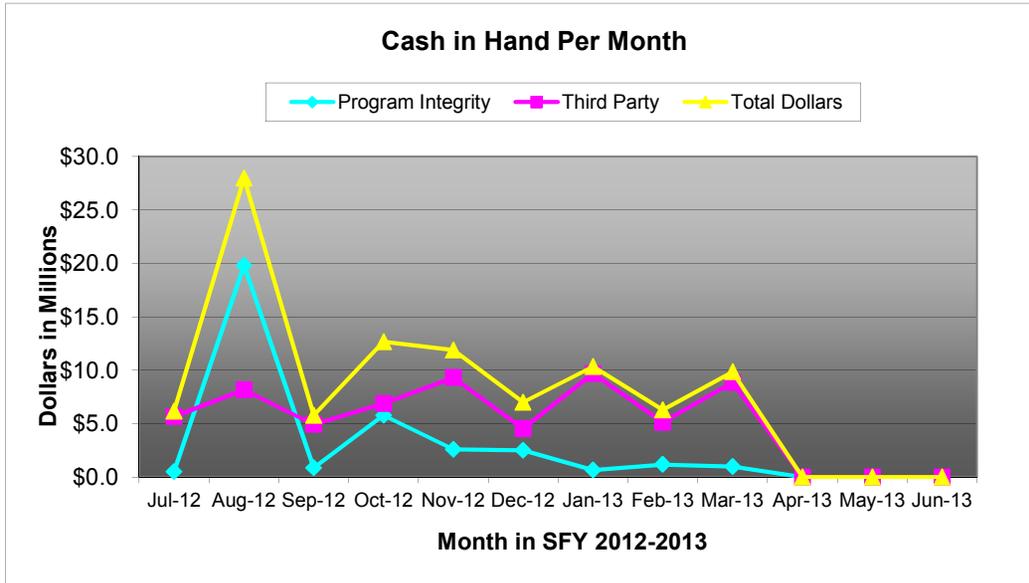


Monthly Report

Report Month: March 2013

Investigations

Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits

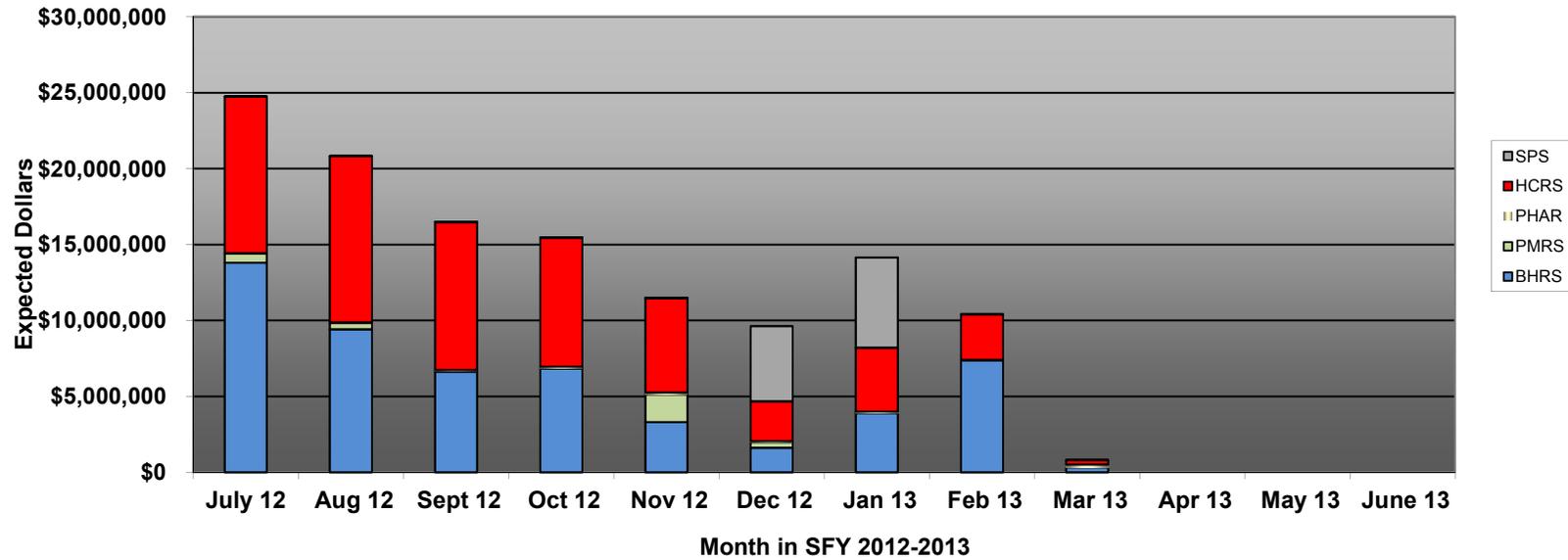


Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities														
	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>YTD Total</u>	<u>Goals</u>
Controllers Office	\$498,063	\$19,803,592	\$848,921	\$5,772,414	\$2,583,521	\$2,490,735	\$641,001	\$1,171,931	\$986,442	\$0	\$0	\$0	<u>\$34,796,620</u>	\$60,000,000
Third Party Recovery	\$5,653,269	\$8,167,032	\$4,926,988	\$6,881,572	\$9,307,263	\$4,517,401	\$9,685,215	\$5,119,104	\$8,856,488	\$0	\$0	\$0	<u>\$63,114,331</u>	\$80,000,000
Totals	<u>\$6,151,332</u>	<u>\$27,970,624</u>	<u>\$5,775,909</u>	<u>\$12,653,986</u>	<u>\$11,890,783</u>	<u>\$7,008,136</u>	<u>\$10,326,216</u>	<u>\$6,291,035</u>	<u>\$9,842,930</u>	<u>\$0</u>	<u>\$0</u>	<u>\$0</u>	<u>\$97,910,950</u>	

* Includes dispositioned and undispositioned funds

Program Integrity Investigations: Overview of activities for overpayments identified. When an overpayment is identified, a notice of overpayment is sent to the

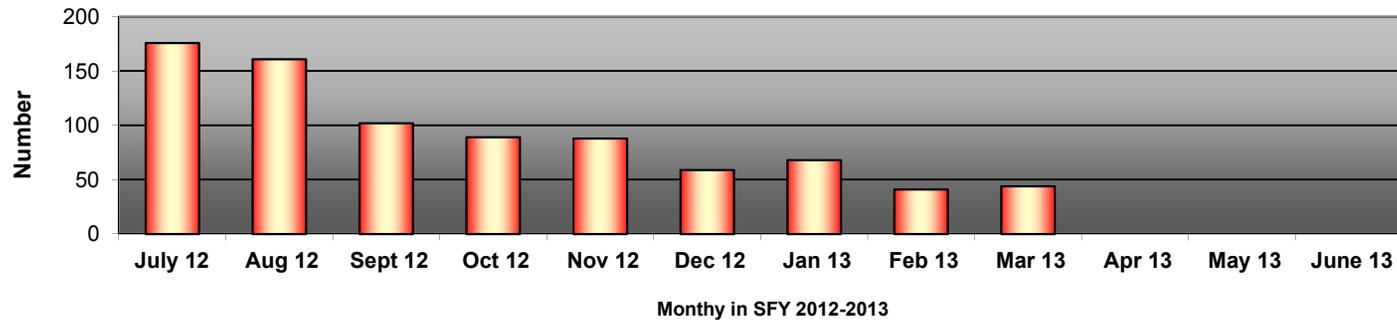
Expected Dollars from Notices of Overpayment Sent



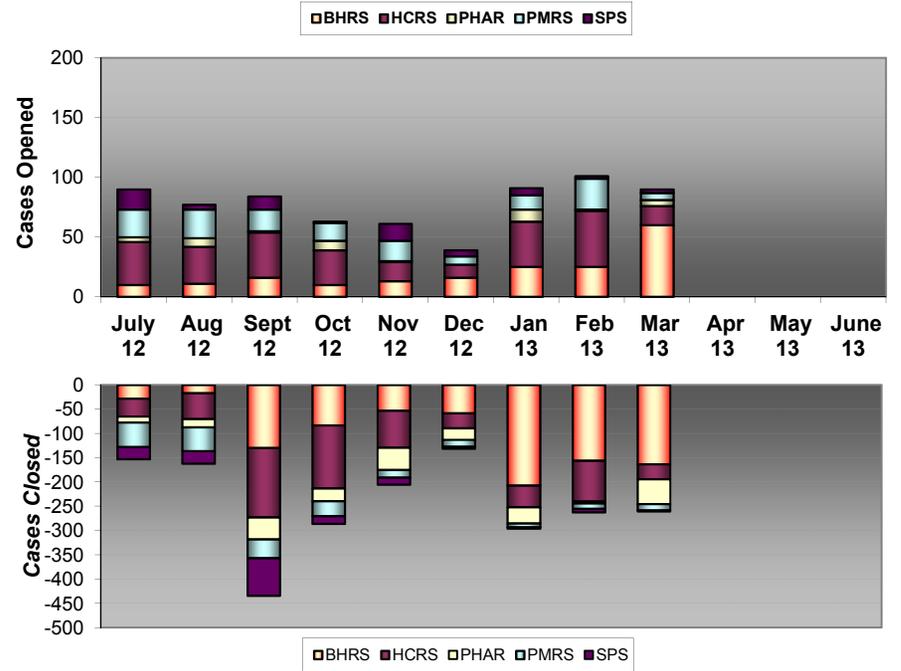
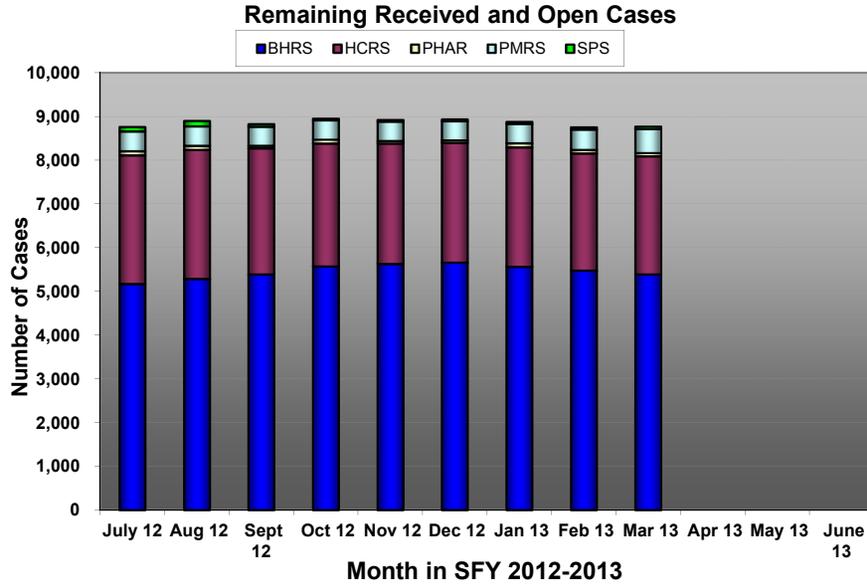
Expected Dollars by Section: includes vendor activities

	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
BHRS	\$13,813,490	\$9,429,087	\$6,631,256	\$6,864,593	\$3,299,121	\$1,617,797	\$3,926,640	\$7,383,689	\$325,385	\$0	\$0	\$0	\$53,291,058
PMRS	\$612,696	\$416,530	\$36,905	\$12,805	\$1,844,228	\$368,996	\$1,915	\$0	\$0	\$0	\$0	\$0	\$3,294,075
PHAR	\$21,860	\$32,123	\$71,809	\$79,725	\$123,269	\$73,266	\$78,355	\$23,655	\$188,519	\$0	\$0	\$0	\$692,581
HCRS	\$10,311,646	\$10,944,507	\$9,753,340	\$8,505,292	\$6,217,939	\$2,620,261	\$4,203,867	\$2,999,055	\$280,394	\$0	\$0	\$0	\$55,836,301
SPS	\$305	\$5,261	\$2,303	\$12,821	\$89	\$4,952,130	\$5,949,660	\$11,310	\$673	\$0	\$0	\$0	\$10,934,554
Total	\$24,759,998	\$20,827,508	\$16,495,613	\$15,475,236	\$11,484,646	\$9,632,450	\$14,160,436	\$10,417,710	\$794,972	\$0	\$0	\$0	\$124,048,569

Number of Notices Sent: includes vendor activities



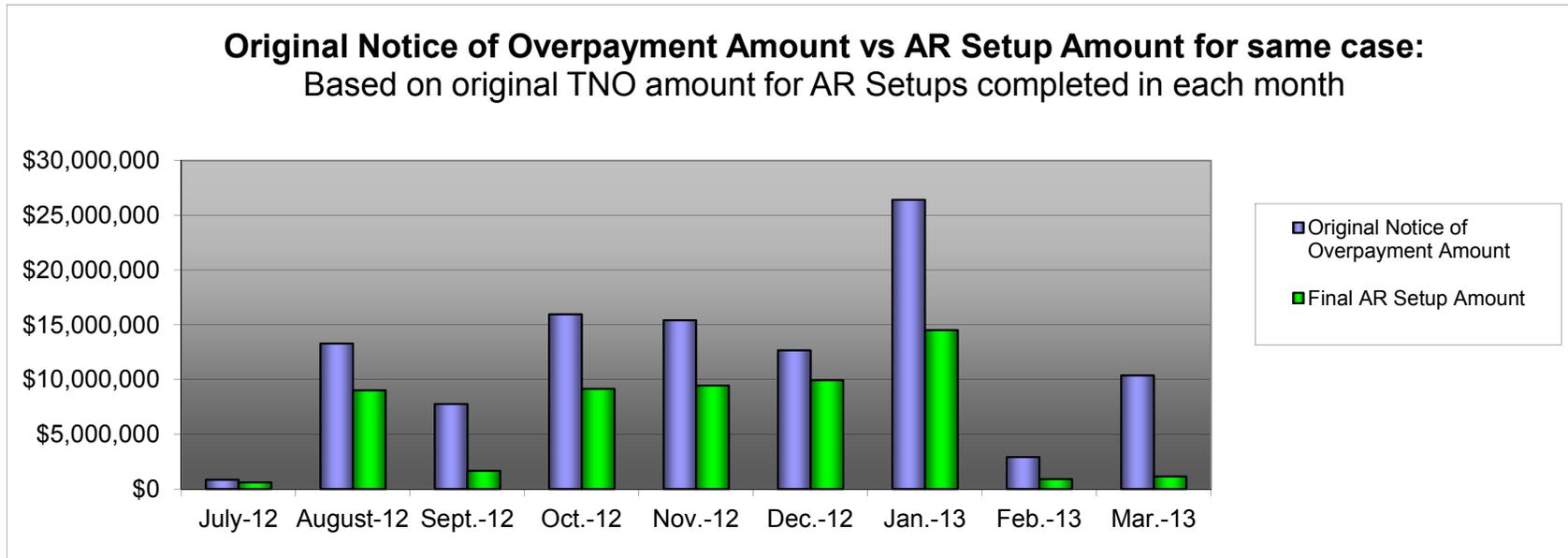
Case Activity: Program Integrity activity related to cases opened, closed and remaining open, including vendor activity



Case Information - Values

		12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
Opened	BHRS	10	11	16	10	13	16	25	25	60	0	0	0	186
	HCRS	36	31	38	29	16	11	38	47	16	0	0	0	262
	PHAR	4	7	1	8	1	0	10	1	5	0	0	0	37
	PMRS	23	24	18	15	17	7	12	26	6	0	0	0	148
	SPS	17	4	11	1	14	5	6	2	3	0	0	0	63
	Total		90	77	84	63	61	39	91	101	90	0	0	0
Closed	BHRS	28	17	130	83	53	58	207	156	163	0	0	0	895
	HCRS	37	53	143	130	76	31	45	84	31	0	0	0	630
	PHAR	12	17	45	26	46	24	33	4	51	0	0	0	258
	PMRS	51	49	39	31	16	14	8	11	13	0	0	0	232
	SPS	25	26	77	16	14	4	3	7	2	0	0	0	174
	Total		153	162	434	286	205	131	296	262	260	0	0	0

Original Notice of Overpayment Amount vs Final AR Setup Amount: After the Notice of Overpayment is sent to a provider identifying an overpayment, the provider has the opportunity to appeal the identified overpayment. The accounts receivable (AR) setup amount refers to the final overpayment after the final agency decision is completed

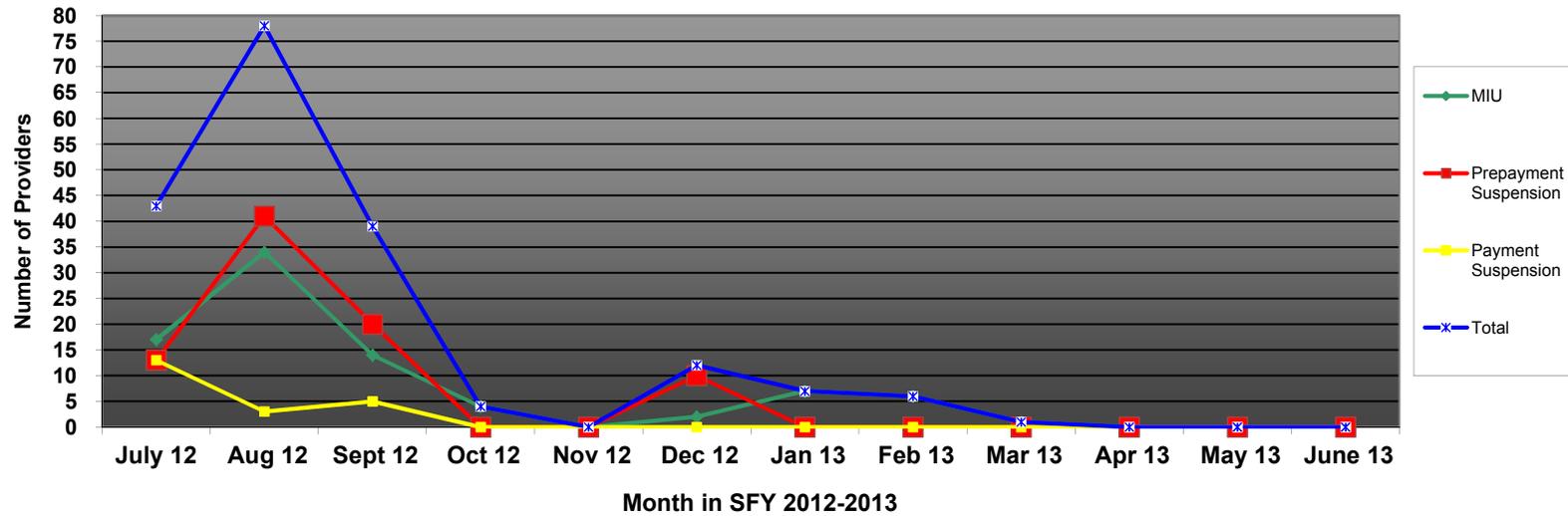


	July-12	August-12	Sept.-12	Oct.-12	Nov.-12	Dec.-12	Jan.-13	Feb.-13	Mar.-13	Total
Original Notice of Overpayment Amount	\$854,413	\$13,291,250	\$7,778,964	\$15,951,308	\$15,405,143	\$12,659,072	\$26,418,678	\$2,910,553	\$10,374,419	\$95,269,382
Final AR Setup Amount	\$596,889	\$9,019,089	\$1,665,223	\$9,152,458	\$9,447,360	\$9,952,830	\$14,520,352	\$908,008	\$1,142,407	\$55,262,209
Change in Amount	\$257,524	\$4,272,161	\$6,113,741	\$6,798,851	\$5,957,783	\$2,706,243	\$11,898,326	\$2,002,545	\$9,232,012	\$40,007,173

*note: Original Notice of overpayment amount is displayed the same month that the final AR Setup is generated, not the month that the notice of overpayment was initially sent to a provider. Only the Notice of Overpayment amount for final AR Setups generated each month is displayed in the same month as the final AR Setup amount. Tracking begun January 2012

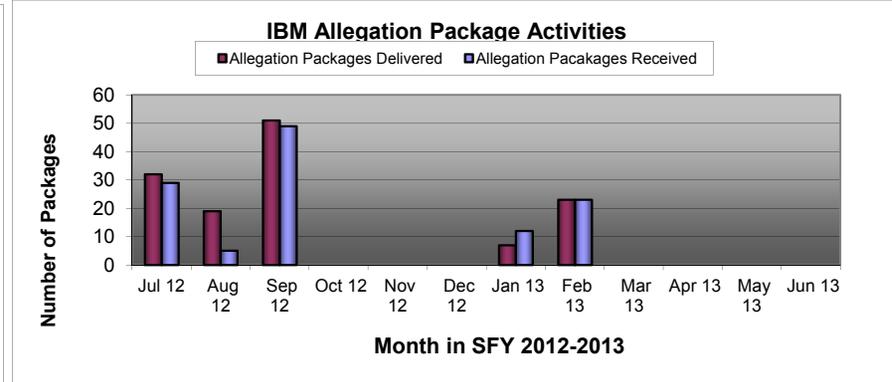
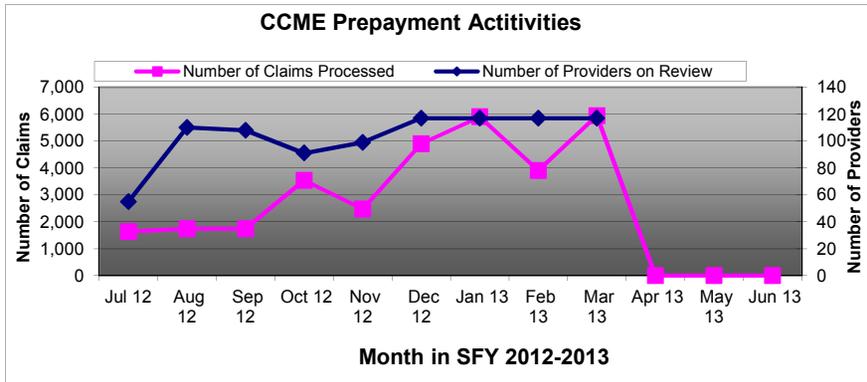
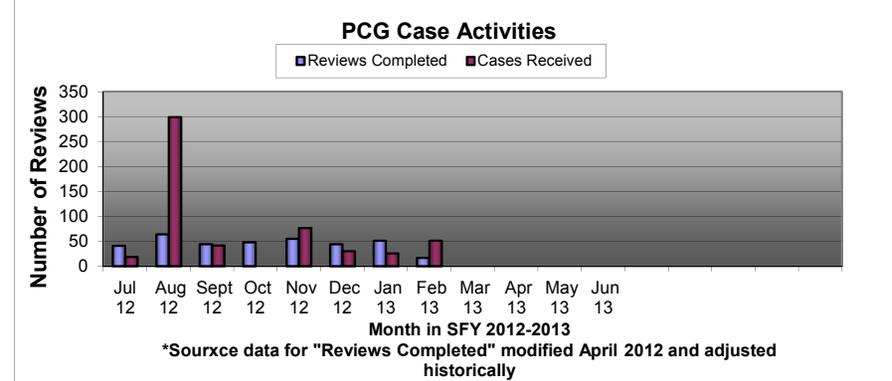
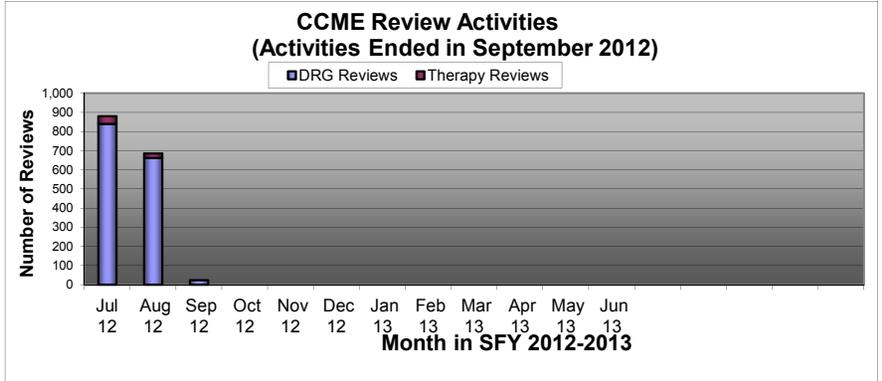
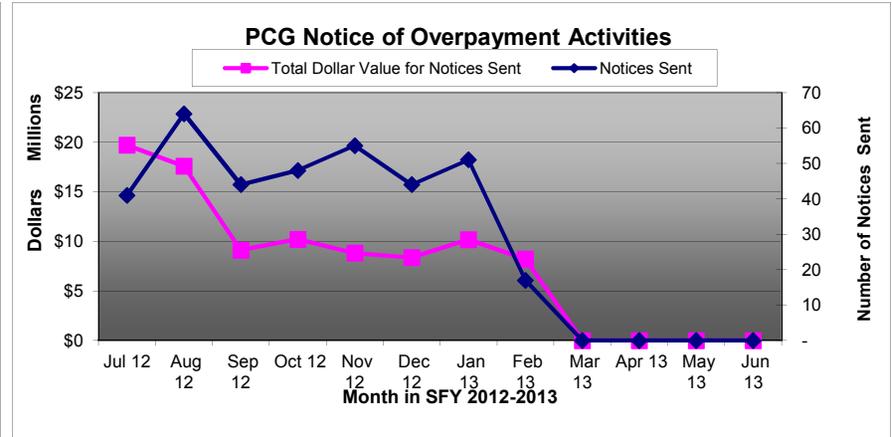
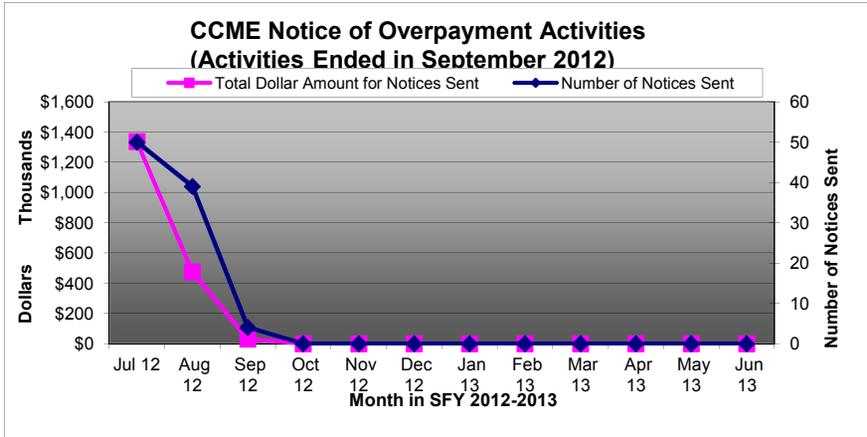
Referral and Suspension Information: Providers referred to external organizations for prepayment suspension and criminal investigation, or placed on payment suspension by Program Integrity

Number of providers referred or suspended per month



	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>MIU</u>	17	34	14	4	0	2	7	6	1	0	0	0	85
<u>Payment Suspension</u>	13	3	5	0	0	0	0	0	0	0	0	0	21
<u>Prepayment Suspension</u>	13	41	20	0	0	10	0	0	0	0	0	0	84
<u>Total</u>	43	78	39	4	0	12	7	6	1	0	0	0	190

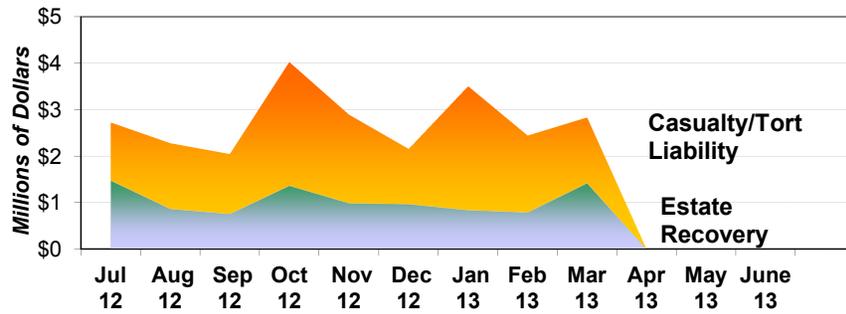
Vendor Activities: PI contracts vendors for post-payment review (PCG and CCME), prepayment review (CCME), and data analysis (IBM)



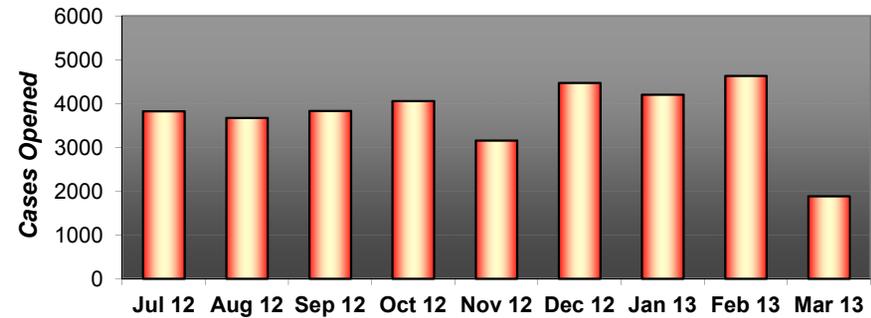
Third Party Recovery

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

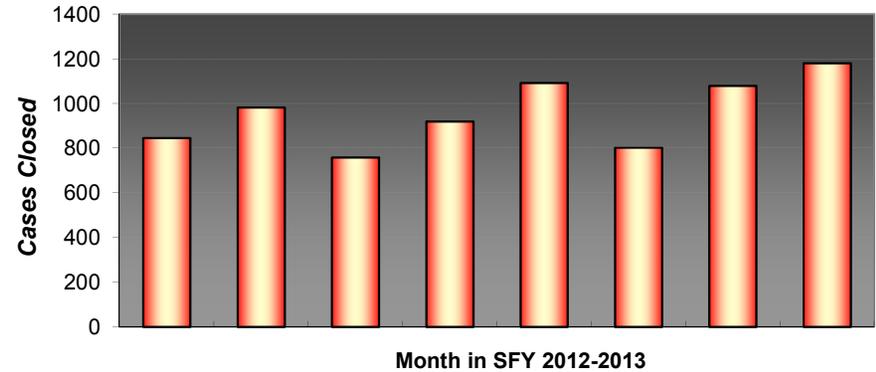
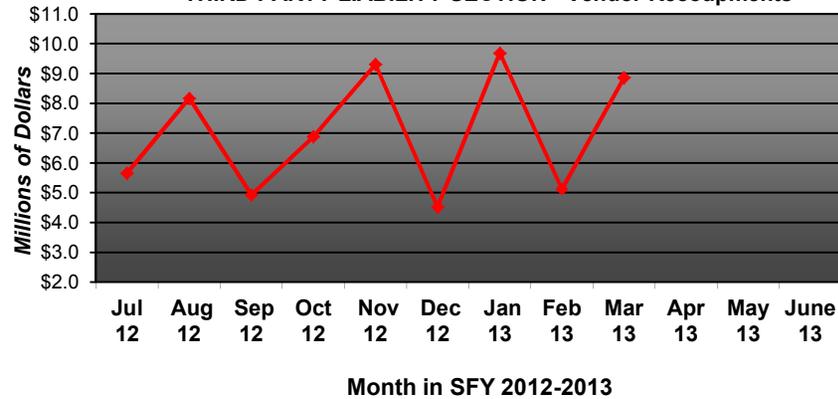
Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



THIRD PARTY LIABILITY SECTION - Vendor Recoupments

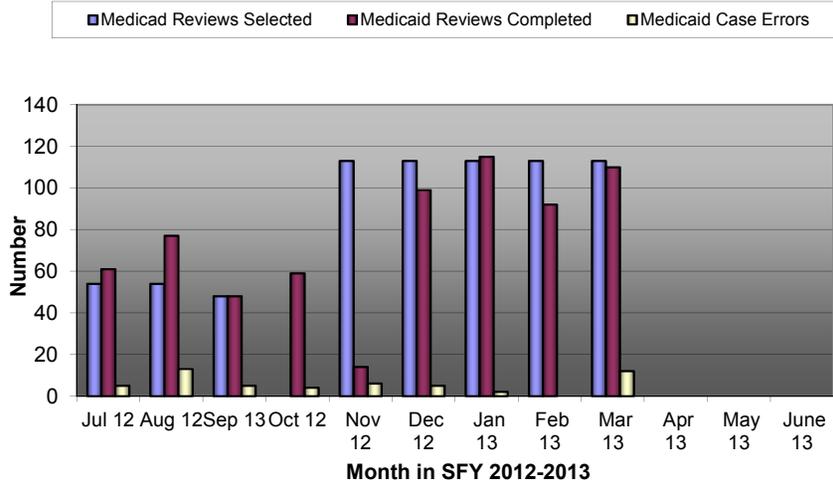


Month in SFY 2012-2013

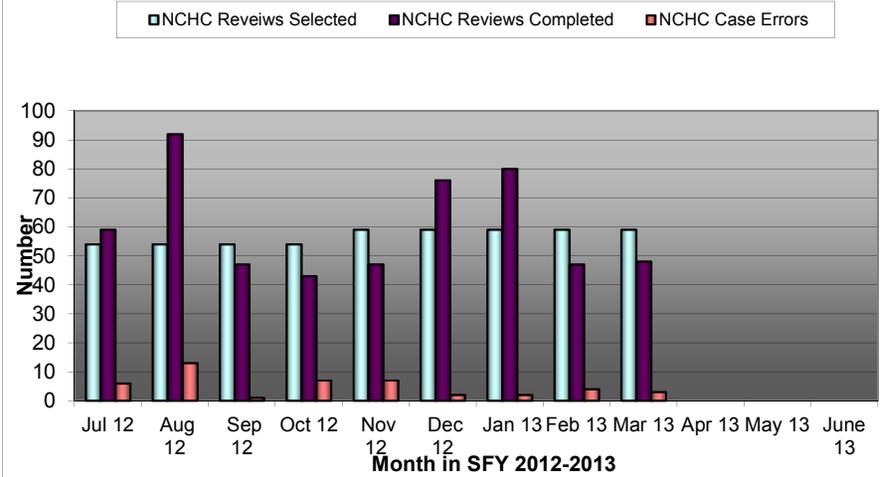
Quality Assurance Section

Quality Assurance Activities: Program Integrity Quality Assurance section reviews Medicaid Recipients cases for potential overpayment and Medicaid eligibility

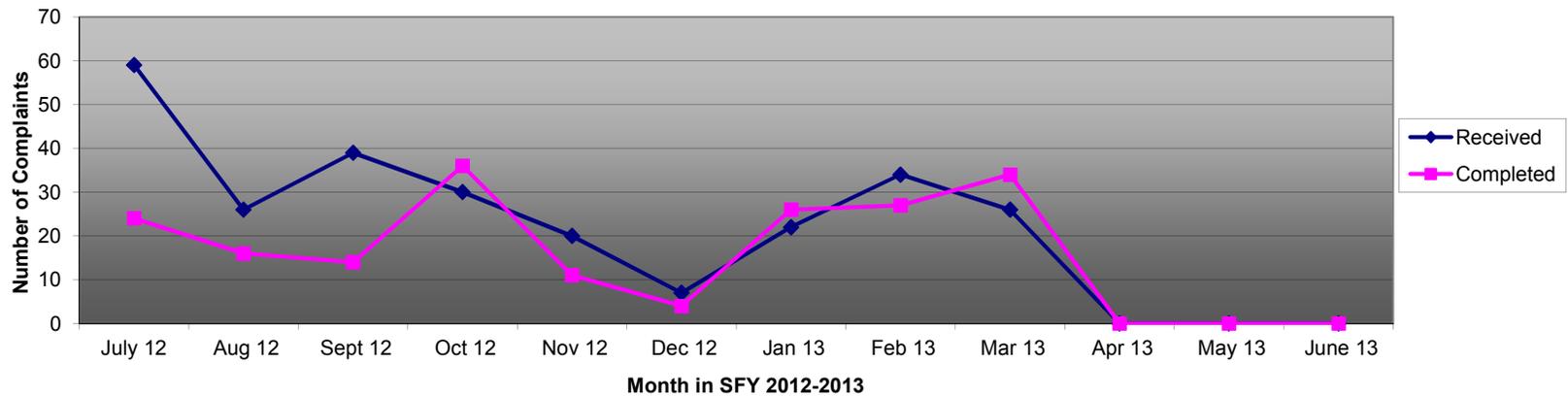
2012-2013 Active and Negative Medicaid Case Review Activities



2012-2013 Active and Negative North Carolina Health Choice Review Activities



Recipient Fraud and Abuse Complaints



*Calculation modified beginning February 2012 and applied historically

All Medicaid

DMA Dashboard Measures - through March, 2013

This report contains the Division of Medical Assistance's "Dashboard" measures for the Current Year (most recent 12 months) and the Prior 12 months. The intent of this package is to see trends as they emerge and allow us to be proactive in managing our business as well as spur discussion among stakeholders. **Comments and suggestions are always appreciated, particularly if there are types of service that the audience thinks should be added, removed or otherwise adjusted.** Contact Gail Stone or Will Funk.

This Dashboard includes data for all eligibility classes, excluding HealthChoice.

All data in this report are on a **Date of Service (DOS)** basis. Inpatient measures count both open and discharged stays.

All data have a completion factor applied to them to estimate ultimate payout, based on average claim lag time algorithms. These figures will change as more information becomes available each month.

Specific changes this month (March, 2013)

1. The PCS clinical policy change effective 1/1/2013 has necessitated a change in the methodology for counting Days of Service for PCS recipients. Consequently, comparing PCS metrics from this Dashboard to past Dashboards is not meaningful. Each Dashboard is internally consistent (i.e., the same methodology is used throughout a single Dashboard). The drop in PCS utilization is a result of the policy change. Early data indicate a reduction of roughly 10,000 recipients. This may be revised as more data become available.

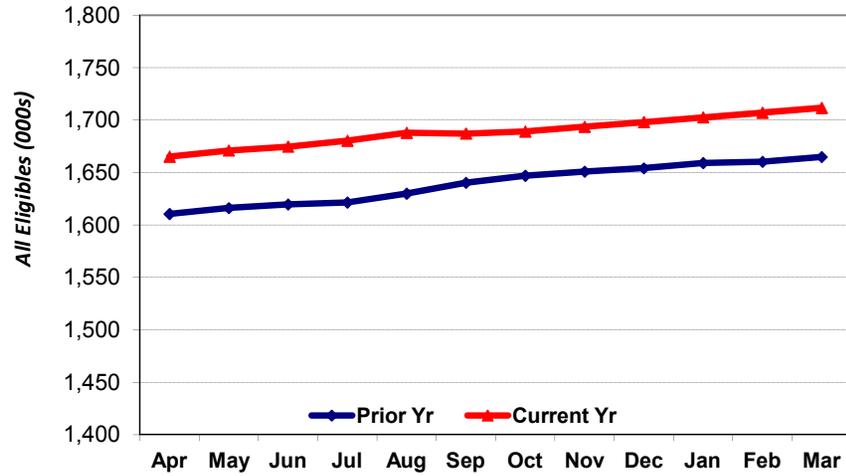
2. Prior to this Dashboard, the Physician Non-E&M utilization graphs were labelled as "Visits". That label has been changed to "Services" to more accurately reflect the counting methodology. The methodology itself has not changed.

Trends to Watch

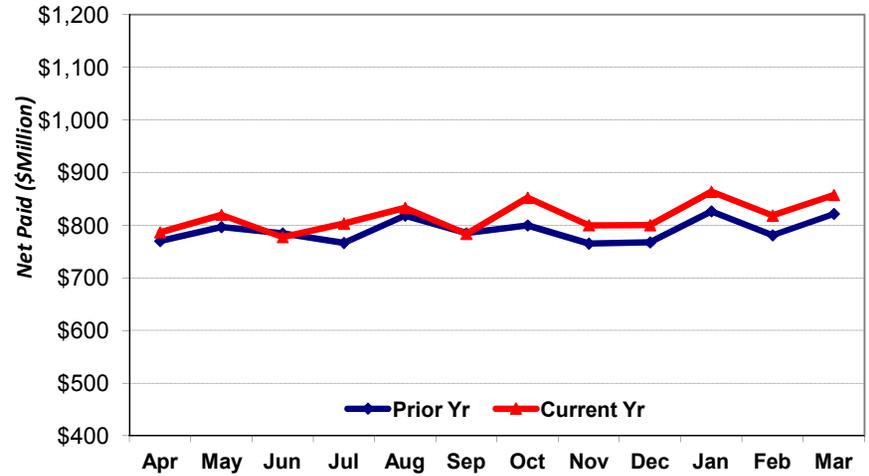
1. Behavioral health related claims (e.g., Inpt MH, ICF/MR, CAP-MR and non-physician practitioners) continue to decline with the implementation of BH MCOs. Because of the drastic changes in claims patterns, claims estimates for more recent months are likely to be revised significantly as more data become available.
2. The 12 month trend in Total PMPM costs is again slightly positive (0.3%) this month, but has not increased since last month (i.e., last month's value was also 0.3%). The state fiscal year to date trend has been positive for several months, but it has fallen from 1.8% last month to 1.0% this month. That fall is due mostly to revisions to February incurred claims estimates, particularly SNF, Non-Physician Practitioners, Physician Non-E&M, ACH/PCS, ICF/MR and Brand Rx.
3. Lab/Rad cost and use continue to remain above last year's levels. This could be driven by increased ABD enrollment into CCNC, changes in practice patterns or other factors. The dip in Lab/Rad cost per service and services per recipient in the last several months is probably due to flu-related claims. Further analysis would be needed to confirm.
4. ER cost and use continue to stay above last year's levels. The spike in December and January utilization is due to flu. The volatility in cost per visit from November to January is also due to flu. November and February utilization would have been very slightly lower without the impact of flu. The remainder of the increase in utilization over this time last year is unexplained.
5. The increase in cost per brand script in January and February is due to hemophiliac claims and a sharp increase in the use of synagis, a drug used to treat babies and children at high risk of Respiratory Syncytial Virus (RSV). RSV is a seasonal virus, and a sharp increase in winter months is not uncommon. Together synagis and hemophilia claims account for roughly \$14 of the approximately \$18 increase. The remainder is due to increased utilization across a wide range of drugs.

ALL COSTS - Date of Service basis

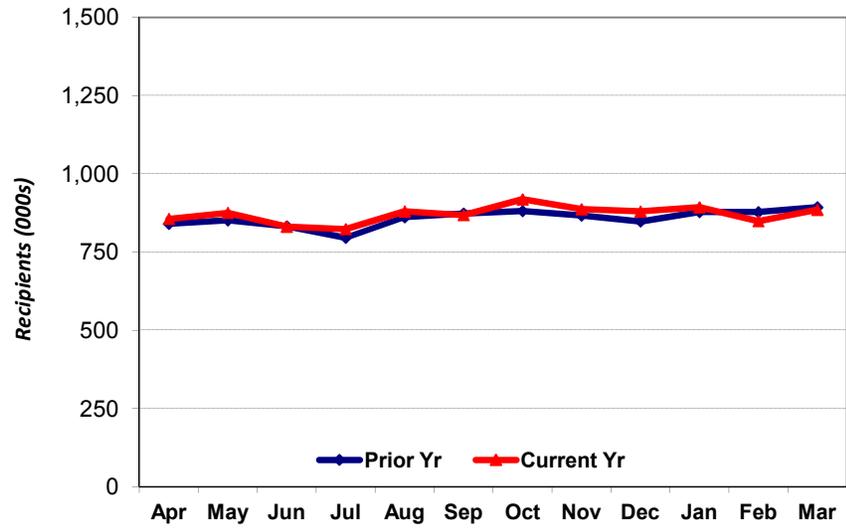
ALL ELIGIBLES (Source: DRIVE)



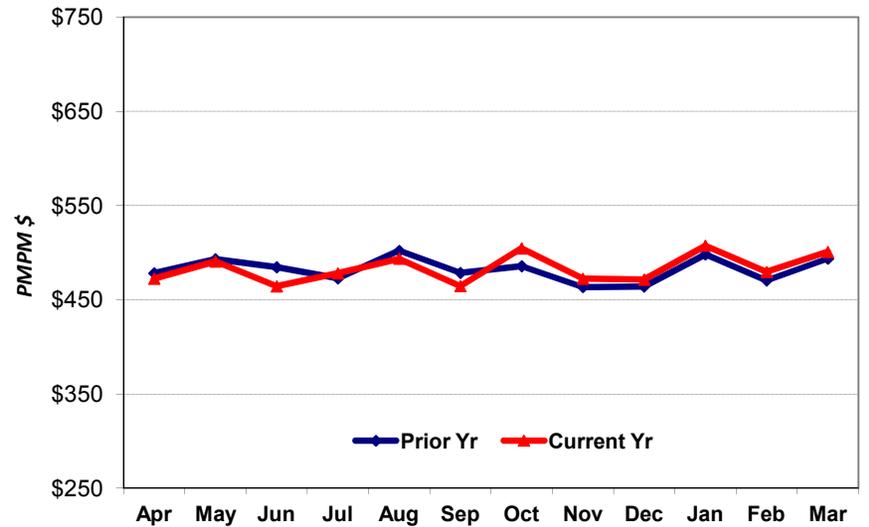
ALL SERVICES - Incurred Claims



ALL SERVICES - Recipients (Source: DRIVE)

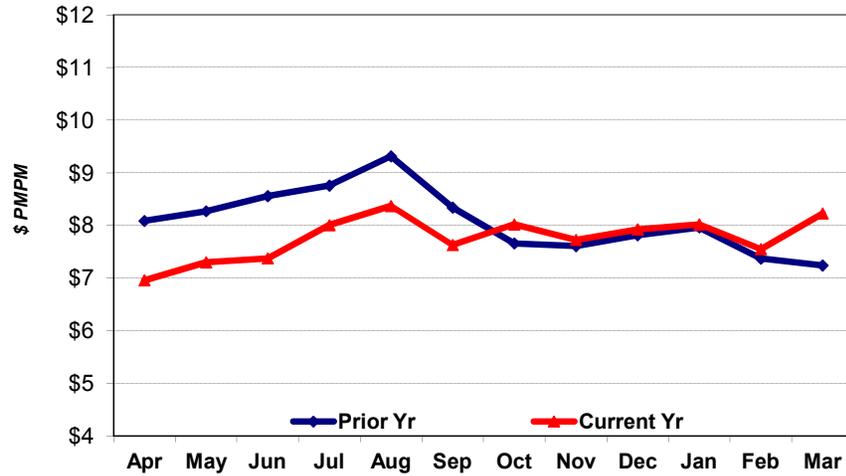


ALL SERVICES - Incurred PMPM

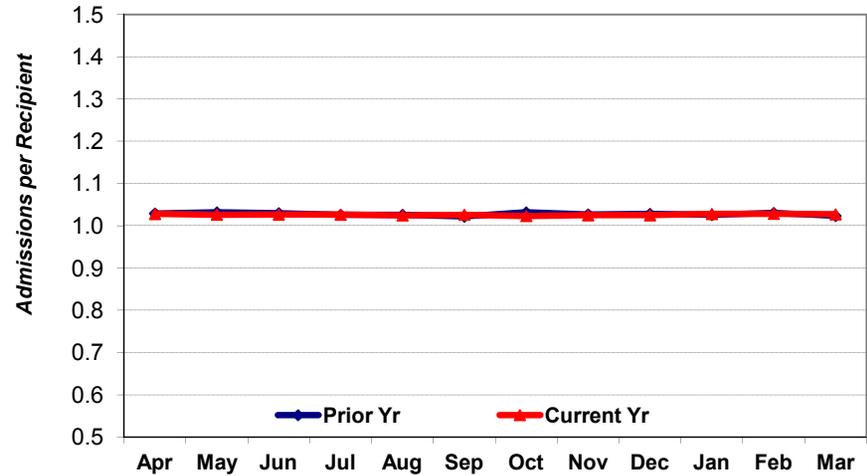


DATE OF SERVICE Analysis
 Inpatient Costs bucketed to Admission date

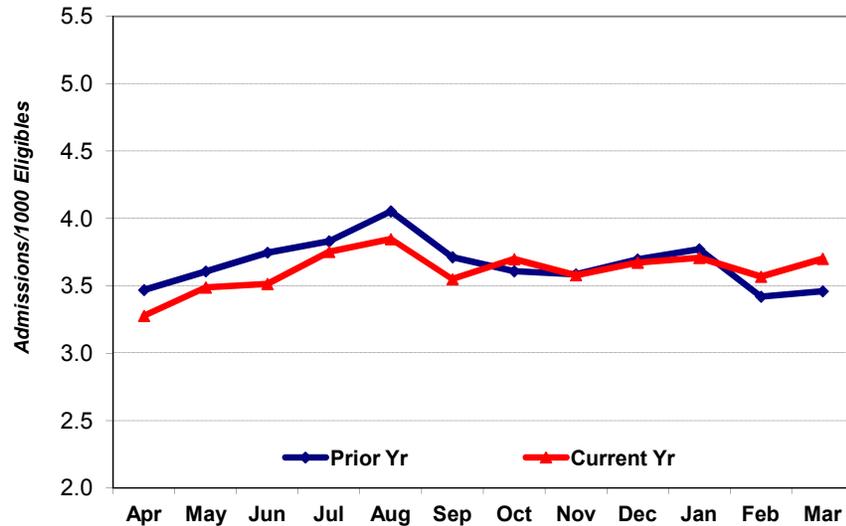
Inpatient, Maternity - PMPM



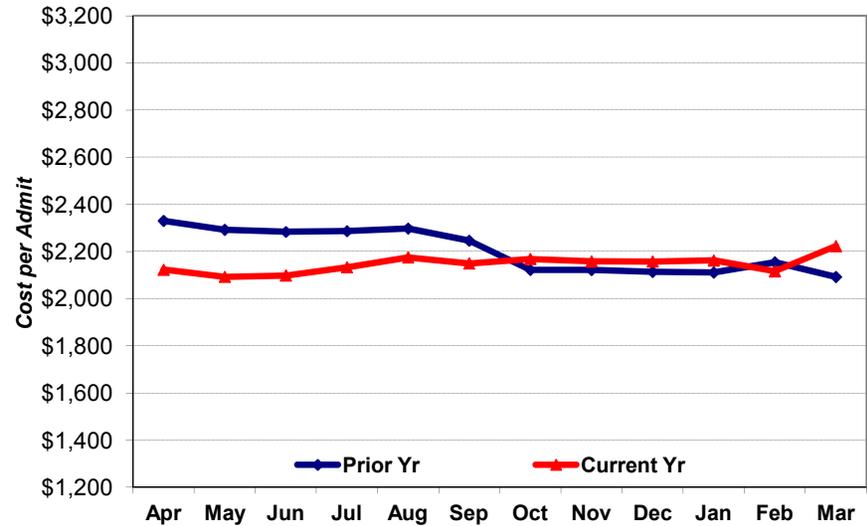
Inpatient, Maternity - Average Admissions per Recipient



Inpatient, Maternity - Admissions per 1000 Eligibles

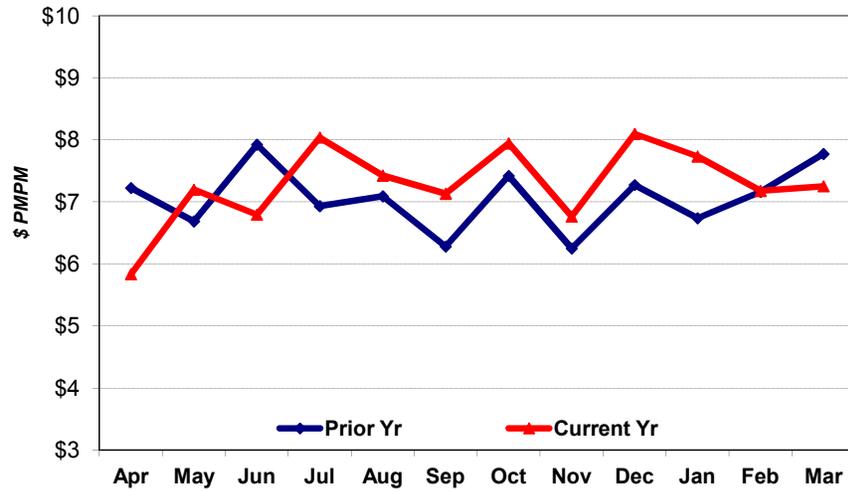


Inpatient, Maternity - Average Cost per Admission

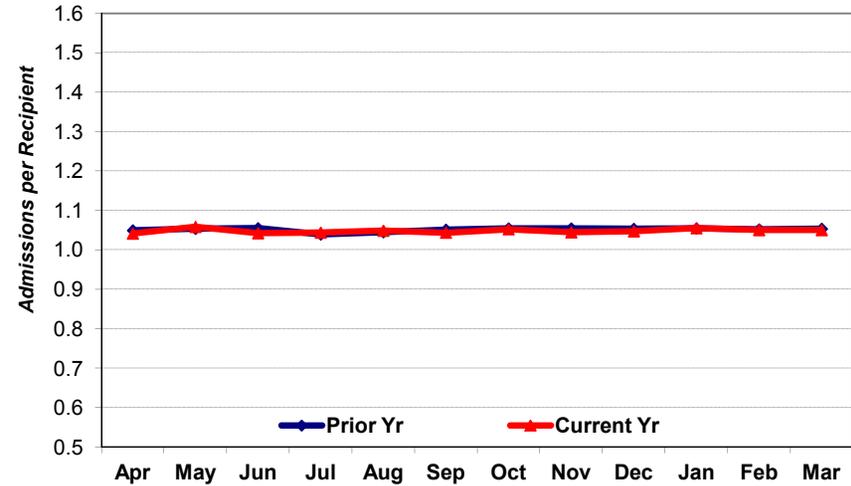


DATE OF SERVICE Analysis
 Inpatient Costs bucketed to Admission date

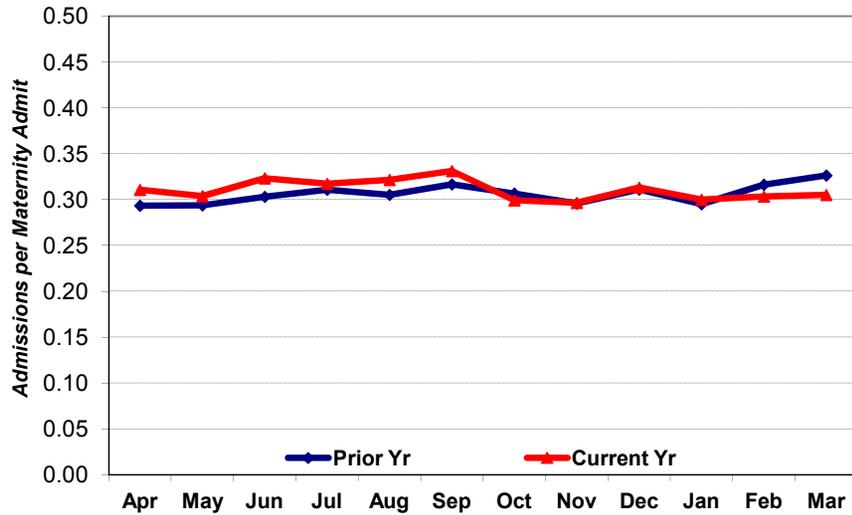
Inpatient, NICU - PMPM



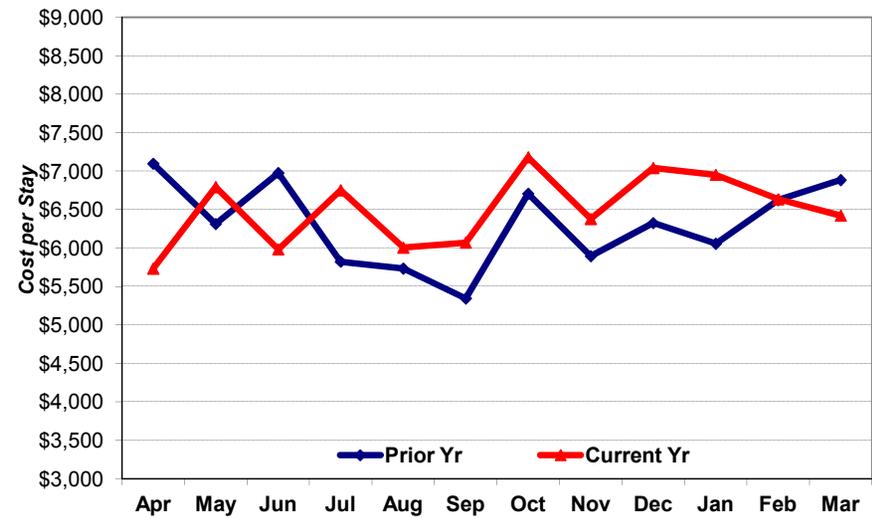
Inpatient, NICU - Average Admissions per Recipient



Inpatient, NICU - Admissions per Maternity Admit

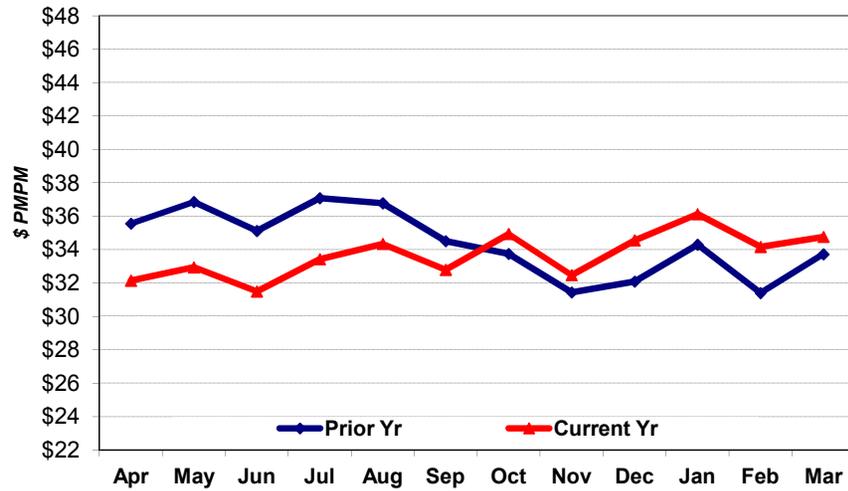


Inpatient, NICU - Average Cost per Admission

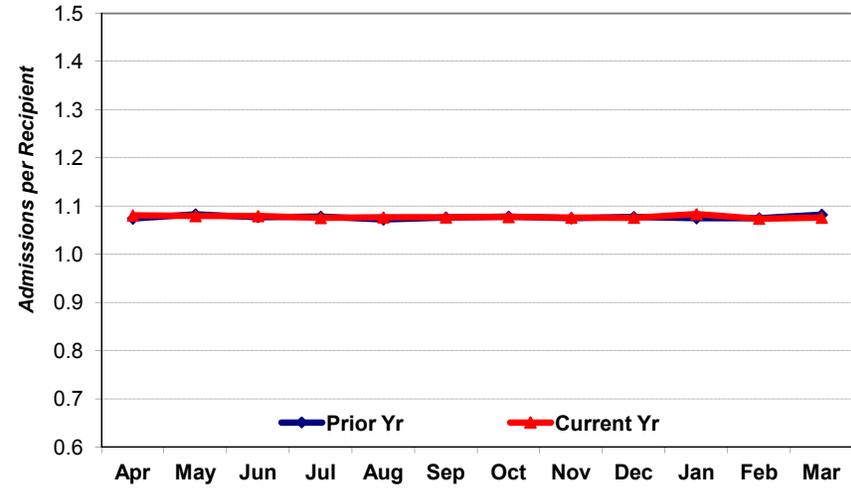


DATE OF SERVICE Analysis
 Inpatient Costs bucketed to Admission date

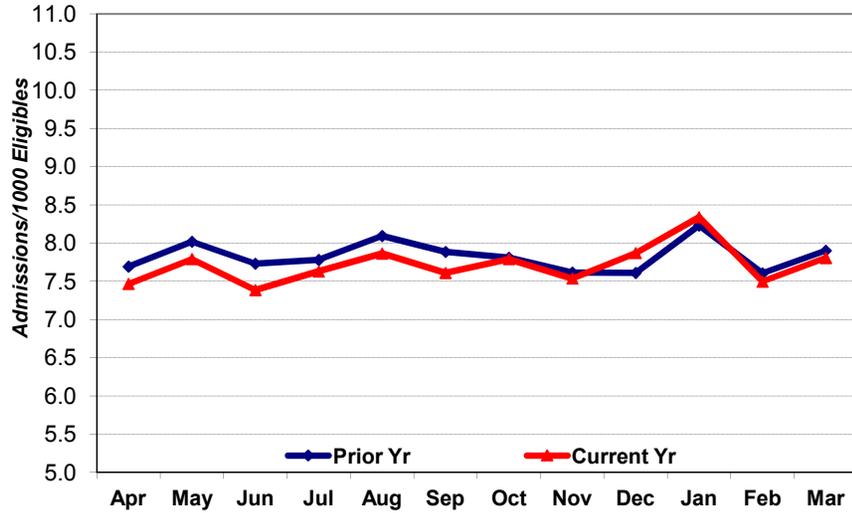
Inpatient, Non-Maternity - PMPM



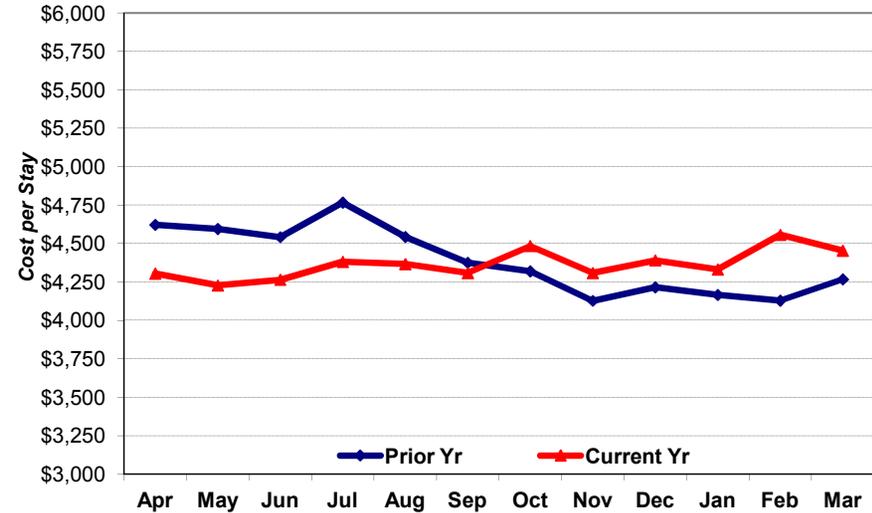
Inpatient, Non-Maternity - Average Admissions per Recipient



Inpatient, Non-Maternity - Admissions per 1000 Eligibles

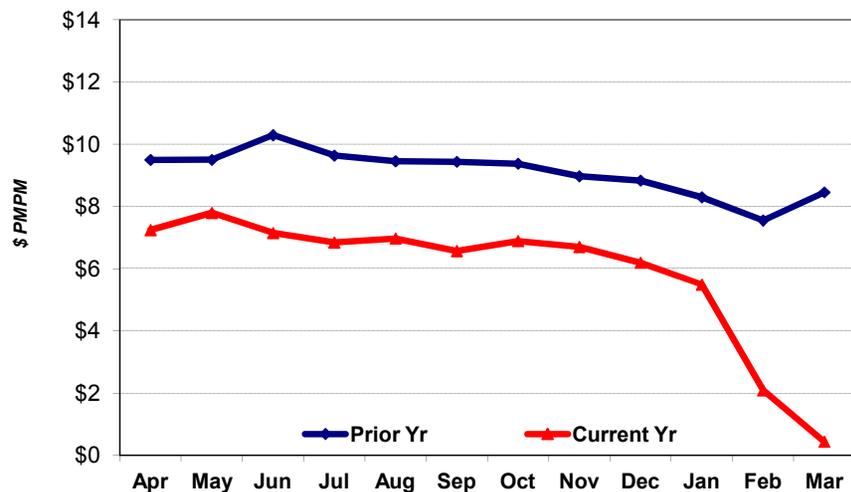


Inpatient, Non-Maternity - Average Cost per Admission

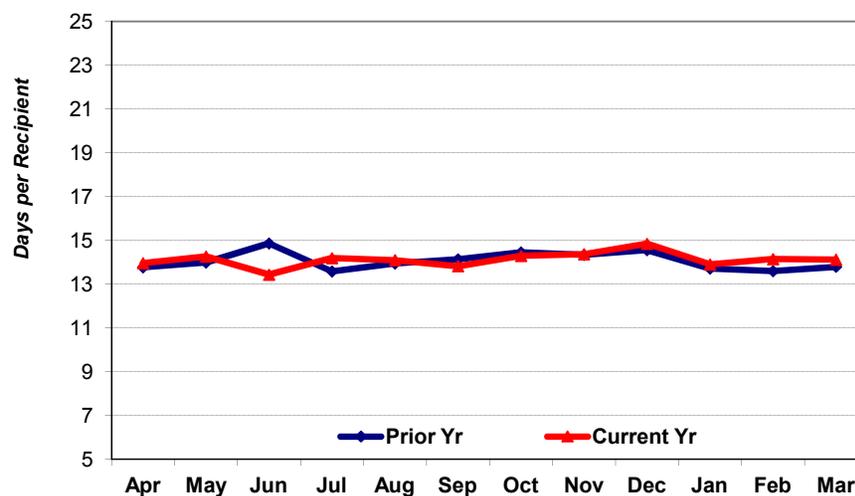


DATE OF SERVICE Analysis
Inpatient Costs bucketed to Service Date

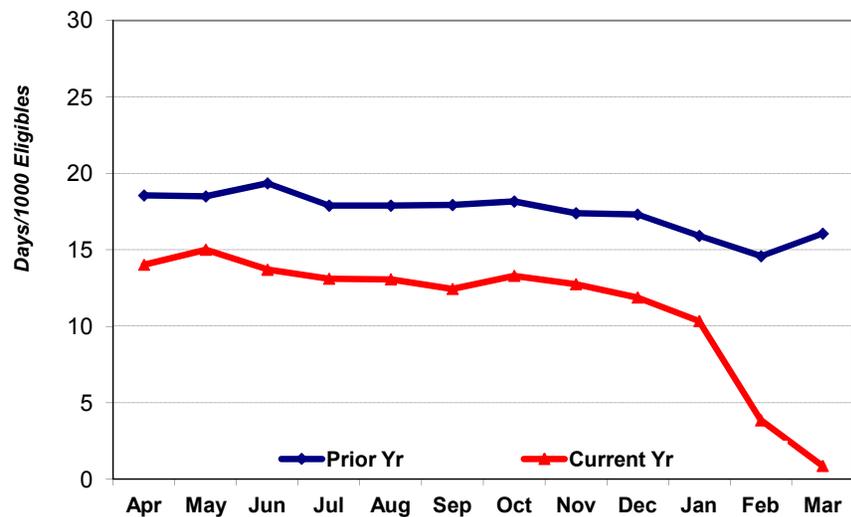
Inpatient Psych - PMPM



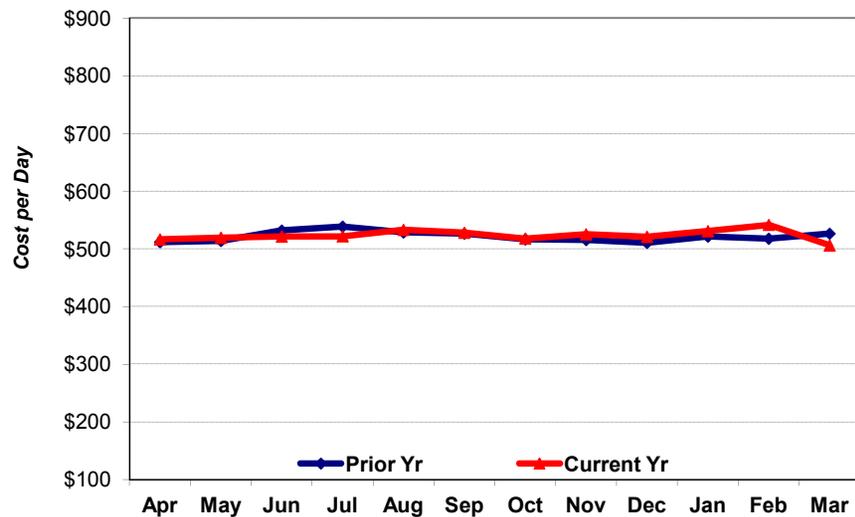
Inpatient Psych - Average Days per Recipient



Inpatient Psych - Days per 1000 Eligibles

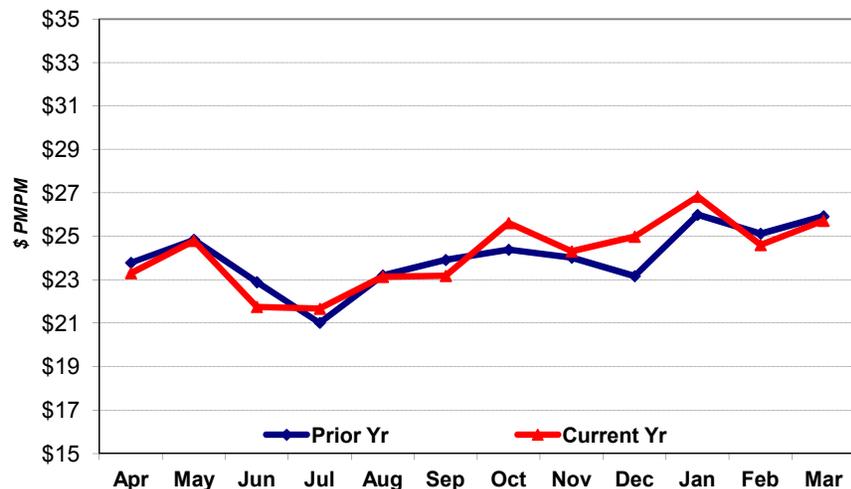


Inpatient Psych - Average Cost per Day

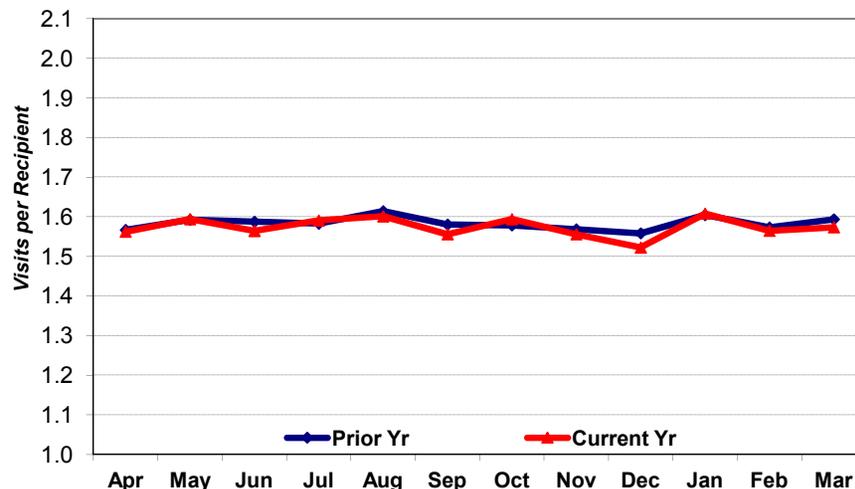


DATE OF SERVICE Analysis

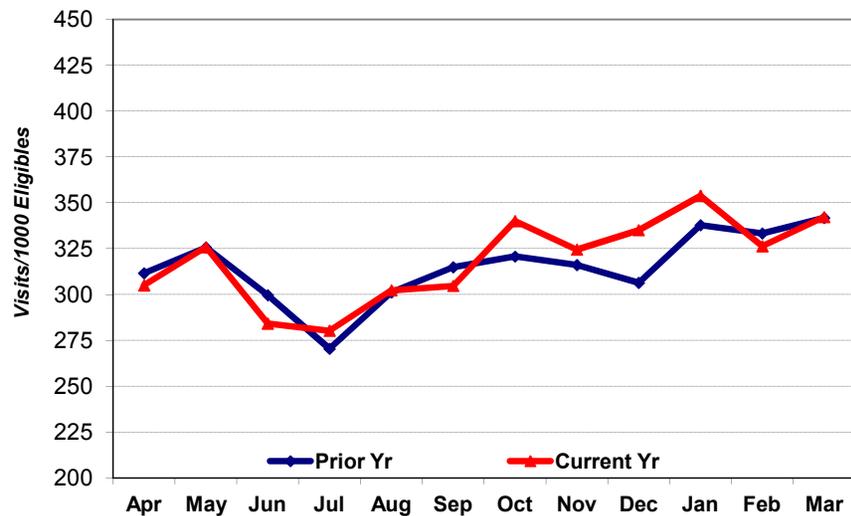
Physician Office Visit - PMPM



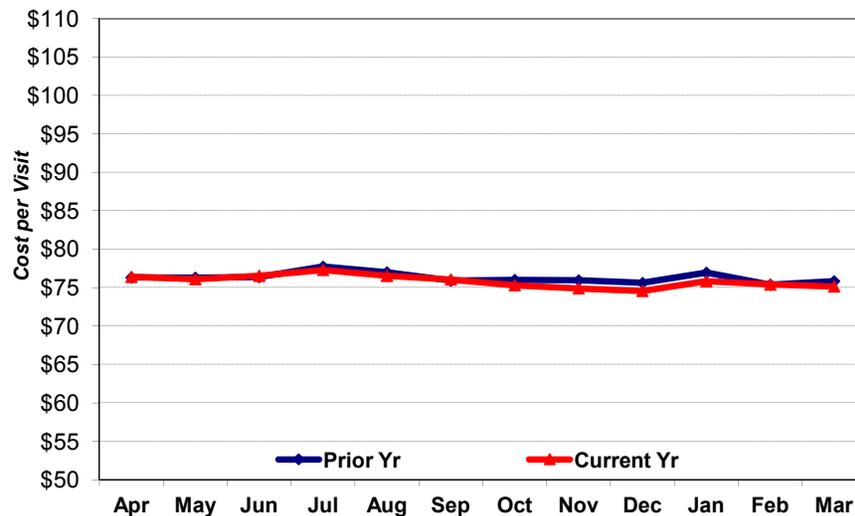
Physician Office Visit - Average Visits per Recipient



Physician Office Visit - Visits per 1000 Eligibles

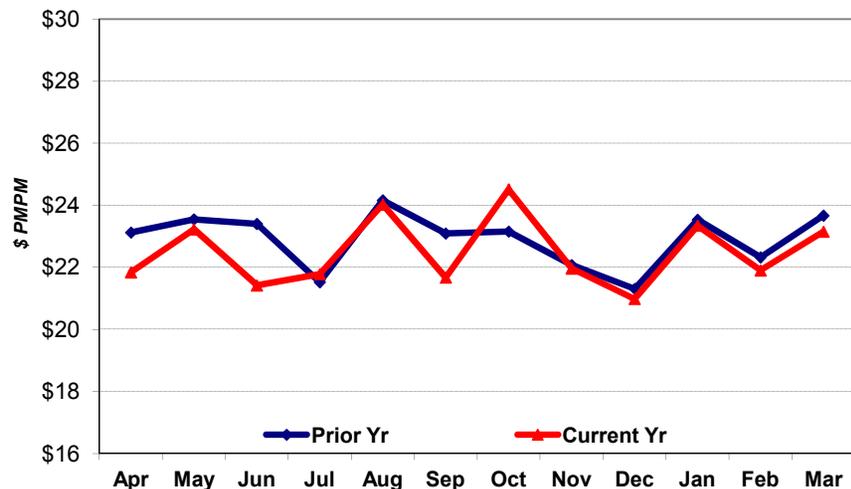


Physician Office Visit - Average Cost per Visit

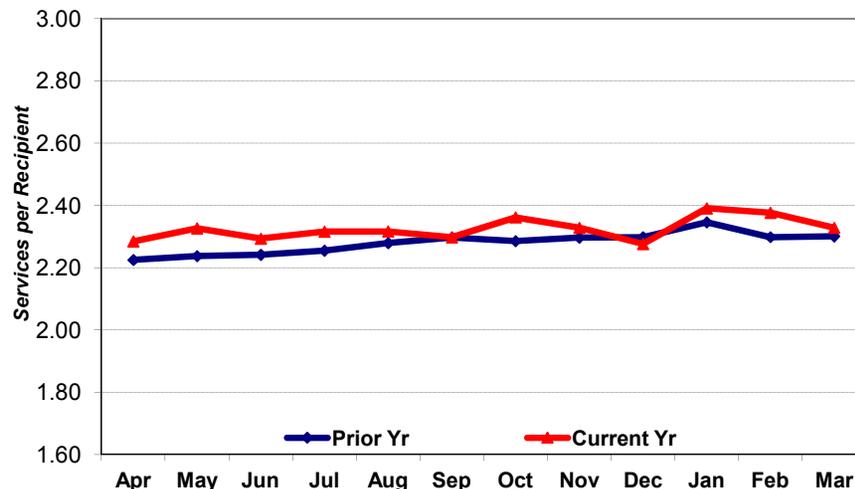


DATE OF SERVICE Analysis

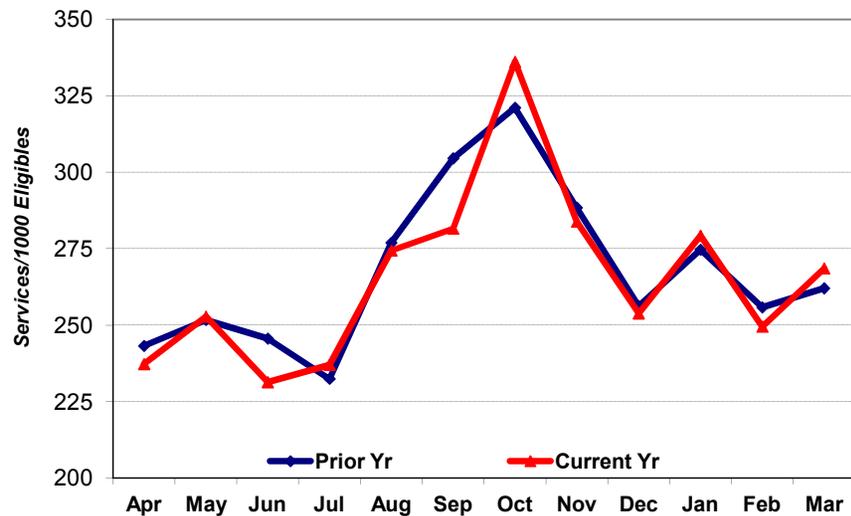
Physician Non-E&M - PMPM



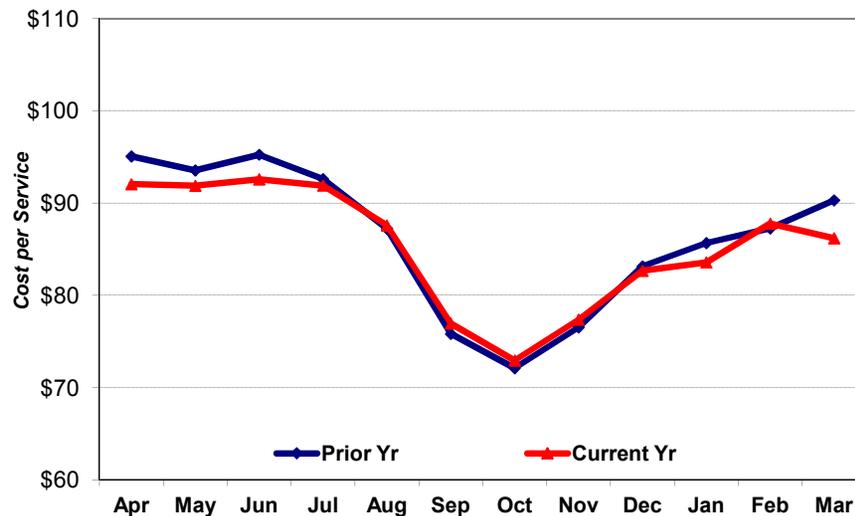
Physician Non-E&M - Average Services per Recipient



Physician Non-E&M - Services per 1000 Eligibles

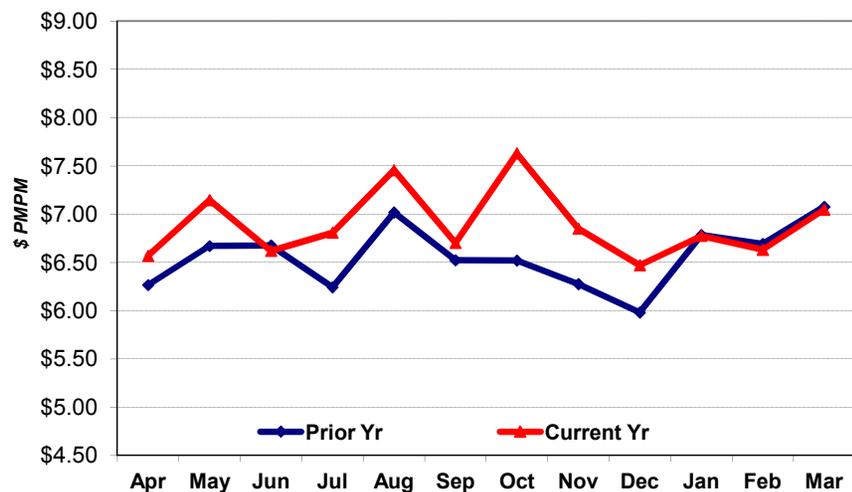


Physician Non-E&M - Average Cost per Service

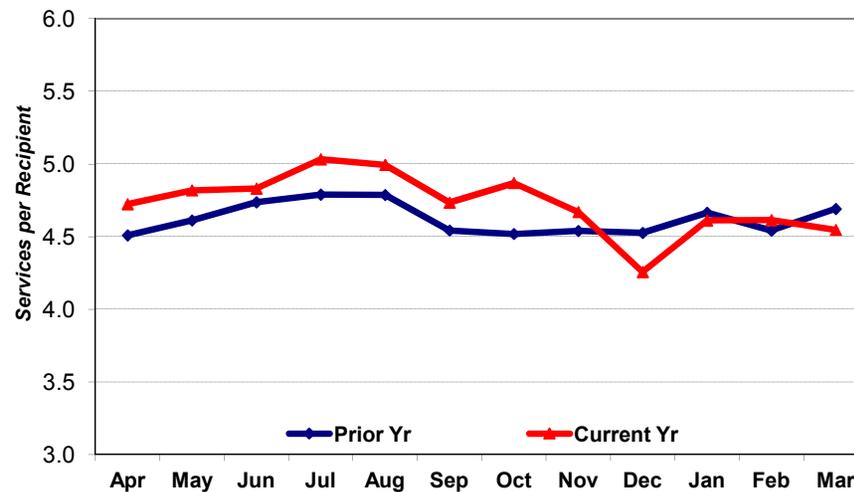


DATE OF SERVICE Analysis

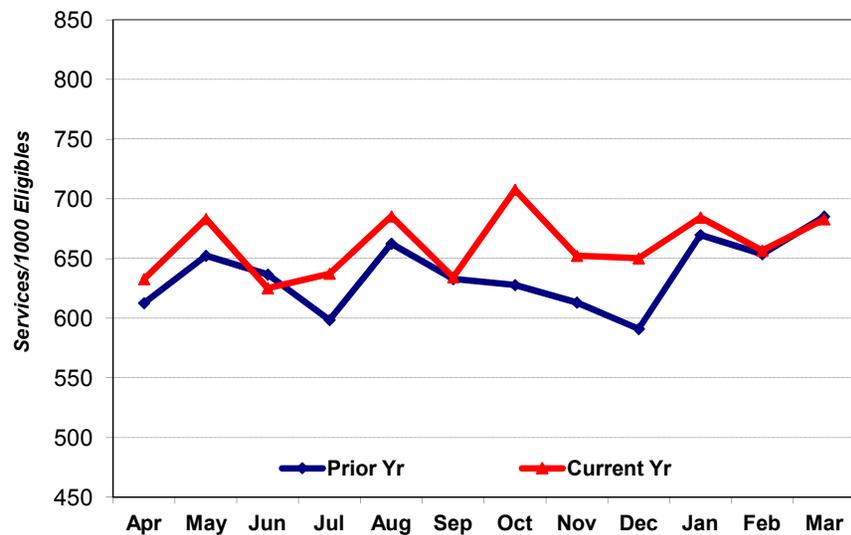
Lab/Rad - PMPM



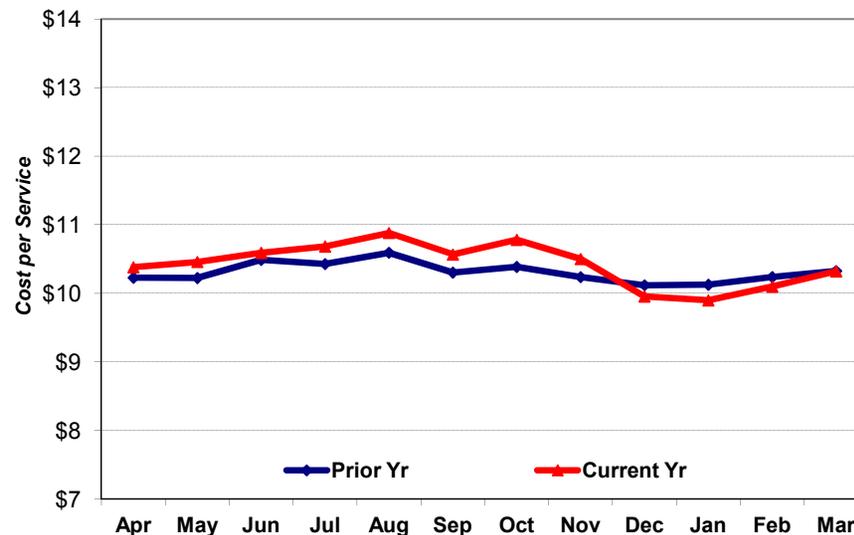
Lab/Rad - Average Services per Recipient



Lab/Rad - Services per 1000 Eligibles

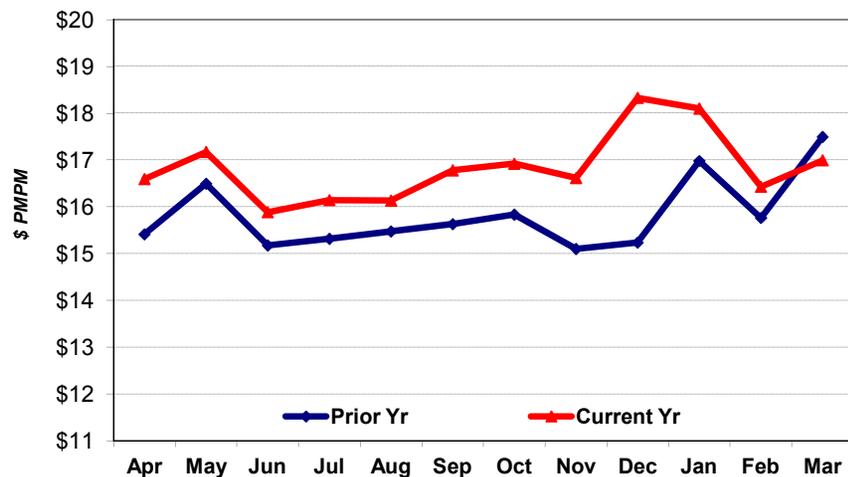


Lab/Rad - Average Cost per Service

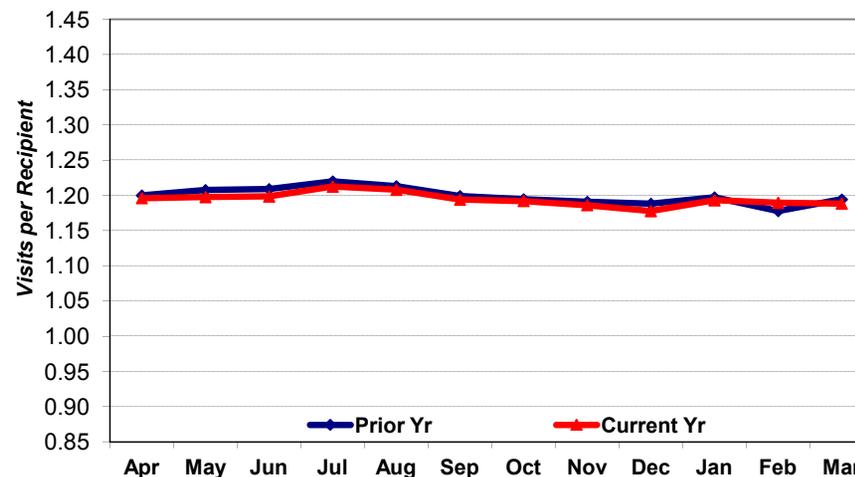


DATE OF SERVICE Analysis

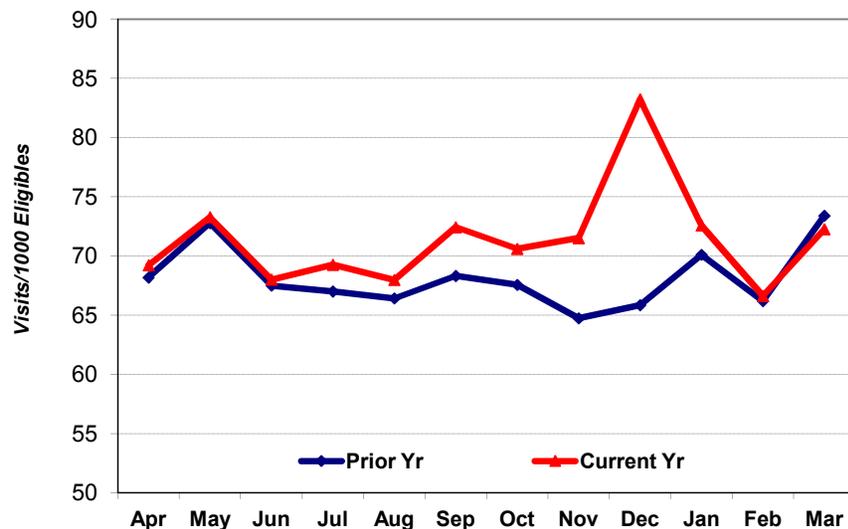
ER - PMPM



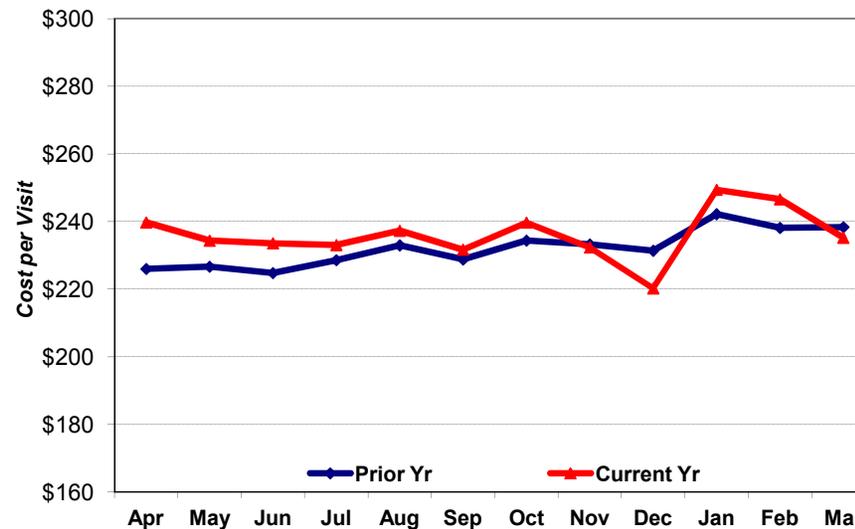
ER - Average Visits per Recipient



ER - Visits per 1000 Eligibles

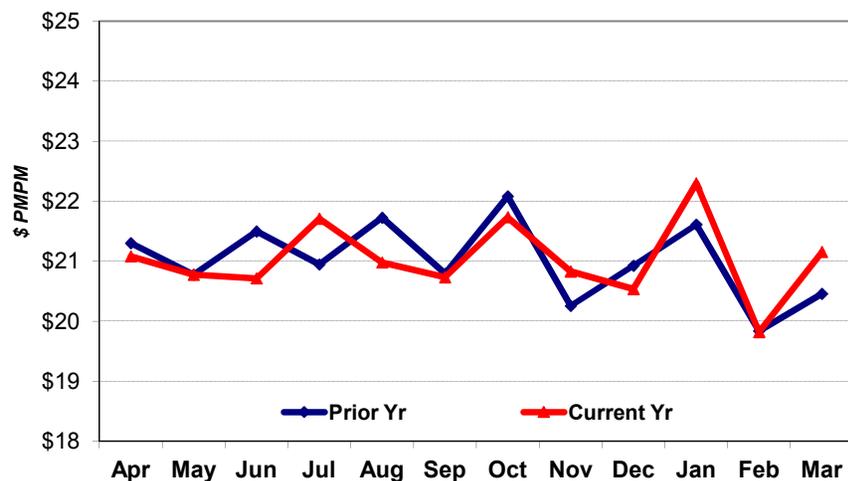


ER - Average Cost per Visit*

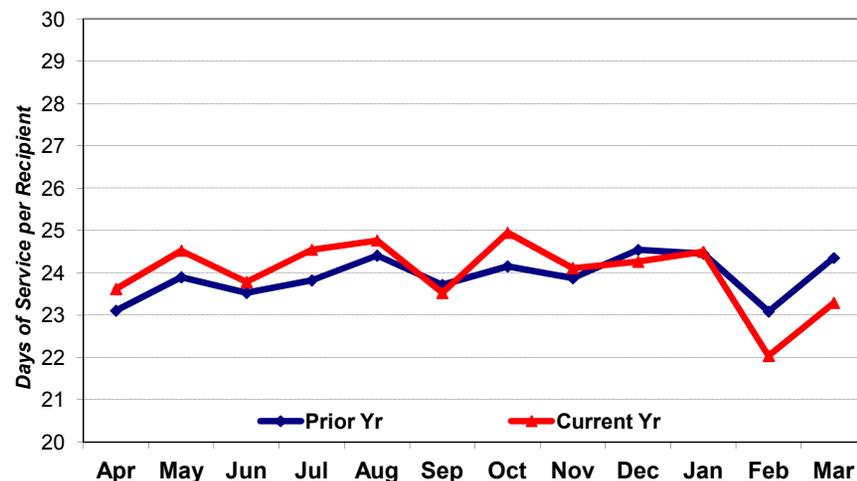


DATE OF SERVICE Analysis

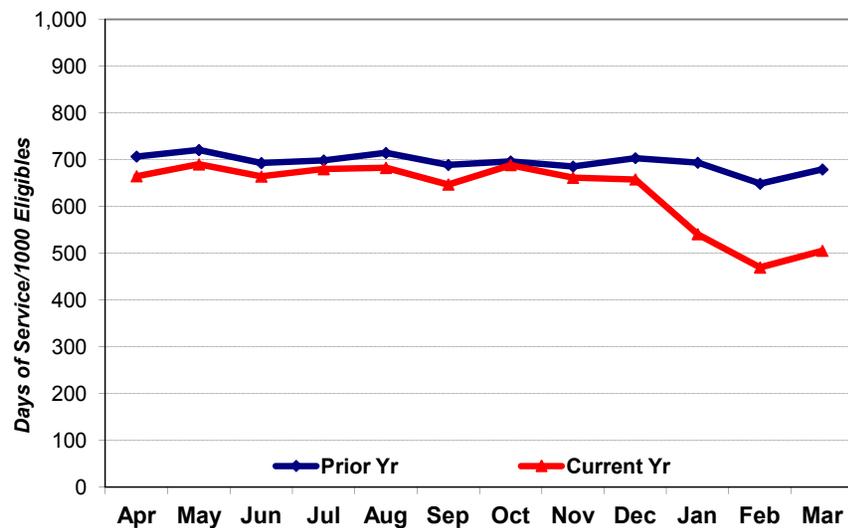
Adult Care Home & Personal Care Services (in-home) - PMPM



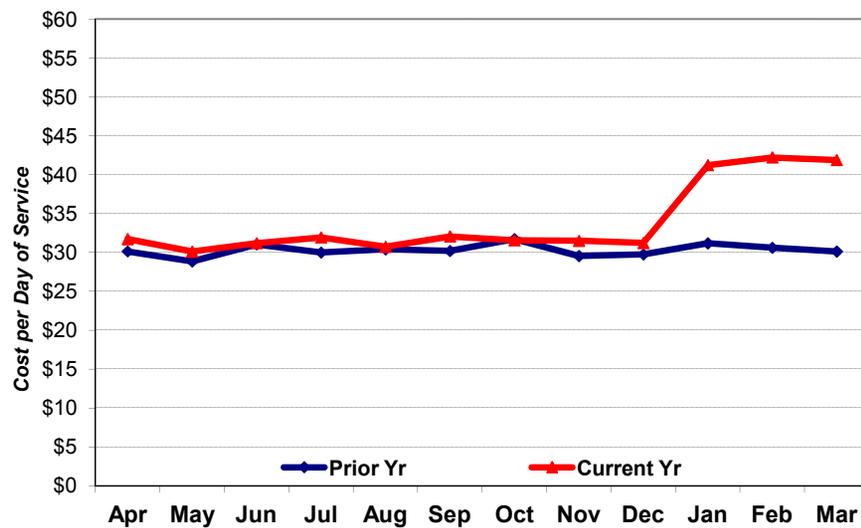
ACH & PCS - Average Days of Service per Recipient



ACH & PCS - Days of Service per 1000 Eligibles



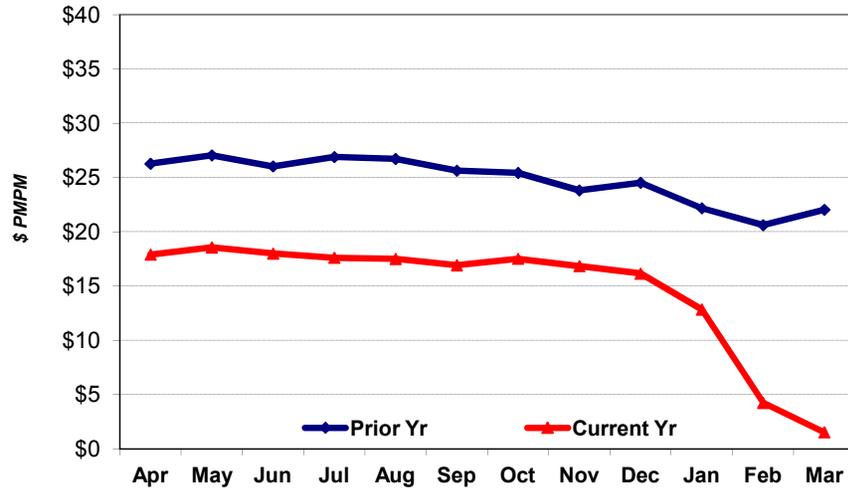
ACH & PCS - Average Cost per Day of Service



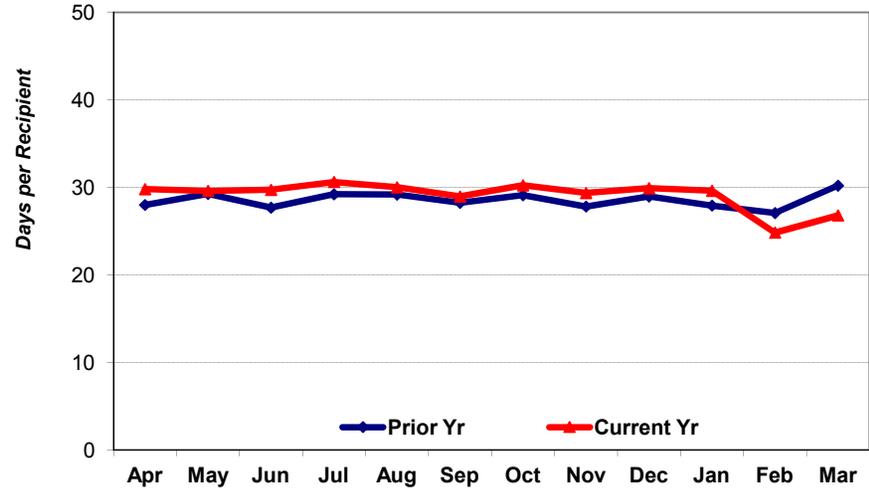
DATE OF SERVICE Analysis

Intermediate Care Facility/Mentally Retarded, both state-owned and non-state-owned (Category of Service codes 21 and 47).

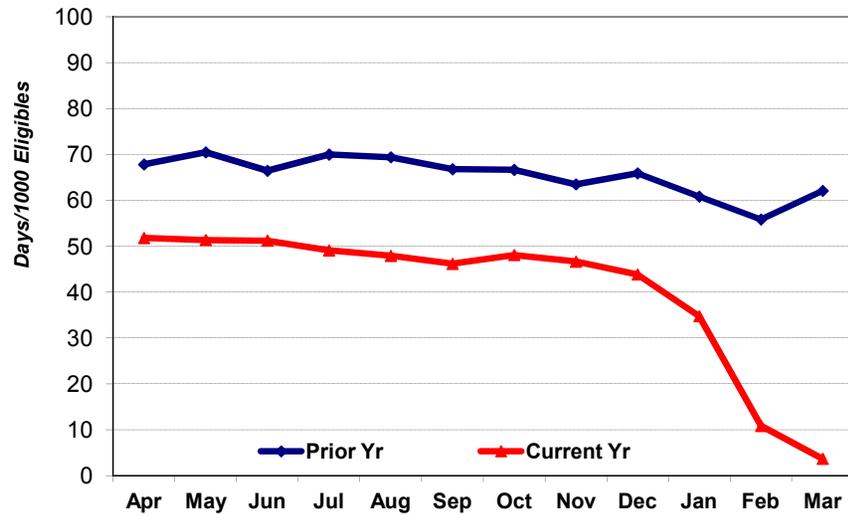
ICF/MR* - PMPM



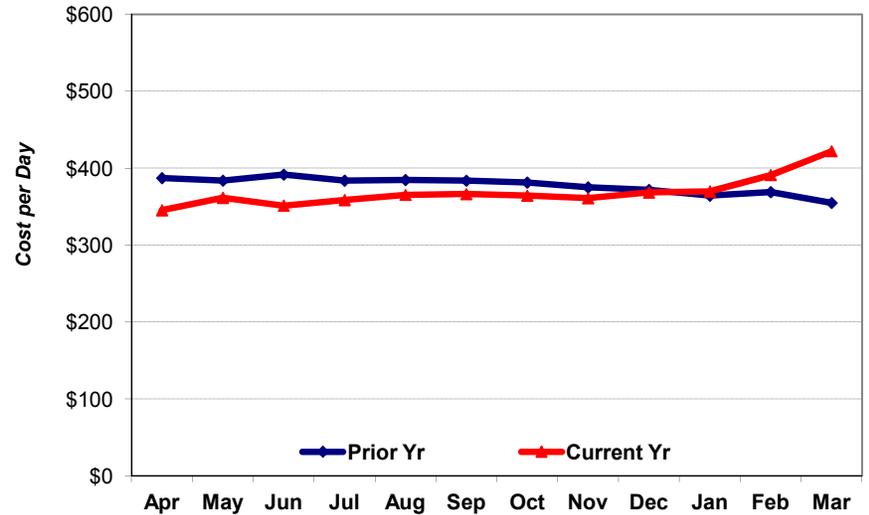
ICF/MR - Average Days per Recipient



ICF/MR - Days per 1000 Eligibles

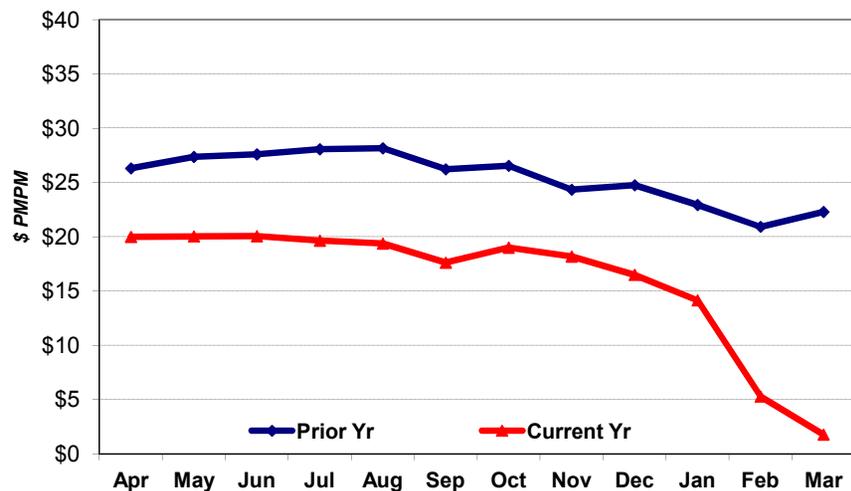


ICF/MR - Average Cost per Day

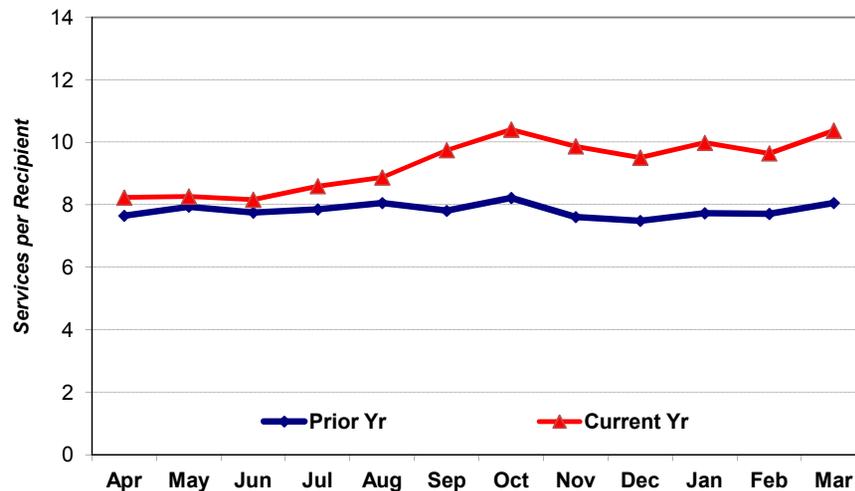


DATE OF SERVICE Analysis

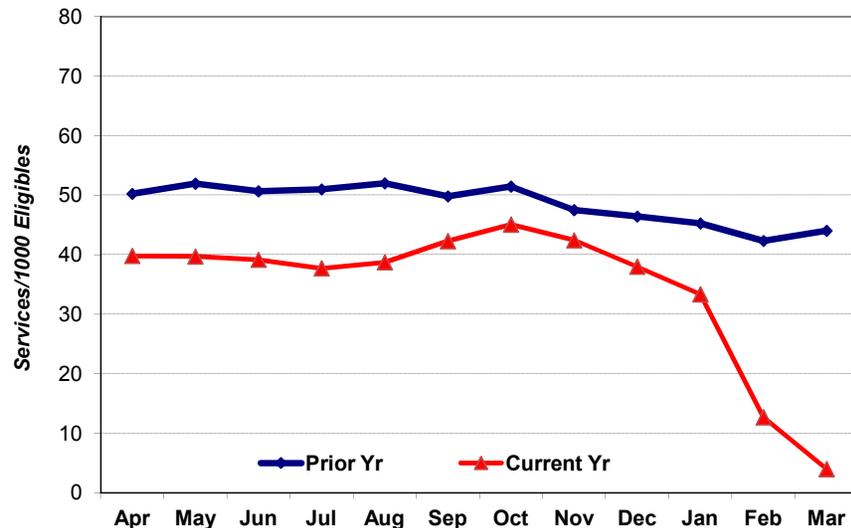
CAP-MR - PMPM



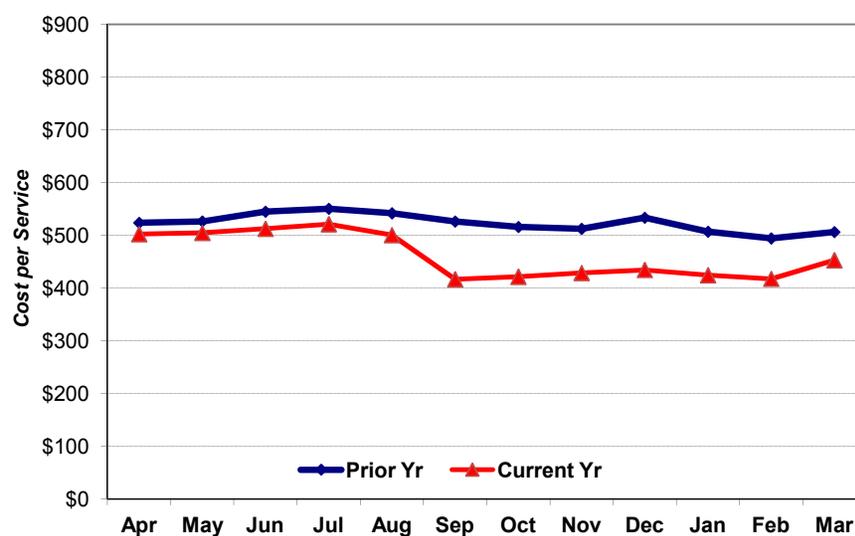
CAP-MR - Services per Recipient



CAP-MR - Services per 1000 Eligibles



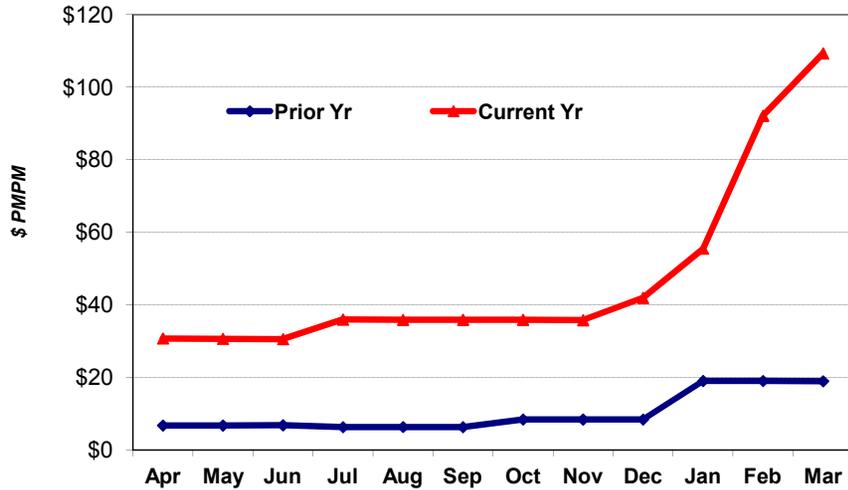
CAP-MR - Average Cost per Service



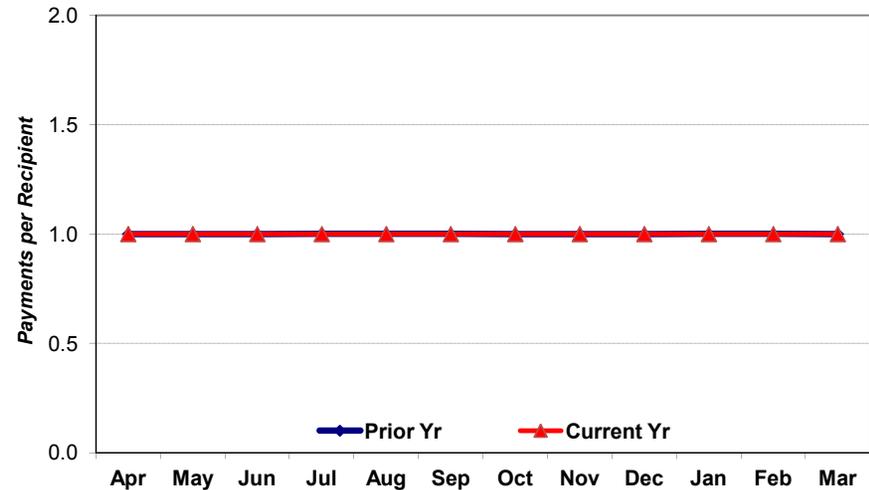
DATE OF SERVICE Analysis

*These are the capitation fees paid to the MCOs. They do not include claims paid by the MCOs.

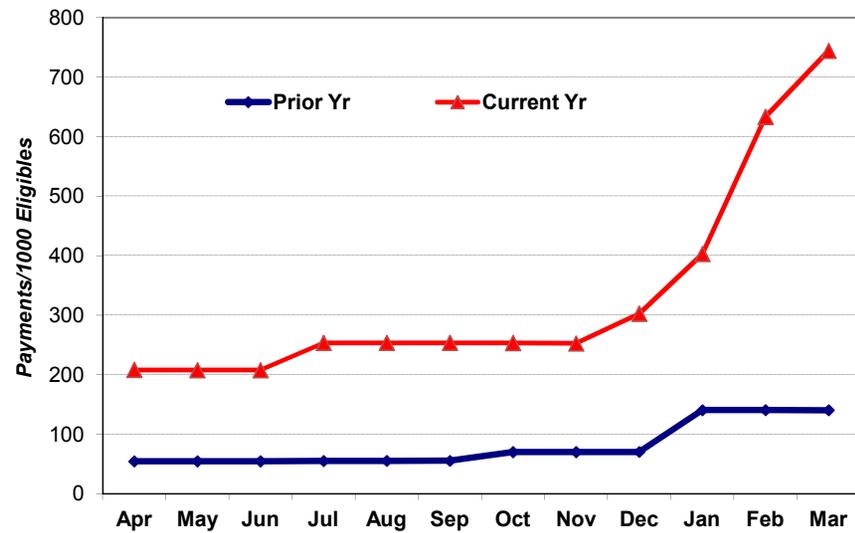
BH MCO Capitation - PMPM*



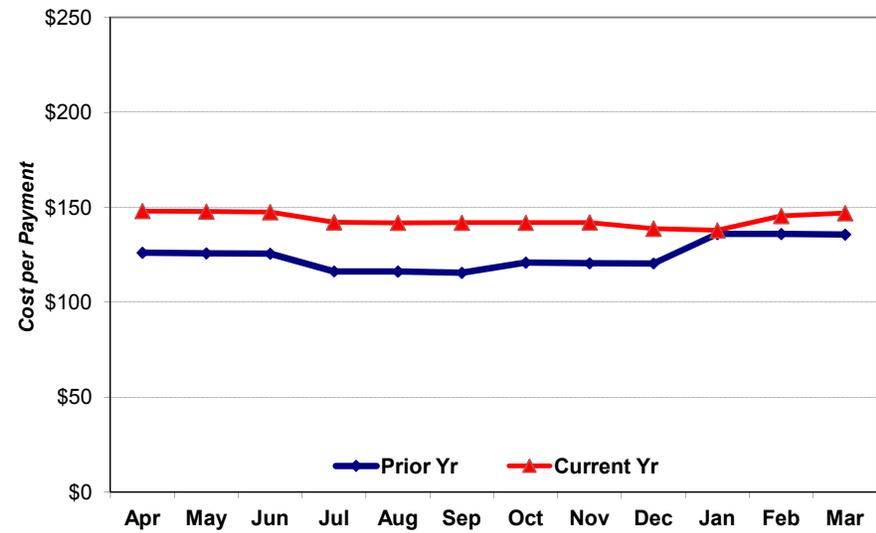
BH MCO Capitation - Payments per Recipient



BH MCO Capitation - Payments per 1000 Eligibles



BH MCO Capitation - Average Cost per Payment

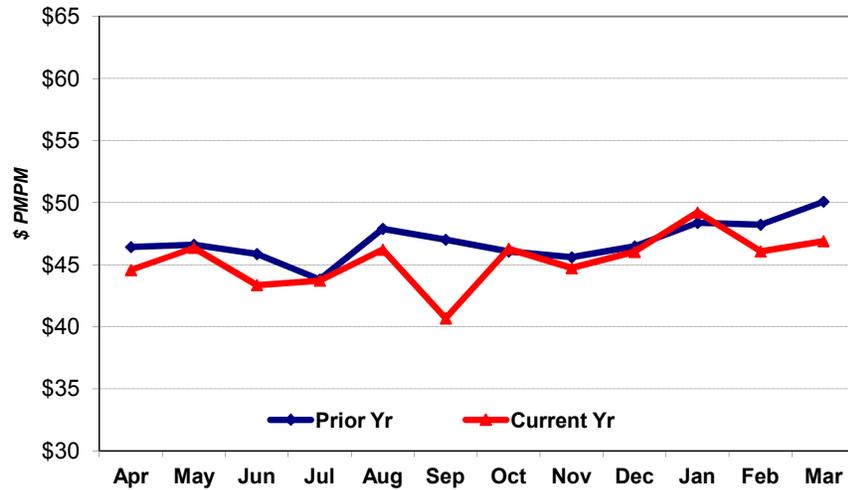


DATE OF SERVICE Analysis

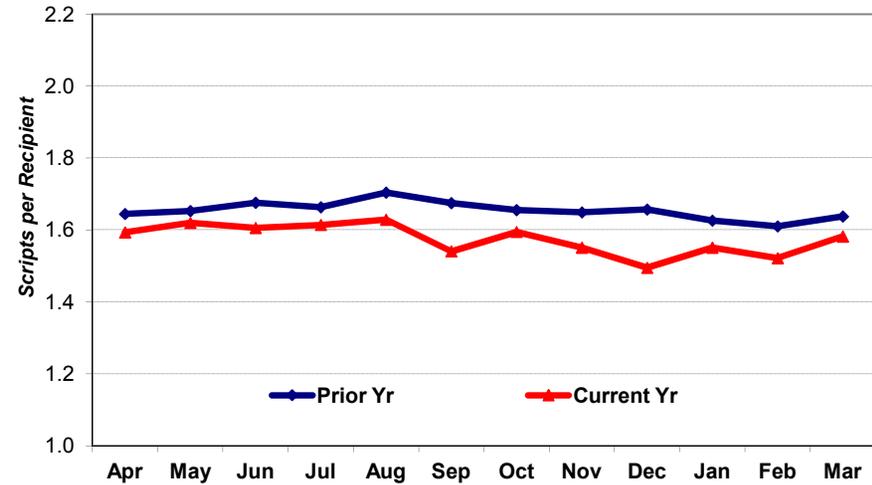
Pharmacy costs are pre-rebate, i.e., they have not been adjusted to reflect anticipated rebates.

Includes single-source and multi-source brand-name drugs

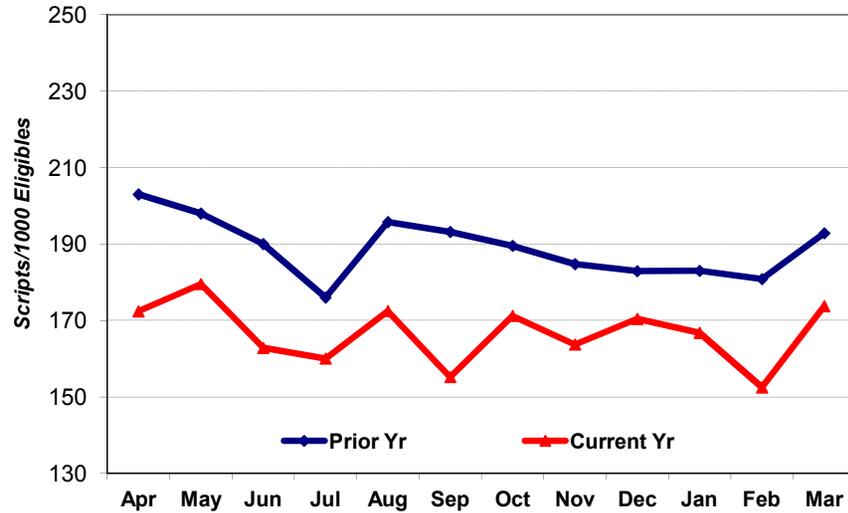
Pharmacy: Brand - PMPM



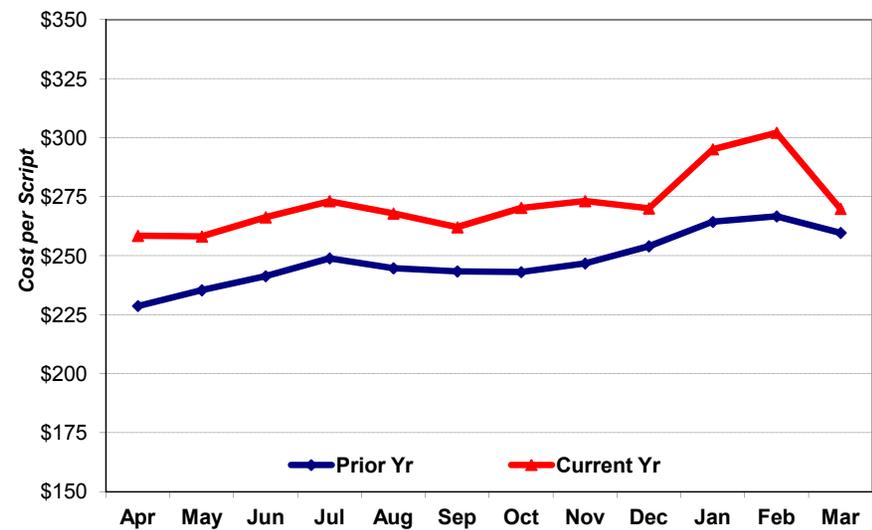
Pharmacy: Brand - Average Prescriptions per Recipient



Pharmacy: Brand - Prescriptions per 1000 Eligibles



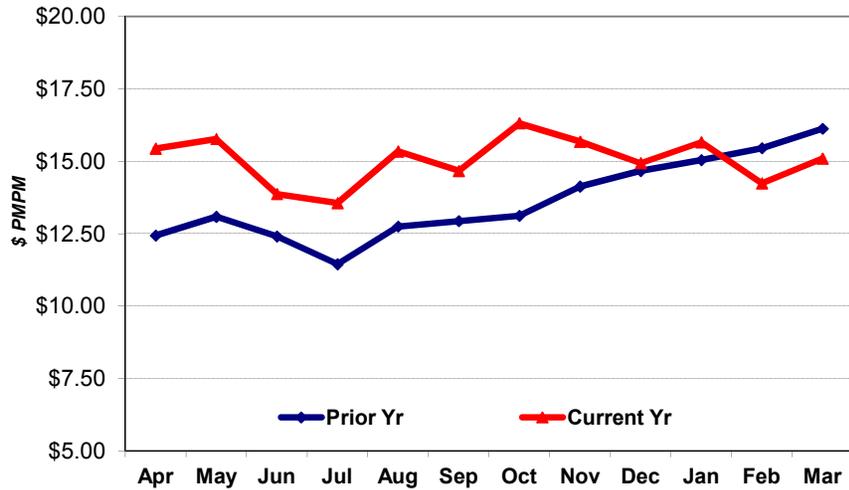
Pharmacy: Brand - Average Cost per Prescription



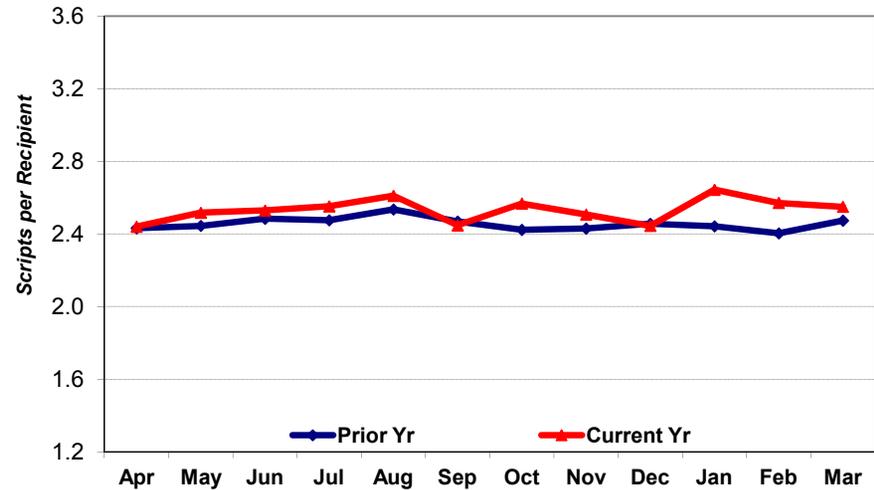
DATE OF SERVICE Analysis

Pharmacy costs are pre-rebate, i.e., they have not been adjusted to reflect anticipated rebates.

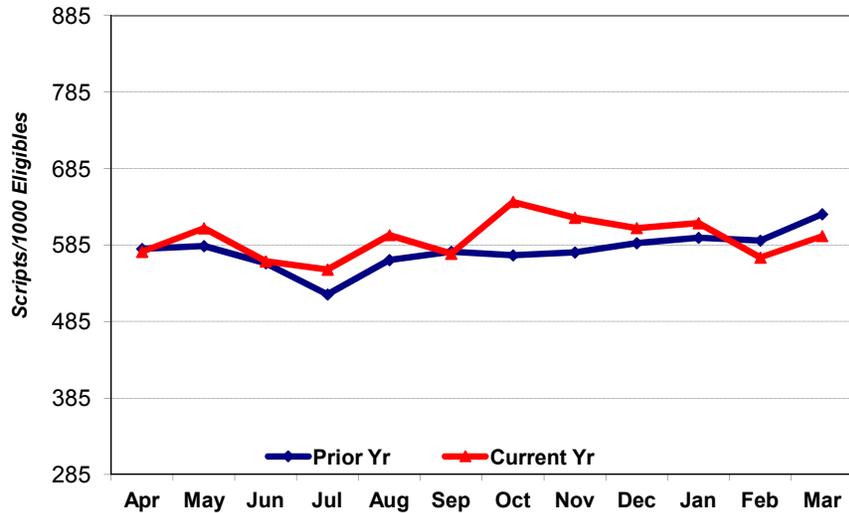
Pharmacy: Generic - PMPM



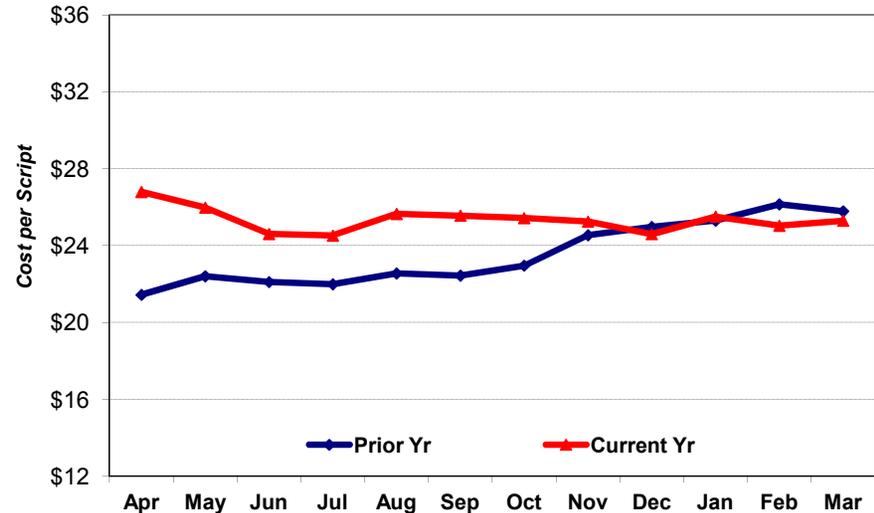
Pharmacy: Generic - Average Prescriptions per Recipient



Pharmacy: Generic - Prescriptions per 1000 Eligibles



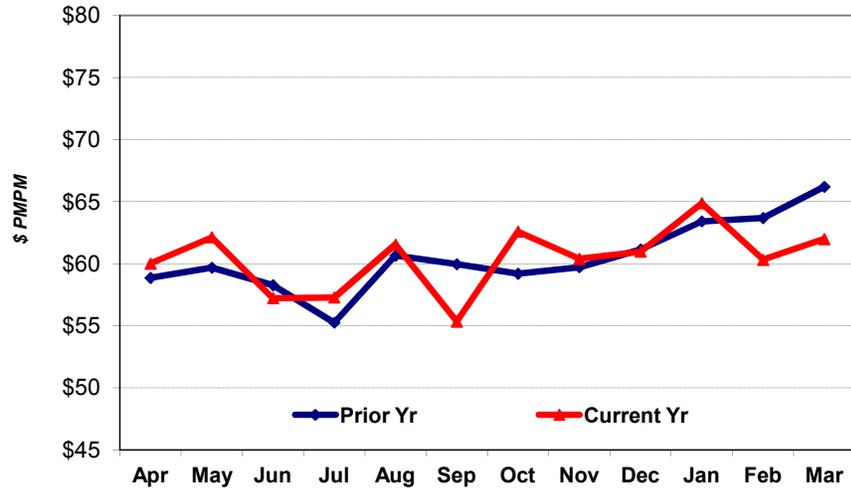
Pharmacy: Generic - Average Cost per Prescription



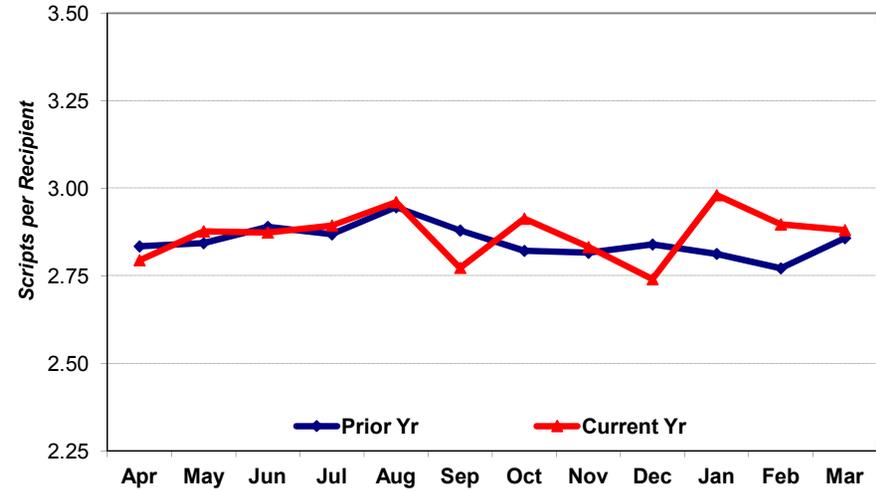
DATE OF SERVICE Analysis

Pharmacy costs are pre-rebate, i.e., they have not been adjusted to reflect anticipated rebates.

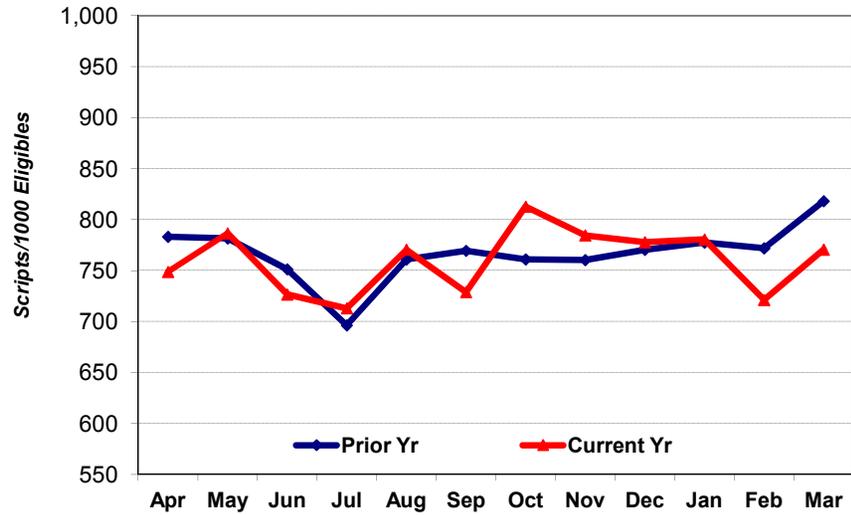
Pharmacy: All Rx - PMPM



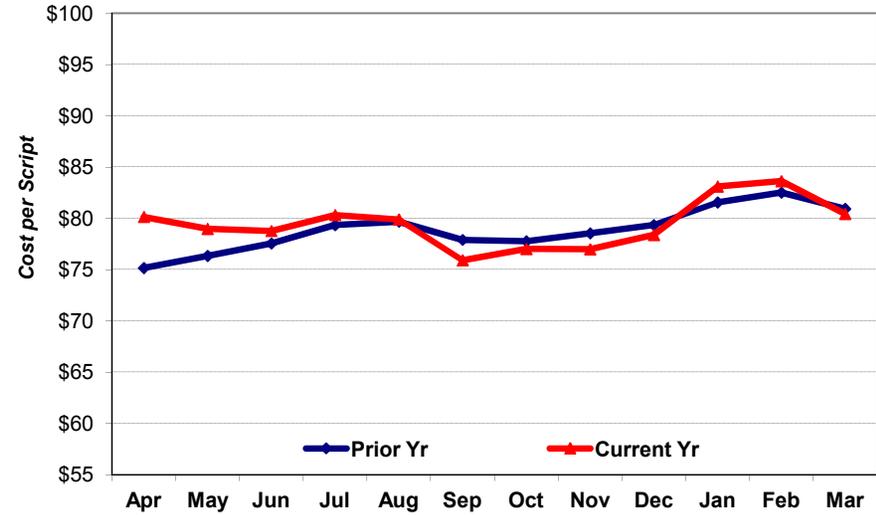
Pharmacy: All Rx - Average Prescriptions per Recipient



Pharmacy: All Rx - Prescriptions per 1000 Eligibles



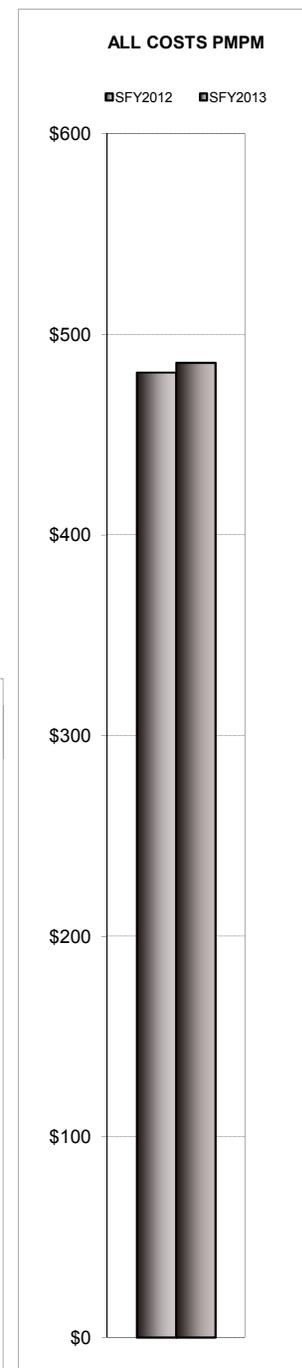
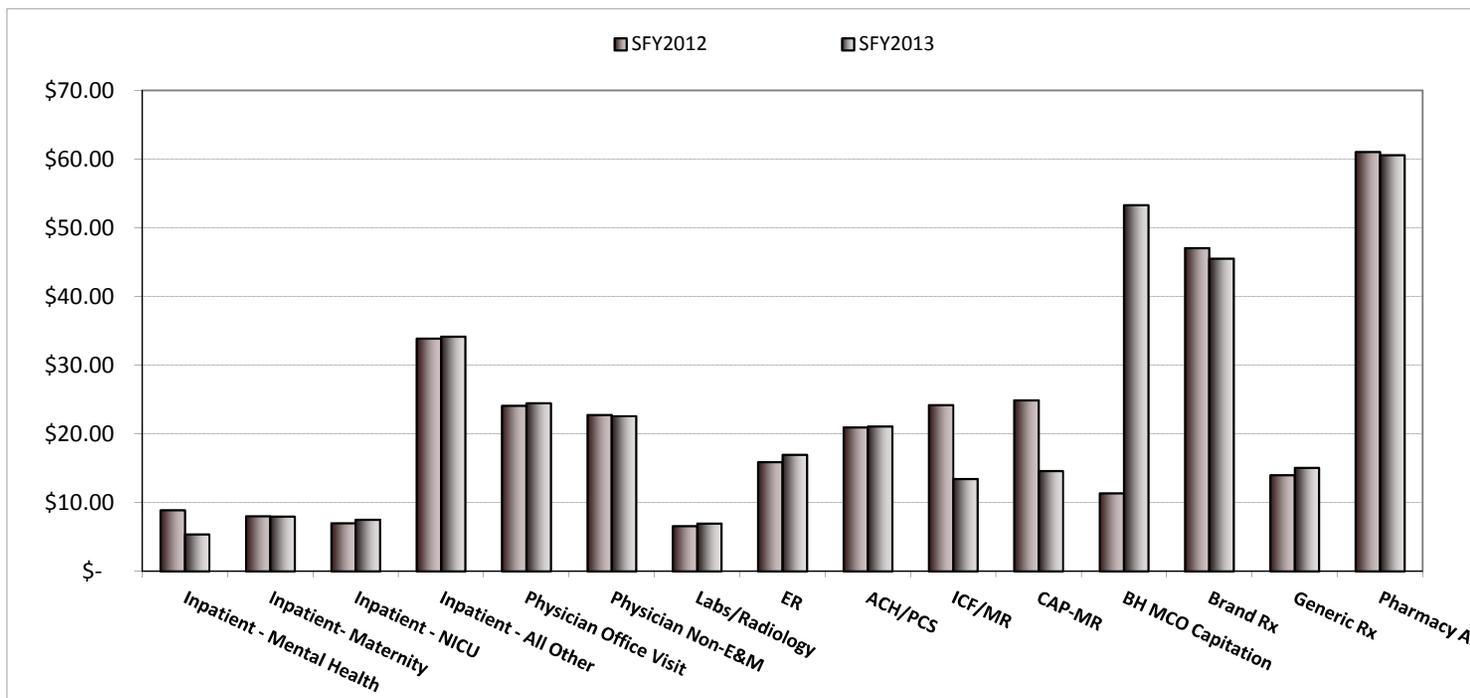
Pharmacy: All Rx - Average Cost per Prescription



Date of Service Claims PMPM for Selected Types of Service, State Fiscal Year 2012 and 2013 YTD

	SFY2012	SFY2013	Δ
Inpatient - Mental Health	\$ 8.89	\$ 5.34	(39.9%)
Inpatient- Maternity	\$ 8.00	\$ 7.94	(0.8%)
Inpatient - NICU	\$ 6.99	\$ 7.51	7.4%
Inpatient - All Other	\$ 33.88	\$ 34.18	0.9%
Physician Office Visit	\$ 24.09	\$ 24.46	1.5%
Physician Non-E&M	\$ 22.76	\$ 22.59	(0.7%)
Labs/Radiology	\$ 6.57	\$ 6.93	5.5%
ER	\$ 15.87	\$ 16.94	6.7%
ACH/PCS	\$ 20.96	\$ 21.09	0.6%
ICF/MR	\$ 24.19	\$ 13.44	(44.4%)
CAP-MR	\$ 24.90	\$ 14.59	(41.4%)
BH MCO Capitation	\$ 11.33	\$ 53.31	370.6%
Brand Rx	\$ 47.07	\$ 45.54	(3.2%)
Generic Rx	\$ 13.97	\$ 15.05	7.7%
Pharmacy All	\$ 61.04	\$ 60.60	(0.7%)
ALL OTHER	\$ 211.55	\$ 196.97	(6.9%)
ALL	\$ 481.03	\$ 485.87	1.0%

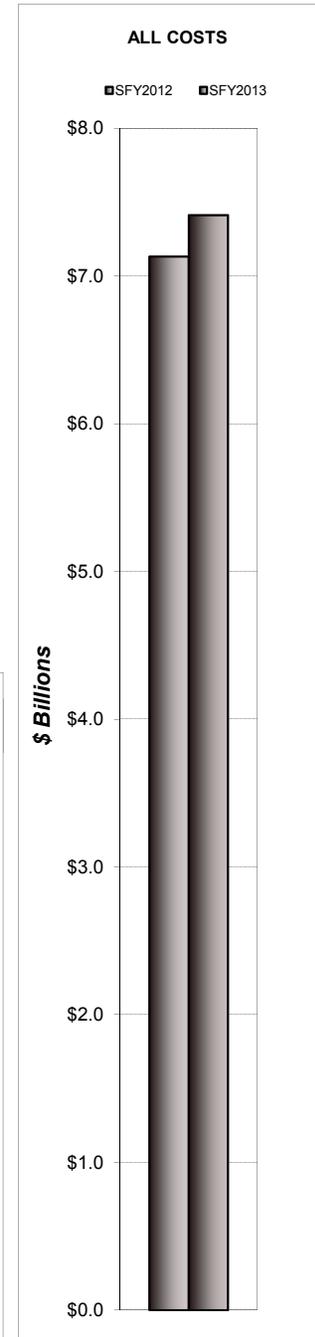
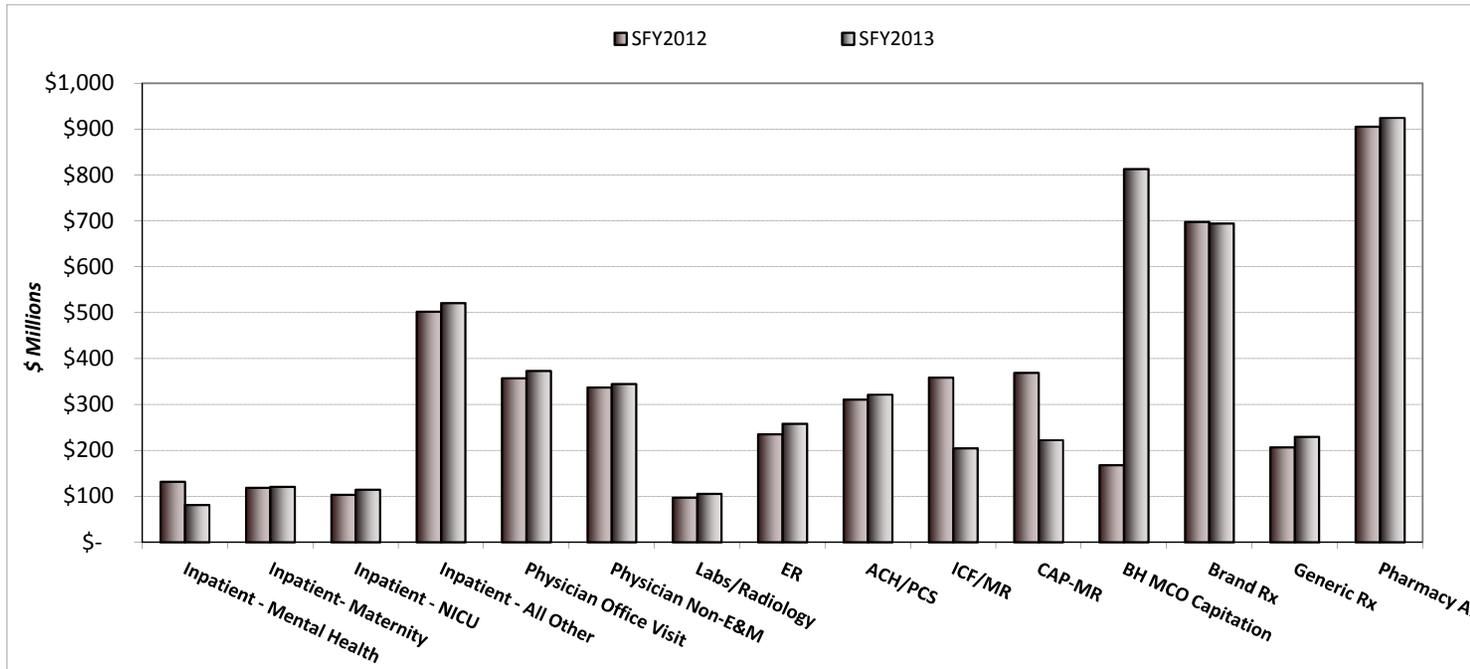
BH MCO Capitation costs are increasing as more members are enrolled into BH MCOs. As more members are moved to capitation, their FFS claims decrease. Consequently, this increase in enrollment is also what is driving large decreases in cost in other types of service.



Date of Service Claims for Selected Types of Service, State Fiscal Year 2012 and 2013 YTD

	SFY2012	SFY2013	Δ
Inpatient - Mental Health	\$ 131,761,595	\$ 81,498,922	(38.1%)
Inpatient- Maternity	118,663,862	121,157,805	2.1%
Inpatient - NICU	103,667,740	114,514,054	10.5%
Inpatient - All Other	502,387,259	521,450,088	3.8%
Physician Office Visit	357,252,158	373,138,867	4.4%
Physician Non-E&M	337,500,461	344,694,175	2.1%
Labs/Radiology	97,405,245	105,731,110	8.5%
ER	235,376,398	258,464,577	9.8%
ACH/PCS	310,763,526	321,747,815	3.5%
ICF/MR	358,617,936	205,014,486	(42.8%)
CAP-MR	369,230,042	222,596,099	(39.7%)
BH MCO Capitation	167,943,687	813,305,913	384.3%
Brand Rx	697,953,749	694,873,070	(0.4%)
Generic Rx	207,198,303	229,668,589	10.8%
Pharmacy All	905,152,051	924,541,660	2.1%
ALL OTHER	3,136,797,403	3,005,217,203	(4.2%)
ALL	\$ 7,132,519,363	\$ 7,413,072,775	3.9%

BH MCO Capitation costs are increasing as more members are enrolled into BH MCOs. As more members are moved to capitation, their FFS claims decrease. Consequently, this increase in enrollment is also what is driving large decreases in cost in other types of service.



<i>1 MONTH PMPMs</i>	Apr-2011	May-2011	Jun-2011	Jul-2011	Aug-2011	Sep-2011	Oct-2011	Nov-2011	Dec-2011	Jan-2012	Feb-2012	Mar-2012	12 Month Average
All TOS	478.16	493.07	484.55	472.70	502.09	478.58	485.75	463.53	464.06	498.33	470.54	493.67	482.07
Inpatient - Mental Health	9.50	9.50	10.29	9.63	9.46	9.44	9.38	8.97	8.83	8.30	7.55	8.46	9.10
Inpatient- Maternity	8.09	8.27	8.56	8.76	9.31	8.34	7.66	7.61	7.82	7.96	7.37	7.24	8.08
Inpatient - NICU	7.22	6.69	7.92	6.93	7.09	6.28	7.42	6.25	7.27	6.74	7.16	7.77	7.06
Inpatient - All Other	35.56	36.85	35.11	37.08	36.78	34.51	33.74	31.44	32.09	34.29	31.40	33.72	34.36
Physician Office Visit	23.79	24.85	22.89	21.02	23.20	23.91	24.38	24.02	23.17	25.99	25.13	25.92	24.03
Physician Non-E&M	23.13	23.55	23.40	21.53	24.16	23.09	23.15	22.07	21.31	23.54	22.32	23.67	22.91
Labs/Radiology	6.27	6.67	6.68	6.24	7.02	6.52	6.52	6.28	5.98	6.78	6.69	7.08	6.56
EPSDT	3.45	3.66	3.75	3.74	5.29	4.54	3.95	3.55	3.15	3.62	3.54	3.75	3.83
Non-Physician Practitioners	33.78	37.66	37.62	35.14	40.00	37.52	38.89	36.84	34.40	38.56	35.24	36.33	36.83
Other Outpatient	31.60	32.36	32.21	30.43	33.74	31.82	32.06	31.14	30.64	32.49	32.36	34.17	32.09
ER	15.41	16.50	15.17	15.32	15.48	15.63	15.83	15.10	15.24	16.98	15.76	17.49	15.83
ACH/PCS	21.30	20.78	21.50	20.95	21.73	20.79	22.08	20.26	20.93	21.61	19.84	20.46	21.02
ICF/MR	26.27	27.05	26.03	26.88	26.71	25.63	25.42	23.82	24.53	22.17	20.61	22.04	24.74
SNF	59.96	62.48	59.90	62.05	62.37	57.84	60.03	57.67	59.74	58.61	53.81	58.35	59.38
Home Health	7.08	7.62	7.32	7.43	7.46	6.94	7.41	6.79	6.57	6.78	6.00	6.33	6.97
CAP-C	2.44	2.75	2.81	2.98	3.08	2.73	2.92	2.61	2.67	2.99	2.61	2.88	2.79
CAP-D	12.43	13.41	12.26	12.21	13.33	11.87	12.74	11.16	11.41	12.10	10.90	11.33	12.09
CAP-MR	26.30	27.36	27.61	28.08	28.17	26.23	26.54	24.34	24.76	22.95	20.93	22.29	25.44
Hospice	3.40	3.54	3.49	3.53	3.61	3.35	3.61	3.38	3.45	3.52	3.12	3.45	3.45
DME	6.22	6.71	6.74	6.15	6.68	6.77	6.64	6.47	6.89	6.58	6.54	6.76	6.60
Ambulance	1.32	1.39	1.36	1.36	1.42	1.34	1.35	1.29	1.28	1.31	1.24	1.32	1.33
Vision	0.90	0.89	0.86	0.80	1.17	1.31	0.65	0.56	0.57	0.57	0.60	0.61	0.79
Adult Dental	6.97	7.88	7.80	6.44	8.13	7.86	7.66	6.86	5.90	6.92	6.59	6.66	7.14
Child_Dental	11.14	11.08	11.80	10.49	13.07	11.20	11.78	11.09	9.98	11.18	11.13	11.42	11.28
Crossovers	8.08	8.26	8.03	7.44	8.03	7.57	7.21	6.80	6.86	13.78	9.55	8.90	8.38
Other Medical	4.80	4.44	4.20	4.27	4.39	4.90	4.78	4.49	4.40	4.83	4.72	4.88	4.59
CCNC/N3CN Fees	5.73	5.75	5.76	5.77	5.74	5.88	5.93	6.13	6.28	6.30	6.68	6.77	6.06
BH MCO Capitation	6.83	6.83	6.85	6.37	6.40	6.37	8.44	8.43	8.44	19.07	19.07	19.02	10.22
Other Cap/UM Fees	10.35	8.63	8.37	8.40	8.44	8.43	8.40	8.38	8.38	8.40	8.40	8.42	8.58
Brand Rx	46.42	46.60	45.87	43.81	47.90	47.02	46.07	45.59	46.47	48.37	48.23	50.08	46.88
Generic Rx	12.44	13.08	12.41	11.44	12.75	12.94	13.12	14.13	14.67	15.04	15.45	16.13	13.65

																		12 Month Average	Change from Prior 12 Months
<i>1 MONTH PMPMs</i>	Apr-2012	May-2012	Jun-2012	Jul-2012	Aug-2012	Sep-2012	Oct-2012	Nov-2012	Dec-2012	Jan-2013	Feb-2013	Mar-2013							
All TOS	472.40	490.66	464.33	478.17	493.54	464.52	504.64	472.43	471.42	507.48	479.47	500.95						483.38	0.3%
Inpatient - Mental Health	7.24	7.79	7.15	6.84	6.97	6.57	6.89	6.70	6.19	5.49	2.09	0.44						5.85	-35.7%
Inpatient- Maternity	6.96	7.30	7.37	8.01	8.37	7.63	8.02	7.72	7.93	8.02	7.55	8.23						7.76	-3.9%
Inpatient - NICU	5.83	7.20	6.79	8.04	7.42	7.13	7.94	6.76	8.10	7.73	7.18	7.25						7.28	3.1%
Inpatient - All Other	32.14	32.94	31.50	33.43	34.34	32.79	34.93	32.47	34.55	36.13	34.16	34.76						33.69	-2.0%
Physician Office Visit	23.31	24.79	21.75	21.67	23.14	23.18	25.61	24.31	24.99	26.83	24.61	25.72						24.17	0.6%
Physician Non-E&M	21.84	23.23	21.42	21.78	24.03	21.67	24.51	21.96	20.98	23.34	21.90	23.15						22.49	-1.8%
Labs/Radiology	6.57	7.15	6.62	6.81	7.46	6.70	7.63	6.85	6.47	6.77	6.63	7.05						6.89	5.0%
EPSDT	3.48	3.78	3.63	4.05	5.27	4.20	4.34	3.52	2.89	3.67	3.40	3.77						3.83	0.1%
Non-Physician Practitioners	31.88	34.03	30.59	31.16	31.87	29.13	33.86	29.92	25.14	24.33	12.90	7.75						26.83	-27.2%
Other Outpatient	30.37	32.56	30.35	29.72	32.14	27.94	32.35	29.27	26.30	31.39	29.58	31.42						30.28	-5.6%
ER	16.59	17.17	15.88	16.14	16.13	16.78	16.92	16.62	18.33	18.10	16.43	17.00						16.84	6.4%
ACH/PCS	21.08	20.78	20.71	21.71	20.98	20.74	21.73	20.83	20.54	22.30	19.82	21.16						21.03	0.1%
ICF/MR	17.90	18.57	18.00	17.61	17.51	16.92	17.52	16.84	16.15	12.85	4.25	1.54						14.60	-41.0%
SNF	58.98	61.24	58.67	60.19	60.12	57.92	60.71	57.23	58.68	59.32	51.78	58.01						58.56	-1.4%
Home Health	6.45	6.39	6.18	6.67	6.44	6.46	6.62	6.23	6.59	6.56	6.34	6.26						6.43	-7.7%
CAP-C	3.17	3.01	3.17	3.76	3.12	3.28	3.60	3.20	3.80	3.47	3.31	4.00						3.41	22.3%
CAP-D	11.57	11.15	10.87	11.58	10.94	10.39	11.41	10.12	10.51	10.38	10.03	10.61						10.79	-10.7%
CAP-MR	19.99	20.04	20.06	19.65	19.38	17.62	19.01	18.19	16.50	14.15	5.29	1.80						15.94	-37.4%
Hospice	3.35	3.56	3.48	3.54	3.52	3.38	3.59	3.39	3.48	3.49	3.51	3.44						3.48	0.7%
DME	6.33	6.69	6.62	6.76	7.27	7.03	7.73	7.09	6.98	7.11	6.96	7.18						6.98	5.8%
Ambulance	1.29	1.39	1.36	1.47	1.56	1.51	1.66	1.58	1.63	1.66	1.63	1.62						1.53	15.1%
Vision	0.55	0.52	0.46	0.53	0.71	0.54	0.71	0.58	0.50	0.61	0.56	0.64						0.58	-27.2%
Adult Dental	6.20	7.13	6.14	5.89	6.78	6.13	7.47	6.04	4.94	7.09	6.65	6.93						6.45	-9.6%
Child_Dental	10.89	11.08	10.72	10.71	12.59	10.20	12.68	10.73	8.87	11.39	11.13	11.37						11.03	-2.2%
Crossovers	7.96	8.37	7.76	7.89	8.29	7.51	8.29	7.73	7.32	14.99	9.45	8.36						8.66	3.4%
Other Medical	4.56	4.84	4.05	4.06	4.48	4.65	5.08	4.97	4.80	4.90	4.62	4.59						4.64	0.9%
CCNC/N3CN Fees	6.71	6.69	6.68	6.66	6.64	6.66	6.69	6.72	6.75	6.79	6.86	7.13						6.75	11.3%
BH MCO Capitation	30.77	30.68	30.59	36.00	35.93	35.93	35.93	35.83	41.97	55.50	92.12	109.33						47.71	366.9%
Other Cap/UM Fees	8.44	8.47	8.52	8.57	8.57	8.59	8.61	8.60	8.58	8.22	8.40	8.47						8.50	-0.9%
Brand Rx	44.57	46.35	43.36	43.71	46.22	40.68	46.28	44.72	46.03	49.22	46.08	46.89						45.35	-3.3%
Generic Rx	15.44	15.77	13.87	13.56	15.34	14.66	16.31	15.67	14.94	15.66	14.24	15.09						15.05	10.3%

Program Integrity

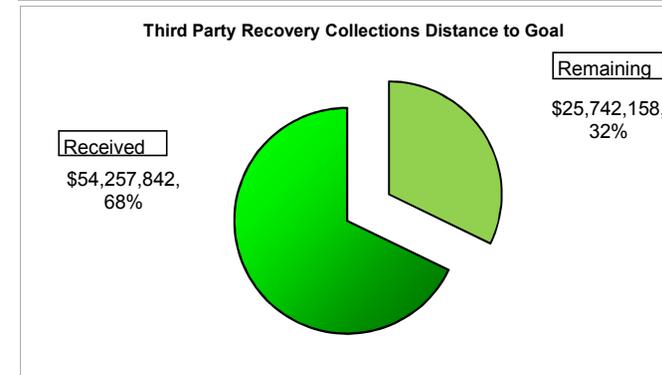
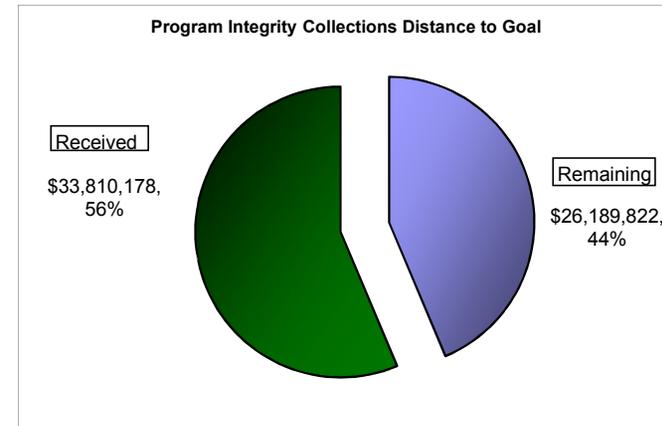
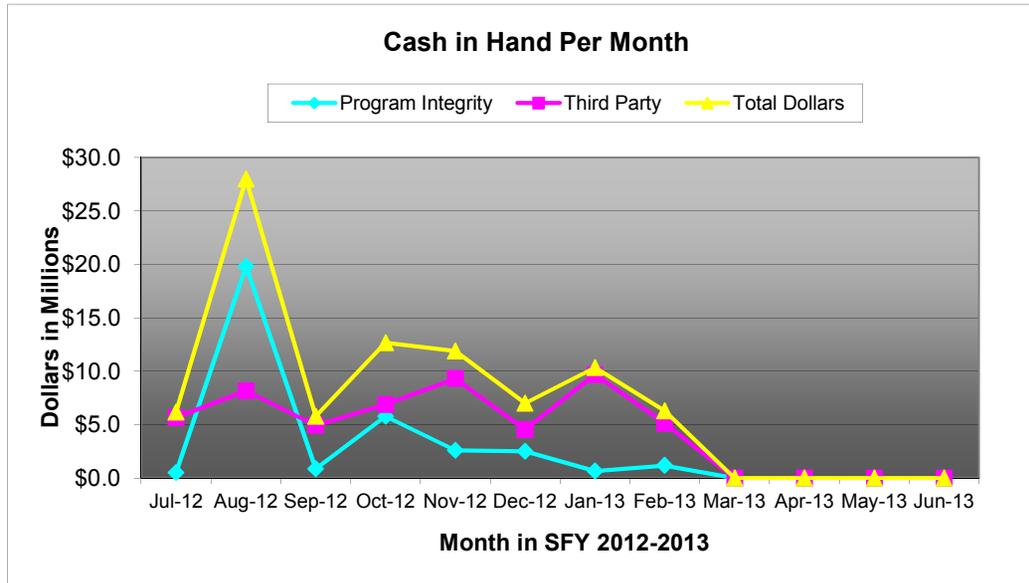


Monthly Report

Report Month: February 2013

Investigations

Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits

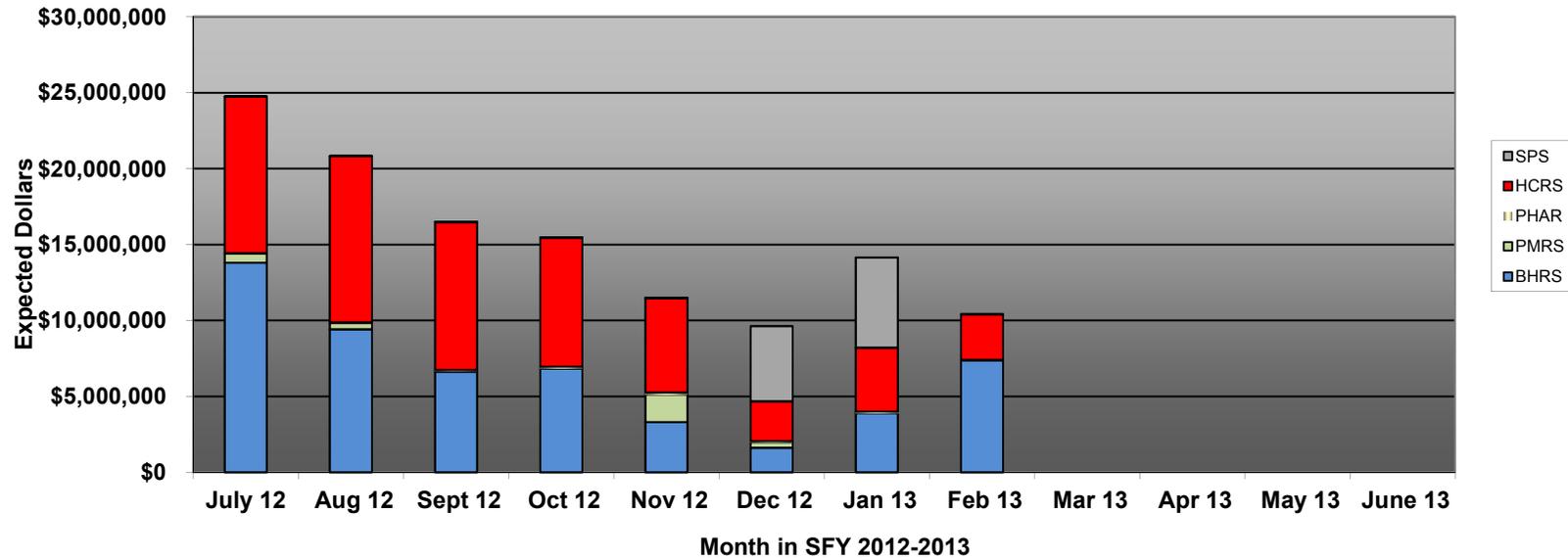


Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities														
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD Total	Goals
Controllers Office	\$498,063	\$19,803,592	\$848,921	\$5,772,414	\$2,583,521	\$2,490,735	\$641,001	\$1,171,931	\$0	\$0	\$0	\$0	\$33,810,178	\$60,000,000
Third Party Recovery	\$5,653,269	\$8,167,032	\$4,926,988	\$6,881,572	\$9,307,263	\$4,517,401	\$9,685,215	\$5,119,104	\$0	\$0	\$0	\$0	\$54,257,842	\$80,000,000
Totals	\$6,151,332	\$27,970,624	\$5,775,909	\$12,653,986	\$11,890,783	\$7,008,136	\$10,326,216	\$6,291,035	\$0	\$0	\$0	\$0	\$88,068,020	

* Includes dispositioned and undispositioned funds

Program Integrity Investigations: Overview of activities for overpayments identified. When an overpayment is identified, a notice of overpayment is sent to the

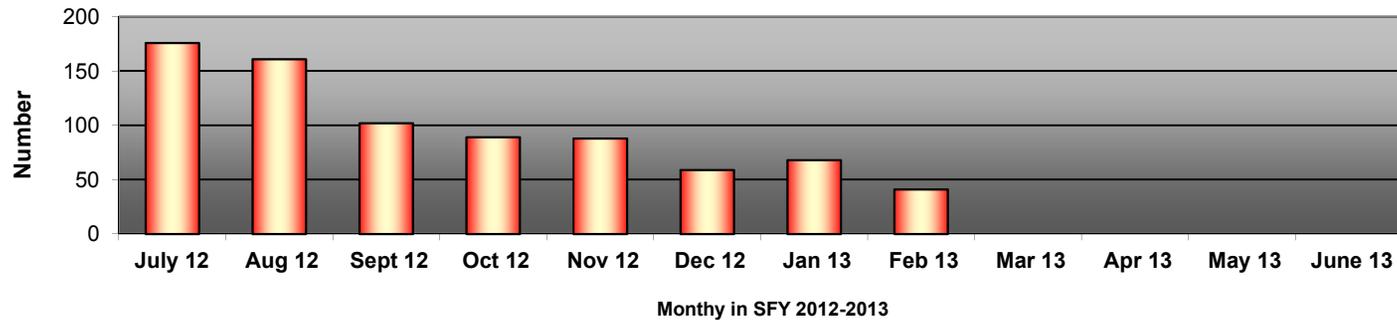
Expected Dollars from Notices of Overpayment Sent



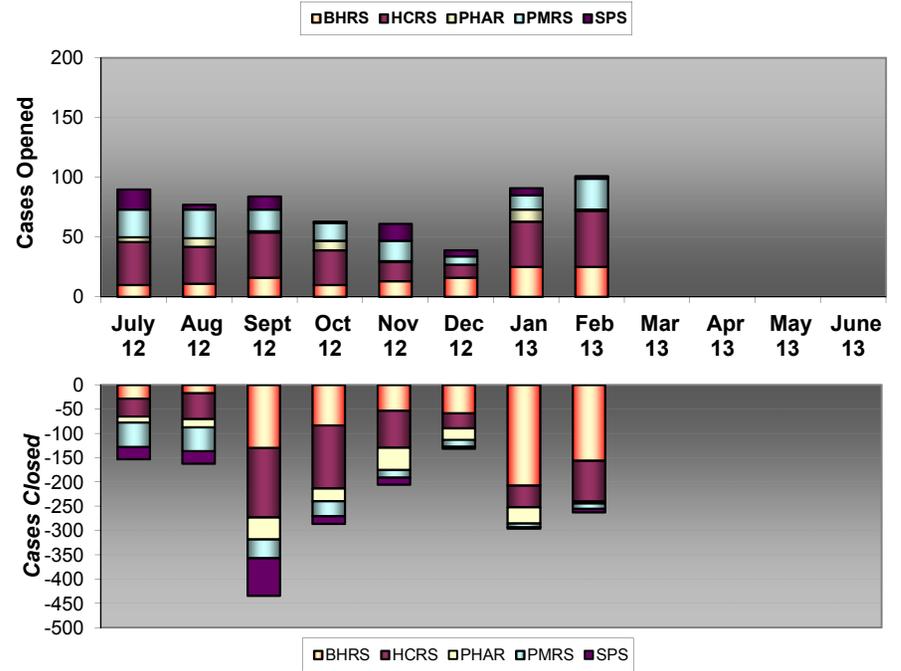
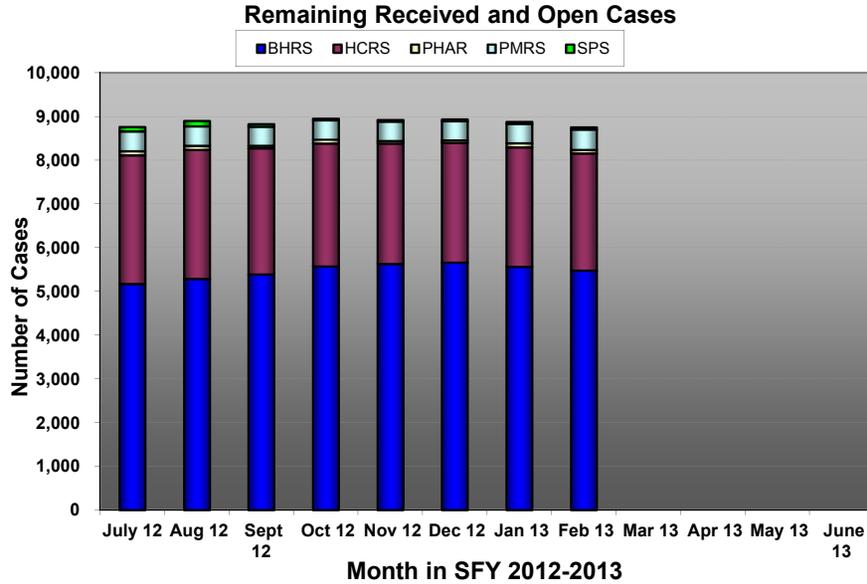
Expected Dollars by Section: includes vendor activities

	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>14-Feb</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
BHRS	\$13,813,490	\$9,429,087	\$6,631,256	\$6,864,593	\$3,299,121	\$1,617,797	\$3,926,640	\$7,383,689	\$0	\$0	\$0	\$0	\$52,965,673
PMRS	\$612,696	\$416,530	\$36,905	\$12,805	\$1,844,228	\$368,996	\$1,915	\$0	\$0	\$0	\$0	\$0	\$3,294,075
PHAR	\$21,860	\$32,123	\$71,809	\$79,725	\$123,269	\$73,266	\$78,355	\$23,655	\$0	\$0	\$0	\$0	\$504,062
HCRS	\$10,311,646	\$10,944,507	\$9,753,340	\$8,505,292	\$6,217,939	\$2,620,261	\$4,203,867	\$2,999,055	\$0	\$0	\$0	\$0	\$55,555,907
SPS	\$305	\$5,261	\$2,303	\$12,821	\$89	\$4,952,130	\$5,949,660	\$11,310	\$0	\$0	\$0	\$0	\$10,933,880
Total	\$24,759,998	\$20,827,508	\$16,495,613	\$15,475,236	\$11,484,646	\$9,632,450	\$14,160,436	\$10,417,710	\$0	\$0	\$0	\$0	\$123,253,598

Number of Notices Sent: includes vendor activities



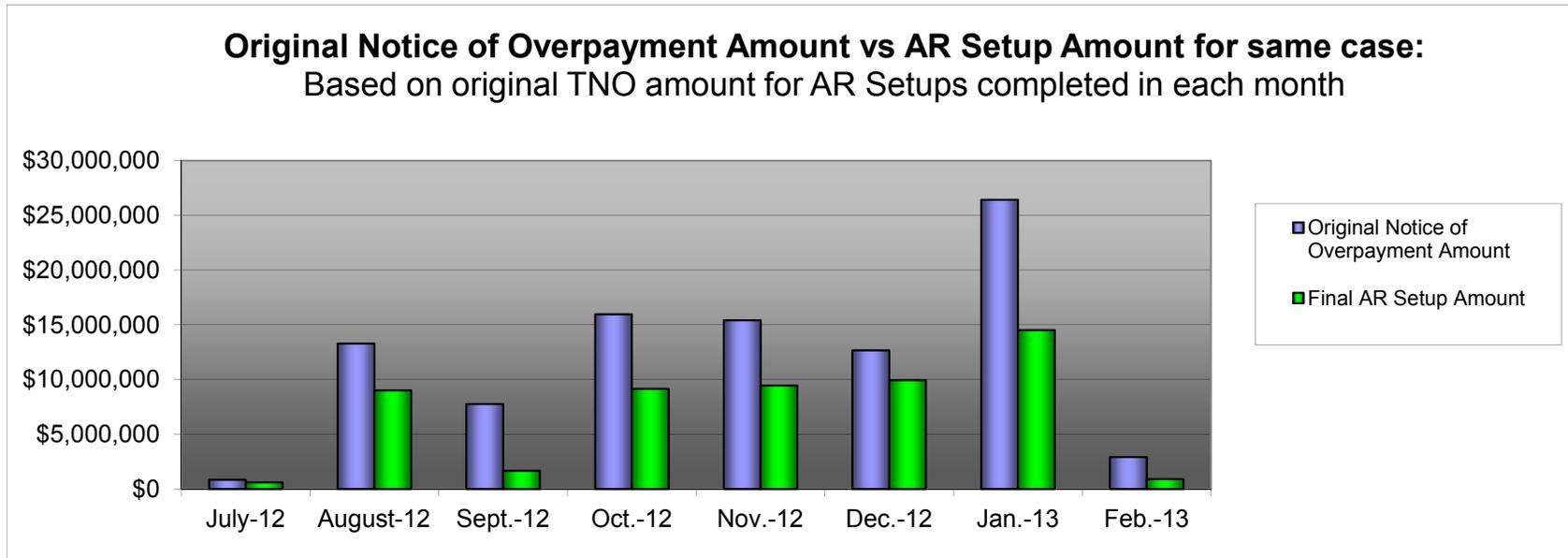
Case Activity: Program Integrity activity related to cases opened, closed and remaining open, including vendor activity



Case Information - Values

		12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
Opened	BHRS	10	11	16	10	13	16	25	25	0	0	0	0	126
	HCRS	36	31	38	29	16	11	38	47	0	0	0	0	246
	PHAR	4	7	1	8	1	0	10	1	0	0	0	0	32
	PMRS	23	24	18	15	17	7	12	26	0	0	0	0	142
	SPS	17	4	11	1	14	5	6	2	0	0	0	0	60
	Total		90	77	84	63	61	39	91	101	0	0	0	0
Closed	BHRS	28	17	130	83	53	58	207	156	0	0	0	0	732
	HCRS	37	53	143	130	76	31	45	84	0	0	0	0	599
	PHAR	12	17	45	26	46	24	33	4	0	0	0	0	207
	PMRS	51	49	39	31	16	14	8	11	0	0	0	0	219
	SPS	25	26	77	16	14	4	3	7	0	0	0	0	172
	Total		153	162	434	286	205	131	296	262	0	0	0	0

Original Notice of Overpayment Amount vs Final AR Setup Amount: After the Notice of Overpayment is sent to a provider identifying an overpayment, the provider has the opportunity to appeal the identified overpayment. The accounts receivable (AR) setup amount refers to the final overpayment after the final agency decision is completed

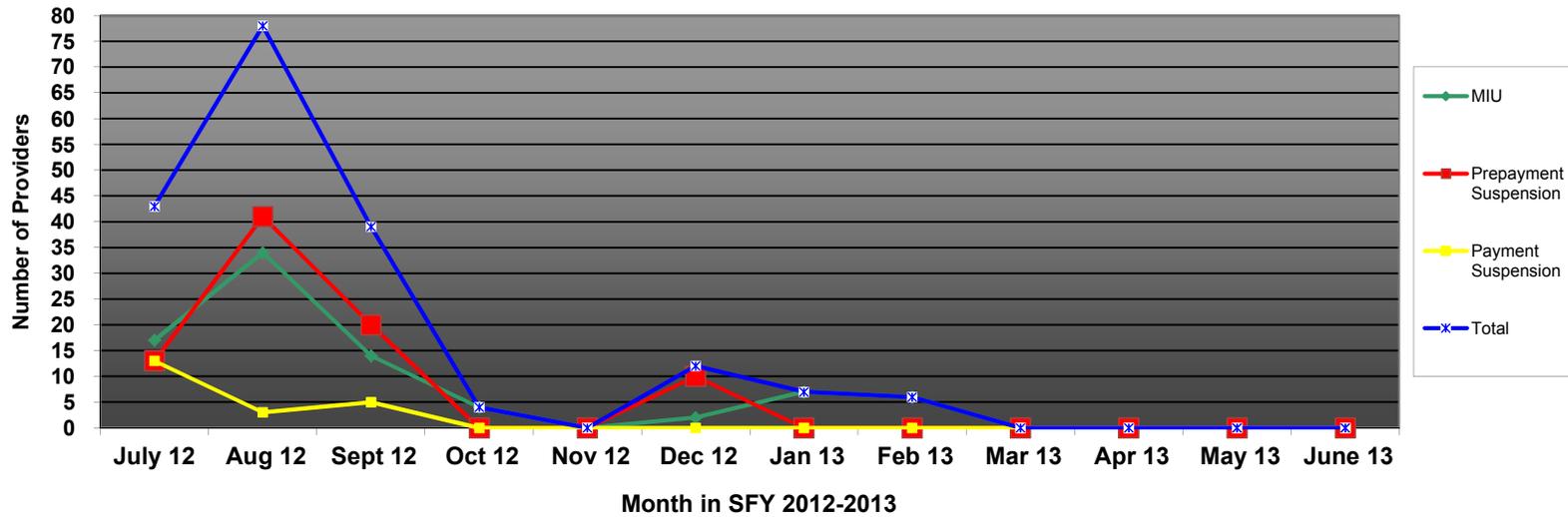


	July-12	August-12	Sept.-12	Oct.-12	Nov.-12	Dec.-12	Jan.-13	Feb.-13	Total
Original Notice of Overpayment Amount	\$854,413	\$13,291,250	\$7,778,964	\$15,951,308	\$15,405,143	\$12,659,072	\$26,418,678	\$2,910,553	\$95,269,382
Final AR Setup Amount	\$596,889	\$9,019,089	\$1,665,223	\$9,152,458	\$9,447,360	\$9,952,830	\$14,520,352	\$908,008	\$55,262,209
Change in Amount	\$257,524	\$4,272,161	\$6,113,741	\$6,798,851	\$5,957,783	\$2,706,243	\$11,898,326	\$2,002,545	\$40,007,173

*note: Original Notice of overpayment amount is displayed the same month that the final AR Setup is generated, not the month that the notice of overpayment was initially sent to a provider. Only the Notice of Overpayment amount for final AR Setups generated each month is displayed in the same month as the final AR Setup amount. Tracking begun January 2012

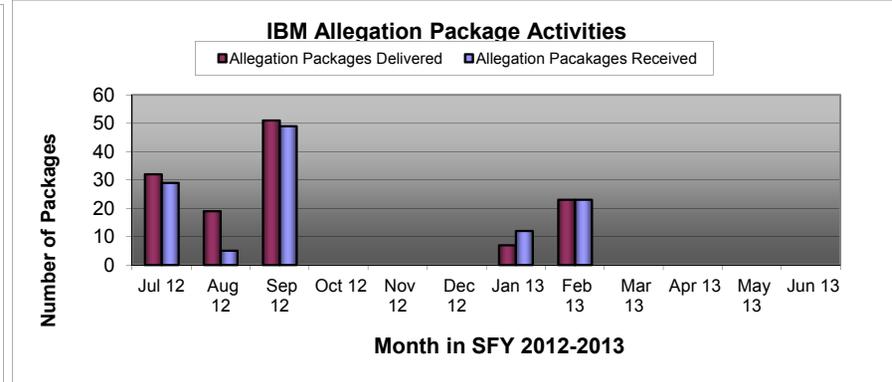
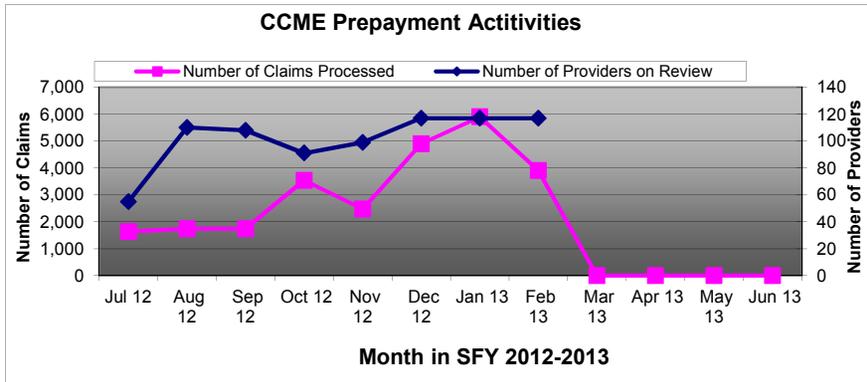
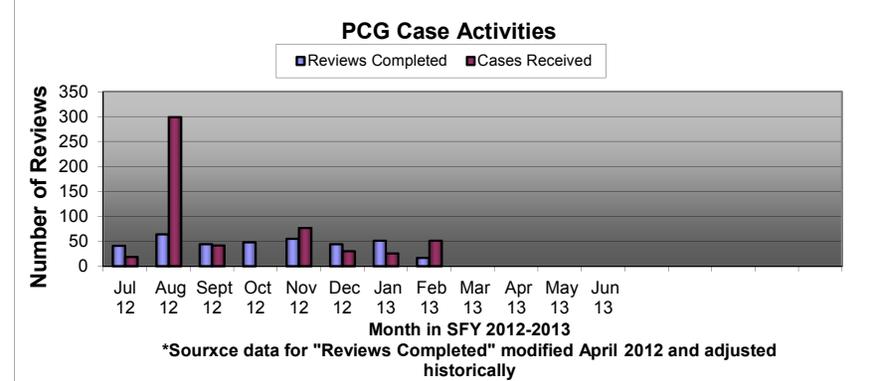
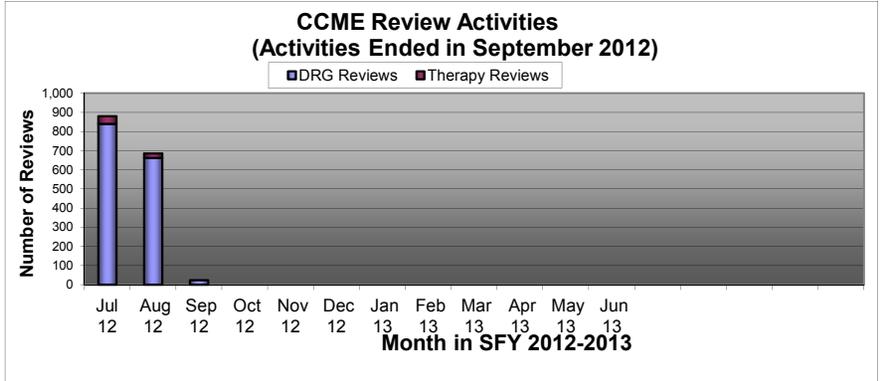
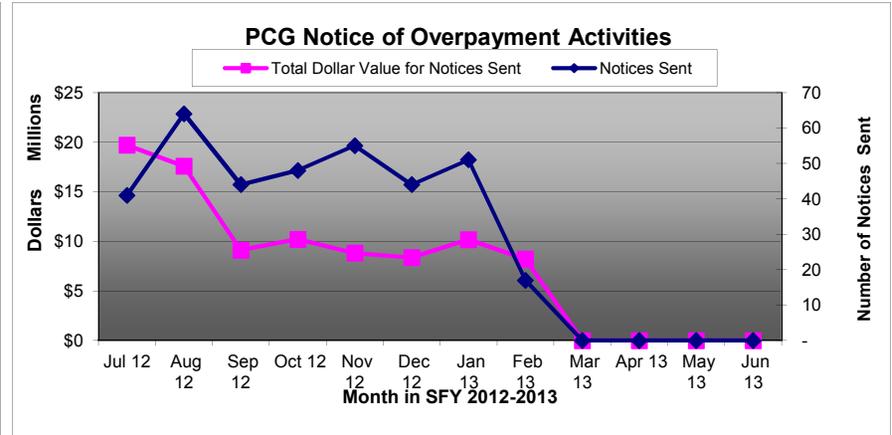
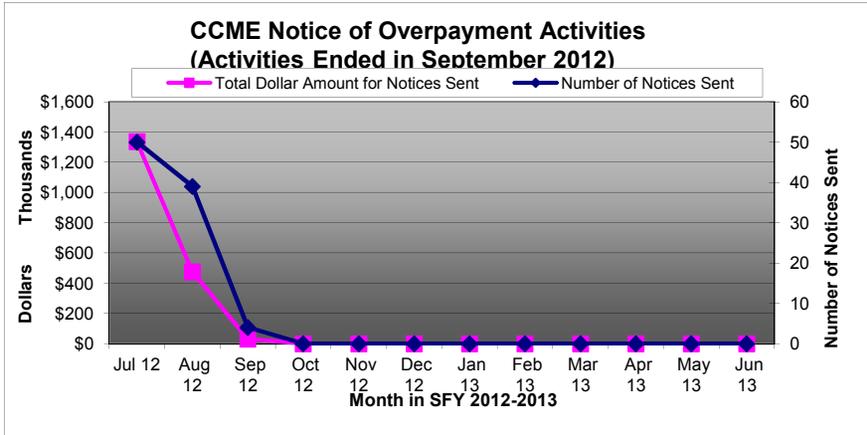
Referral and Suspension Information: Providers referred to external organizations for prepayment suspension and criminal investigation, or placed on payment suspension by Program Integrity

Number of providers referred or suspended per month



	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>MIU</u>	17	34	14	4	0	2	7	6	0	0	0	0	84
<u>Payment Suspension</u>	13	3	5	0	0	0	0	0	0	0	0	0	21
<u>Prepayment Suspension</u>	13	41	20	0	0	10	0	0	0	0	0	0	84
<u>Total</u>	43	78	39	4	0	12	7	6	0	0	0	0	189

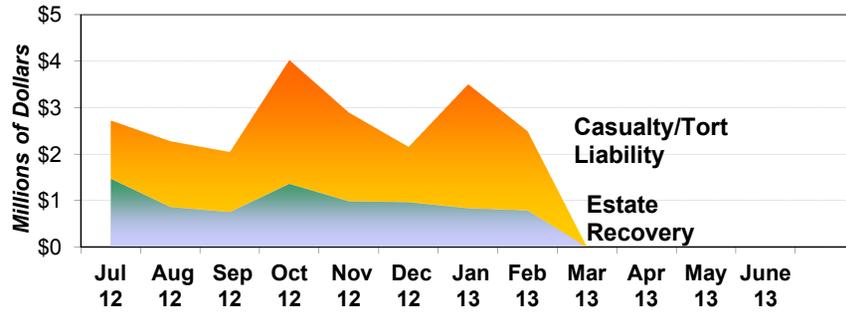
Vendor Activities: PI contracts vendors for post-payment review (PCG and CCME), prepayment review (CCME), and data analysis (IBM)



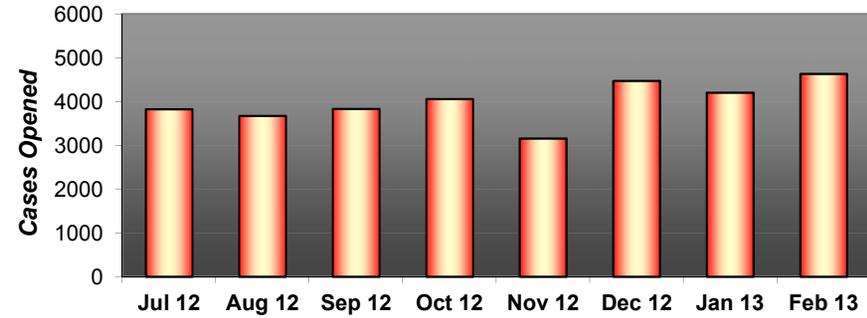
Third Party Recovery

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

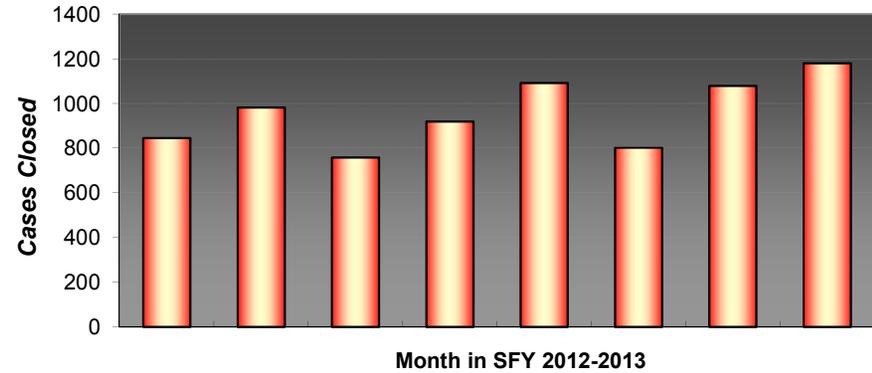
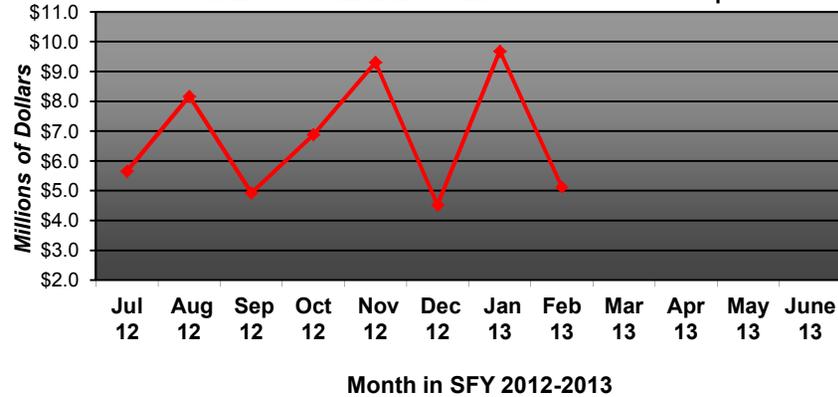
Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



THIRD PARTY LIABILITY SECTION - Vendor Recoupments

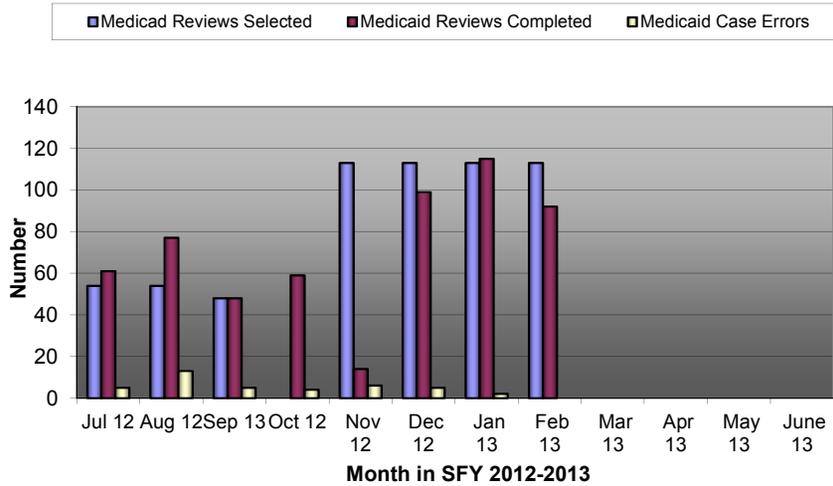


Month in SFY 2012-2013

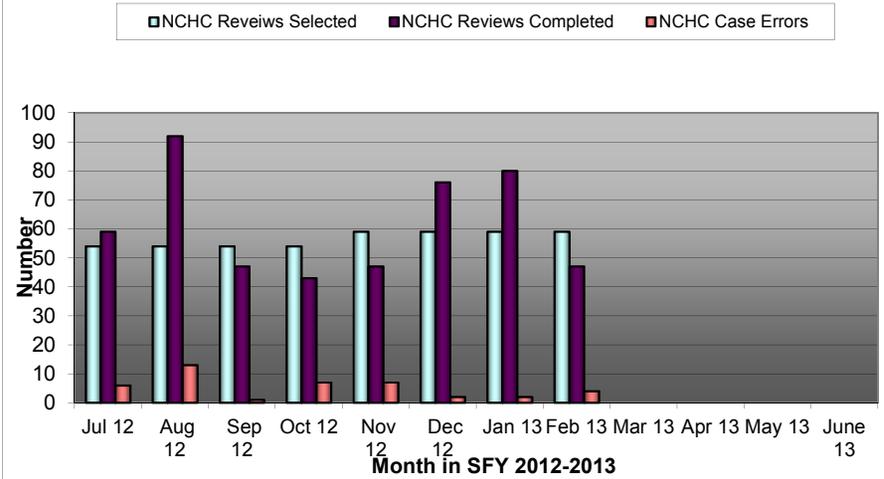
Quality Assurance Section

Quality Assurance Activities: Program Integrity Quality Assurance section reviews Medicaid Recipients cases for potential overpayment and Medicaid eligibility

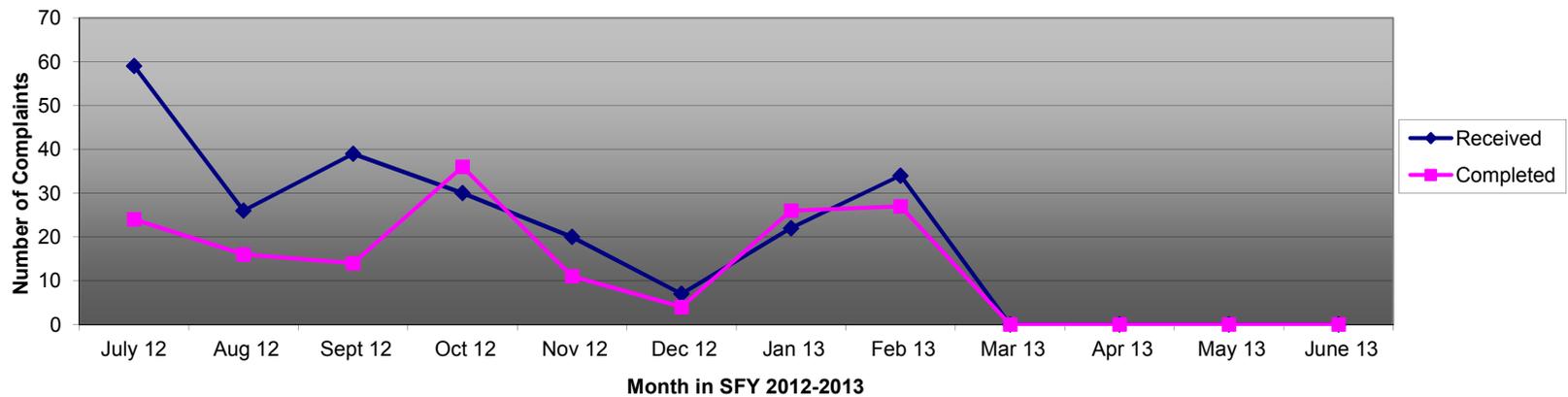
2012-2013 Active and Negative Medicaid Case Review Activities



2012-2013 Active and Negative North Carolina Health Choice Review Activities



Recipient Fraud and Abuse Complaints



*Calculation modified beginning February 2012 and applied historically

Program Integrity

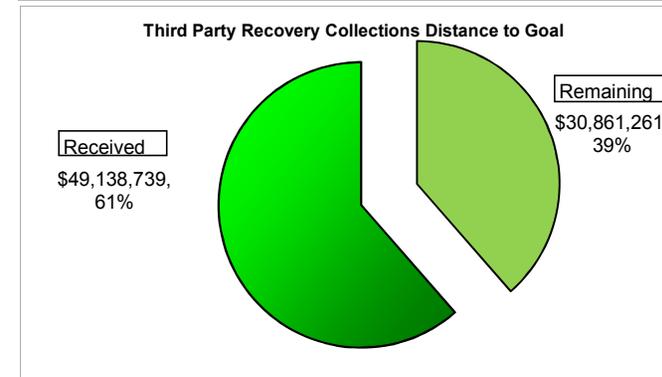
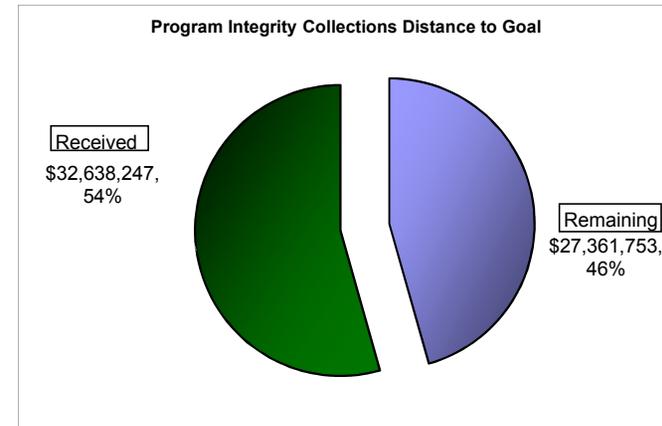
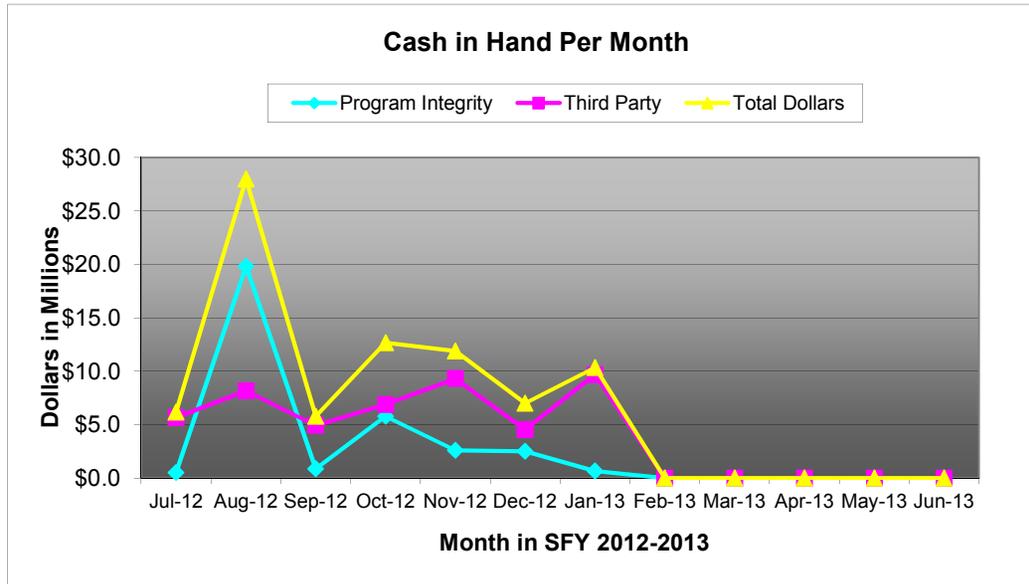


Monthly Report

Report Month: January 2013

Investigations

Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits

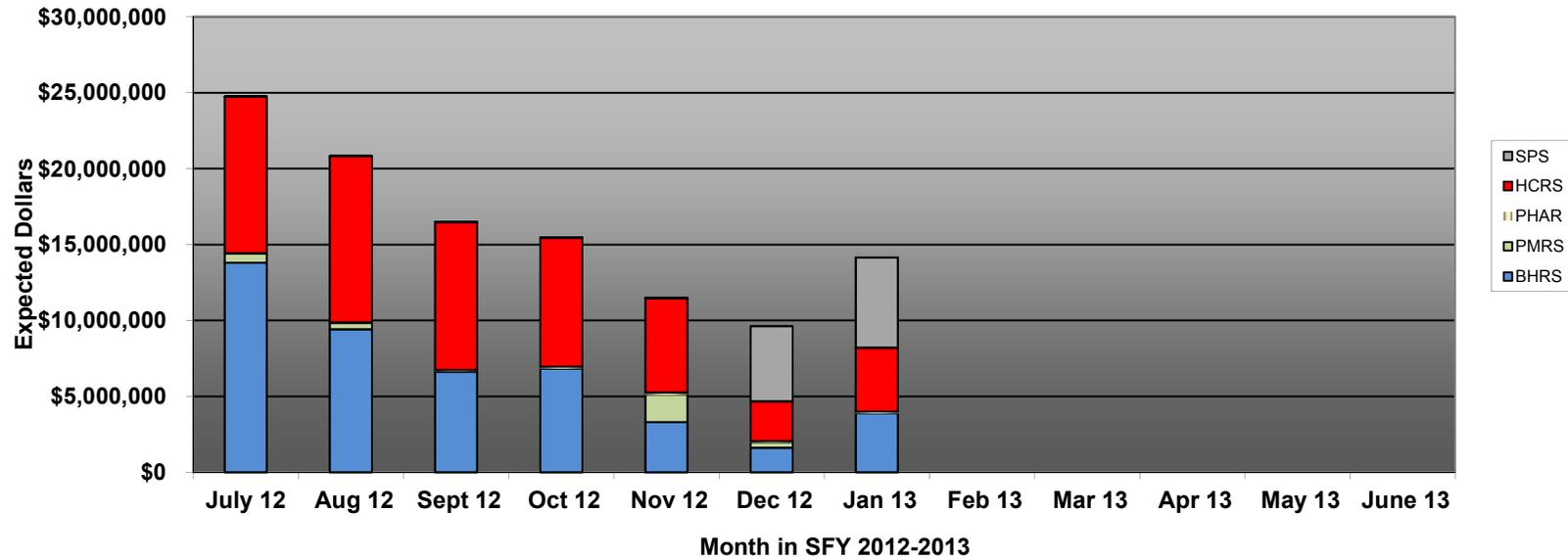


Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities														
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD Total	Goals
Controllers Office	\$498,063	\$19,803,592	\$848,921	\$5,772,414	\$2,583,521	\$2,490,735	\$641,001	\$0	\$0	\$0	\$0	\$0	\$32,638,247	\$60,000,000
Third Party Recovery	\$5,653,269	\$8,167,032	\$4,926,988	\$6,881,572	\$9,307,263	\$4,517,401	\$9,685,215	\$0	\$0	\$0	\$0	\$0	\$49,138,739	\$80,000,000
Totals	\$6,151,332	\$27,970,624	\$5,775,909	\$12,653,986	\$11,890,783	\$7,008,136	\$10,326,216	\$0	\$0	\$0	\$0	\$0	\$81,776,986	

* Includes dispositioned and undispositioned funds

Program Integrity Investigations: Overview of activities for overpayments identified. When an overpayment is identified, a notice of overpayment is sent to the

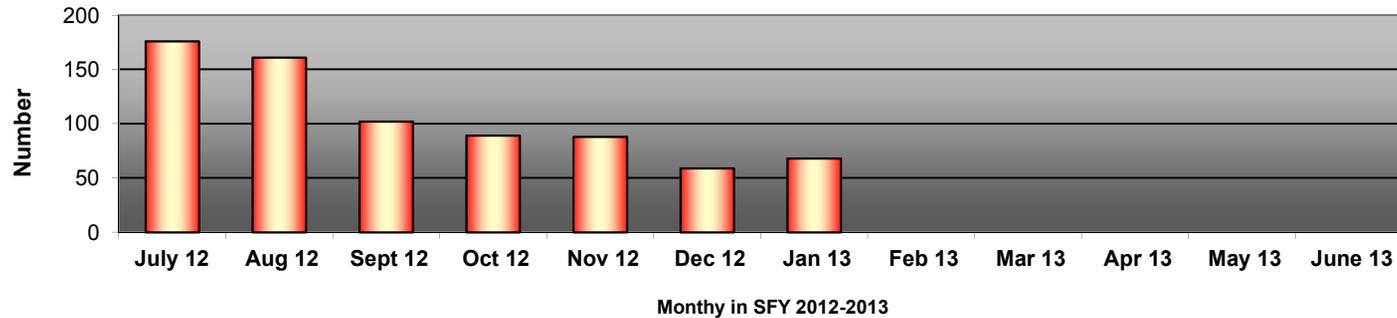
Expected Dollars from Notices of Overpayment Sent



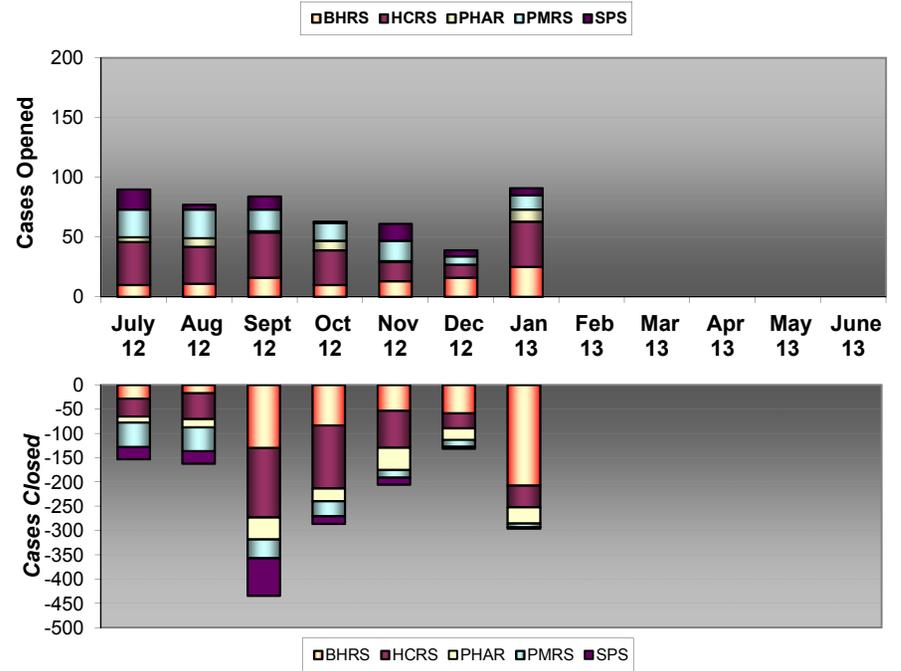
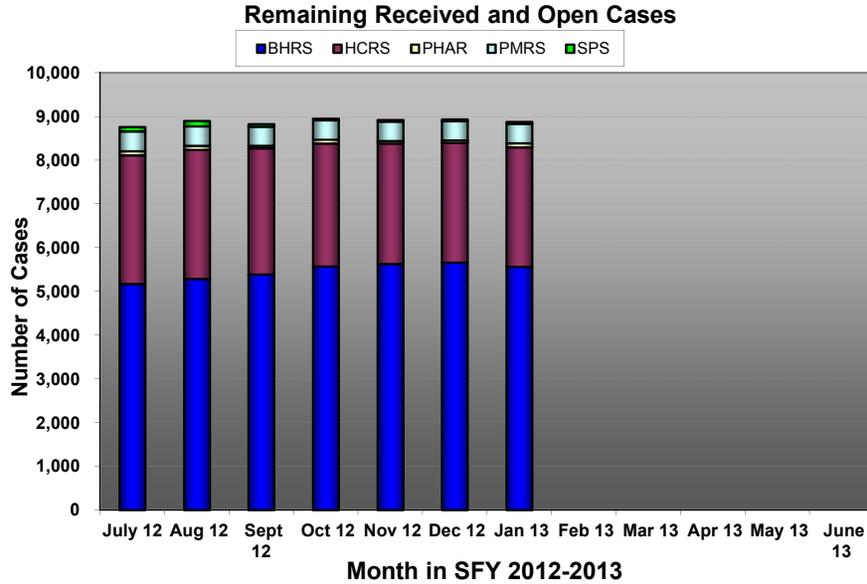
Expected Dollars by Section: includes vendor activities

	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
BHRS	\$13,813,490	\$9,429,087	\$6,631,256	\$6,864,593	\$3,299,121	\$1,617,797	\$3,926,640	\$0	\$0	\$0	\$0	\$0	\$45,581,983
PMRS	\$612,696	\$416,530	\$36,905	\$12,805	\$1,844,228	\$368,996	\$1,915	\$0	\$0	\$0	\$0	\$0	\$3,294,075
PHAR	\$21,860	\$32,123	\$71,809	\$79,725	\$123,269	\$73,266	\$78,355	\$0	\$0	\$0	\$0	\$0	\$480,407
HCRS	\$10,311,646	\$10,944,507	\$9,753,340	\$8,505,292	\$6,217,939	\$2,620,261	\$4,203,867	\$0	\$0	\$0	\$0	\$0	\$52,556,852
SPS	\$305	\$5,261	\$2,303	\$12,821	\$89	\$4,952,130	\$5,949,660	\$0	\$0	\$0	\$0	\$0	\$10,922,570
Total	\$24,759,998	\$20,827,508	\$16,495,613	\$15,475,236	\$11,484,646	\$9,632,450	\$14,160,436	\$0	\$0	\$0	\$0	\$0	\$112,835,887

Number of Notices Sent: includes vendor activities



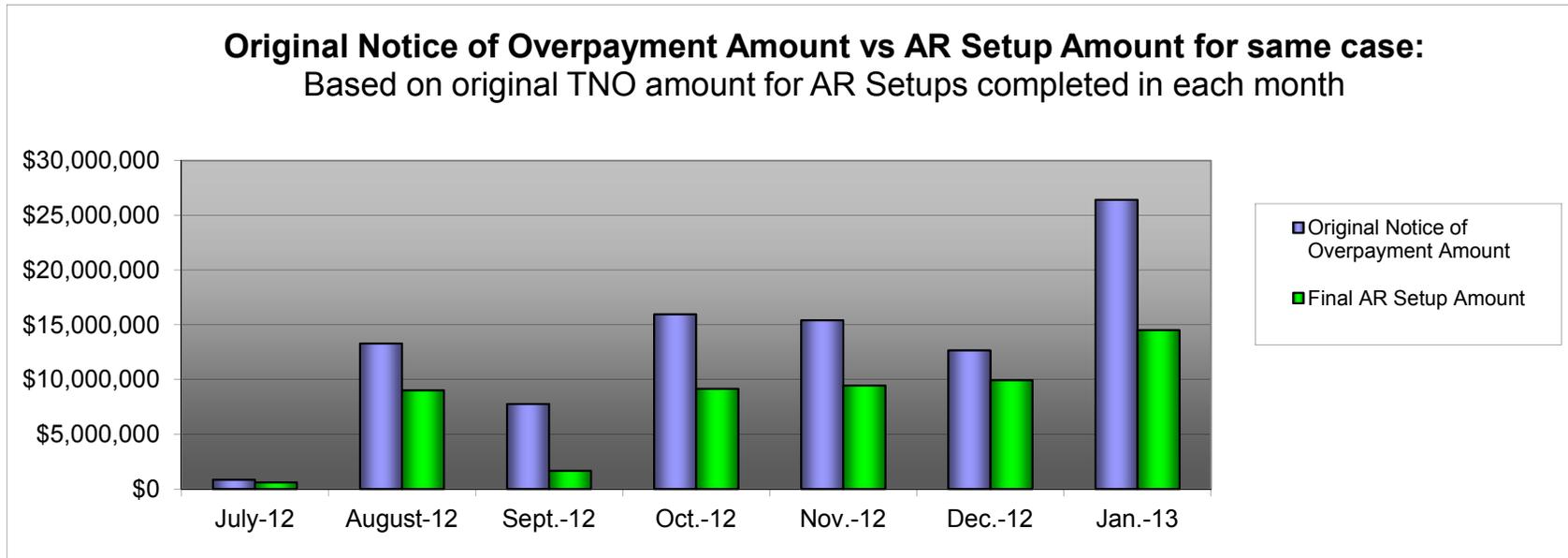
Case Activity: Program Integrity activity related to cases opened, closed and remaining open, including vendor activity



Case Information - Values

		12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
Opened	BHRS	10	11	16	10	13	16	25	0	0	0	0	0	101
	HCRS	36	31	38	29	16	11	38	0	0	0	0	0	199
	PHAR	4	7	1	8	1	0	10	0	0	0	0	0	31
	PMRS	23	24	18	15	17	7	12	0	0	0	0	0	116
	SPS	17	4	11	1	14	5	6	0	0	0	0	0	58
	Total		90	77	84	63	61	39	91	0	0	0	0	0
Closed	BHRS	28	17	130	83	53	58	207	0	0	0	0	0	576
	HCRS	37	53	143	130	76	31	45	0	0	0	0	0	515
	PHAR	12	17	45	26	46	24	33	0	0	0	0	0	203
	PMRS	51	49	39	31	16	14	8	0	0	0	0	0	208
	SPS	25	26	77	16	14	4	3	0	0	0	0	0	165
	Total		153	162	434	286	205	131	296	0	0	0	0	0

Original Notice of Overpayment Amount vs Final AR Setup Amount: After the Notice of Overpayment is sent to a provider identifying an overpayment, the provider has the opportunity to appeal the identified overpayment. The accounts receivable (AR) setup amount refers to the final overpayment after the final agency decision is completed

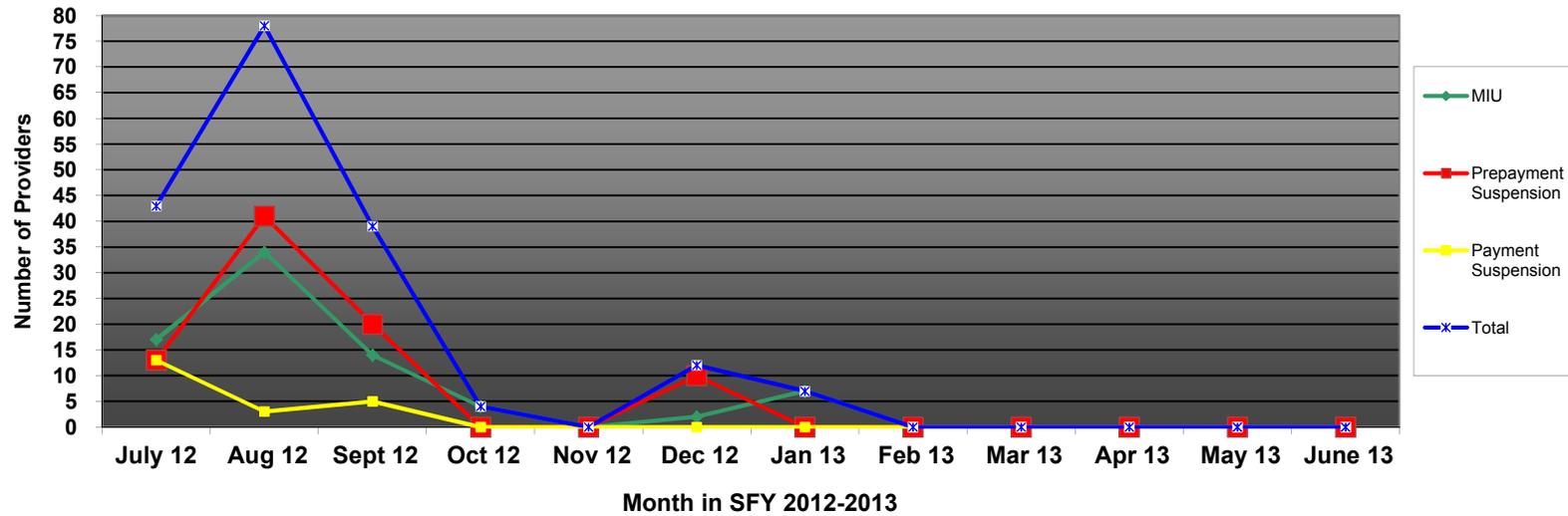


	July-12	August-12	Sept.-12	Oct.-12	Nov.-12	Dec.-12	Jan.-13	Total
Original Notice of Overpayment Amount	\$854,413	\$13,291,250	\$7,778,964	\$15,951,308	\$15,405,143	\$12,659,072	\$26,418,678	\$92,358,829
Final AR Setup Amount	\$596,889	\$9,019,089	\$1,665,223	\$9,152,458	\$9,447,360	\$9,952,830	\$14,520,352	\$54,354,201
Change in Amount	\$257,524	\$4,272,161	\$6,113,741	\$6,798,851	\$5,957,783	\$2,706,243	\$11,898,326	\$38,004,629

*note: Original Notice of overpayment amount is displayed the same month that the final AR Setup is generated, not the month that the notice of overpayment was initially sent to a provider. Only the Notice of Overpayment amount for final AR Setups generated each month is displayed in the same month as the final AR Setup amount. Tracking begun January 2012

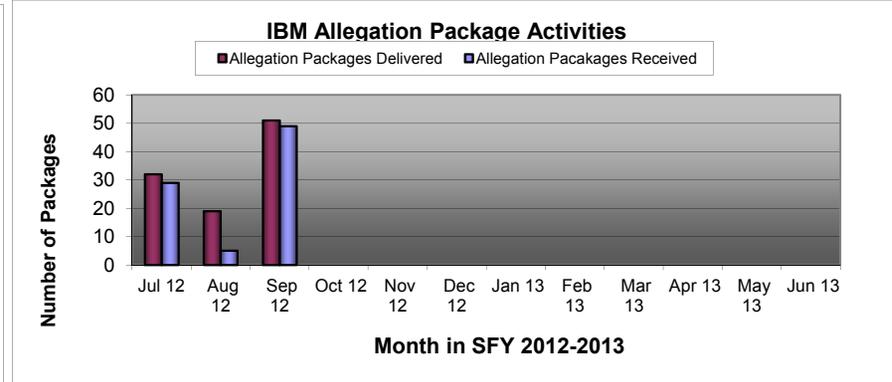
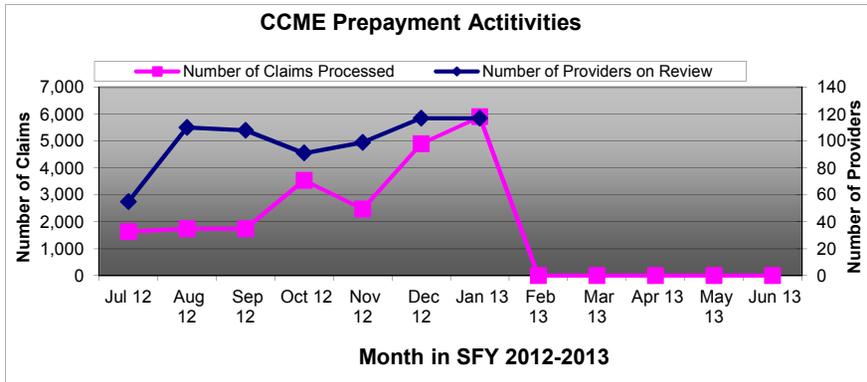
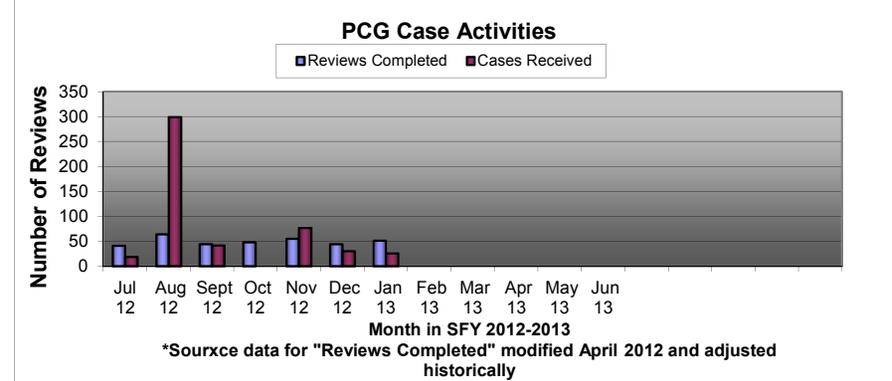
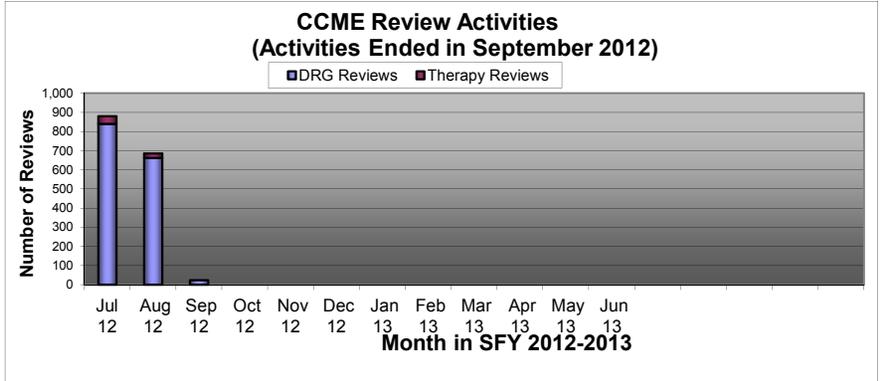
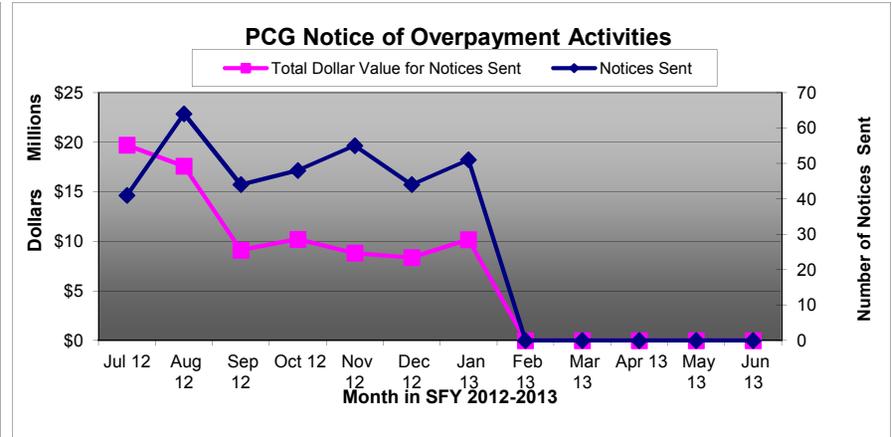
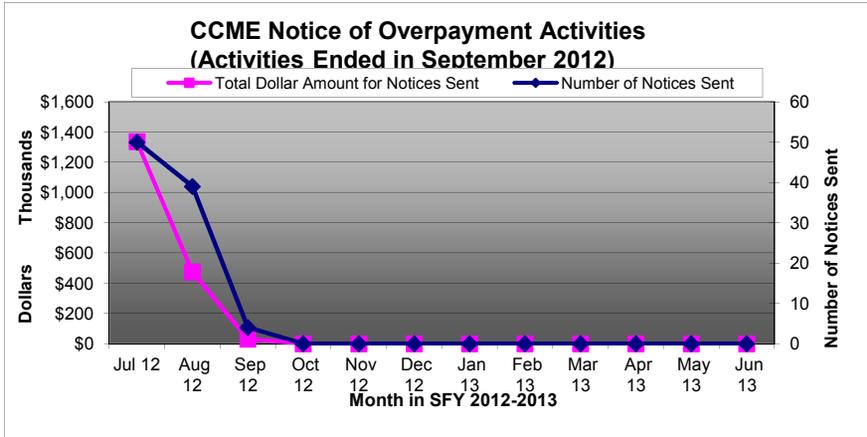
Referral and Suspension Information: Providers referred to external organizations for prepayment suspension and criminal investigation, or placed on payment suspension by Program Integrity

Number of providers referred or suspended per month



	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>MIU</u>	17	34	14	4	0	2	7	0	0	0	0	0	78
<u>Payment Suspension</u>	13	3	5	0	0	0	0	0	0	0	0	0	21
<u>Prepayment Suspension</u>	13	41	20	0	0	10	0	0	0	0	0	0	84
<u>Total</u>	43	78	39	4	0	12	7	0	0	0	0	0	183

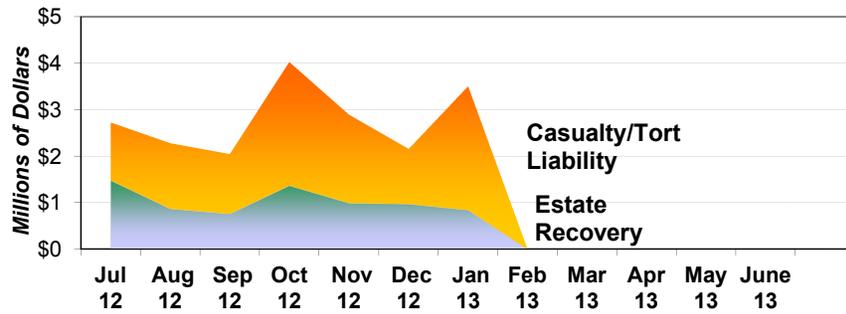
Vendor Activities: PI contracts vendors for post-payment review (PCG and CCME), prepayment review (CCME), and data analysis (IBM)



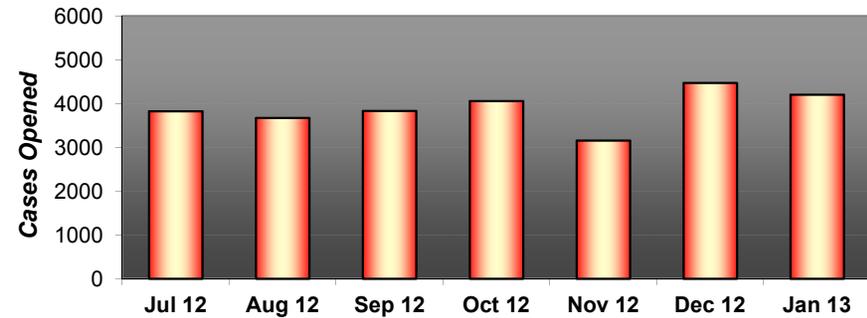
Third Party Recovery

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

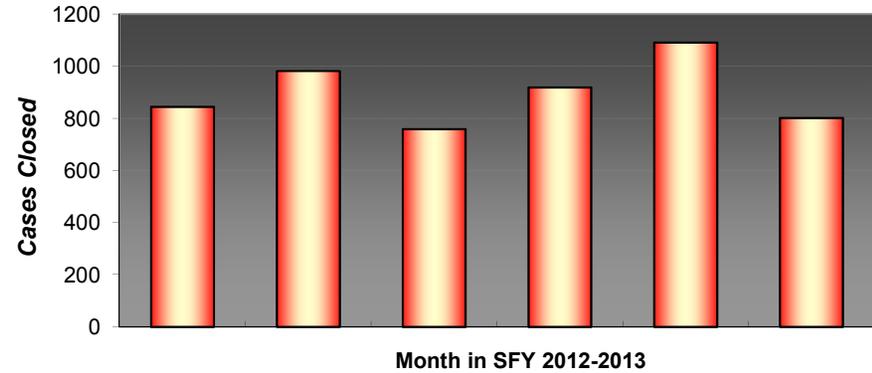
Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



THIRD PARTY LIABILITY SECTION - Vendor Recoupments

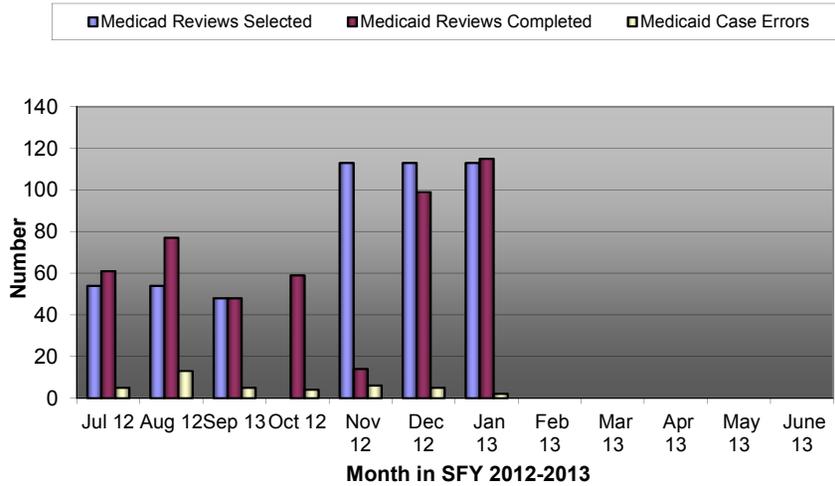


Month in SFY 2012-2013

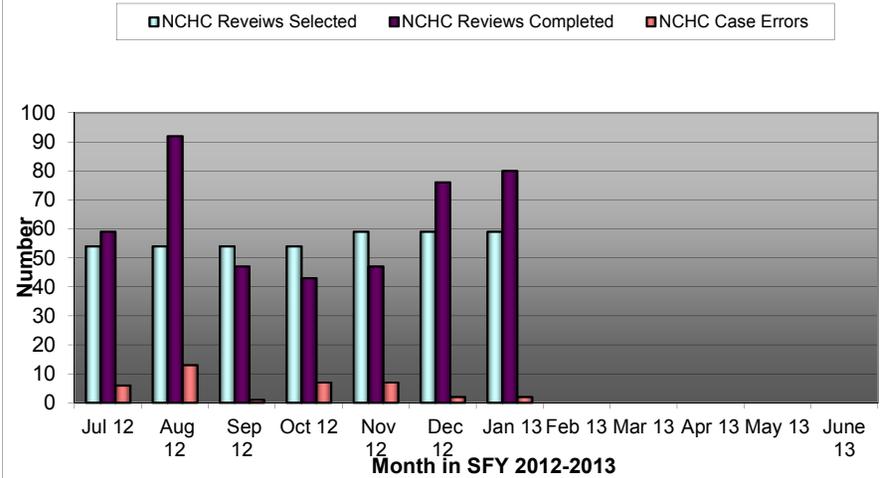
Quality Assurance Section

Quality Assurance Activities: Program Integrity Quality Assurance section reviews Medicaid Recipients cases for potential overpayment and Medicaid eligibility

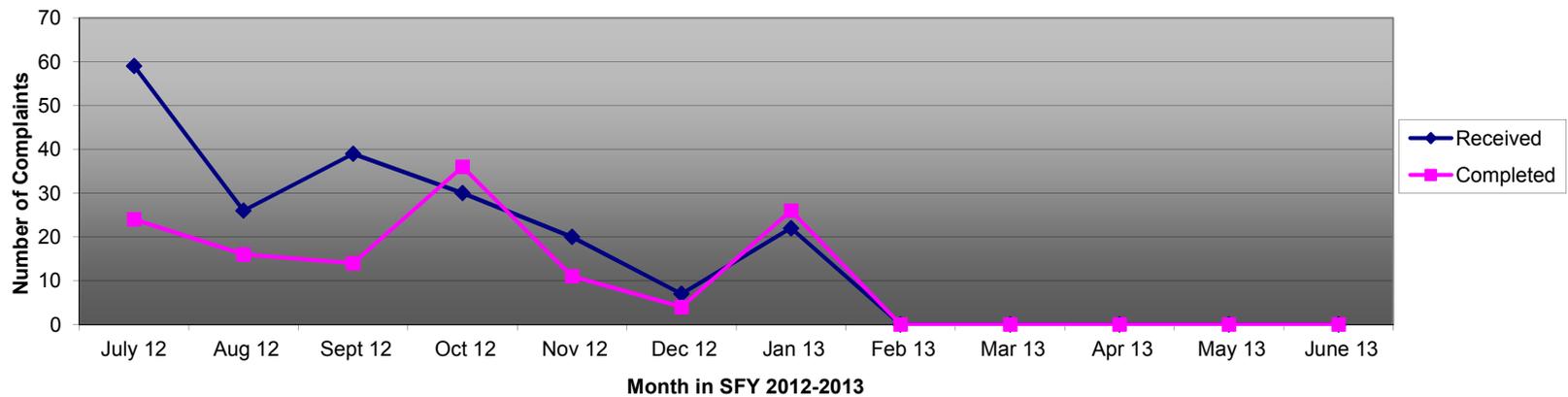
2012-2013 Active and Negative Medicaid Case Review Activities



2012-2013 Active and Negative North Carolina Health Choice Review Activities



Recipient Fraud and Abuse Complaints

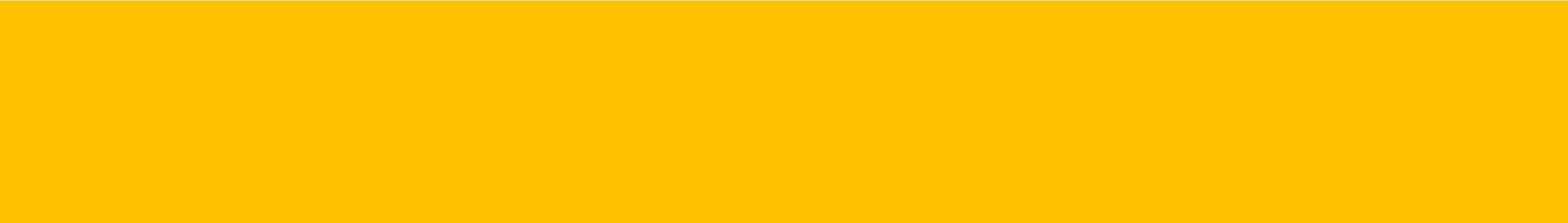


*Calculation modified beginning February 2012 and applied historically

Program Integrity



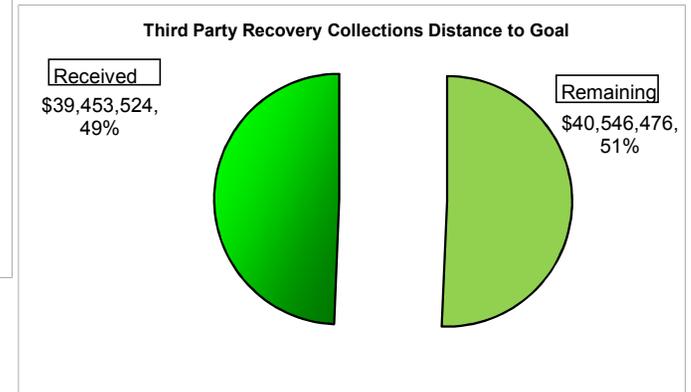
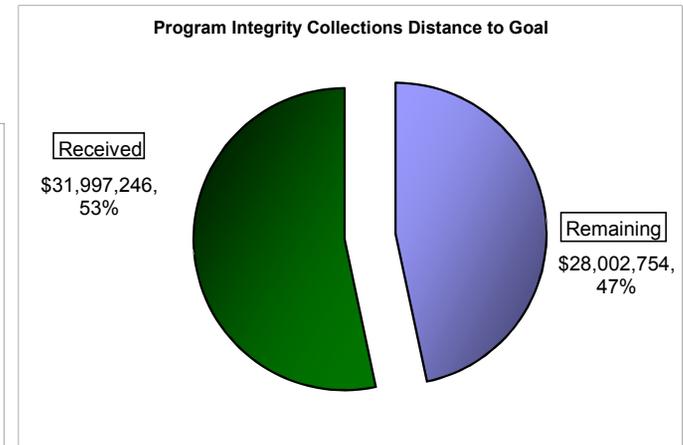
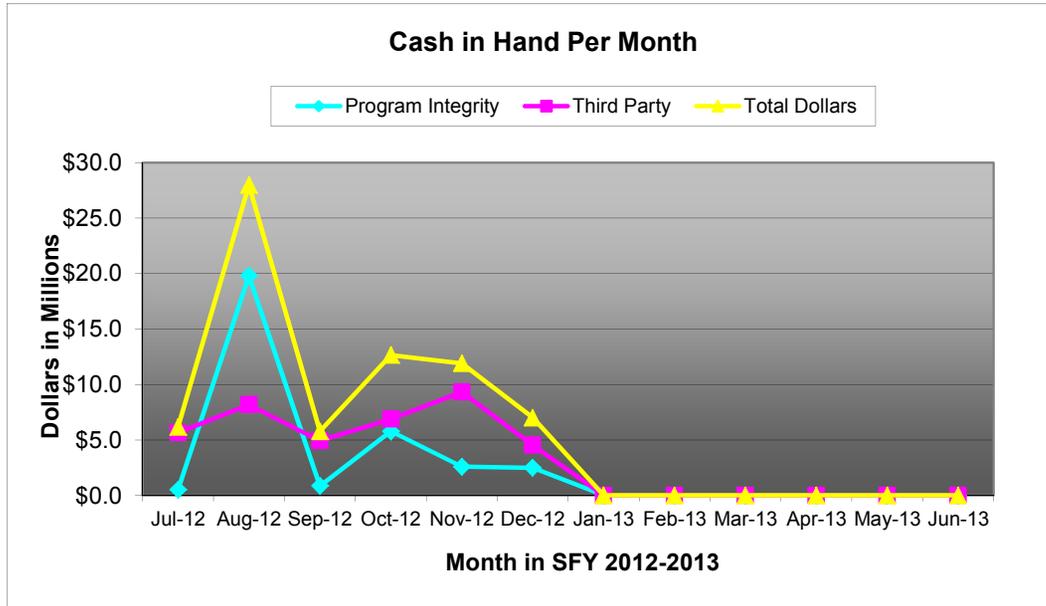
Monthly Report



Report Month: December 2012

Investigations

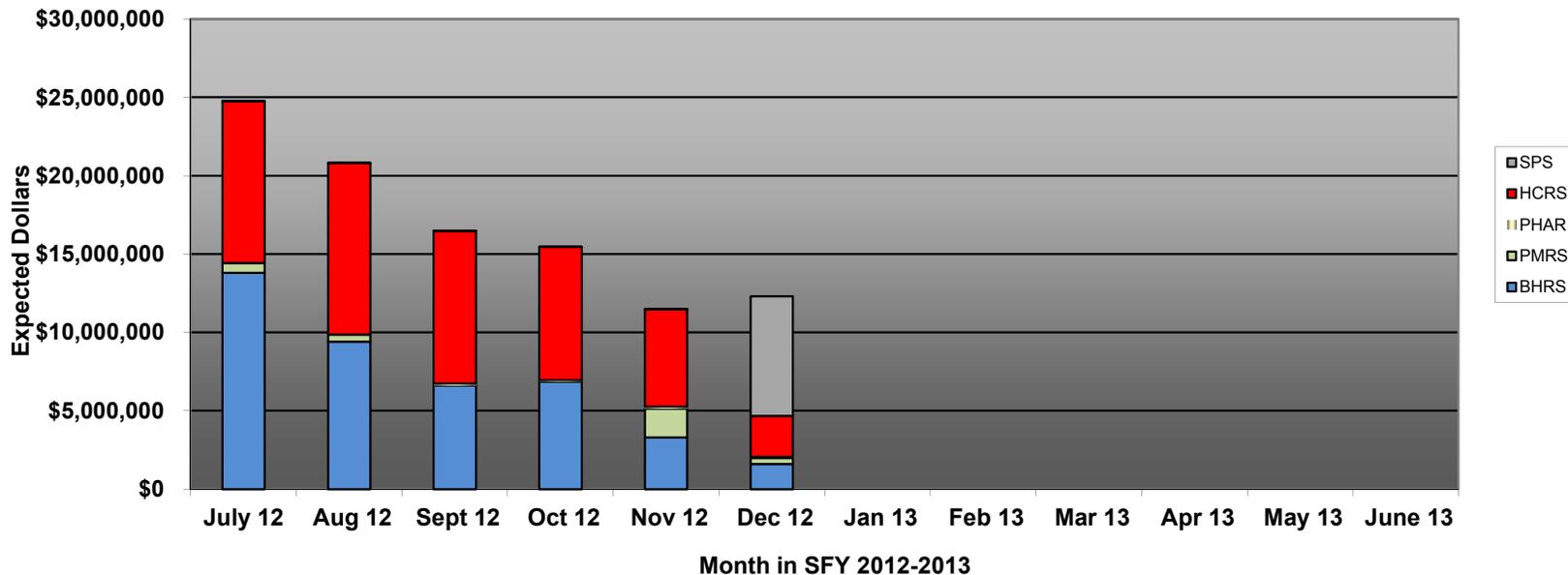
Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits



Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities														Goals
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD Total	
Controllers Office	\$498,063	\$19,803,592	\$848,921	\$5,772,414	\$2,583,521	\$2,490,735	\$0	\$0	\$0	\$0	\$0	\$0	\$31,997,246	\$60,000,000
Third Party Recovery	\$5,653,269	\$8,167,032	\$4,926,988	\$6,881,572	\$9,307,263	\$4,517,401	\$0	\$0	\$0	\$0	\$0	\$0	\$39,453,524	\$80,000,000
Totals	\$6,151,332	\$27,970,624	\$5,775,909	\$12,653,986	\$11,890,783	\$7,008,136	\$0	\$0	\$0	\$0	\$0	\$0	\$71,450,770	

Program Integrity Investigations: Overview of activities for overpayments identified. When an overpayment is identified, a notice of overpayment is sent to the

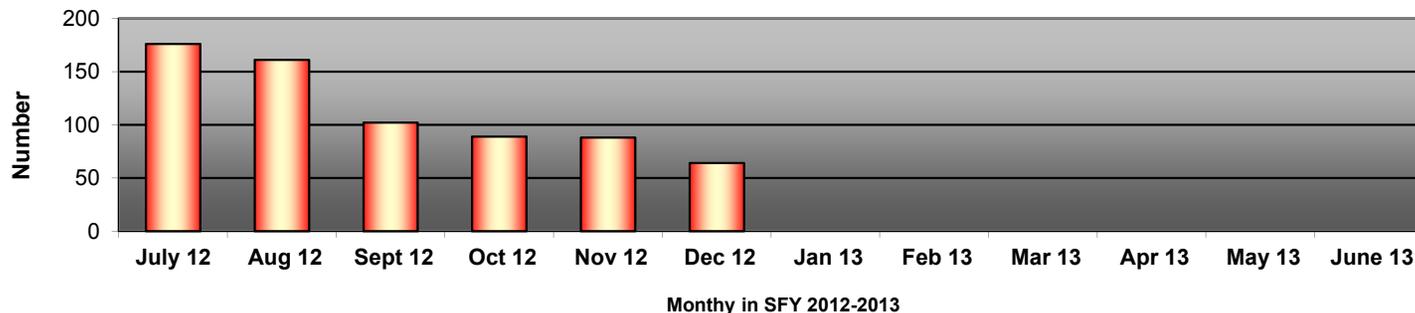
Expected Dollars from Notices of Overpayment Sent



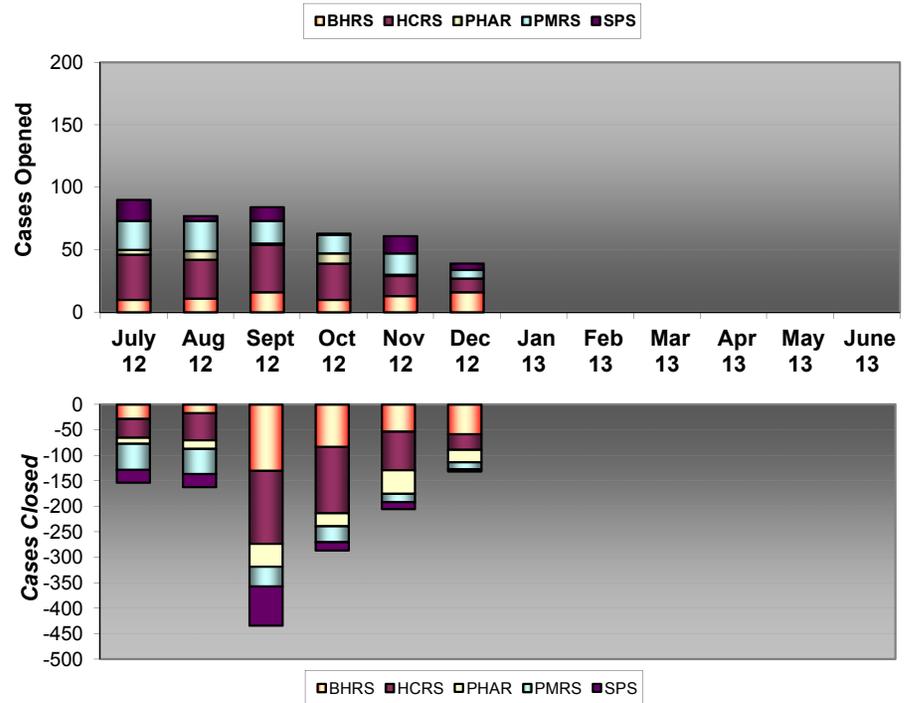
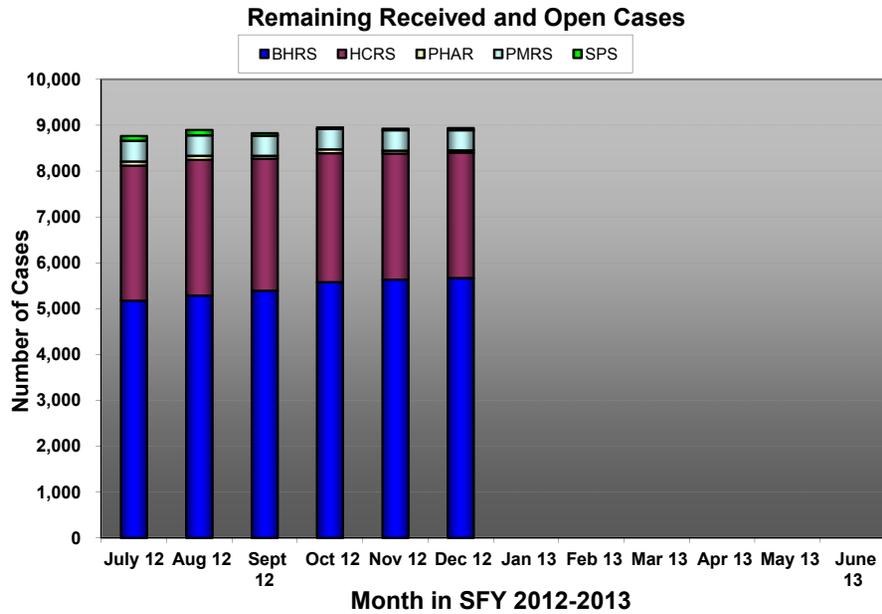
Expected Dollars by Section: includes vendor activities

	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
BHRS	\$13,813,490	\$9,429,087	\$6,631,256	\$6,864,593	\$3,299,121	\$1,617,797	\$0	\$0	\$0	\$0	\$0	\$0	\$41,655,343
PMRS	\$612,696	\$416,530	\$36,905	\$12,805	\$1,844,228	\$368,996	\$0	\$0	\$0	\$0	\$0	\$0	\$3,292,161
PHAR	\$21,860	\$32,123	\$71,809	\$79,725	\$123,269	\$73,266	\$0	\$0	\$0	\$0	\$0	\$0	\$402,052
HCRS	\$10,311,646	\$10,944,507	\$9,753,340	\$8,505,292	\$6,217,939	\$2,620,261	\$0	\$0	\$0	\$0	\$0	\$0	\$48,352,985
SPS	\$305	\$5,261	\$2,303	\$12,821	\$89	\$7,633,159	\$0	\$0	\$0	\$0	\$0	\$0	\$7,653,939
Total	\$24,759,998	\$20,827,508	\$16,495,613	\$15,475,236	\$11,484,646	\$12,313,479	\$0	\$0	\$0	\$0	\$0	\$0	\$101,356,480

Number of Notices Sent: includes vendor activities



Case Activity: Program Integrity activity related to cases opened, closed and remaining open, including vendor activity

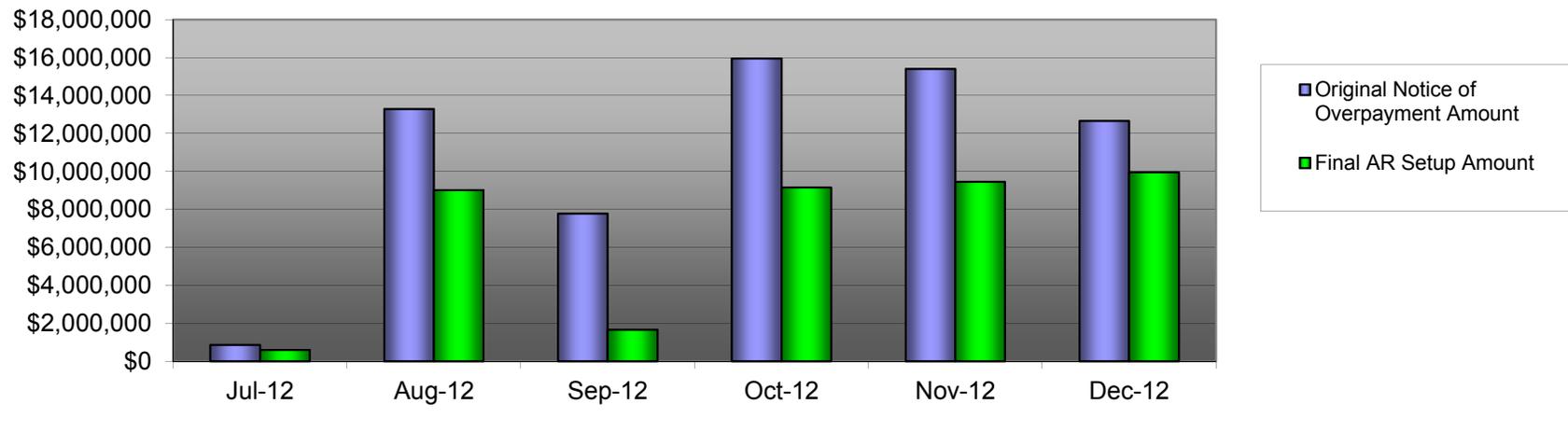


Case Information - Values

		12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
Opened	BHRS	10	11	16	10	13	16	0	0	0	0	0	0	76
	HCRS	36	31	38	29	16	11	0	0	0	0	0	0	161
	PHAR	4	7	1	8	1	0	0	0	0	0	0	0	21
	PMRS	23	24	18	15	17	7	0	0	0	0	0	0	104
	SPS	17	4	11	1	14	5	0	0	0	0	0	0	52
	Total	90	77	84	63	61	39	0	0	0	0	0	0	414
Closed	BHRS	28	17	130	83	53	58	0	0	0	0	0	0	369
	HCRS	37	53	143	130	76	31	0	0	0	0	0	0	470
	PHAR	12	17	45	26	46	24	0	0	0	0	0	0	170
	PMRS	51	49	39	31	16	14	0	0	0	0	0	0	200
	SPS	25	26	77	16	14	4	0	0	0	0	0	0	162
	Total	153	162	434	286	205	131	0	0	0	0	0	0	1371

Original Notice of Overpayment Amount vs Final AR Setup Amount: After the Notice of Overpayment is sent to a provider identifying an overpayment, the provider has the opportunity to appeal the identified overpayment. The accounts receivable (AR) setup amount refers to the final overpayment after the final agency decision is completed

Original Notice of Overpayment Amount vs AR Setup Amount for same case:
Based on original TNO amount for AR Setups completed in each month

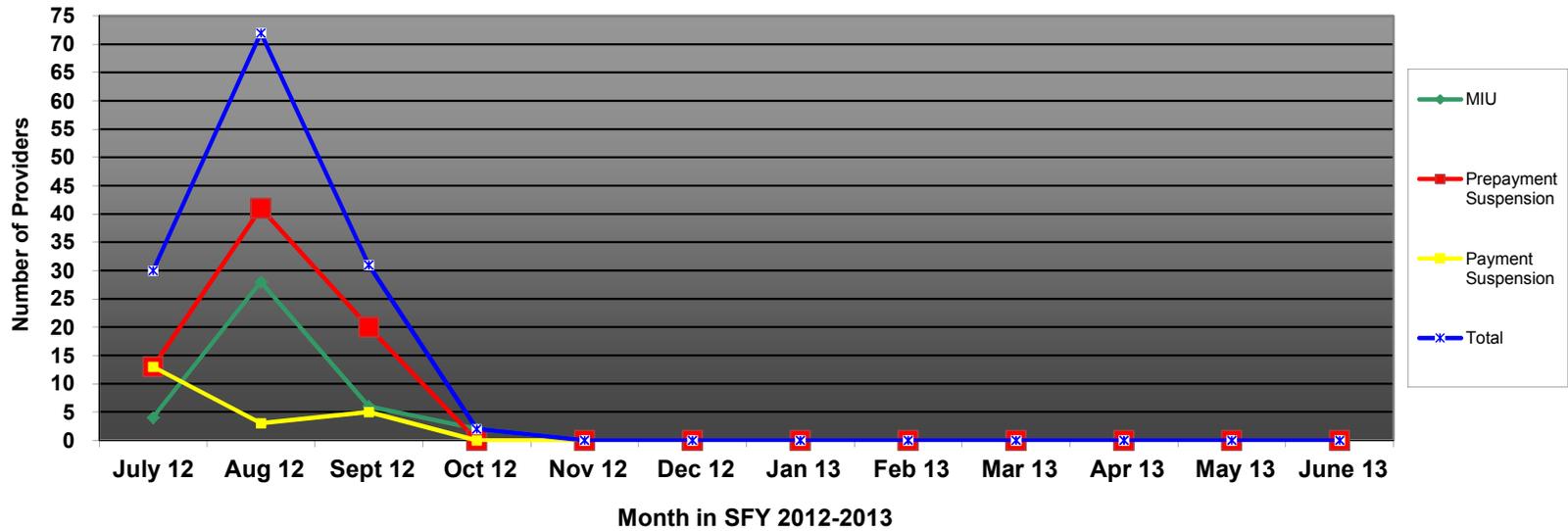


	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	Total
Original Notice of Overpayment Amount	\$854,413	\$13,291,250	\$7,778,964	\$15,951,308	\$15,405,143	\$12,659,072	\$65,940,151
Final AR Setup Amount	\$596,889	\$9,019,089	\$1,665,223	\$9,152,458	\$9,447,360	\$9,952,830	\$39,833,849
Change in Amount	\$257,524	\$4,272,161	\$6,113,741	\$6,798,851	\$5,957,783	\$2,706,243	\$26,106,302

*note: Original Notice of overpayment amount is displayed the same month that the final AR Setup is generated, not the month that the notice of overpayment was initially sent to a provider. Only the Notice of Overpayment amount for final AR Setups generated each month is displayed in the same month as the final AR Setup amount. Tracking begun January 2012

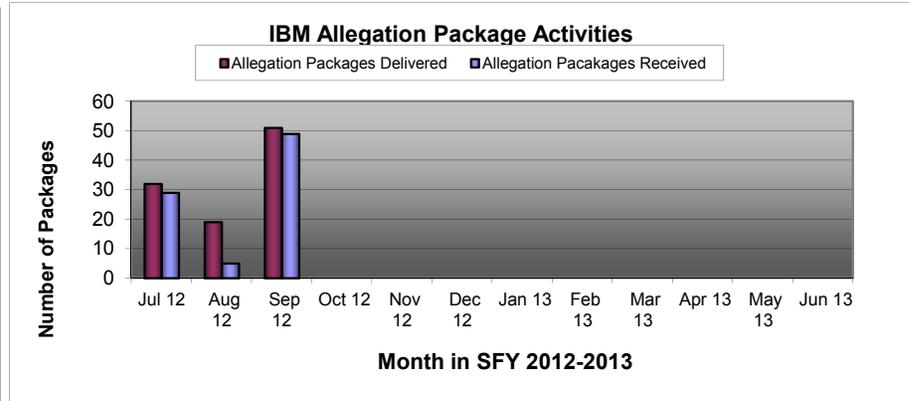
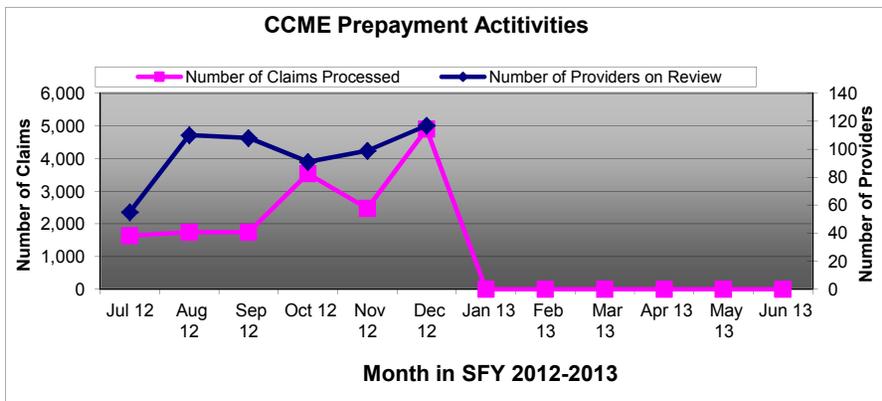
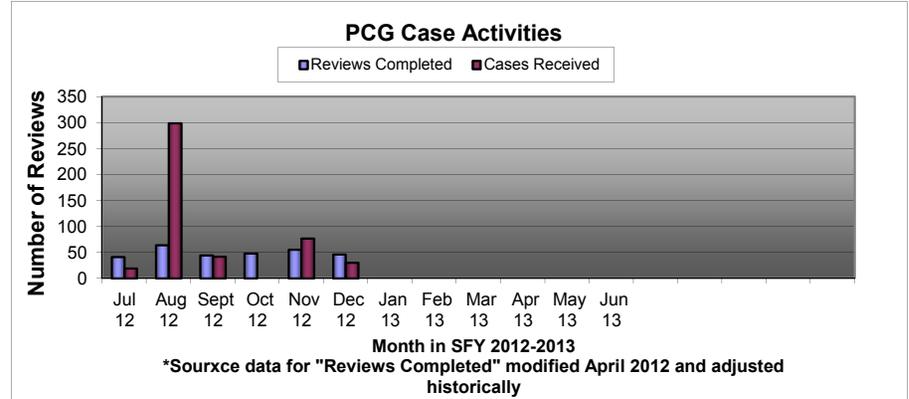
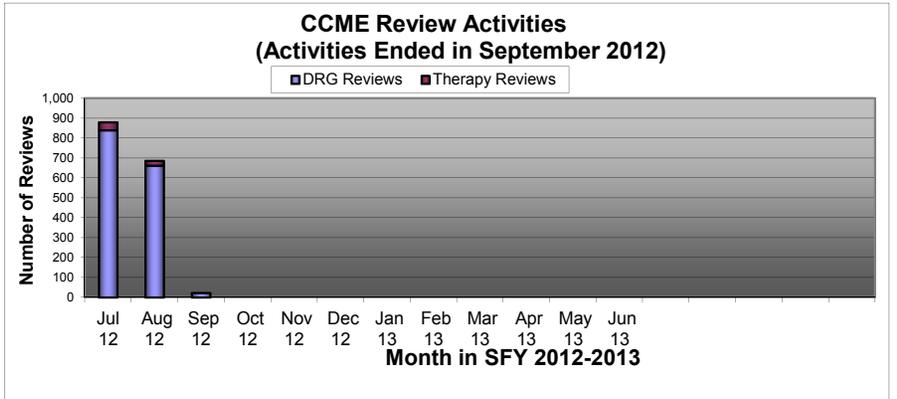
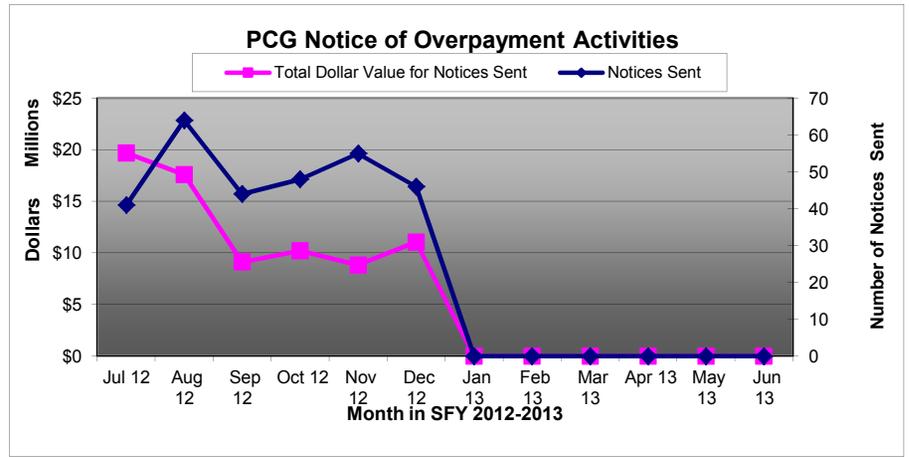
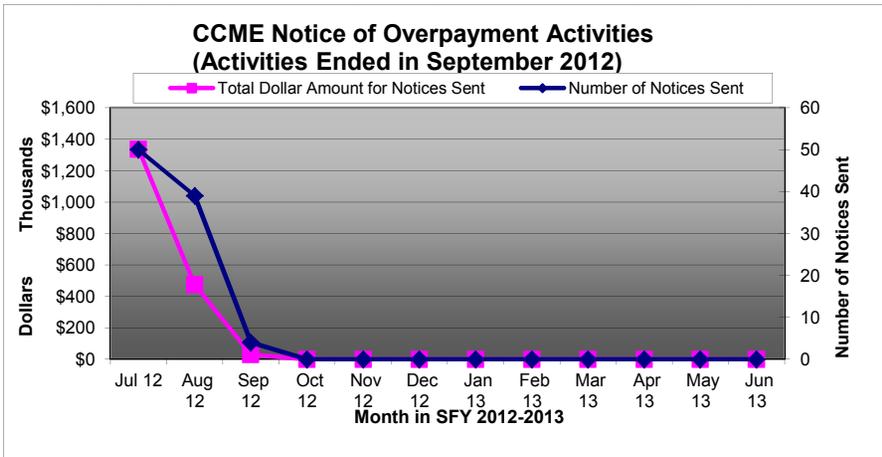
Referral and Suspension Information: Providers referred to external organizations for prepayment suspension and criminal investigation, or placed on payment suspension by Program Integrity

Number of providers referred or suspended per month



	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>MIU</u>	4	28	6	2	0	0	0	0	0	0	0	0	40
<u>Payment Suspension</u>	13	3	5	0	0	0	0	0	0	0	0	0	21
<u>Prepayment Suspension</u>	13	41	20	0	0	0	0	0	0	0	0	0	74
<u>Total</u>	30	72	31	2	0	0	0	0	0	0	0	0	135

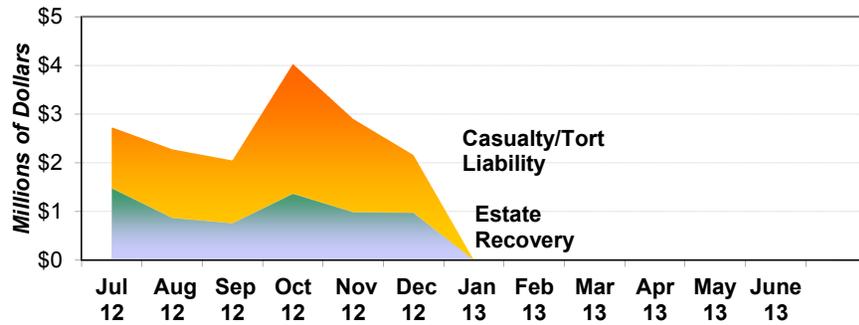
Vendor Activities: PI contracts vendors for post-payment review (PCG and CCME), prepayment review (CCME), and data analysis (IBM)



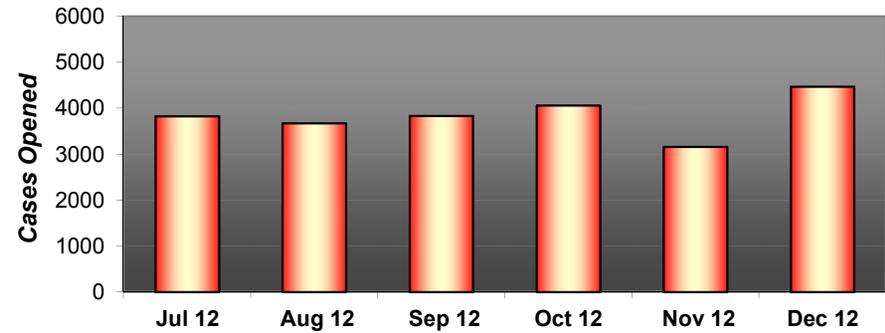
Third Party Recovery

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

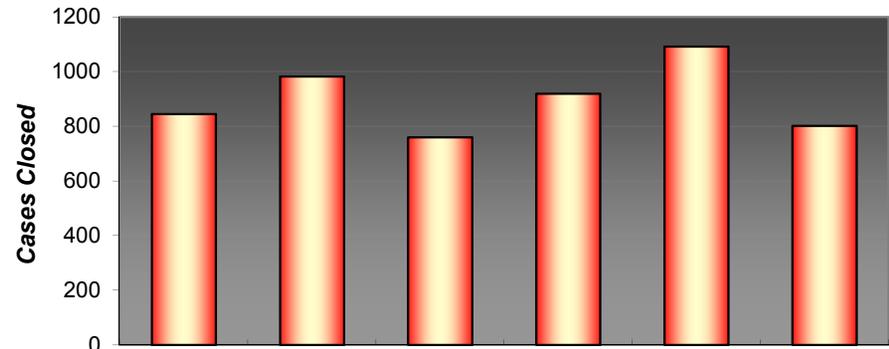
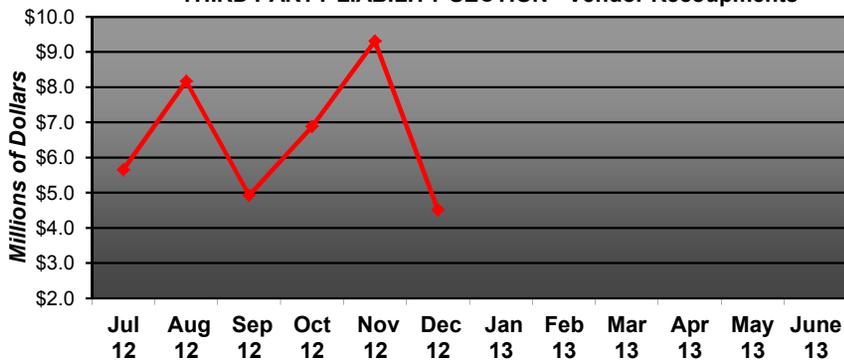
Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



THIRD PARTY LIABILITY SECTION - Vendor Recoupments

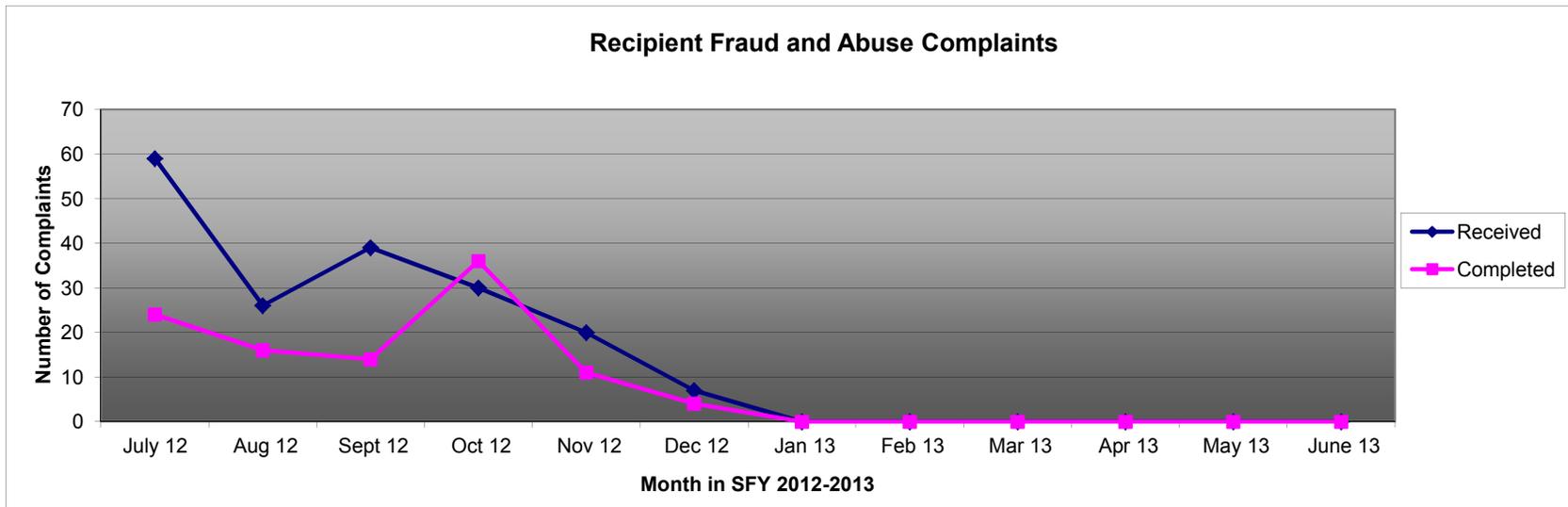
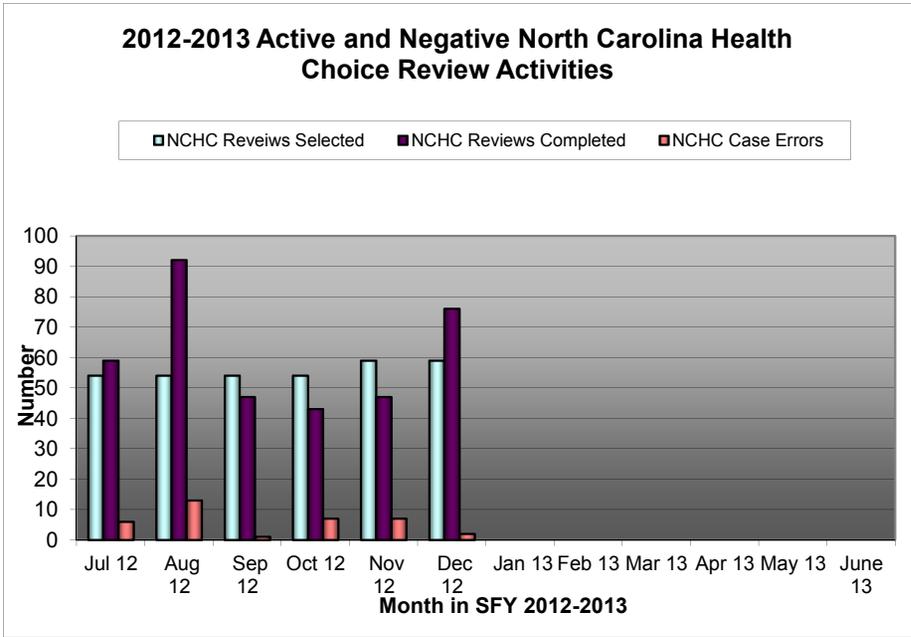
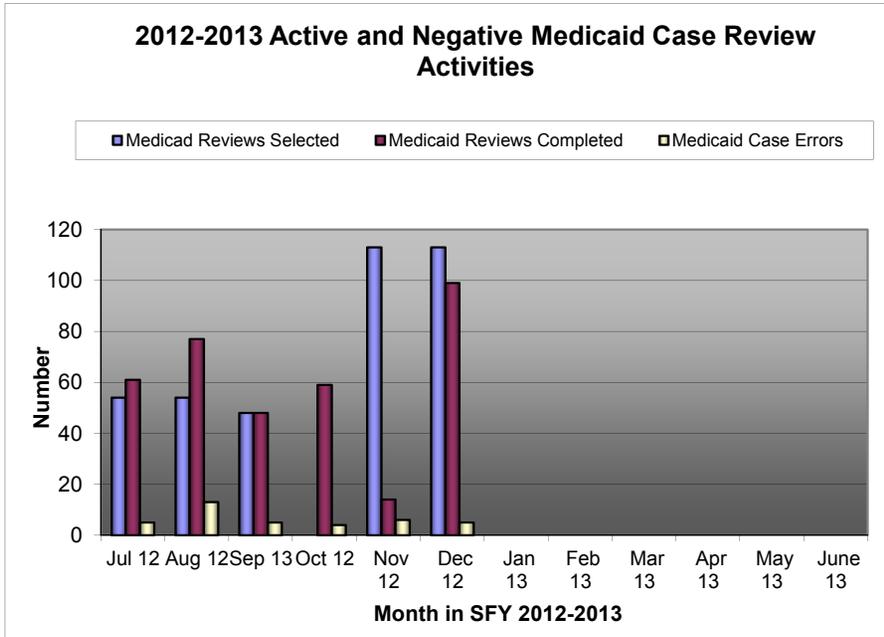


Month in SFY 2012-2013

Month in SFY 2012-2013

Quality Assurance Section

Quality Assurance Activities: Program Integrity Quality Assurance section reviews Medicaid Recipients cases for potential overpayment and Medicaid eligibility



*Calculation modified beginning February 2012 and applied historically

Program Integrity

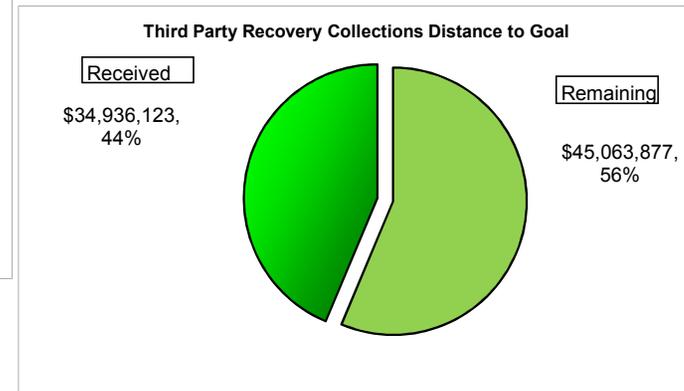
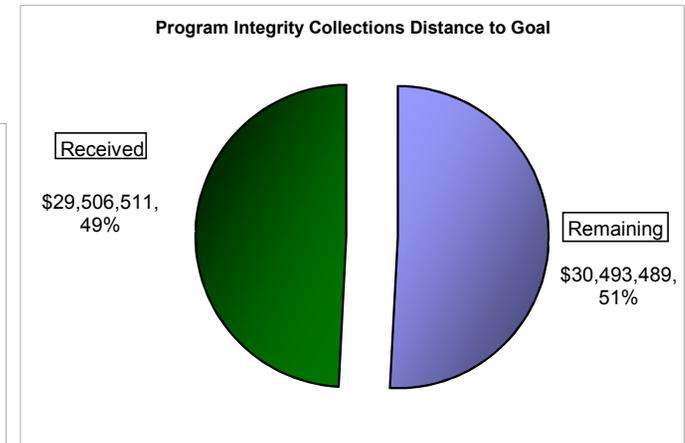
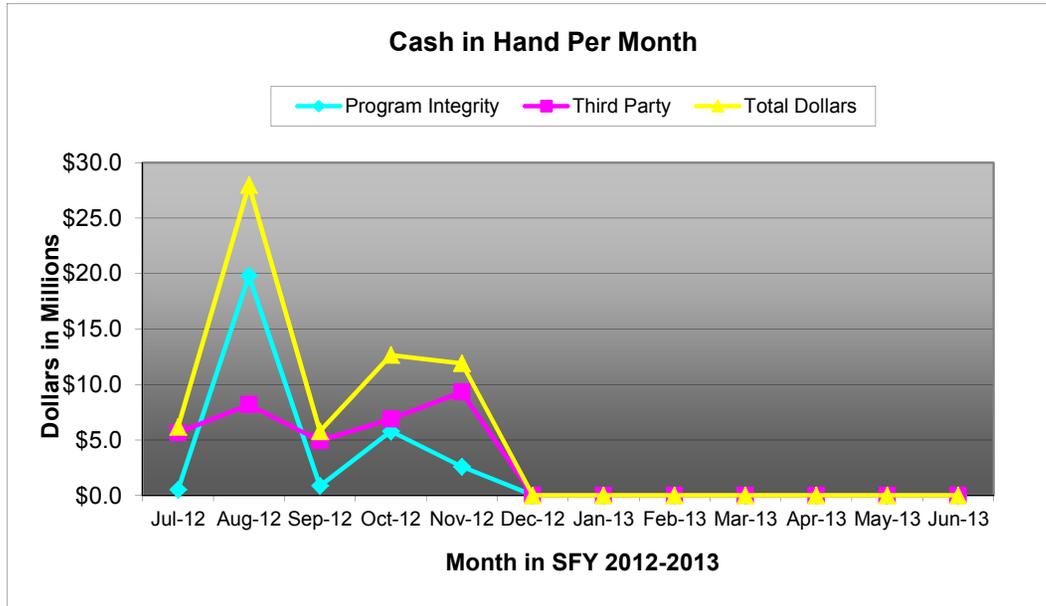


Monthly Report

Report Month: November 2012

Investigations

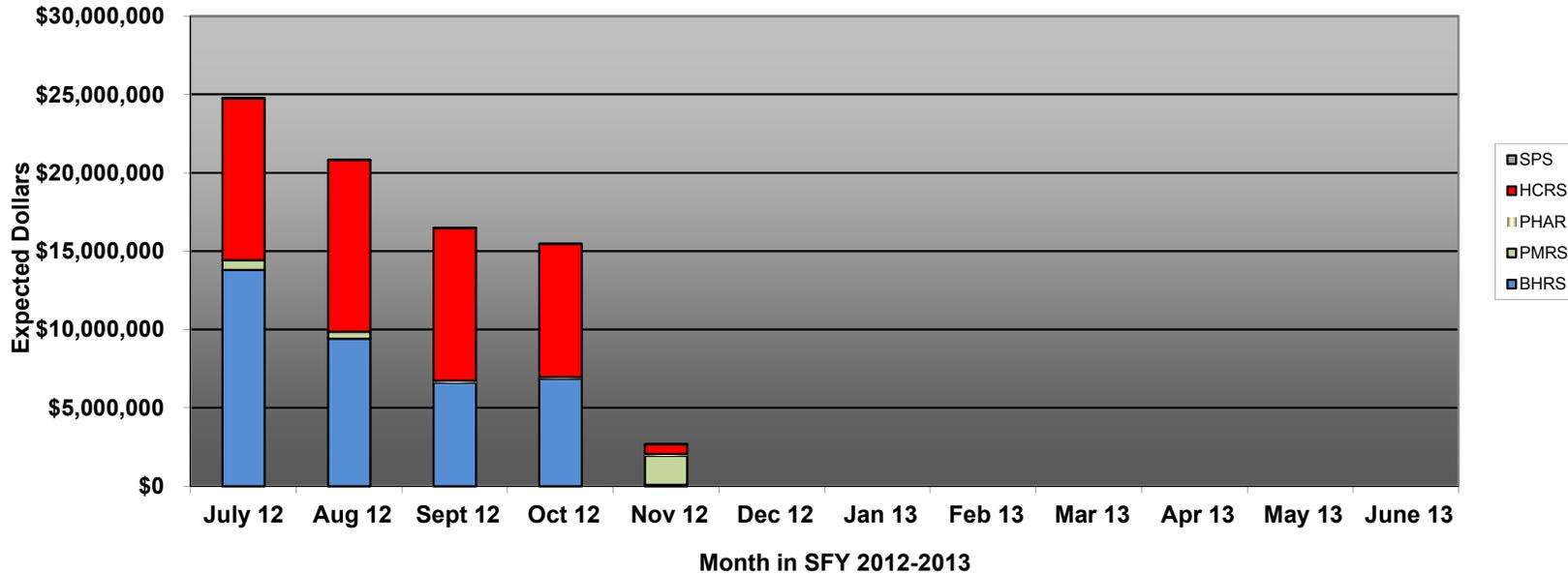
Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits



Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities														Goals
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD Total	
Controllers Office	\$498,063	\$19,803,592	\$848,921	\$5,772,414	\$2,583,521	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,506,511	\$60,000,000
Third Party Recovery	\$5,653,269	\$8,167,032	\$4,926,988	\$6,881,572	\$9,307,263	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$34,936,123	\$80,000,000
Totals	\$6,151,332	\$27,970,624	\$5,775,909	\$12,653,986	\$11,890,783	\$0	\$64,442,634							

Program Integrity Investigations: Overview of activities for overpayments identified. When an overpayment is identified, a notice of overpayment is sent to the

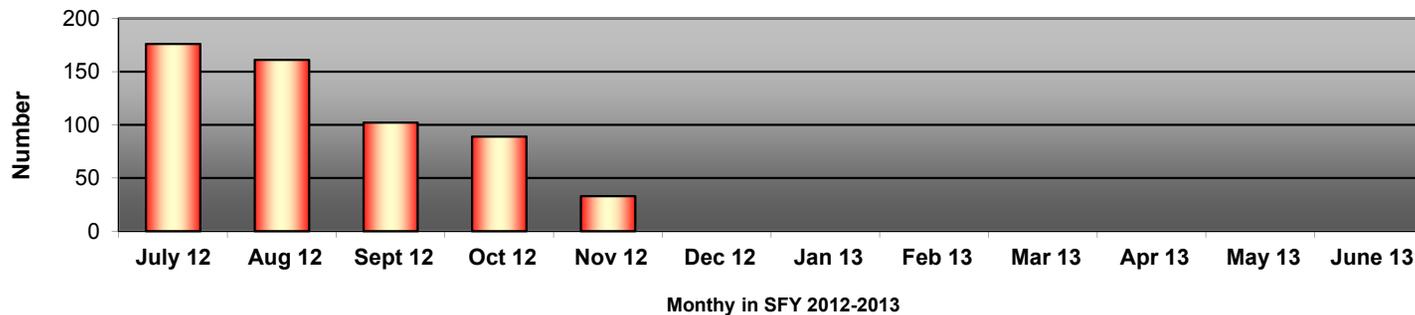
Expected Dollars from Notices of Overpayment Sent



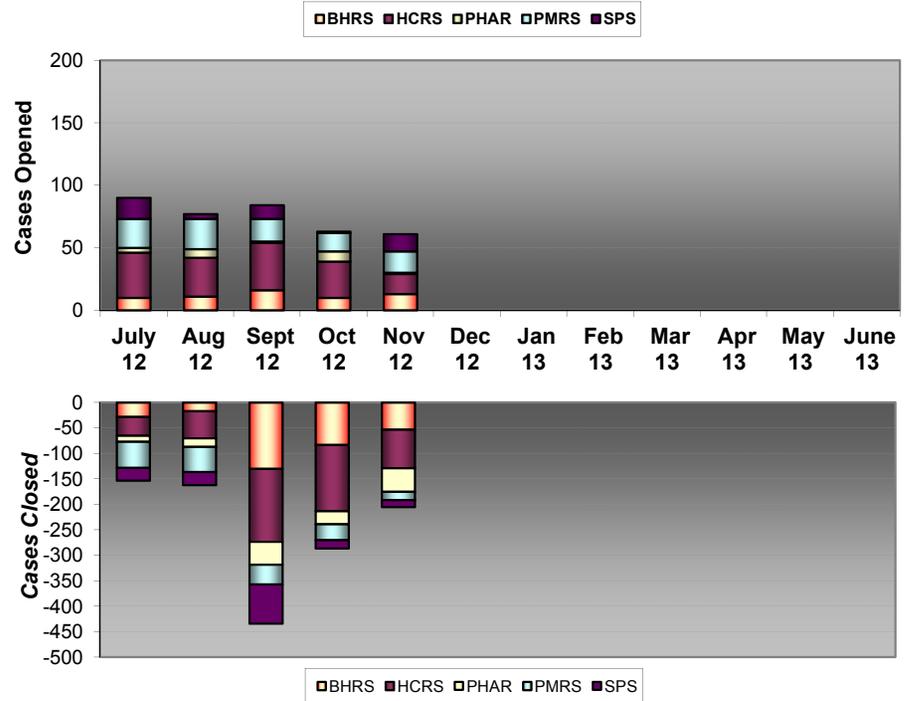
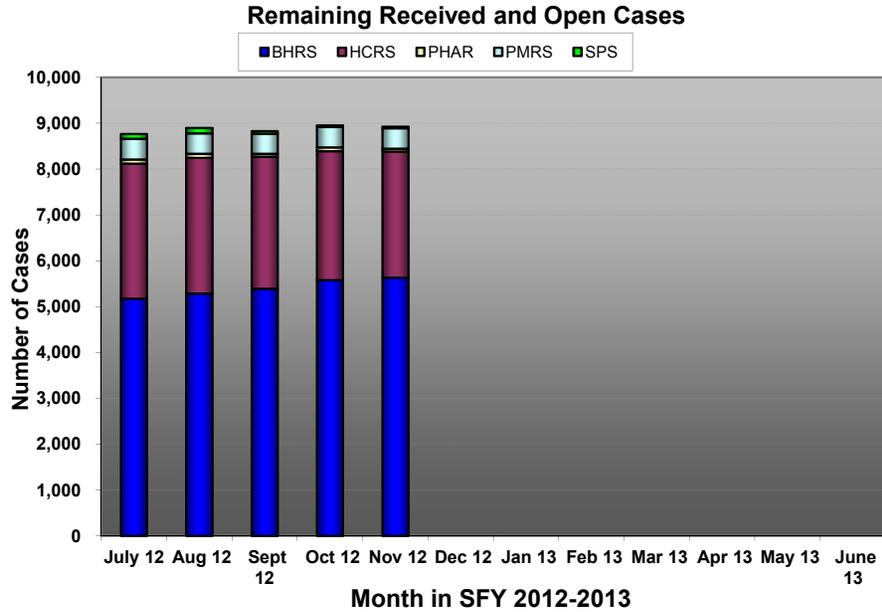
Expected Dollars by Section: includes vendor activities

	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
BHRS	\$13,813,490	\$9,429,087	\$6,631,256	\$6,864,593	\$107,184	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36,845,610
PMRS	\$612,696	\$416,530	\$36,905	\$12,805	\$1,844,228	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$2,923,165
PHAR	\$21,860	\$32,123	\$71,809	\$79,725	\$123,269	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$328,786
HCRS	\$10,311,646	\$10,944,507	\$9,753,340	\$8,505,292	\$593,044	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$40,107,829
SPS	\$305	\$5,261	\$2,303	\$12,821	\$89	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,780
Total	\$24,759,998	\$20,827,508	\$16,495,613	\$15,475,236	\$2,667,814	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$80,226,169

Number of Notices Sent: includes vendor activities



Case Activity: Program Integrity activity related to cases opened, closed and remaining open, including vendor activity

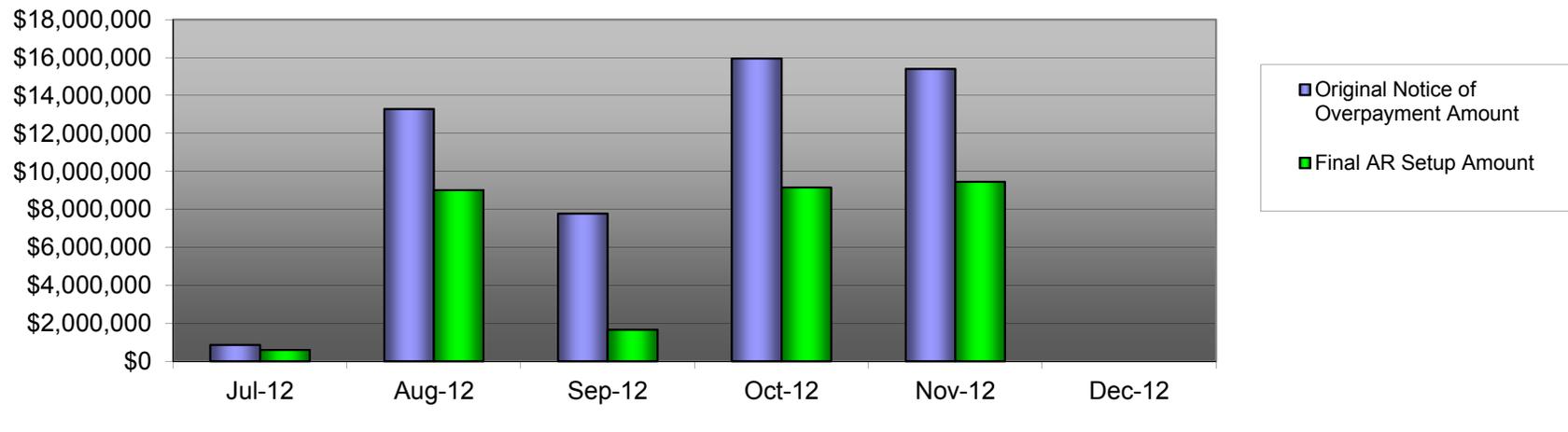


Case Information - Values

		12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
Opened	BHRM	10	11	16	10	13	0	0	0	0	0	0	0	60
	HCRS	36	31	38	29	16	0	0	0	0	0	0	0	150
	PHAR	4	7	1	8	1	0	0	0	0	0	0	0	21
	PMRS	23	24	18	15	17	0	0	0	0	0	0	0	97
	SPS	17	4	11	1	14	0	0	0	0	0	0	0	47
	Total		90	77	84	63	61	0	0	0	0	0	0	0
Closed	BHRM	28	17	130	83	53	0	0	0	0	0	0	0	311
	HCRS	37	53	143	130	76	0	0	0	0	0	0	0	439
	PHAR	12	17	45	26	46	0	0	0	0	0	0	0	146
	PMRS	51	49	39	31	16	0	0	0	0	0	0	0	186
	SPS	25	26	77	16	14	0	0	0	0	0	0	0	158
	Total		153	162	434	286	205	0	0	0	0	0	0	0

Original Notice of Overpayment Amount vs Final AR Setup Amount: After the Notice of Overpayment is sent to a provider identifying an overpayment, the provider has the opportunity to appeal the identified overpayment. The accounts receivable (AR) setup amount refers to the final overpayment after the final agency decision is completed

Original Notice of Overpayment Amount vs AR Setup Amount for same case:
Based on original TNO amount for AR Setups completed in each month

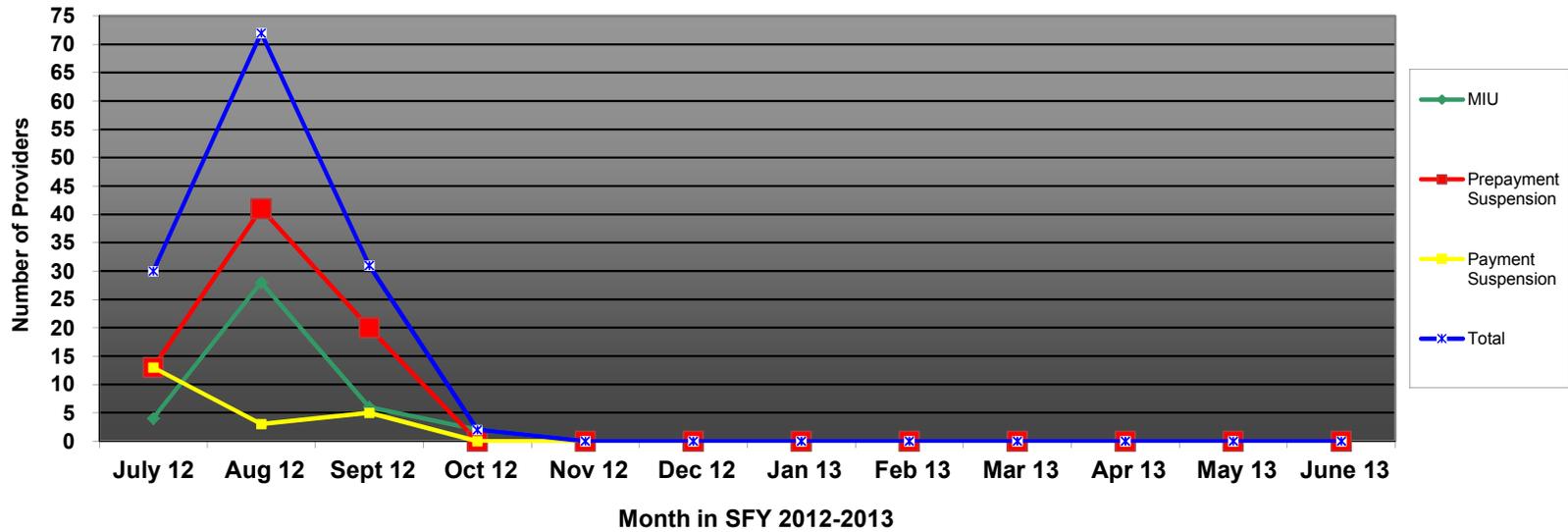


	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	Total
Original Notice of Overpayment Amount	\$854,413	\$13,291,250	\$7,778,964	\$15,951,308	\$15,405,143	\$0	\$53,281,079
Final AR Setup Amount	\$596,889	\$9,019,089	\$1,665,223	\$9,152,458	\$9,447,360	\$0	\$29,881,019
Change in Amount	\$257,524	\$4,272,161	\$6,113,741	\$6,798,851	\$5,957,783	\$0	\$23,400,060

*note: Original Notice of overpayment amount is displayed the same month that the final AR Setup is generated, not the month that the notice of overpayment was initially sent to a provider. Only the Notice of Overpayment amount for final AR Setups generated each month is displayed in the same month as the final AR Setup amount. Tracking begun January 2012

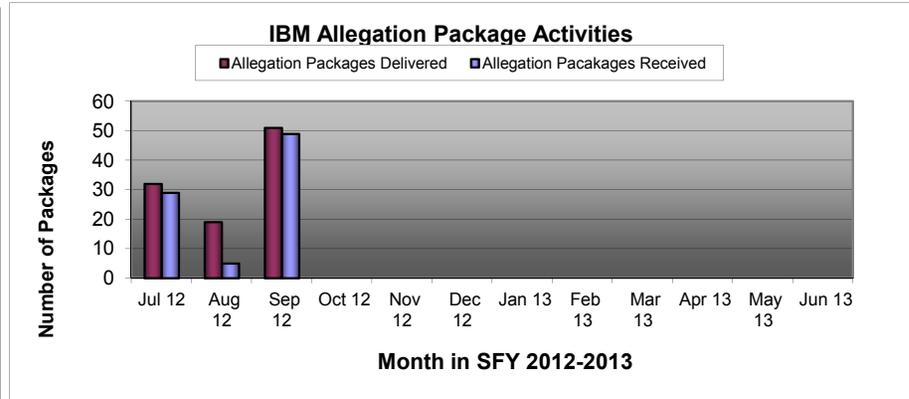
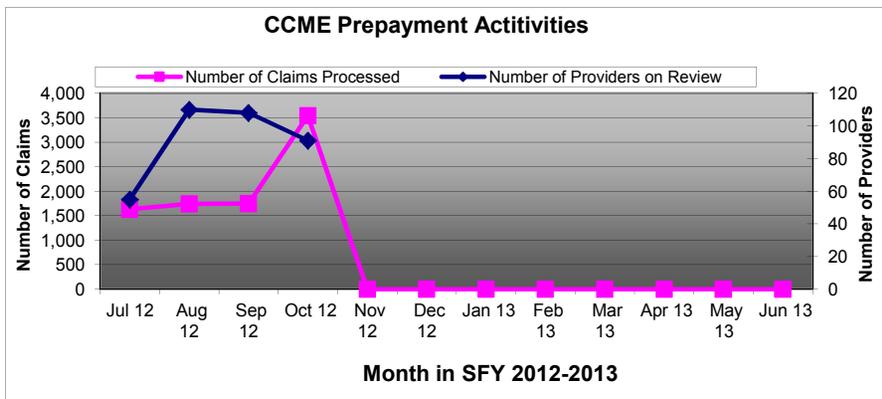
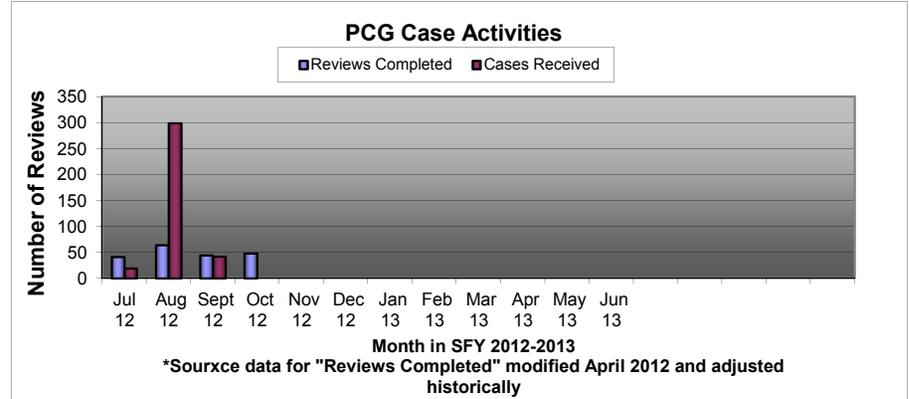
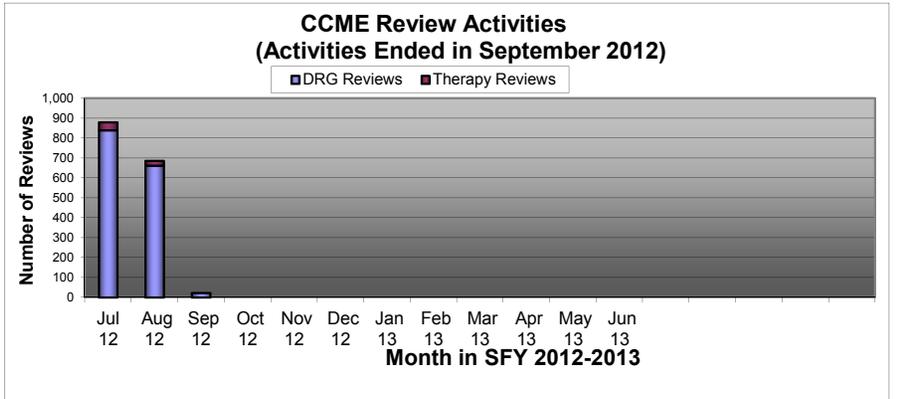
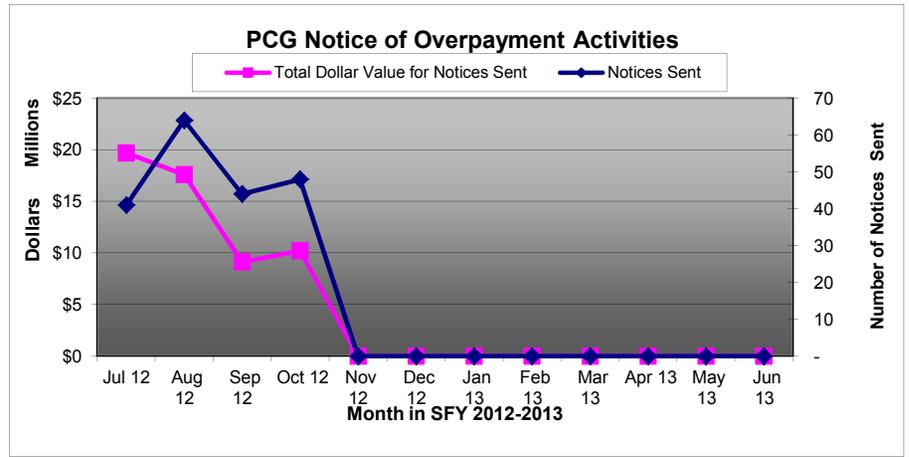
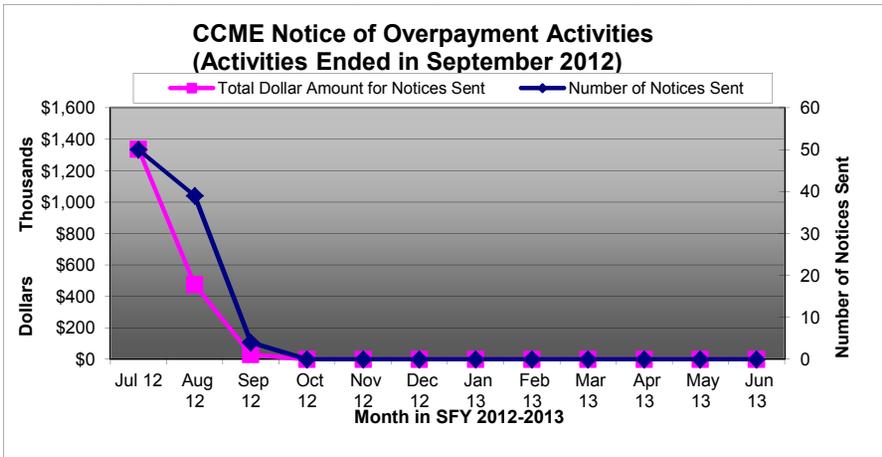
Referral and Suspension Information: Providers referred to external organizations for prepayment suspension and criminal investigation, or placed on payment suspension by Program Integrity

Number of providers referred or suspended per month



	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>MIU</u>	4	28	6	2	0	0	0	0	0	0	0	0	40
<u>Payment Suspension</u>	13	3	5	0	0	0	0	0	0	0	0	0	21
<u>Prepayment Suspension</u>	13	41	20	0	0	0	0	0	0	0	0	0	74
<u>Total</u>	30	72	31	2	0	0	0	0	0	0	0	0	135

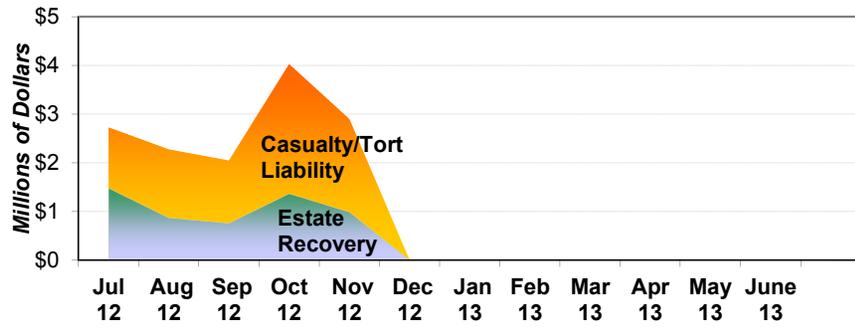
Vendor Activities: PI contracts vendors for post-payment review (PCG and CCME), prepayment review (CCME), and data analysis (IBM)



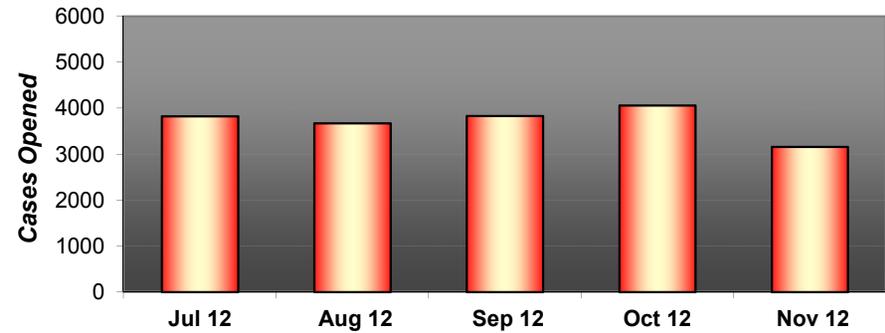
Third Party Recovery

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

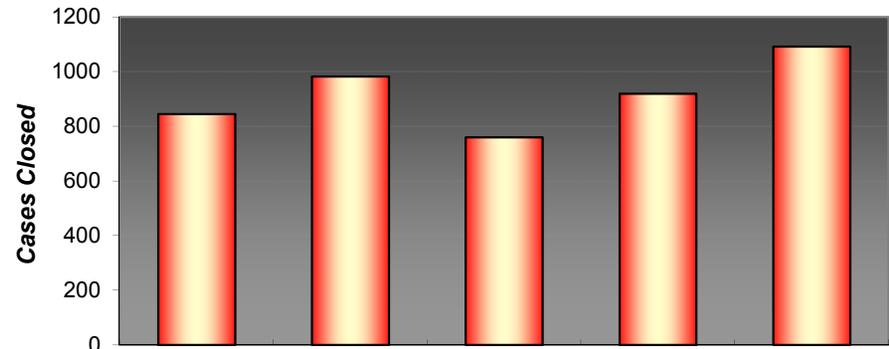
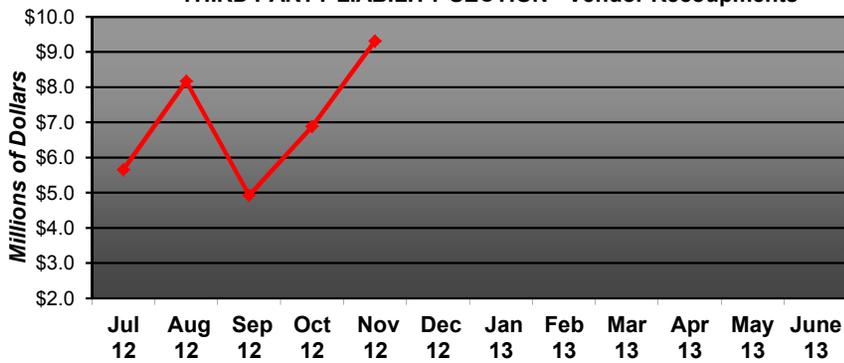
Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



THIRD PARTY LIABILITY SECTION - Vendor Recoupmnts

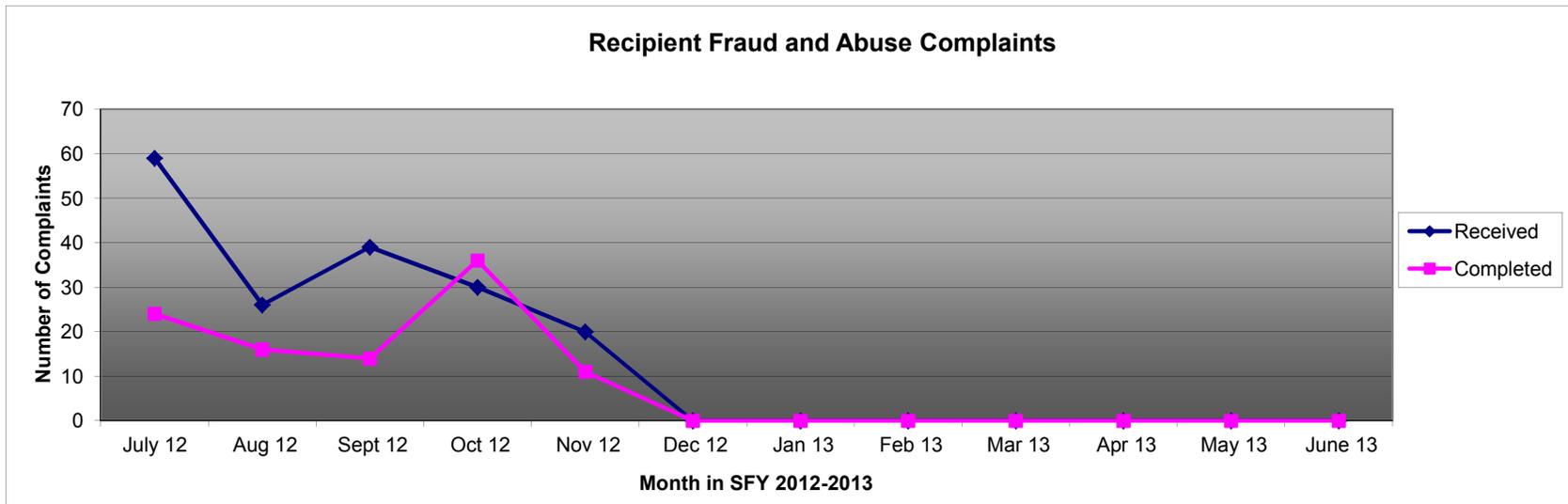
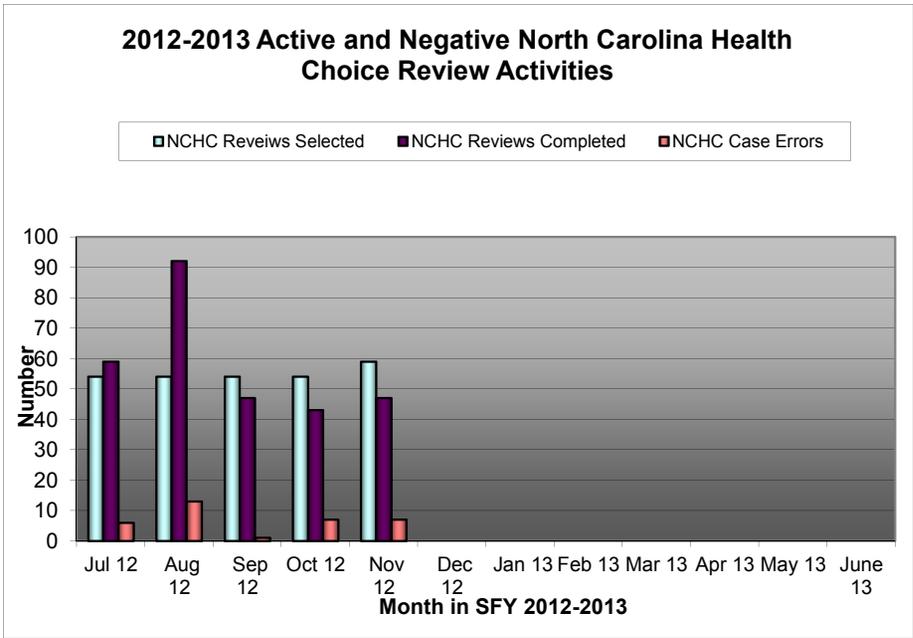
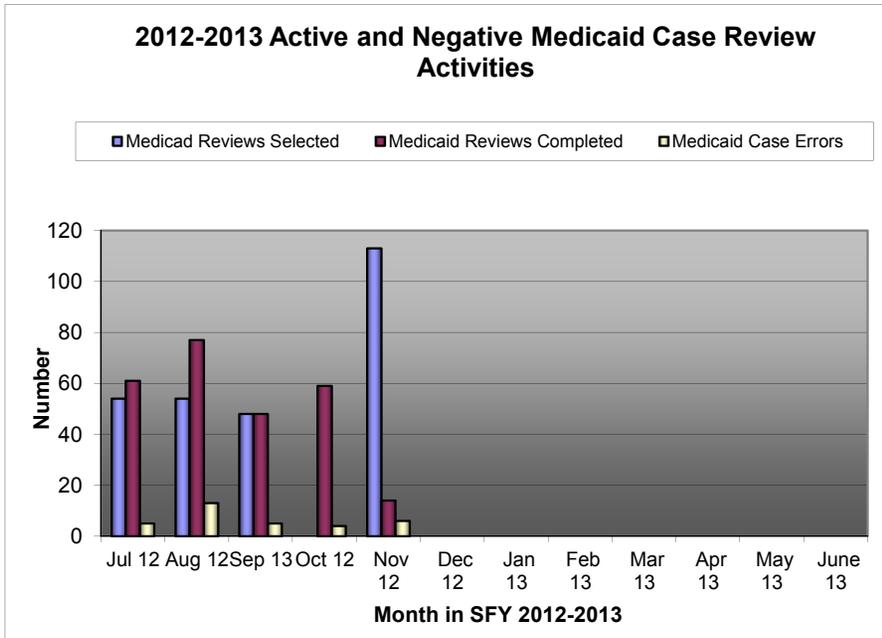


Month in SFY 2012-2013

Month in SFY 2012-2013

Quality Assurance Section

Quality Assurance Activities: Program Integrity Quality Assurance section reviews Medicaid Recipients cases for potential overpayment and Medicaid eligibility



*Calculation modified beginning February 2012 and applied historically

Program Integrity

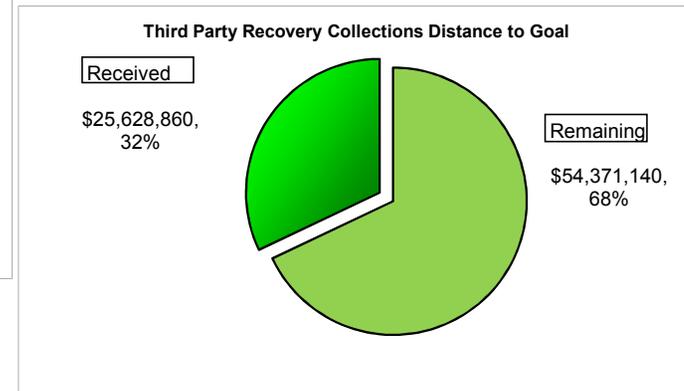
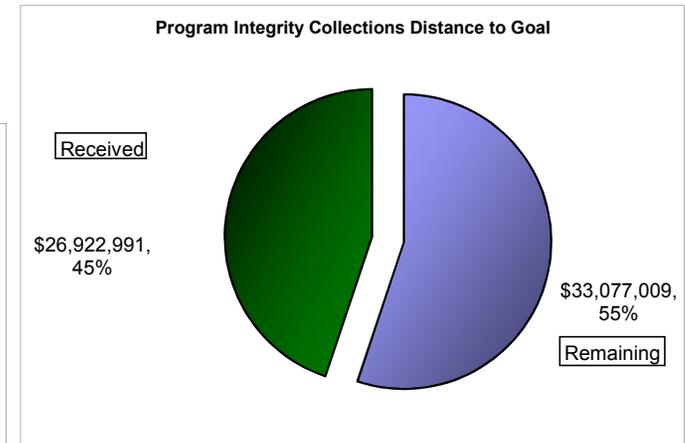
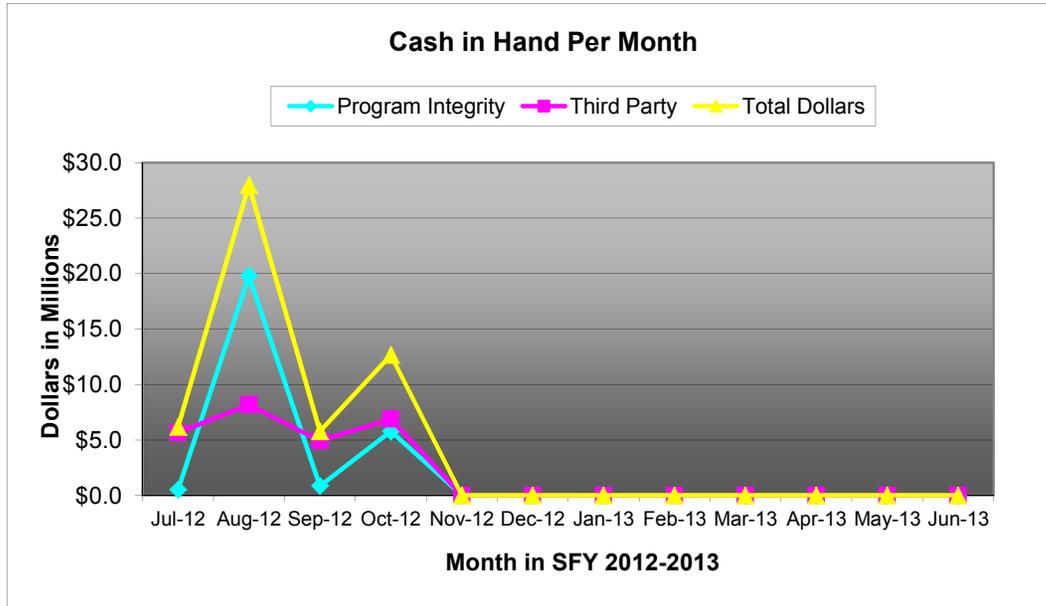


Monthly Report

Report Month: October 2012

Investigations

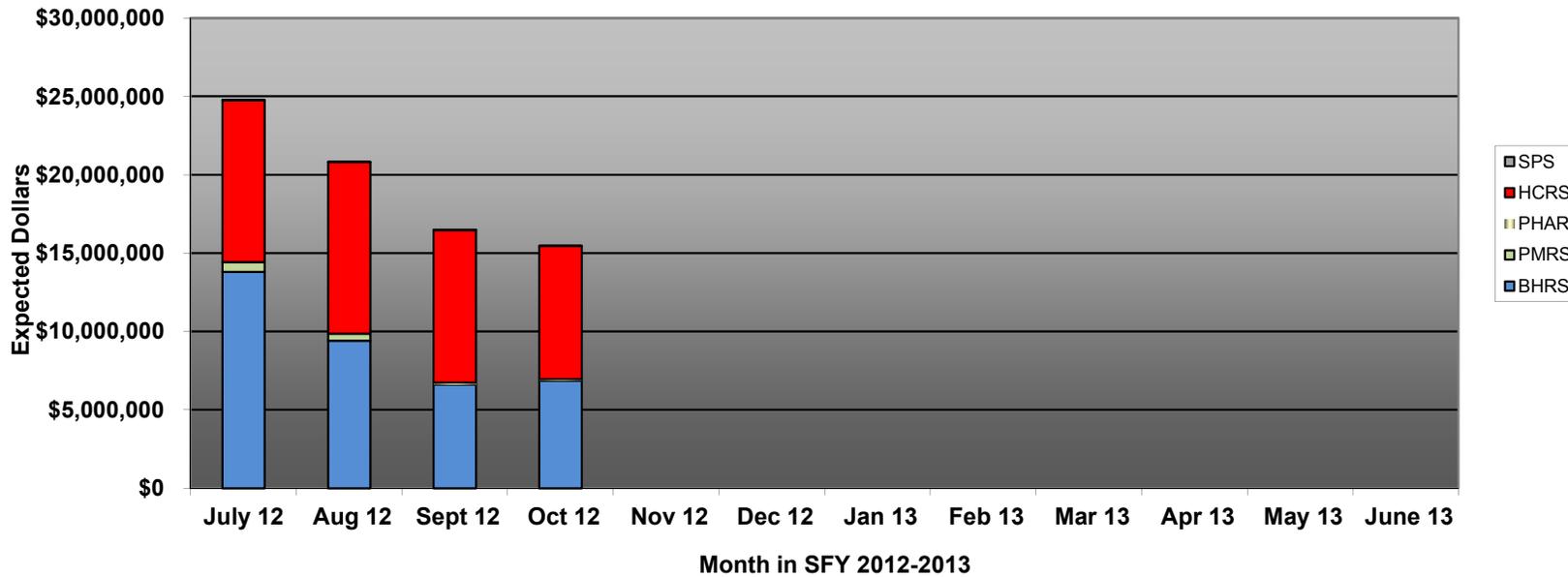
Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits



Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities														
	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>YTD Total</u>	<u>Goals</u>
Controllers Office	\$498,063	\$19,803,592	\$848,921	\$5,772,414	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<u>\$26,922,991</u>	\$60,000,000
Third Party Recovery	\$5,653,269	\$8,167,032	\$4,926,988	\$6,881,572	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<u>\$25,628,860</u>	\$80,000,000
Totals	<u>\$6,151,332</u>	<u>\$27,970,624</u>	<u>\$5,775,909</u>	<u>\$12,653,986</u>	<u>\$0</u>	<u>\$52,551,851</u>								

Program Integrity Investigations: Overview of activities for overpayments identified. When an overpayment is identified, a notice of overpayment is sent to the

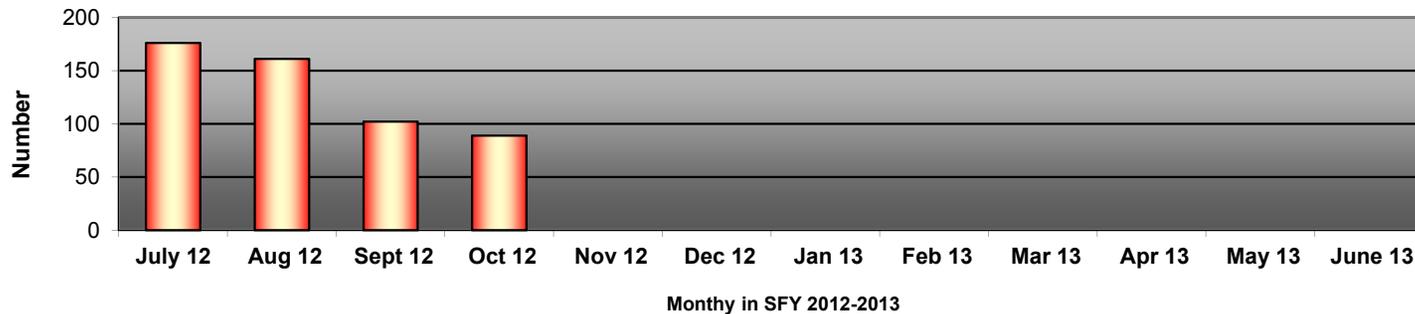
Expected Dollars from Notices of Overpayment Sent



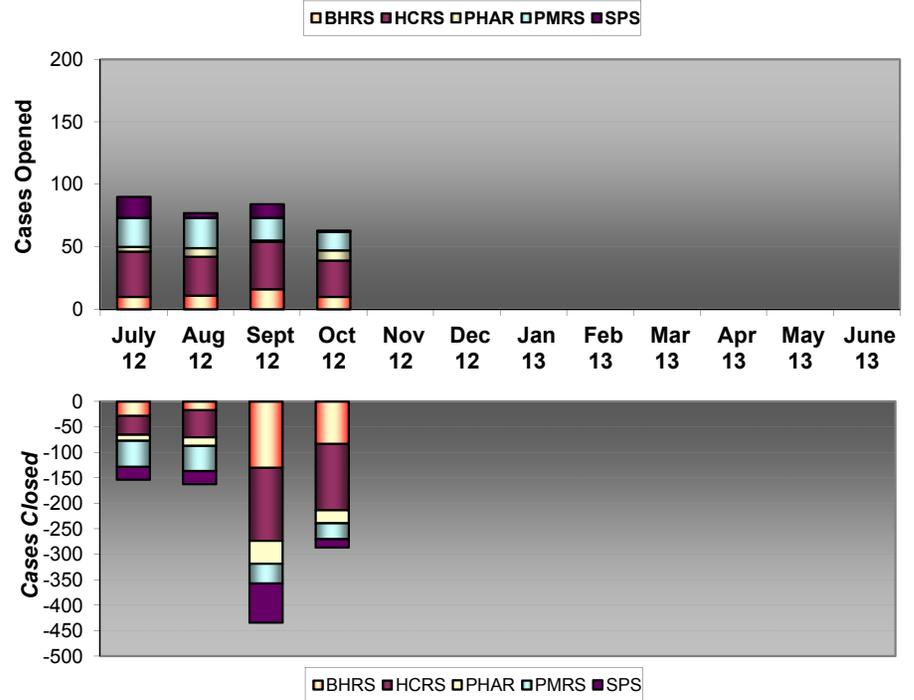
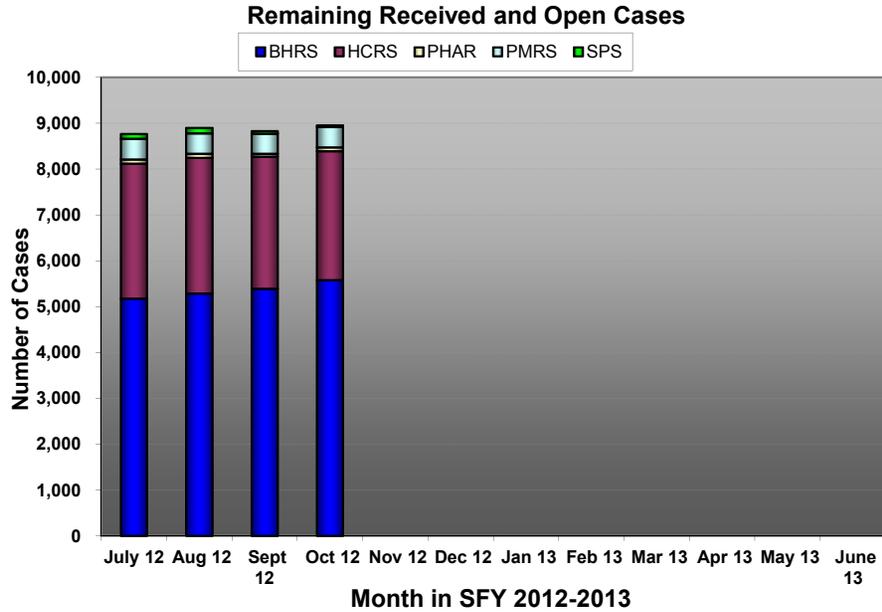
Expected Dollars by Section: includes vendor activities

	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
BHRS	\$13,813,490	\$9,429,087	\$6,631,256	\$6,864,593	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$36,738,426
PMRS	\$612,696	\$416,530	\$36,905	\$12,805	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,078,936
PHAR	\$21,860	\$32,123	\$71,809	\$79,725	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$205,518
HCRS	\$10,311,646	\$10,944,507	\$9,753,340	\$8,505,292	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$39,514,785
SPS	\$305	\$5,261	\$2,303	\$12,821	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$20,690
Total	\$24,759,998	\$20,827,508	\$16,495,613	\$15,475,236	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$77,558,356

Number of Notices Sent: includes vendor activities



Case Activity: Program Integrity activity related to cases opened, closed and remaining open, including vendor activity

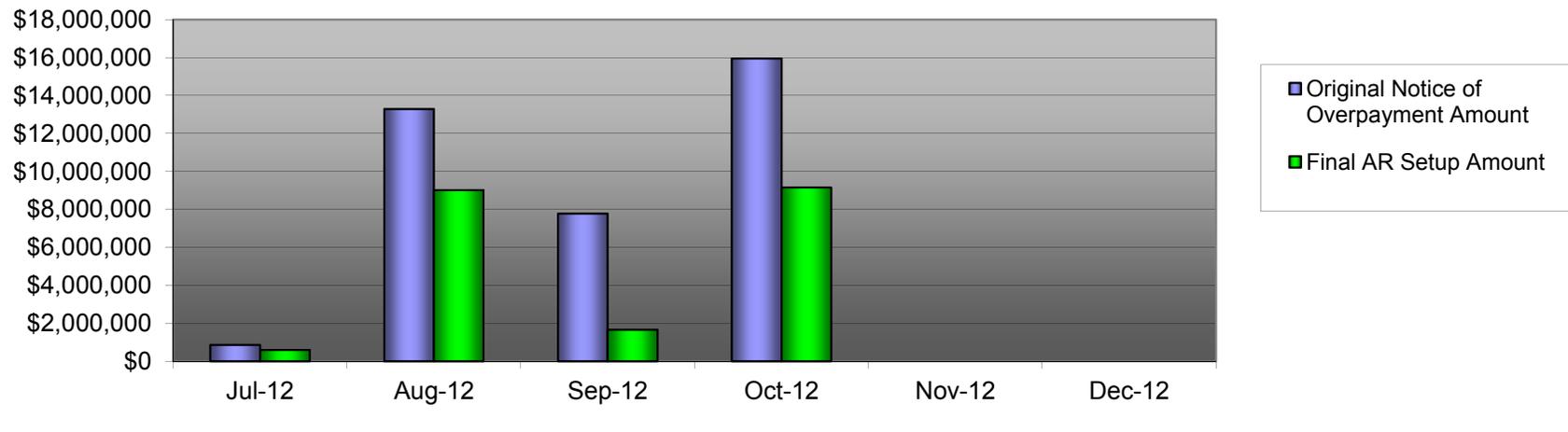


Case Information - Values

		12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
Opened	BHRS	10	11	16	10	0	0	0	0	0	0	0	0	47
	HCRS	36	31	38	29	0	0	0	0	0	0	0	0	134
	PHAR	4	7	1	8	0	0	0	0	0	0	0	0	20
	PMRS	23	24	18	15	0	0	0	0	0	0	0	0	80
	SPS	17	4	11	1	0	0	0	0	0	0	0	0	33
	Total	90	77	84	63	0	314							
Closed	BHRS	28	17	130	83	0	0	0	0	0	0	0	0	258
	HCRS	37	53	143	130	0	0	0	0	0	0	0	0	363
	PHAR	12	17	45	26	0	0	0	0	0	0	0	0	100
	PMRS	51	49	39	31	0	0	0	0	0	0	0	0	170
	SPS	25	26	77	16	0	0	0	0	0	0	0	0	144
	Total	153	162	434	286	0	1035							

Original Notice of Overpayment Amount vs Final AR Setup Amount: After the Notice of Overpayment is sent to a provider identifying an overpayment, the provider has the opportunity to appeal the identified overpayment. The accounts receivable (AR) setup amount refers to the final overpayment after the final agency decision is completed

Original Notice of Overpayment Amount vs AR Setup Amount for same case:
Based on original TNO amount for AR Setups completed in each month

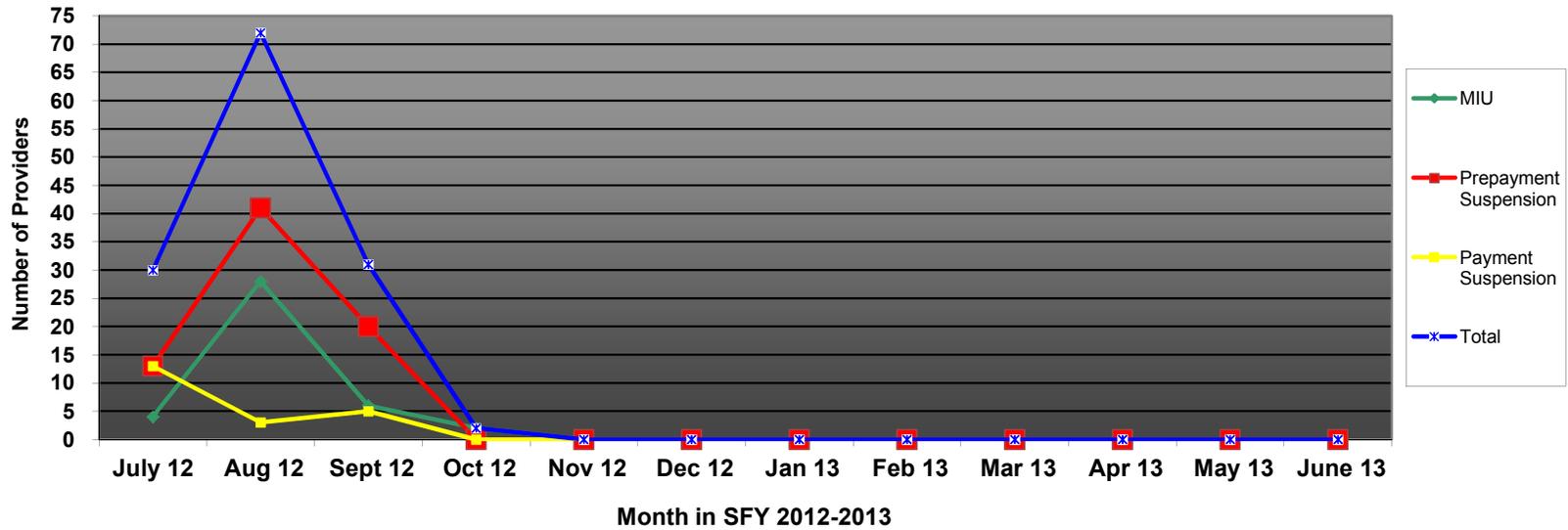


	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	Total
Original Notice of Overpayment Amount	\$854,413	\$13,291,250	\$7,778,964	\$15,951,308	\$0	\$0	\$37,875,935
Final AR Setup Amount	\$596,889	\$9,019,089	\$1,665,223	\$9,152,458	\$0	\$0	\$20,433,659
Change in Amount	\$257,524	\$4,272,161	\$6,113,741	\$6,798,851	\$0	\$0	\$17,442,276

*note: Original Notice of overpayment amount is displayed the same month that the final AR Setup is generated, not the month that the notice of overpayment was initially sent to a provider. Only the Notice of Overpayment amount for final AR Setups generated each month is displayed in the same month as the final AR Setup amount. Tracking begun January 2012

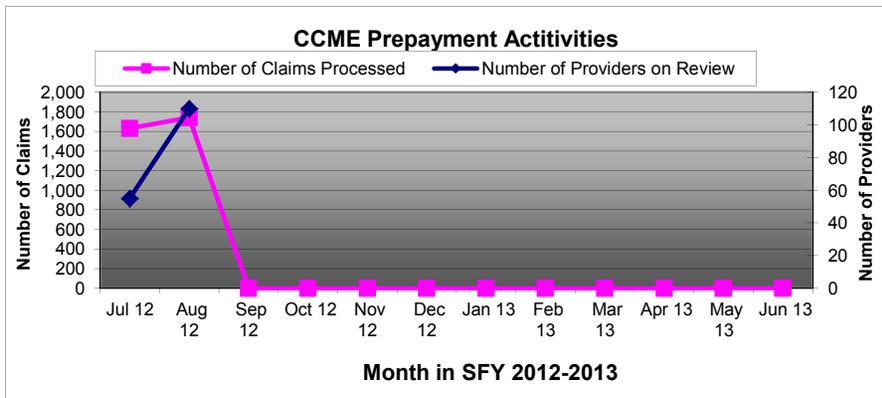
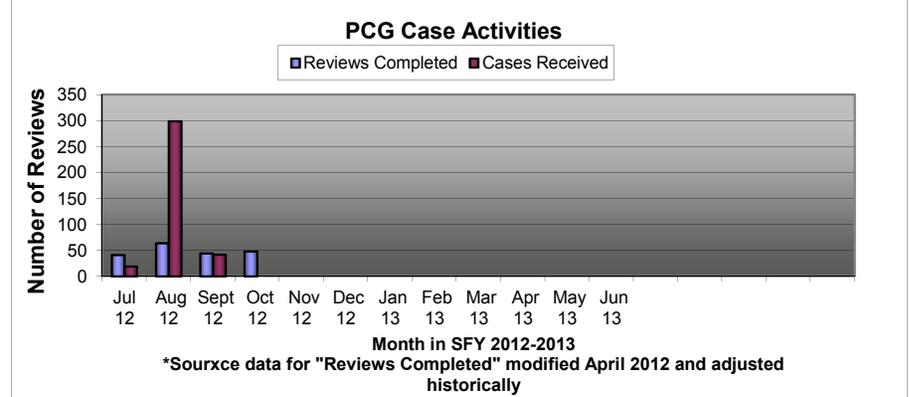
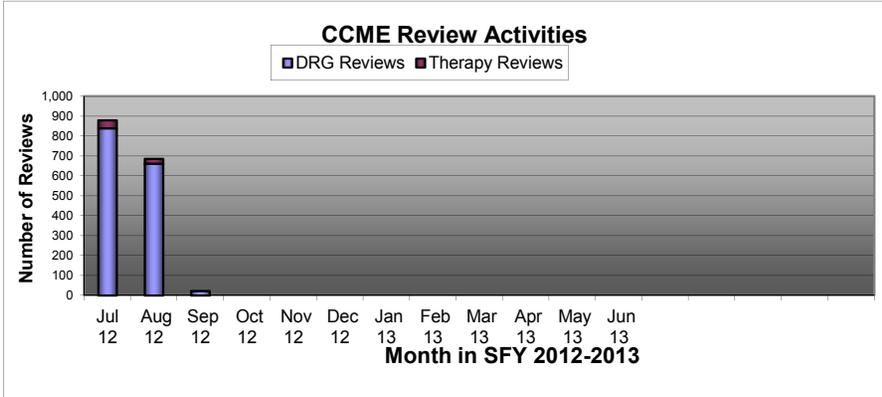
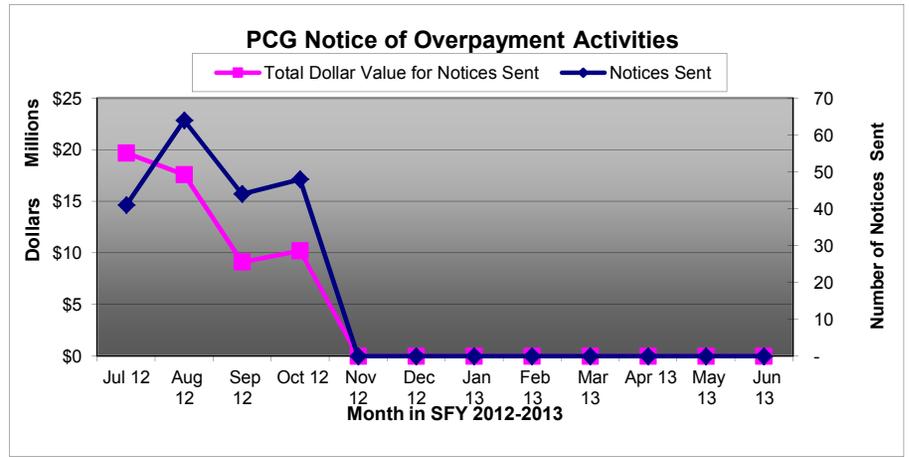
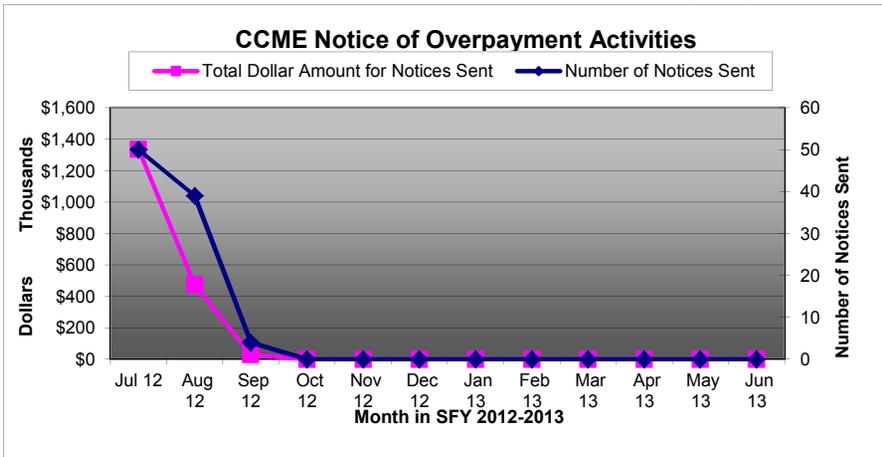
Referral and Suspension Information: Providers referred to external organizations for prepayment suspension and criminal investigation, or placed on payment suspension by Program Integrity

Number of providers referred or suspended per month



	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>MIU</u>	4	28	6	2	0	0	0	0	0	0	0	0	40
<u>Payment Suspension</u>	13	3	5	0	0	0	0	0	0	0	0	0	21
<u>Prepayment Suspension</u>	13	41	20	0	0	0	0	0	0	0	0	0	74
<u>Total</u>	30	72	31	2	0	0	0	0	0	0	0	0	135

Vendor Activities: PI contracts vendors for post-payment review (PCG and CCME), prepayment review (CCME), and data analysis (IBM)



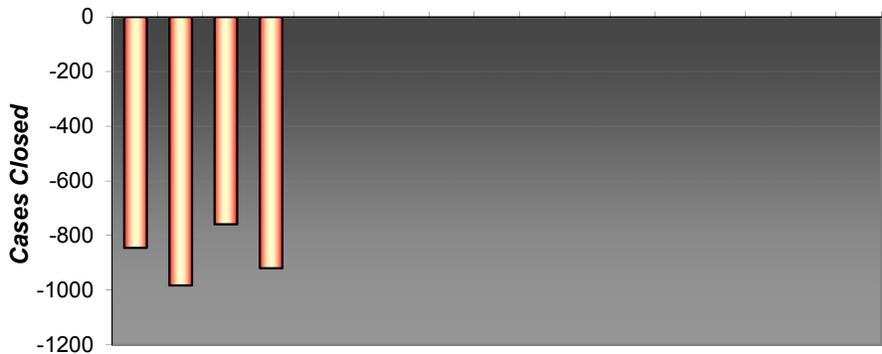
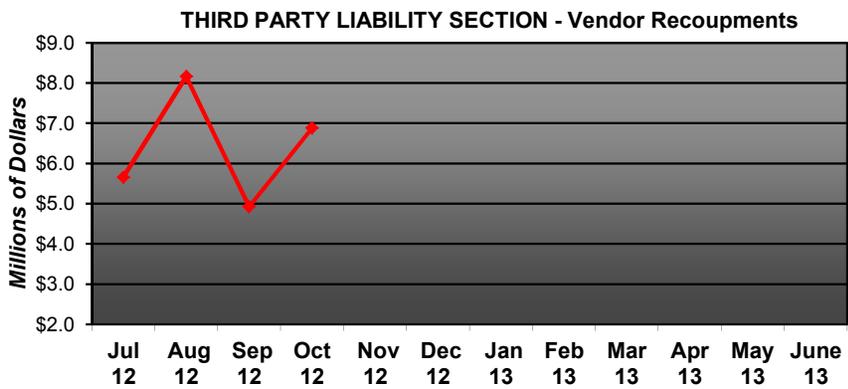
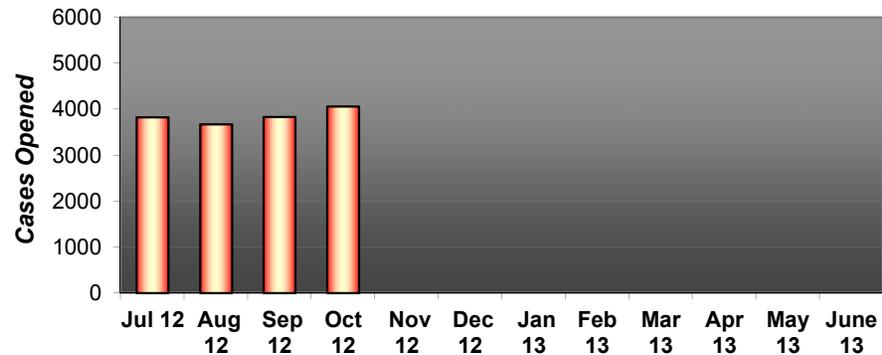
Third Party Recovery

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed

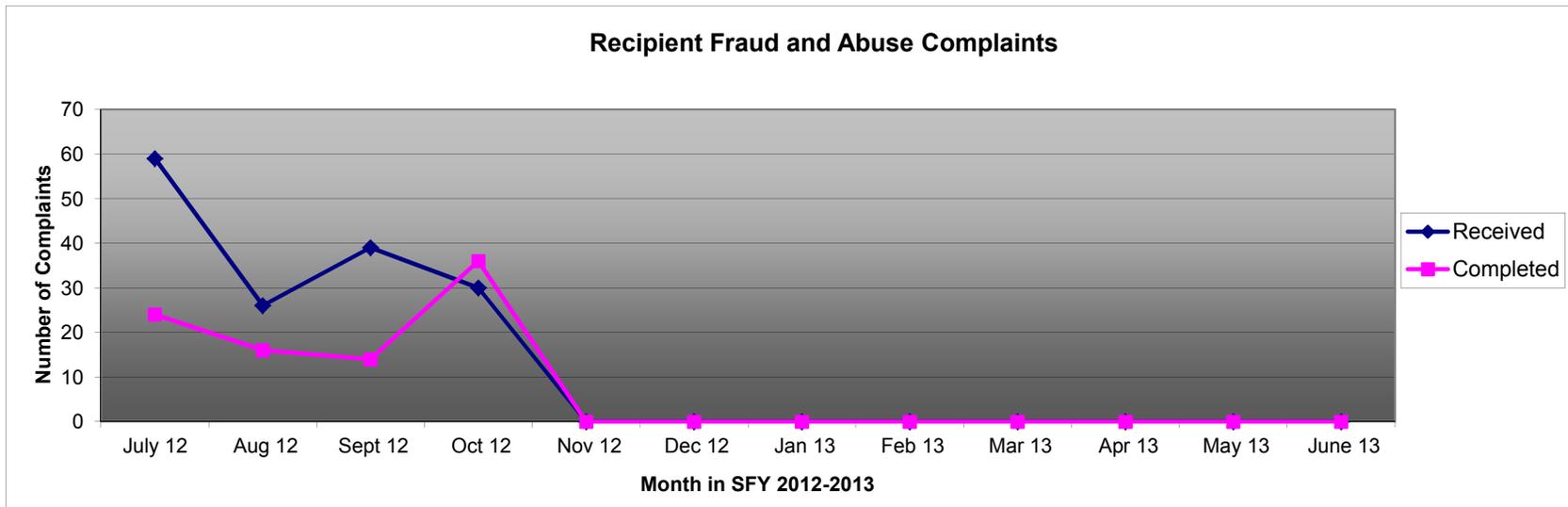
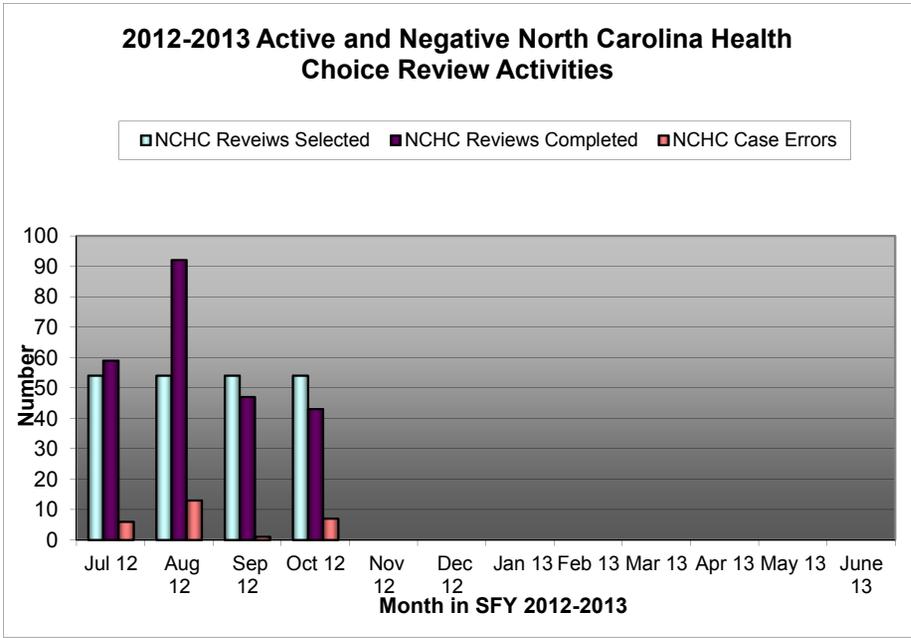
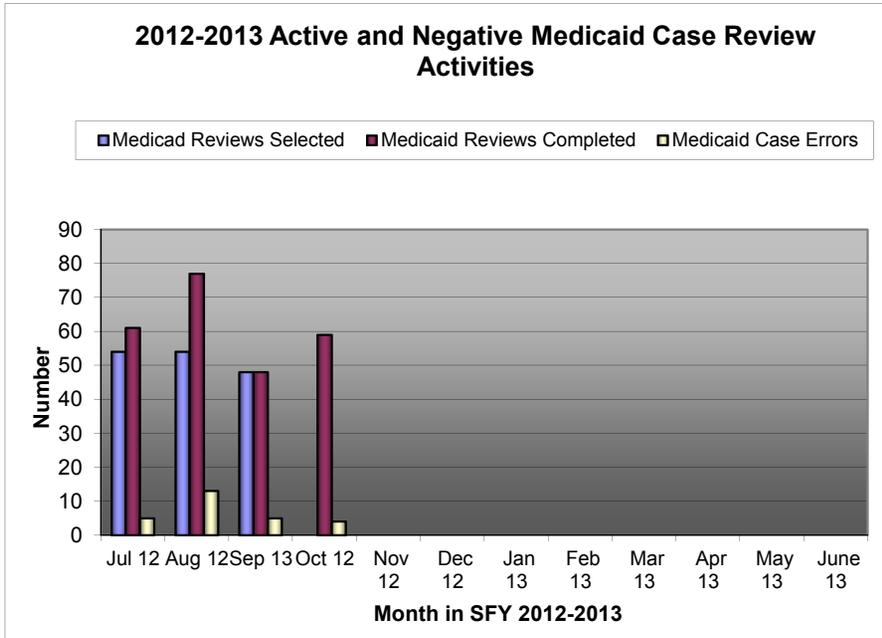


Month in SFY 2012-2013

Month in SFY 2012-2013

Quality Assurance Section

Quality Assurance Activities: Program Integrity Quality Assurance section reviews Medicaid Recipients cases for potential overpayment and Medicaid eligibility



*Calculation modified beginning February 2012 and applied historically

Program Integrity

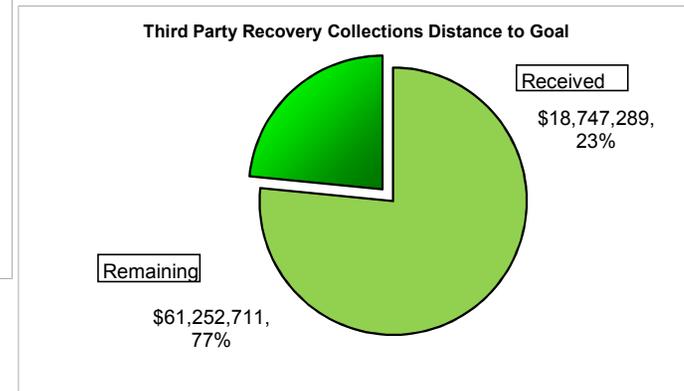
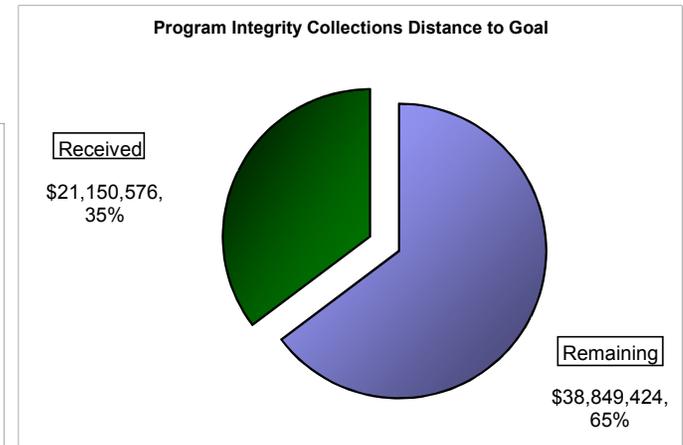
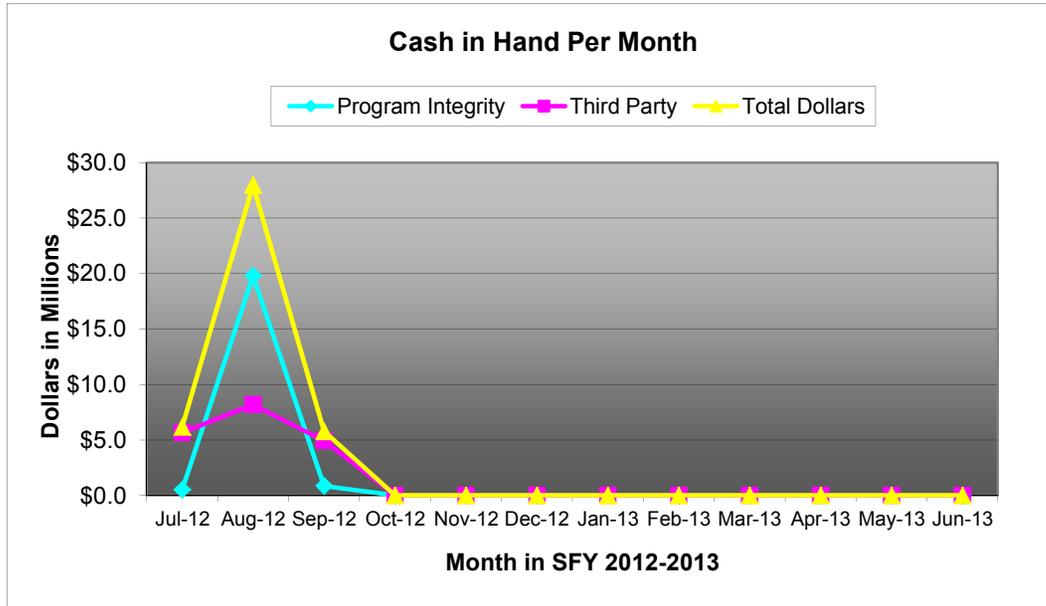


Monthly Report

Report Month: September 2012

Investigations

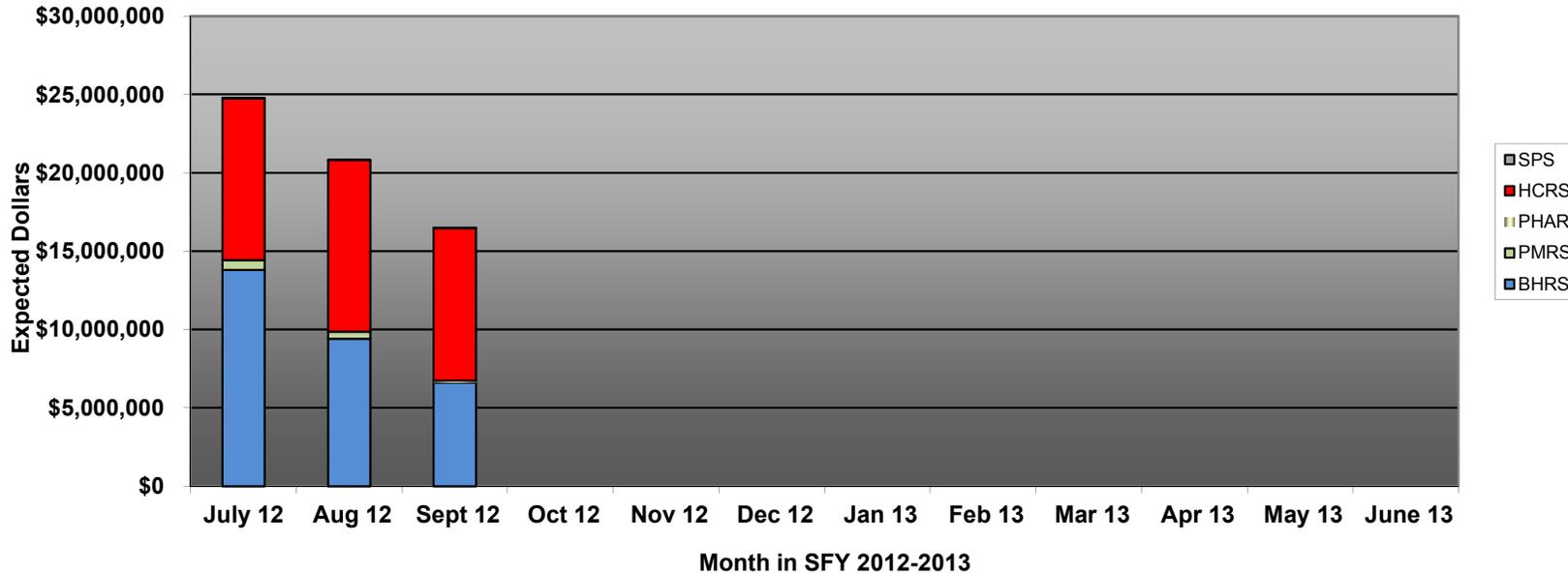
Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits



Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities														
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD Total	Goals
Controllers Office	\$498,063	\$19,803,592	\$848,921	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,150,576	\$60,000,000
Third Party Recovery	\$5,653,269	\$8,167,032	\$4,926,988	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$18,747,289	\$80,000,000
Totals	\$6,151,332	\$27,970,624	\$5,775,909	\$0	\$39,897,865									

Program Integrity Investigations: Overview of activities for overpayments identified. When an overpayment is identified, a notice of overpayment is sent to the

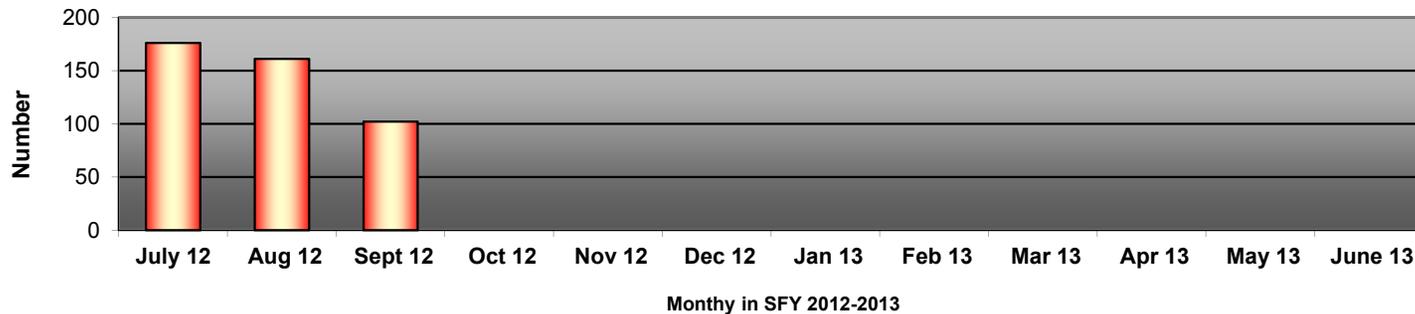
Expected Dollars from Notices of Overpayment Sent



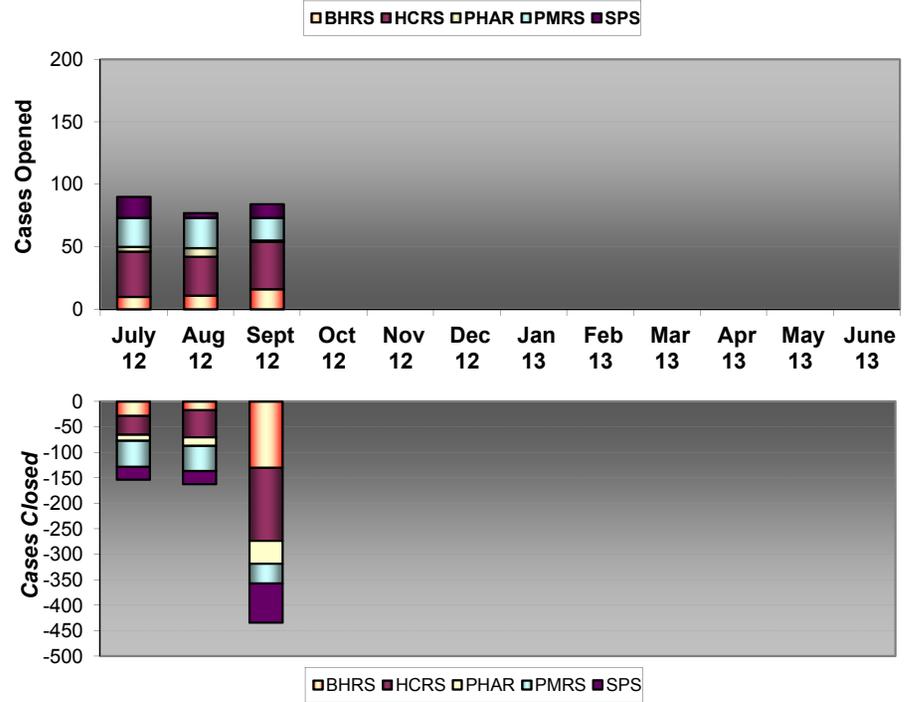
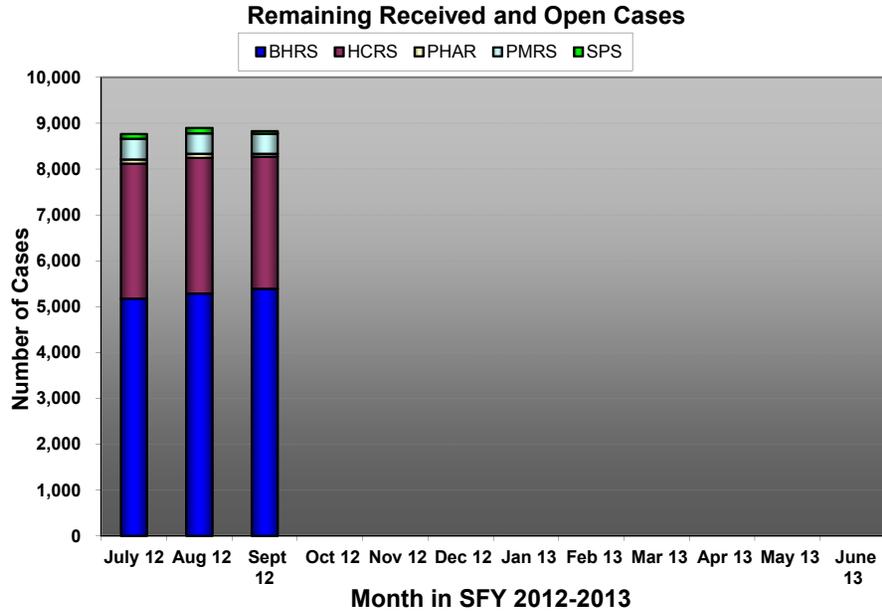
Expected Dollars by Section: includes vendor activities

	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>BHRS</u>	\$13,813,490	\$9,429,087	\$6,631,256	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$29,873,833
<u>PMRS</u>	\$612,696	\$416,530	\$36,905	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,066,131
<u>PHAR</u>	\$21,860	\$32,123	\$71,809	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$125,793
<u>HCRS</u>	\$10,311,646	\$10,944,507	\$9,753,340	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$31,009,493
<u>SPS</u>	\$305	\$5,261	\$2,303	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$7,869
<u>Total</u>	\$24,759,998	\$20,827,508	\$16,495,613	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$62,083,119

Number of Notices Sent: includes vendor activities



Case Activity: Program Integrity activity related to cases opened, closed and remaining open, including vendor activity

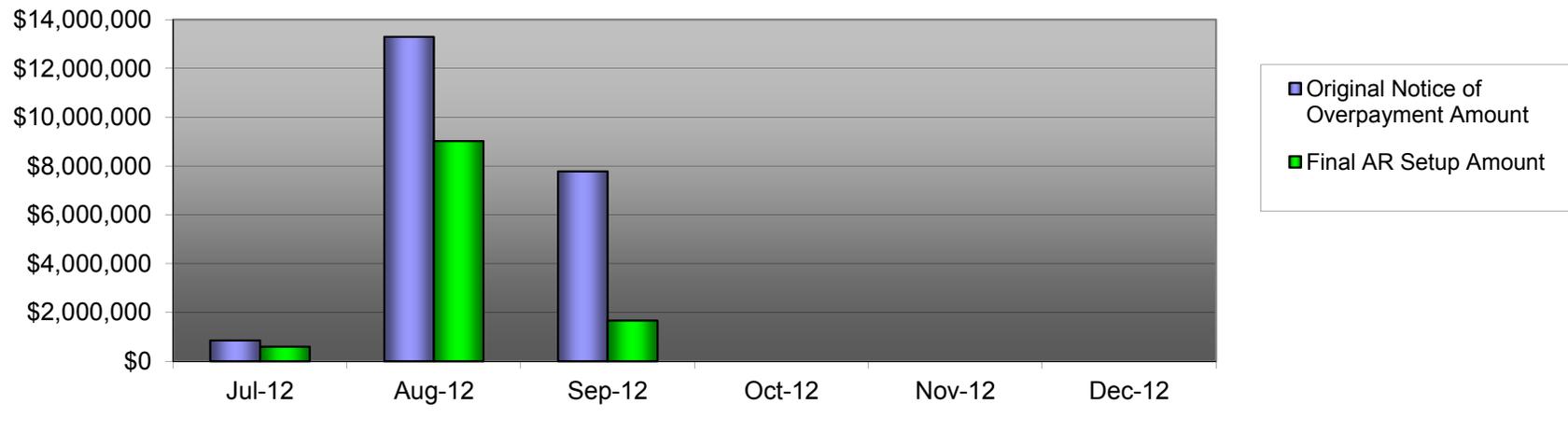


Case Information - Values

		12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
Opened	BHRS	10	11	16	0	0	0	0	0	0	0	0	0	37
	HCRS	36	31	38	0	0	0	0	0	0	0	0	0	105
	PHAR	4	7	1	0	0	0	0	0	0	0	0	0	12
	PMRS	23	24	18	0	0	0	0	0	0	0	0	0	65
	SPS	17	4	11	0	0	0	0	0	0	0	0	0	32
	Total		90	77	84	0	0	0	0	0	0	0	0	0
Closed	BHRS	28	17	130	0	0	0	0	0	0	0	0	0	175
	HCRS	37	53	143	0	0	0	0	0	0	0	0	0	233
	PHAR	12	17	45	0	0	0	0	0	0	0	0	0	74
	PMRS	51	49	39	0	0	0	0	0	0	0	0	0	139
	SPS	25	26	77	0	0	0	0	0	0	0	0	0	128
	Total		153	162	434	0	0	0	0	0	0	0	0	0

Original Notice of Overpayment Amount vs Final AR Setup Amount: After the Notice of Overpayment is sent to a provider identifying an overpayment, the provider has the opportunity to appeal the identified overpayment. The accounts receivable (AR) setup amount refers to the final overpayment after the final agency decision is completed

Original Notice of Overpayment Amount vs AR Setup Amount for same case:
Based on original TNO amount for AR Setups completed in each month

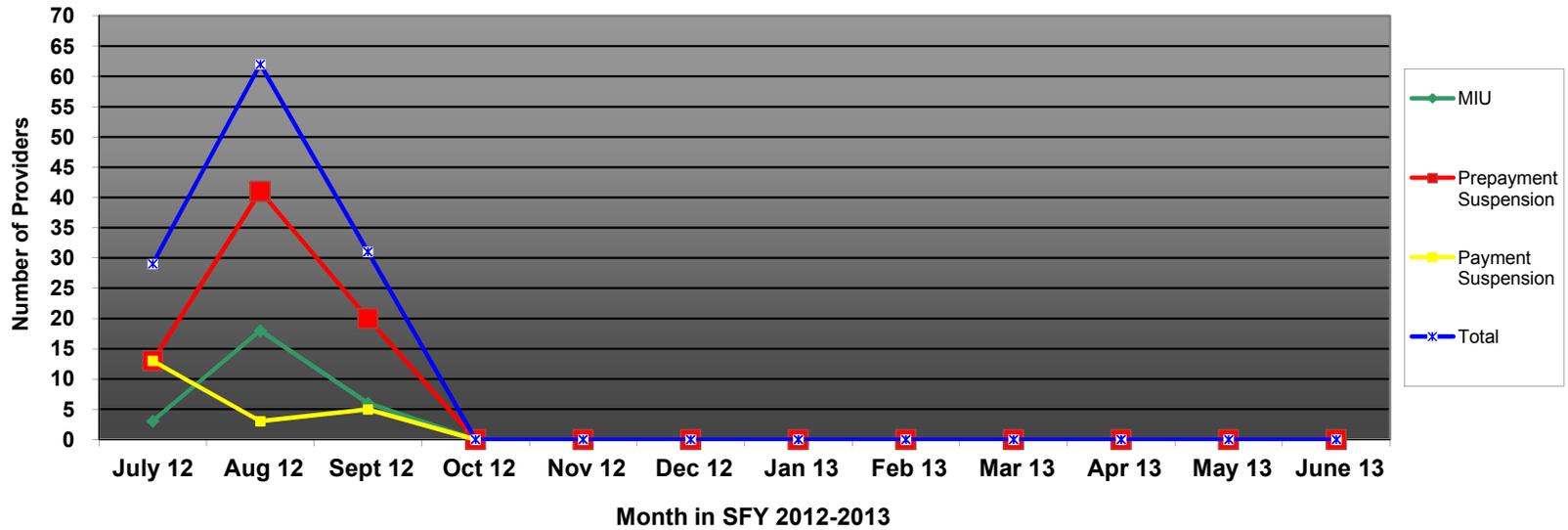


	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	Total
Original Notice of Overpayment Amount	\$854,413	\$13,291,250	\$7,778,964	\$0	\$0	\$0	\$21,924,627
Final AR Setup Amount	\$596,889	\$9,019,089	\$1,665,223	\$0	\$0	\$0	\$11,281,201
Change in Amount	\$257,524	\$4,272,161	\$6,113,741	\$0	\$0	\$0	\$10,643,426

*note: Original Notice of overpayment amount is displayed the same month that the final AR Setup is generated, not the month that the notice of overpayment was initially sent to a provider. Only the Notice of Overpayment amount for final AR Setups generated each month is displayed in the same month as the final AR Setup amount. Tracking begun January 2012

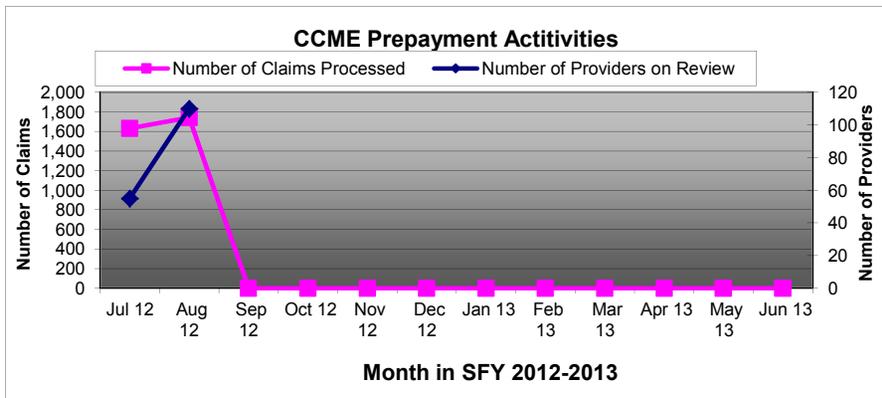
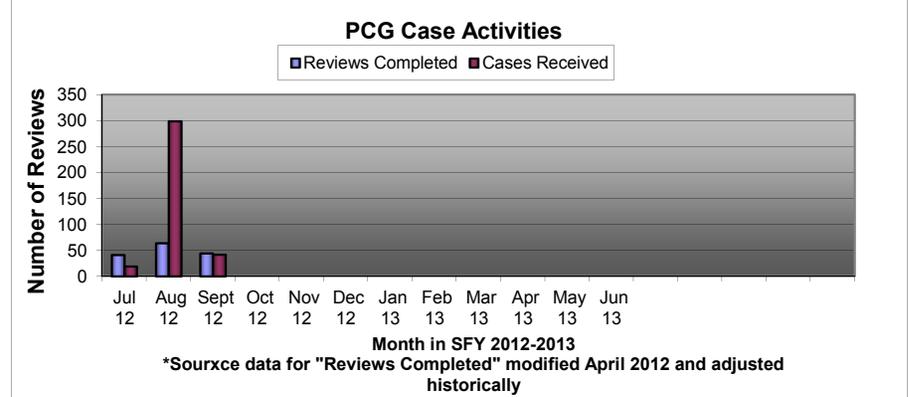
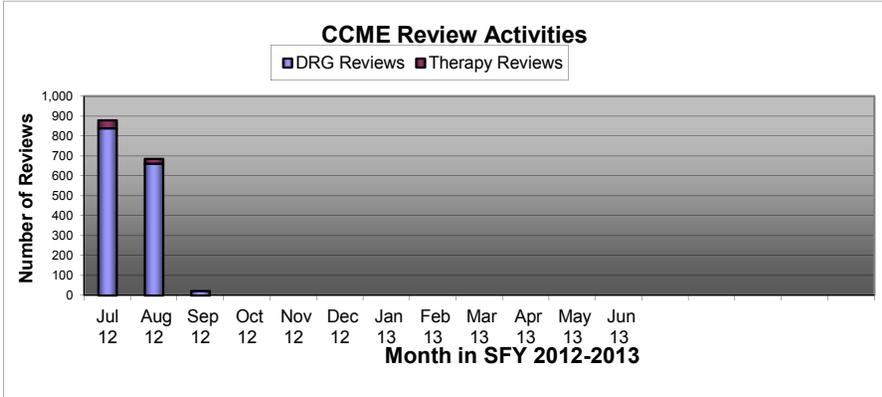
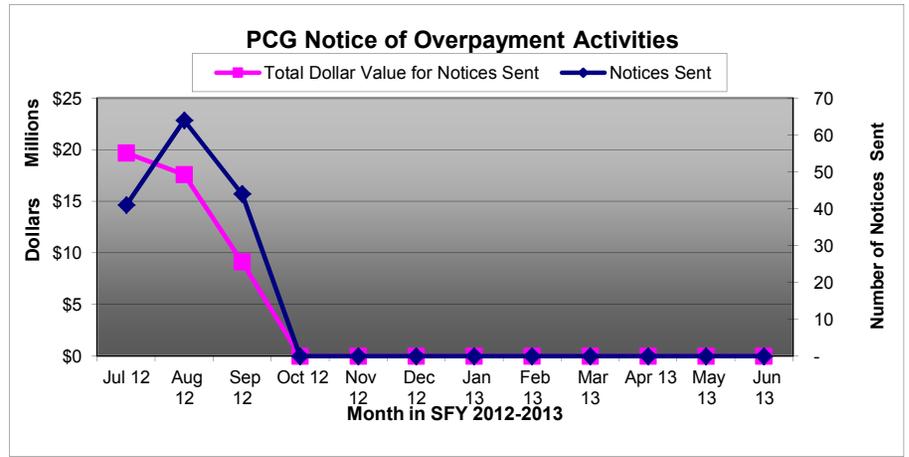
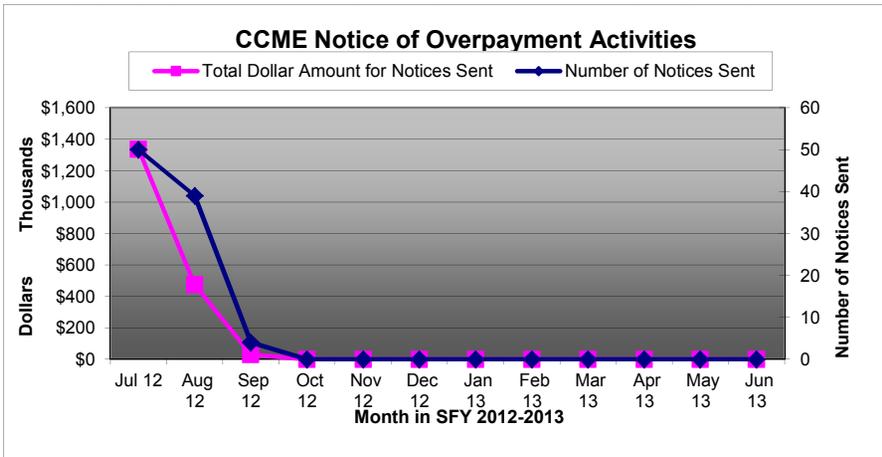
Referral and Suspension Information: Providers referred to external organizations for prepayment suspension and criminal investigation, or placed on payment suspension by Program Integrity

Number of providers referred or suspended per month



	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>MIU</u>	3	18	6	0	0	0	0	0	0	0	0	0	27
<u>Payment Suspension</u>	13	3	5	0	0	0	0	0	0	0	0	0	21
<u>Prepayment Suspension</u>	13	41	20	0	0	0	0	0	0	0	0	0	74
<u>Total</u>	29	62	31	0	0	0	0	0	0	0	0	0	122

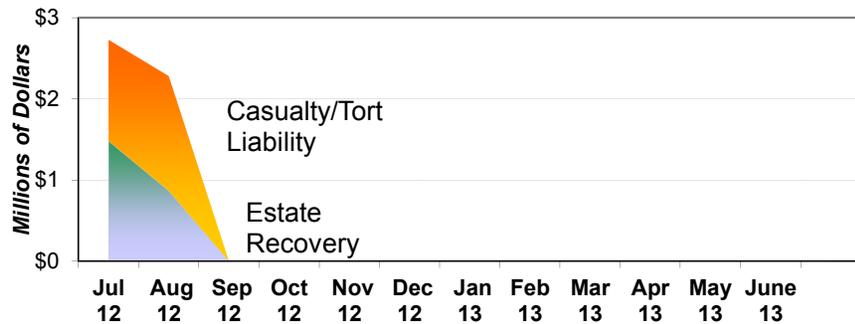
Vendor Activities: PI contracts vendors for post-payment review (PCG and CCME), prepayment review (CCME), and data analysis (IBM)



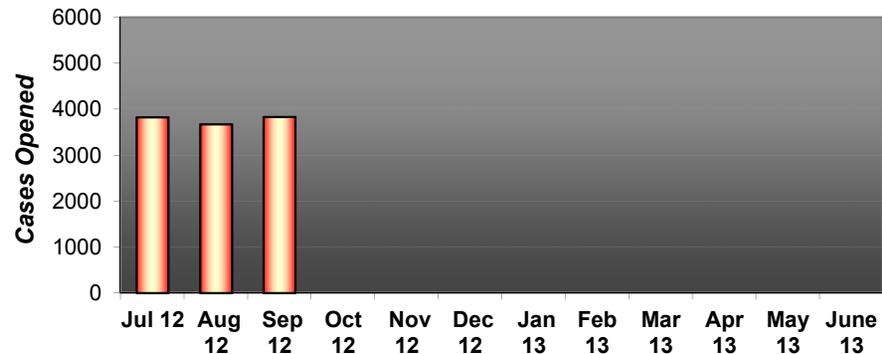
Third Party Recovery

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

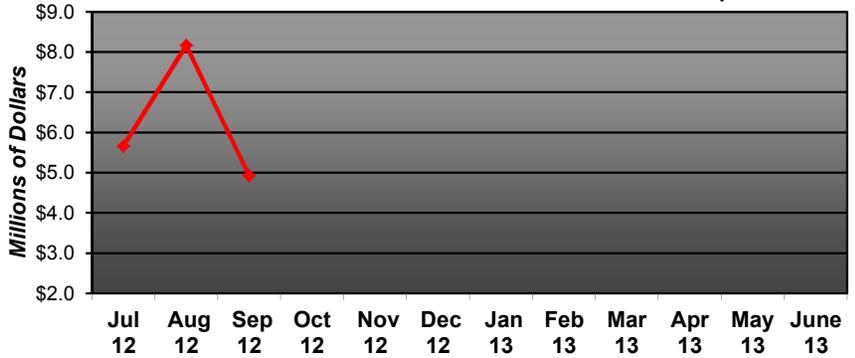
Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



THIRD PARTY LIABILITY SECTION - Vendor Recoupments

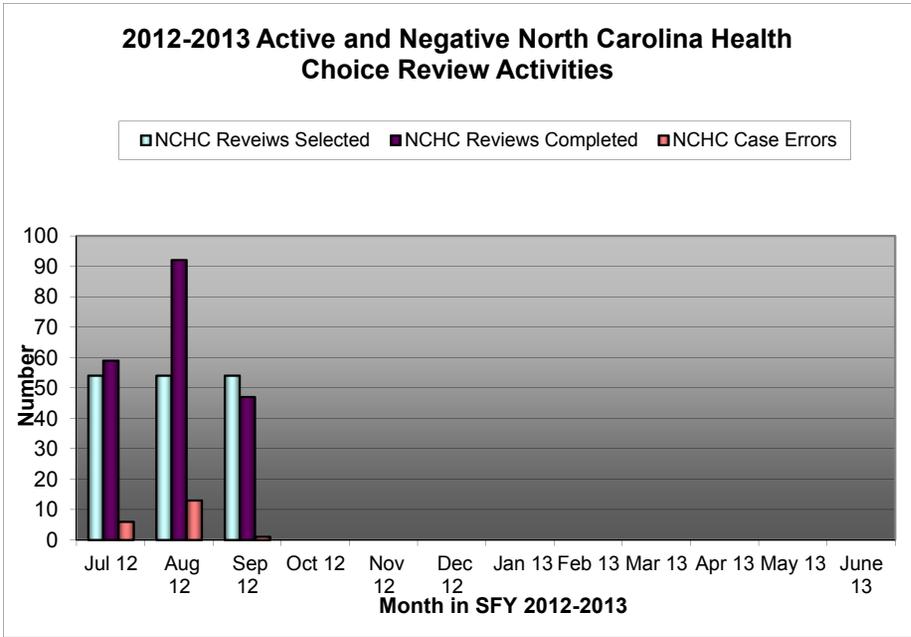
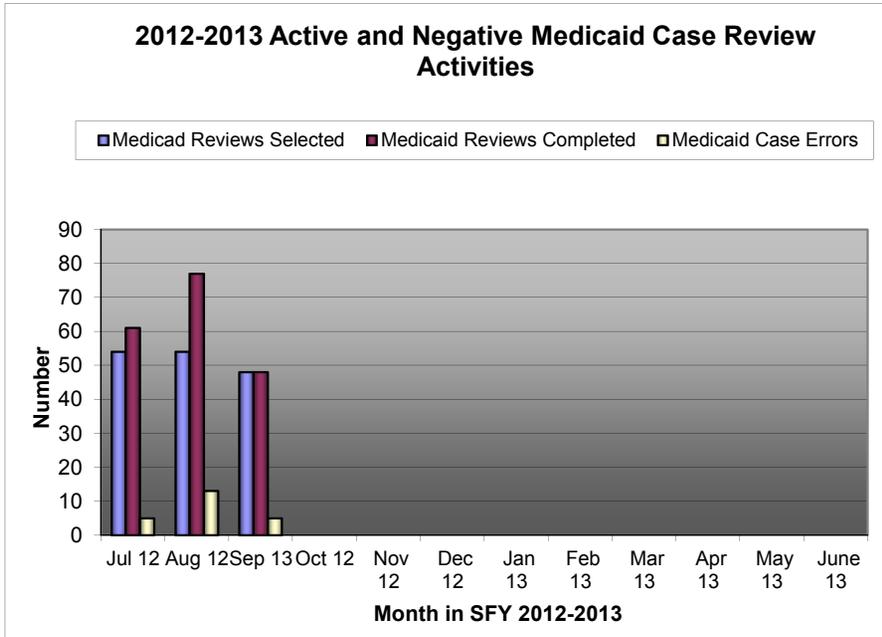


Month in SFY 2012-2013

Month in SFY 2012-2013

Quality Assurance Section

Quality Assurance Activities: Program Integrity Quality Assurance section reviews Medicaid Recipients cases for potential overpayment and Medicaid eligibility



*Calculation modified beginning February 2012 and applied historically

Program Integrity

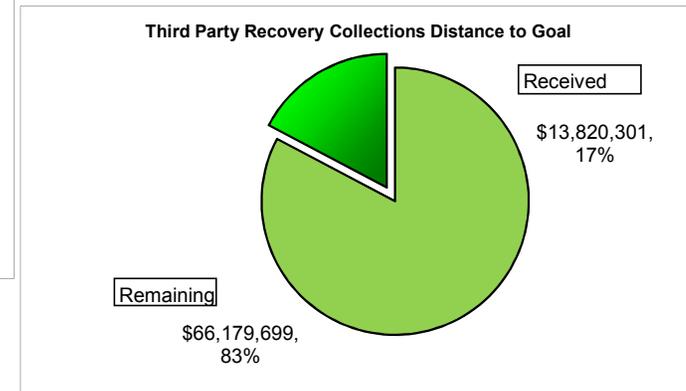
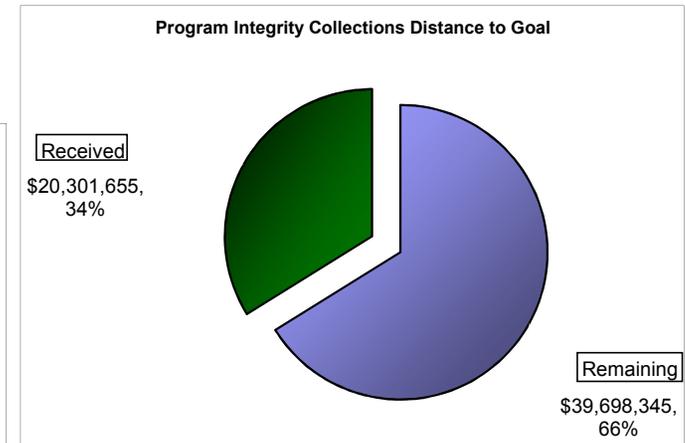
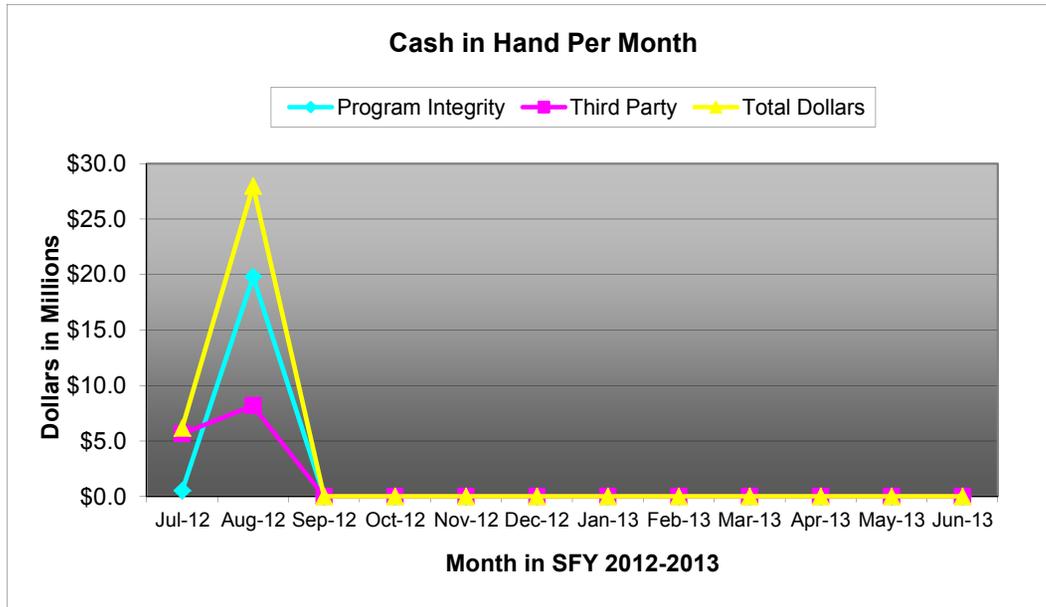


Monthly Report

Report Month: August 2012

Investigations

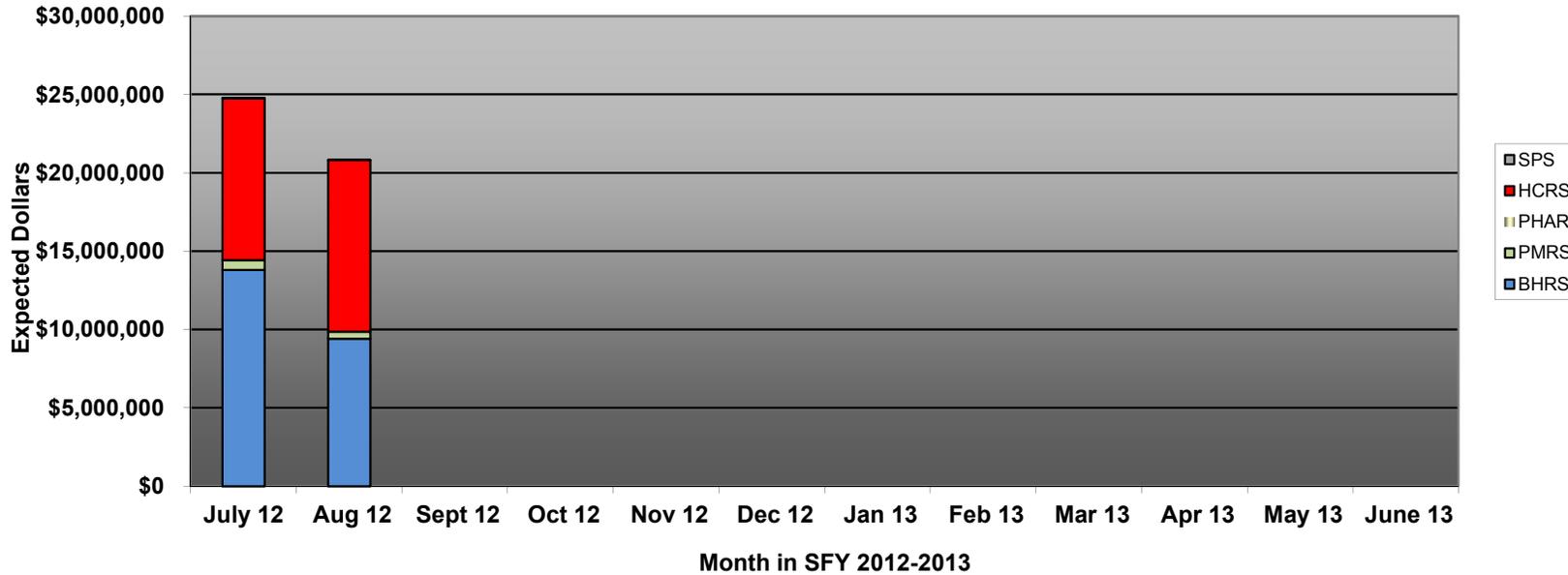
Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits



Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities														
	<u>Jul-12</u>	<u>Aug-12</u>	<u>Sep-12</u>	<u>Oct-12</u>	<u>Nov-12</u>	<u>Dec-12</u>	<u>Jan-13</u>	<u>Feb-13</u>	<u>Mar-13</u>	<u>Apr-13</u>	<u>May-13</u>	<u>Jun-13</u>	<u>YTD Total</u>	<u>Goals</u>
Controllers Office	\$498,063	\$19,803,592	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<u>\$20,301,655</u>	\$60,000,000
Third Party Recovery	\$5,653,269	\$8,167,032	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	<u>\$13,820,301</u>	\$80,000,000
Totals	<u>\$6,151,332</u>	<u>\$27,970,624</u>	<u>\$0</u>	<u>\$34,121,957</u>										

Program Integrity Investigations: Overview of activities for overpayments identified. When an overpayment is identified, a notice of overpayment is sent to the

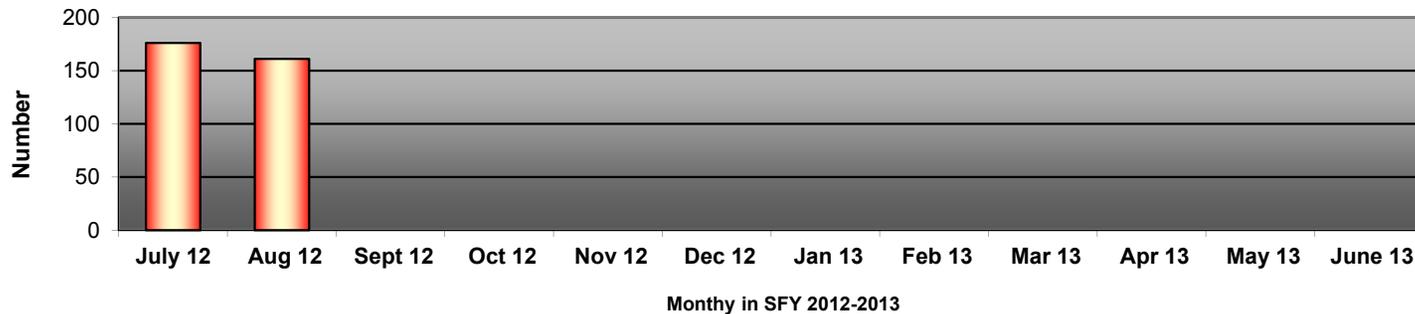
Expected Dollars from Notices of Overpayment Sent



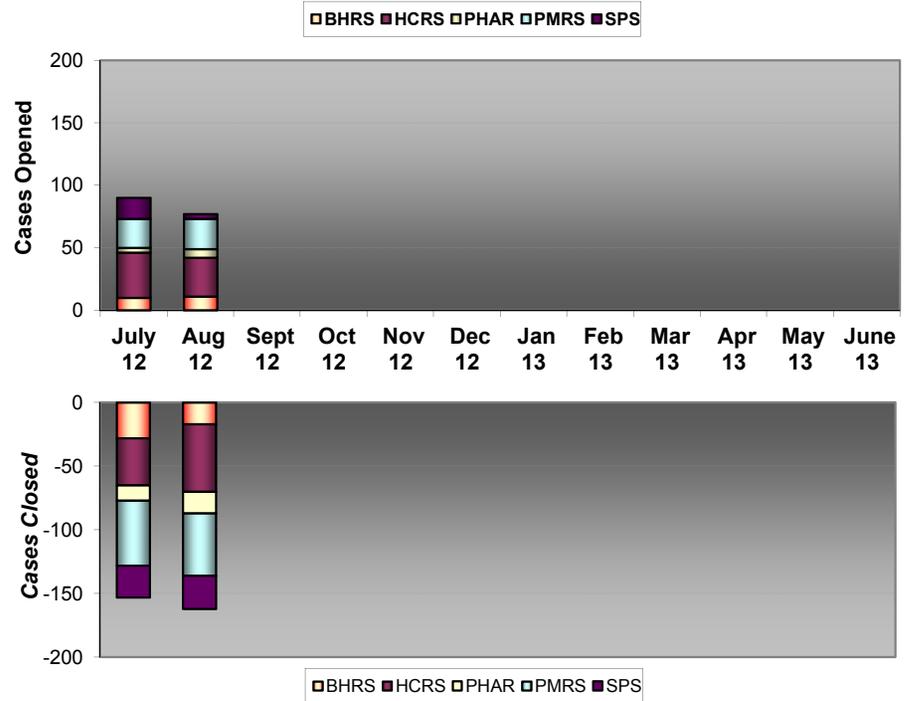
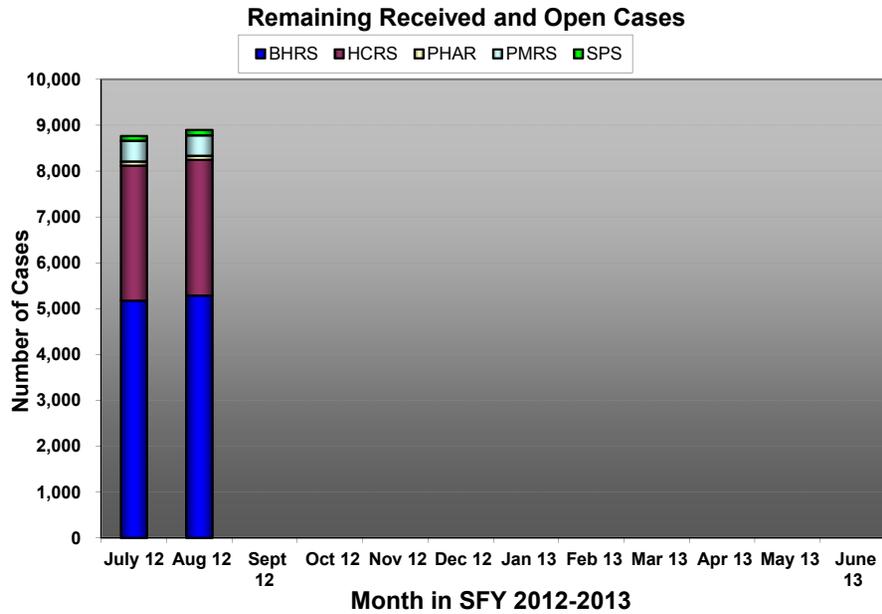
Expected Dollars by Section: includes vendor activities

	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
BHRS	\$13,813,490	\$9,429,087	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$23,242,577
PMRS	\$612,696	\$416,530	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$1,029,227
PHAR	\$21,860	\$32,123	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$53,983
HCRS	\$10,311,646	\$10,944,507	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,256,153
SPS	\$305	\$5,261	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,566
Total	\$24,759,998	\$20,827,508	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$45,587,506

Number of Notices Sent: includes vendor activities



Case Activity: Program Integrity activity related to cases opened, closed and remaining open, including vendor activity

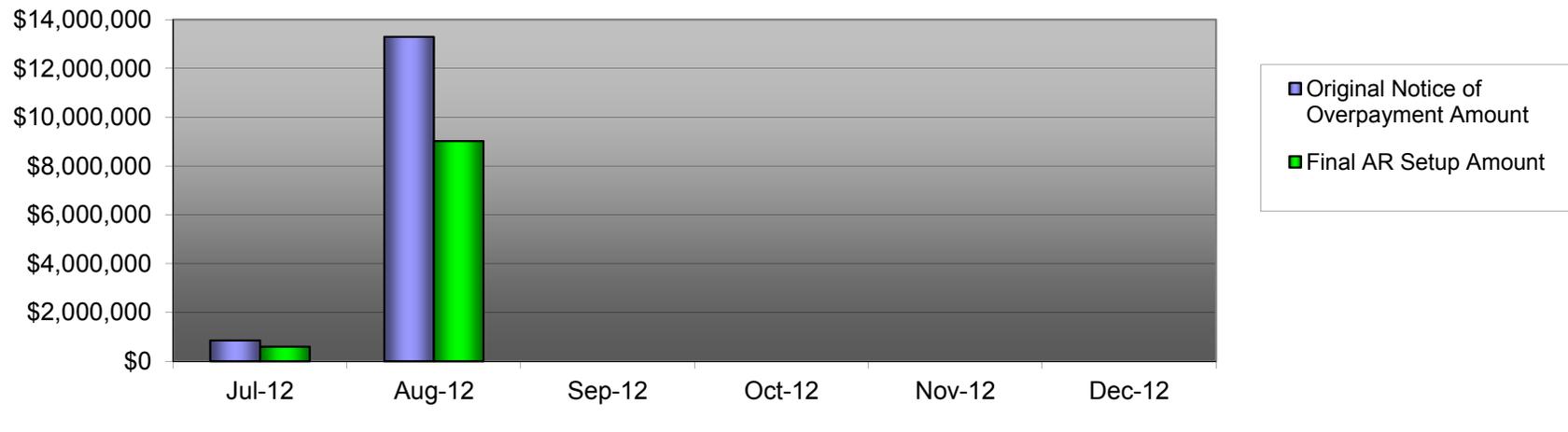


Case Information - Values

		12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
Opened	BHRS	10	11	0	0	0	0	0	0	0	0	0	0	21
	HCRS	36	31	0	0	0	0	0	0	0	0	0	0	67
	PHAR	4	7	0	0	0	0	0	0	0	0	0	0	11
	PMRS	23	24	0	0	0	0	0	0	0	0	0	0	47
	SPS	17	4	0	0	0	0	0	0	0	0	0	0	21
	Total	90	77	0	167									
Closed	BHRS	28	17	0	0	0	0	0	0	0	0	0	0	45
	HCRS	37	53	0	0	0	0	0	0	0	0	0	0	90
	PHAR	12	17	0	0	0	0	0	0	0	0	0	0	29
	PMRS	51	49	0	0	0	0	0	0	0	0	0	0	100
	SPS	25	26	0	0	0	0	0	0	0	0	0	0	51
	Total	153	162	0	315									

Original Notice of Overpayment Amount vs Final AR Setup Amount: After the Notice of Overpayment is sent to a provider identifying an overpayment, the provider has the opportunity to appeal the identified overpayment. The accounts receivable (AR) setup amount refers to the final overpayment after the final agency decision is completed

Original Notice of Overpayment Amount vs AR Setup Amount for same case:
Based on original TNO amount for AR Setups completed in each month

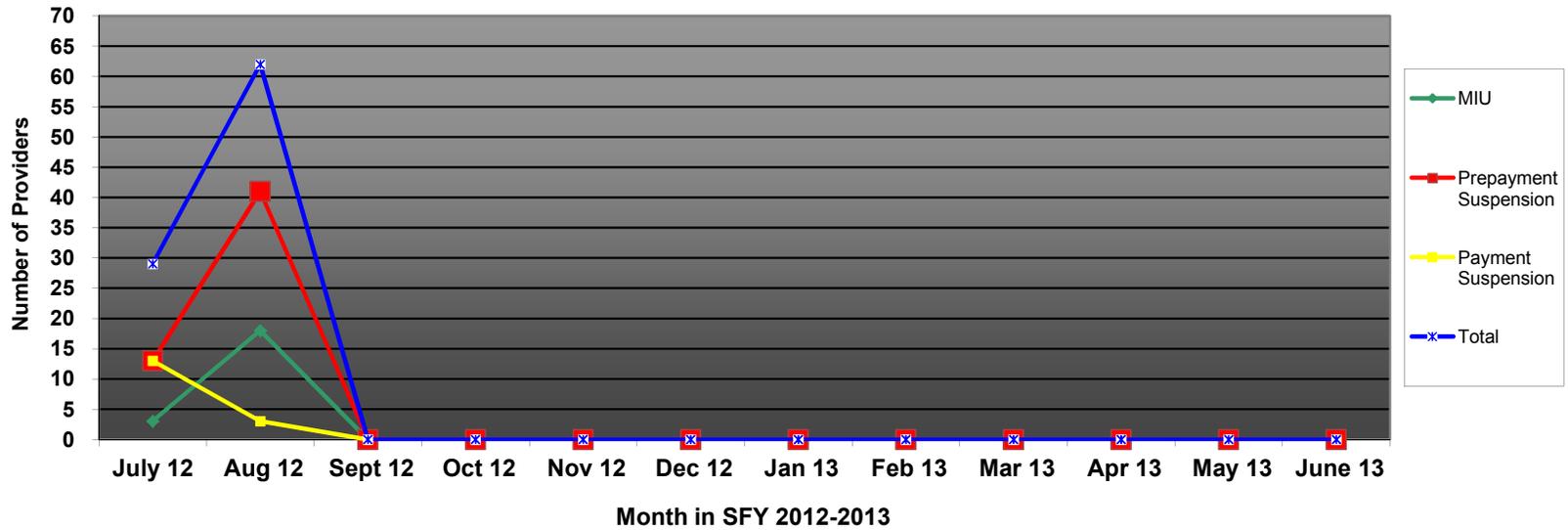


	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	Total
Original Notice of Overpayment Amount	\$854,413	\$13,291,250	\$0	\$0	\$0	\$0	\$14,145,663
Final AR Setup Amount	\$596,889	\$9,019,089	\$0	\$0	\$0	\$0	\$9,615,978
Change in Amount	\$257,524	\$4,272,161	\$0	\$0	\$0	\$0	\$4,529,685

*note: Original Notice of overpayment amount is displayed the same month that the final AR Setup is generated, not the month that the notice of overpayment was initially sent to a provider. Only the Notice of Overpayment amount for final AR Setups generated each month is displayed in the same month as the final AR Setup amount. Tracking begun January 2012

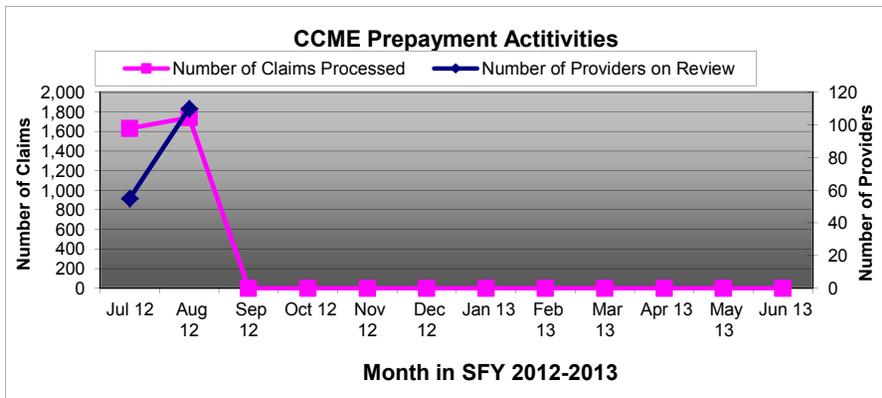
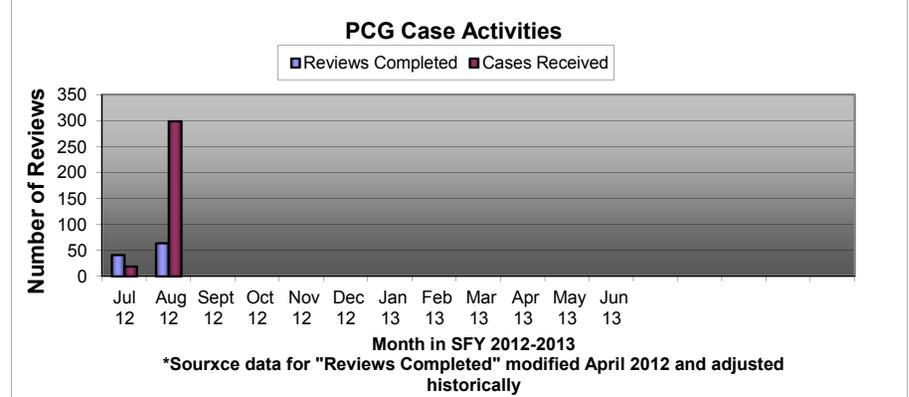
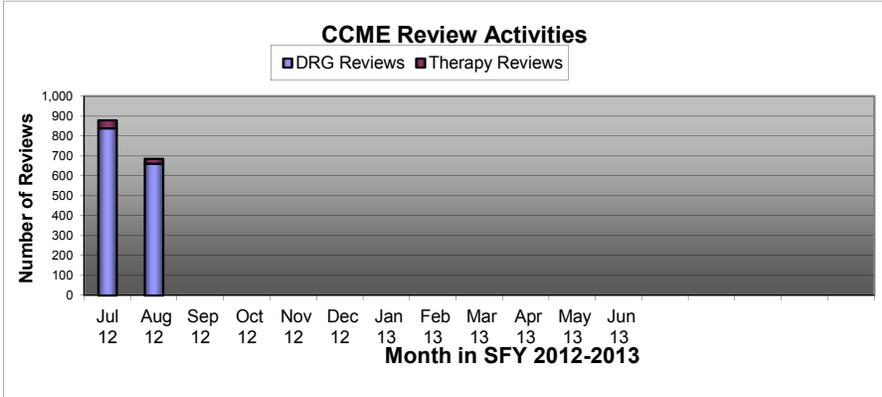
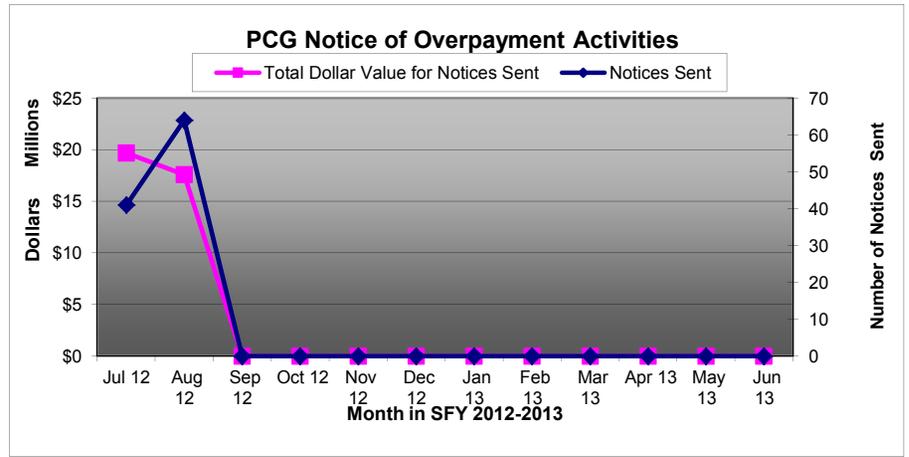
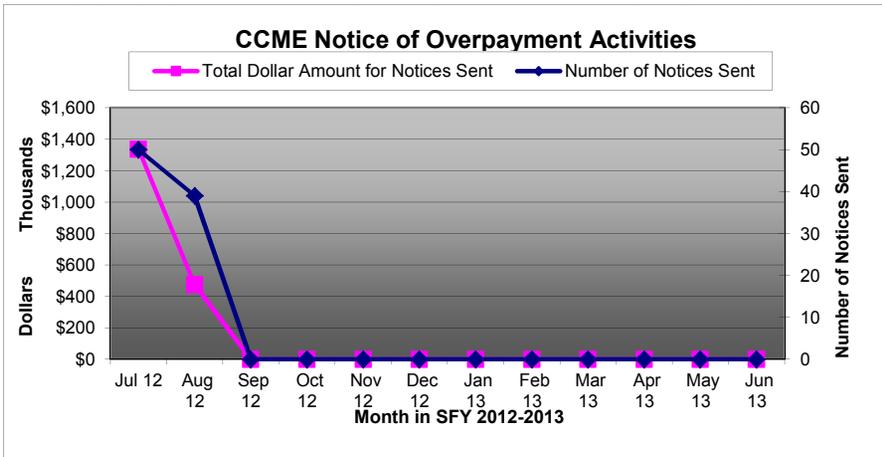
Referral and Suspension Information: Providers referred to external organizations for prepayment suspension and criminal investigation, or placed on payment suspension by Program Integrity

Number of providers referred or suspended per month



	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>MIU</u>	3	18	0	0	0	0	0	0	0	0	0	0	21
<u>Payment Suspension</u>	13	3	0	0	0	0	0	0	0	0	0	0	16
<u>Prepayment Suspension</u>	13	41	0	0	0	0	0	0	0	0	0	0	54
<u>Total</u>	29	62	0	0	0	0	0	0	0	0	0	0	91

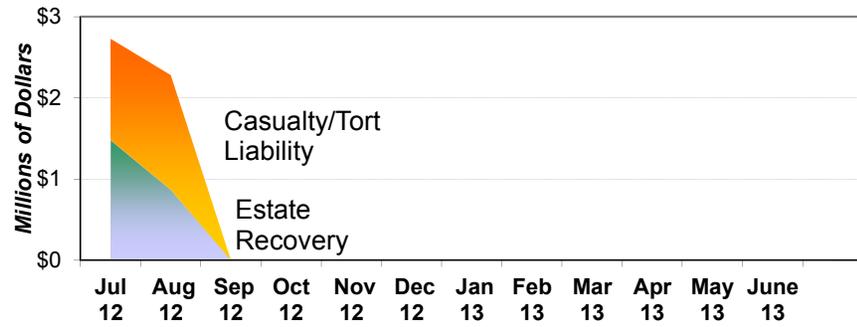
Vendor Activities: PI contracts vendors for post-payment review (PCG and CCME), prepayment review (CCME), and data analysis (IBM)



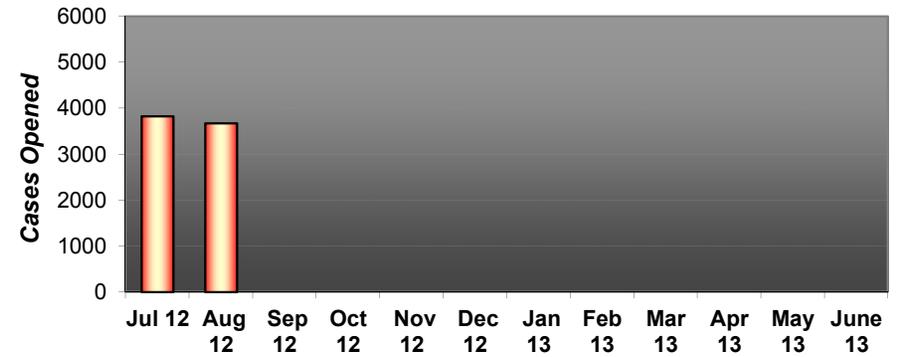
Third Party Recovery

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

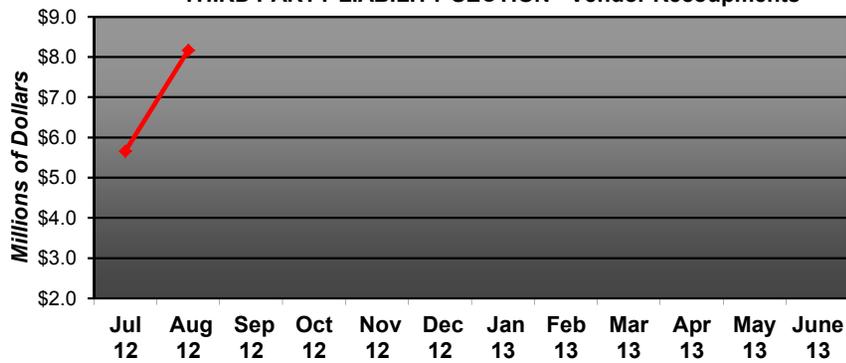
Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



THIRD PARTY LIABILITY SECTION - Vendor Recoupments

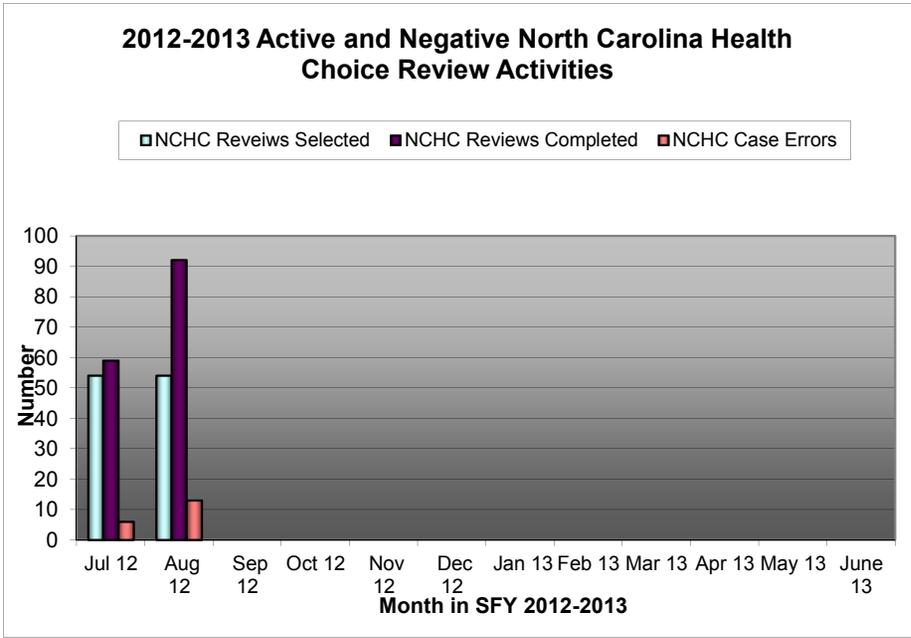
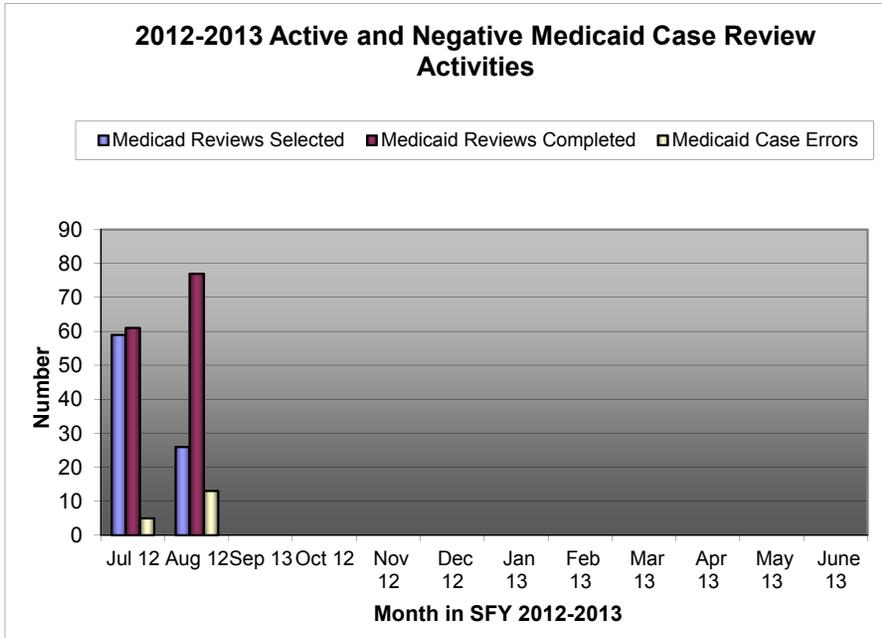


Month in SFY 2012-2013

Month in SFY 2012-2013

Quality Assurance Section

Quality Assurance Activities: Program Integrity Quality Assurance section reviews Medicaid Recipients cases for potential overpayment and Medicaid eligibility



*Calculation modified beginning February 2012 and applied historically

Program Integrity

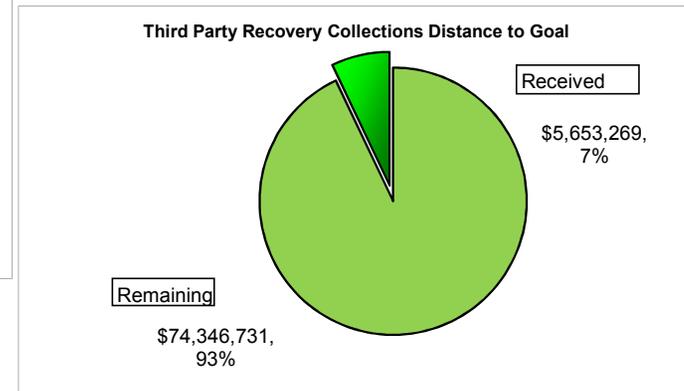
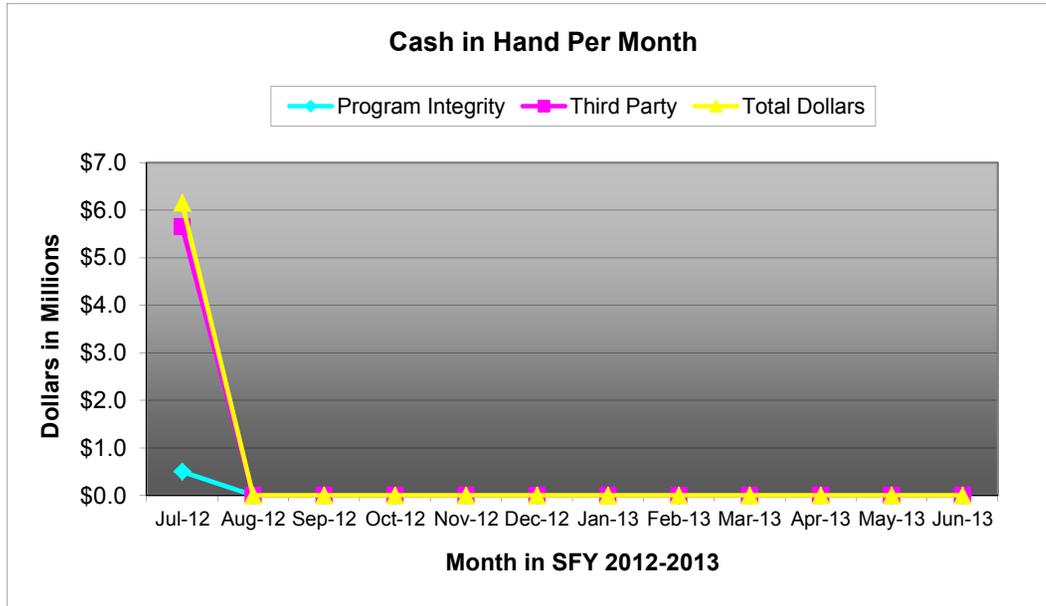


Monthly Report

Report Month: July 2012

Investigations

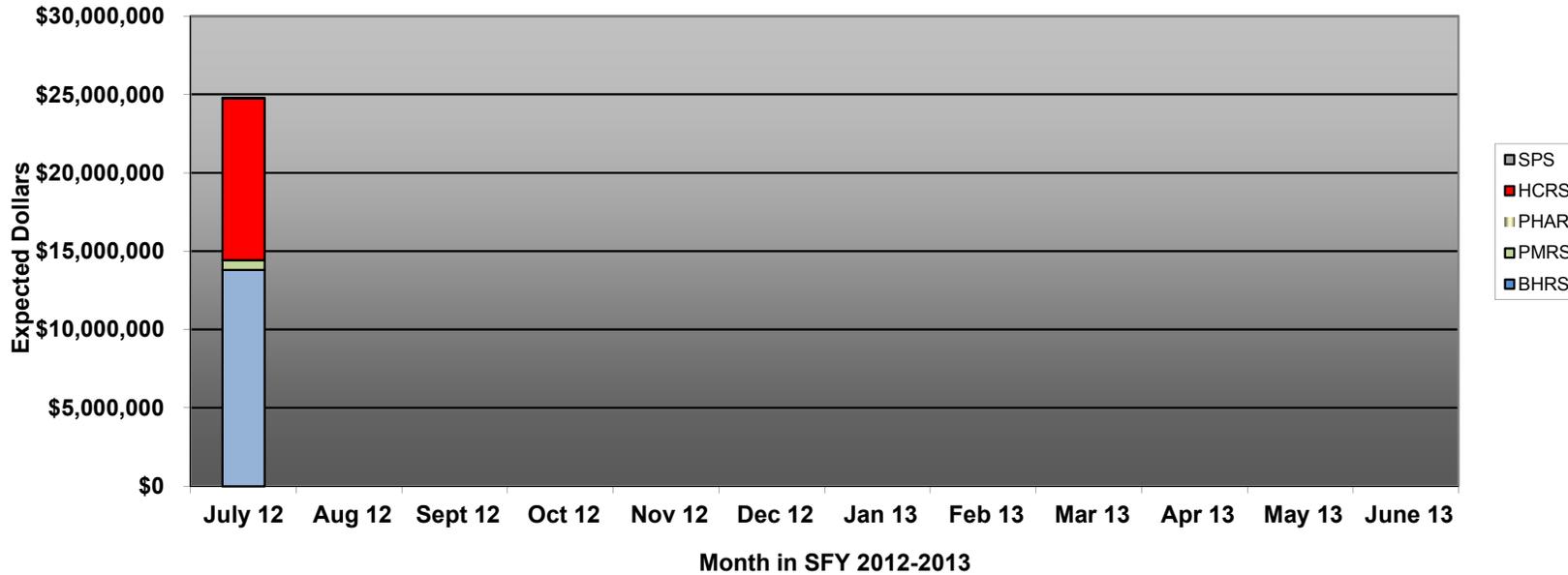
Collections: Collections are received through the state controllers office for Program Integrity overpayment notices or through the Third Party Recovery Section for coordination of benefits



Monthly ACTUAL Cash in Hand from Controllers office and Third Party Recovery Activities														Goals
	Jul-12	Aug-12	Sep-12	Oct-12	Nov-12	Dec-12	Jan-13	Feb-13	Mar-13	Apr-13	May-13	Jun-13	YTD Total	
Controllers Office	\$498,063	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$498,063	\$60,000,000
Third Party Recovery	\$5,653,269	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$5,653,269	\$80,000,000
Totals	\$6,151,332	\$0	\$6,151,332											

Program Integrity Investigations: Overview of activities for overpayments identified. When an overpayment is identified, a notice of overpayment is sent to the

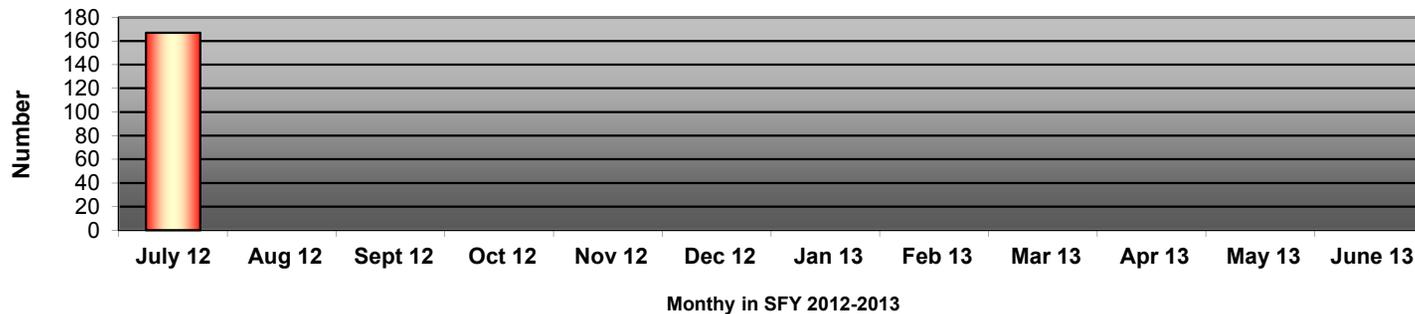
Expected Dollars from Notices of Overpayment Sent



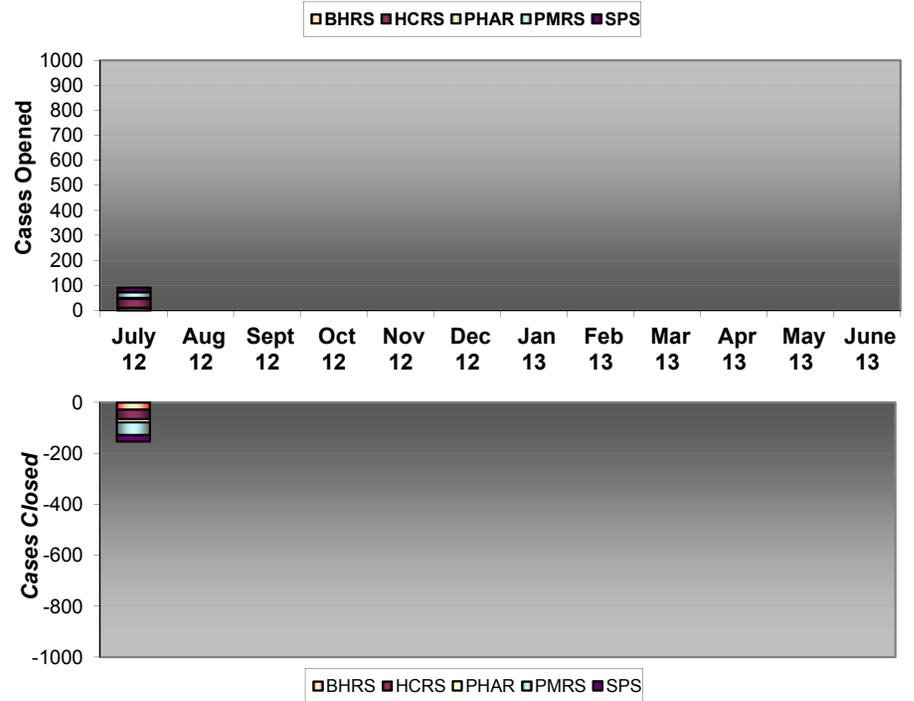
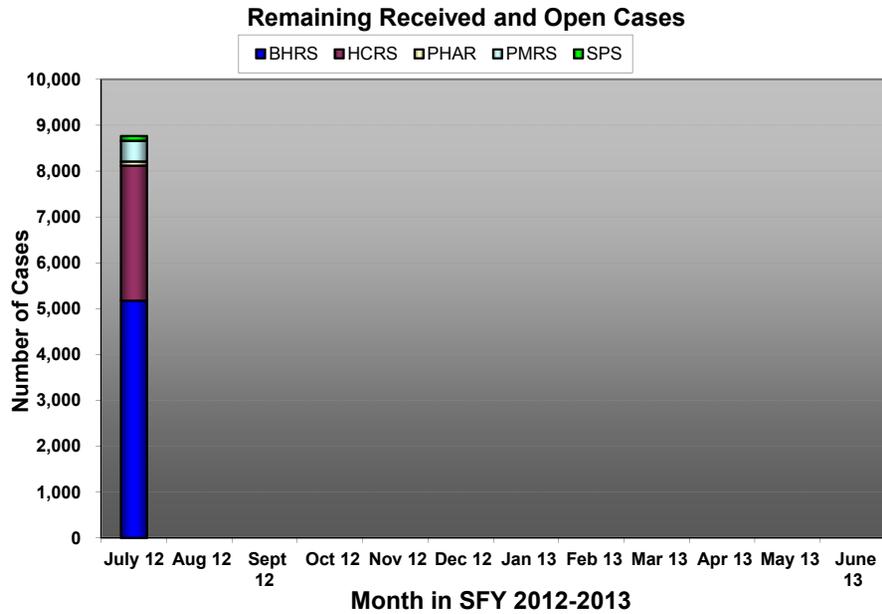
Expected Dollars by Section: includes vendor activities

	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>BHRS</u>	\$13,813,490	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$13,813,490
<u>PMRS</u>	\$612,696	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$612,696
<u>PHAR</u>	\$21,860	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$21,860
<u>HCRS</u>	\$10,311,646	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$10,311,646
<u>SPS</u>	\$305	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$0	\$305
Total	\$24,759,998	\$0	\$24,759,998										

Number of Notices Sent: includes vendor activities



Case Activity: Program Integrity activity related to cases opened, closed and remaining open, including vendor activity

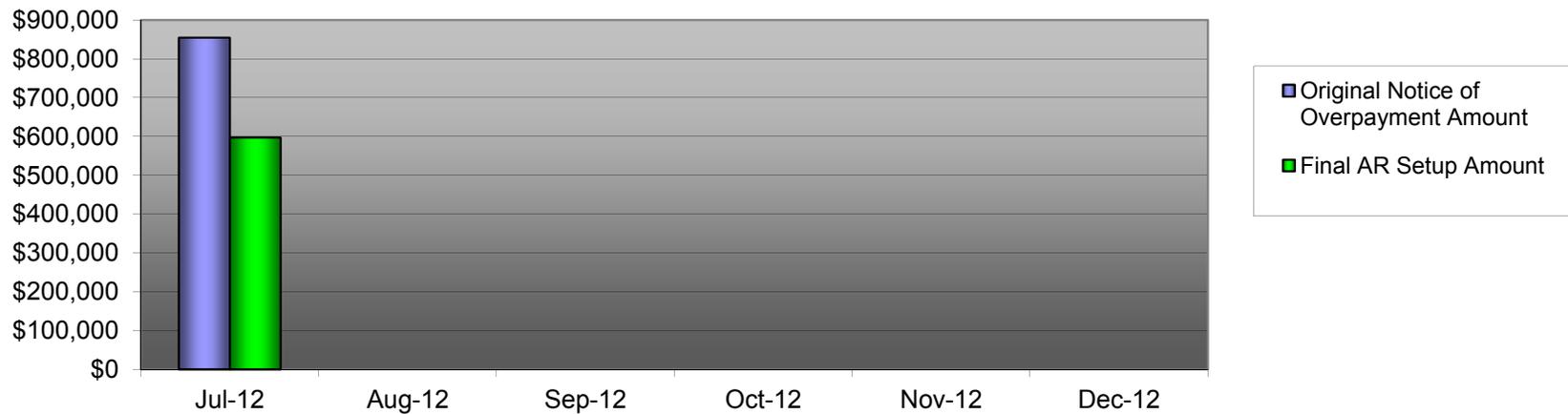


Case Information - Values

		12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	13-Jan	13-Feb	13-Mar	13-Apr	13-May	13-Jun	YTD Total
Opened	BHRS	10	0	0	0	0	0	0	0	0	0	0	0	10
	HCRS	36	0	0	0	0	0	0	0	0	0	0	0	36
	PHAR	4	0	0	0	0	0	0	0	0	0	0	0	4
	PMRS	23	0	0	0	0	0	0	0	0	0	0	0	23
	SPS	17	0	0	0	0	0	0	0	0	0	0	0	17
	Total		90	0	0	0	0	0	0	0	0	0	0	0
Closed	BHRS	28	0	0	0	0	0	0	0	0	0	0	0	28
	HCRS	37	0	0	0	0	0	0	0	0	0	0	0	37
	PHAR	12	0	0	0	0	0	0	0	0	0	0	0	12
	PMRS	51	0	0	0	0	0	0	0	0	0	0	0	51
	SPS	25	0	0	0	0	0	0	0	0	0	0	0	25
	Total		153	0	0	0	0	0	0	0	0	0	0	0

Original Notice of Overpayment Amount vs Final AR Setup Amount: After the Notice of Overpayment is sent to a provider identifying an overpayment, the provider has the opportunity to appeal the identified overpayment. The accounts receivable (AR) setup amount refers to the final overpayment after the final agency decision is completed

Original Notice of Overpayment Amount vs AR Setup Amount for same case:
Based on original TNO amount for AR Setups completed in each month

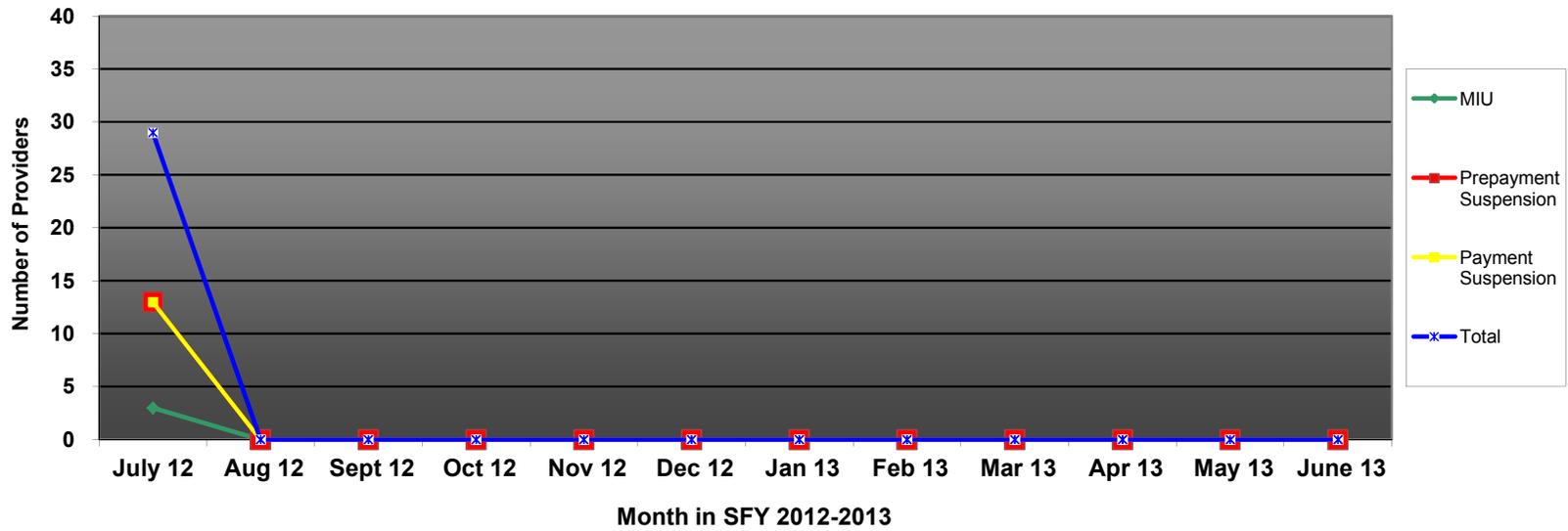


	12-Jul	12-Aug	12-Sep	12-Oct	12-Nov	12-Dec	Total
Original Notice of Overpayment Amount	\$854,413	\$0	\$0	\$0	\$0	\$0	\$854,413
Final AR Setup Amount	\$596,889	\$0	\$0	\$0	\$0	\$0	\$596,889
Change in Amount	\$257,524	\$0	\$0	\$0	\$0	\$0	\$257,524

*note: Original Notice of overpayment amount is displayed the same month that the final AR Setup is generated, not the month that the notice of overpayment was initially sent to a provider. Only the Notice of Overpayment amount for final AR Setups generated each month is displayed in the same month as the final AR Setup amount. Tracking begun January 2012

Referral and Suspension Information: Providers referred to external organizations for prepayment suspension and criminal investigation, or placed on payment suspension by Program Integrity

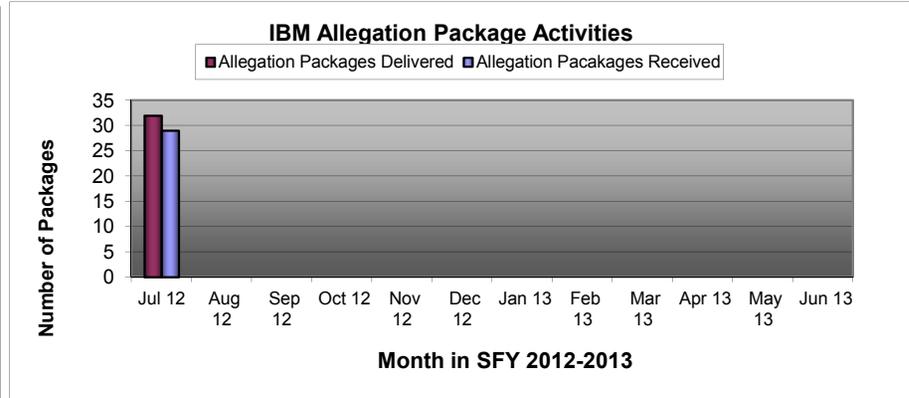
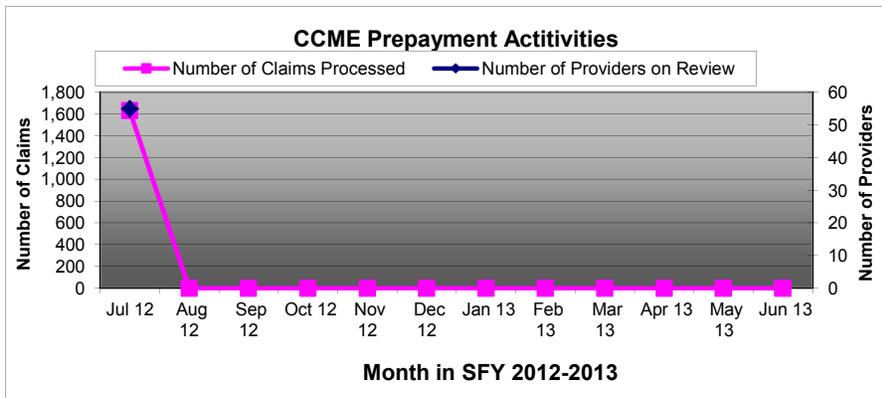
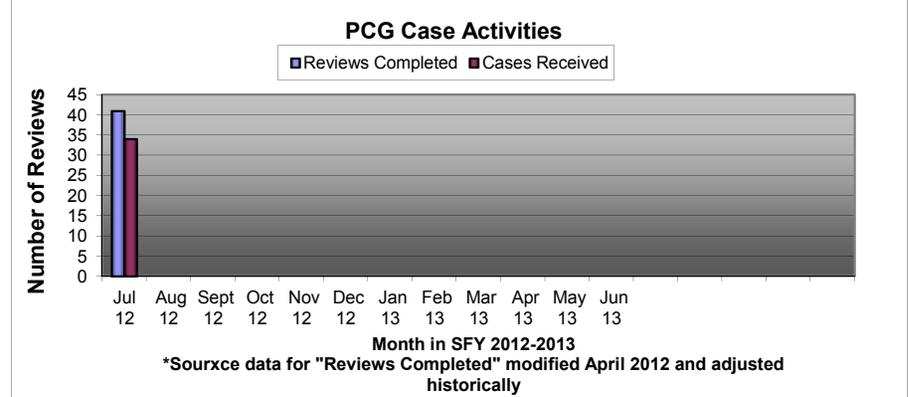
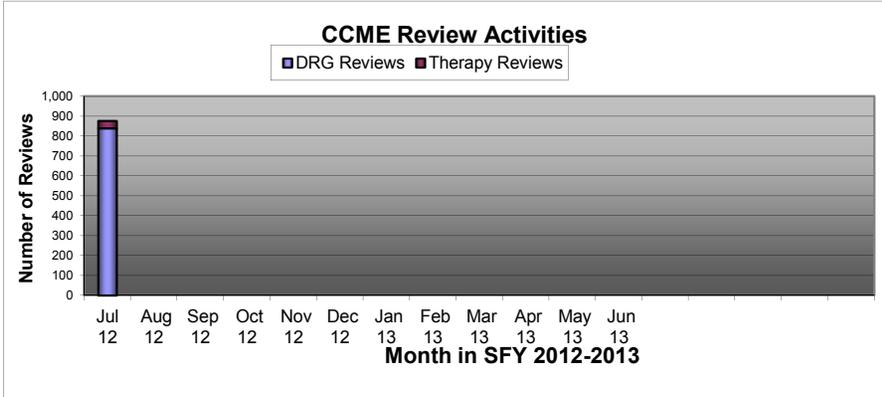
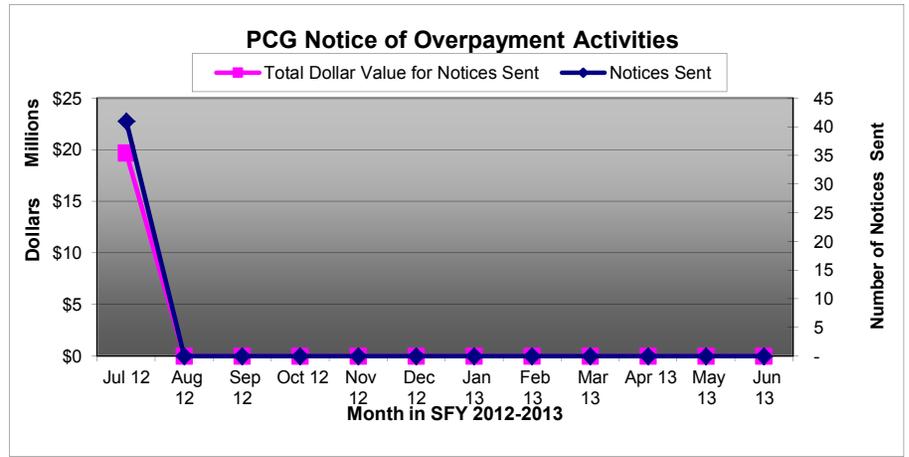
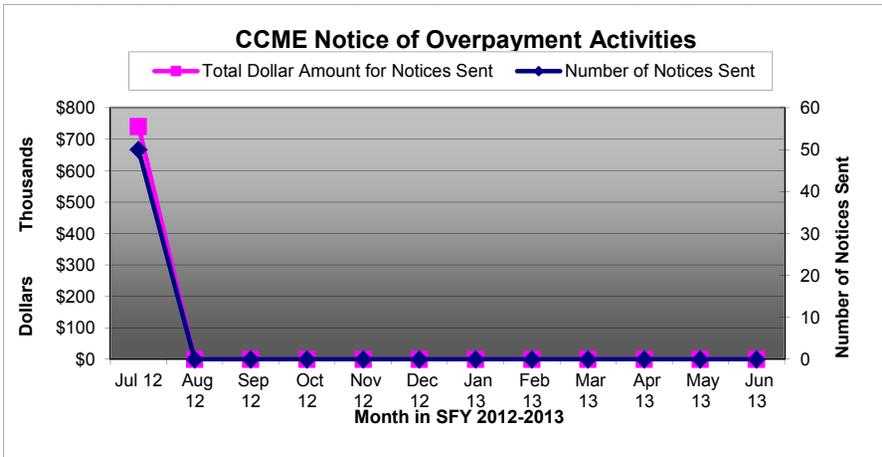
Number of providers referred or suspended per month



	<u>12-Jul</u>	<u>12-Aug</u>	<u>12-Sep</u>	<u>12-Oct</u>	<u>12-Nov</u>	<u>12-Dec</u>	<u>13-Jan</u>	<u>13-Feb</u>	<u>13-Mar</u>	<u>13-Apr</u>	<u>13-May</u>	<u>13-Jun</u>	<u>YTD Total</u>
<u>MIU</u>	3	0	0	0	0	0	0	0	0	0	0	0	3
<u>Payment Suspension</u>	13	0	0	0	0	0	0	0	0	0	0	0	13
<u>Prepayment Suspension</u>	13	0	0	0	0	0	0	0	0	0	0	0	13
<u>Total</u>	29	0	0	0	0	0	0	0	0	0	0	0	29

*Data adjusted historically April 2012

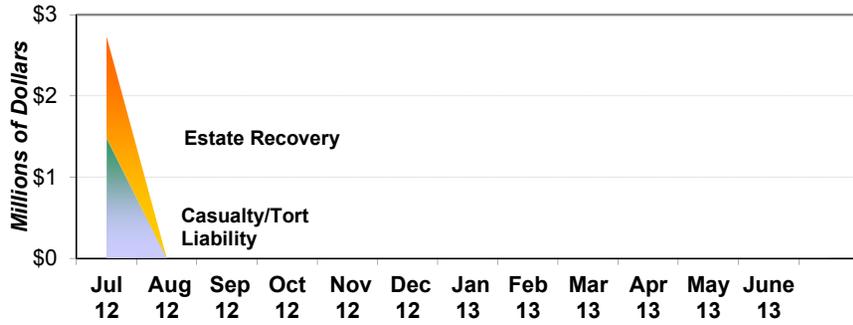
Vendor Activities: PI contracts vendors for post-payment review (PCG and CCME), prepayment review (CCME), and data analysis (IBM)



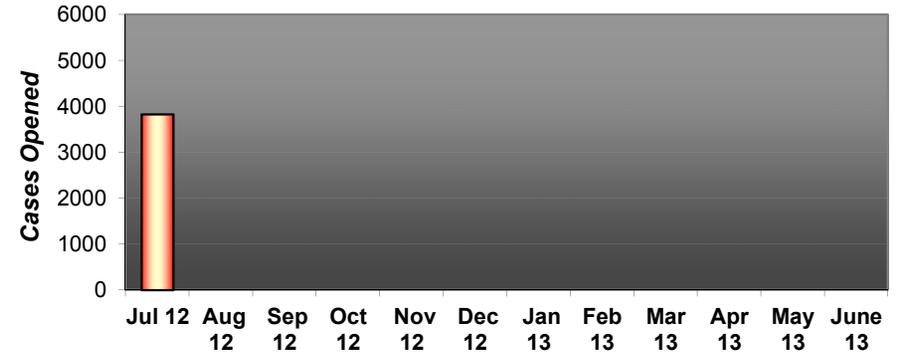
Third Party Recovery

Third Party Recovery: Activities involving recoveries from payors other than Medicaid and recipients

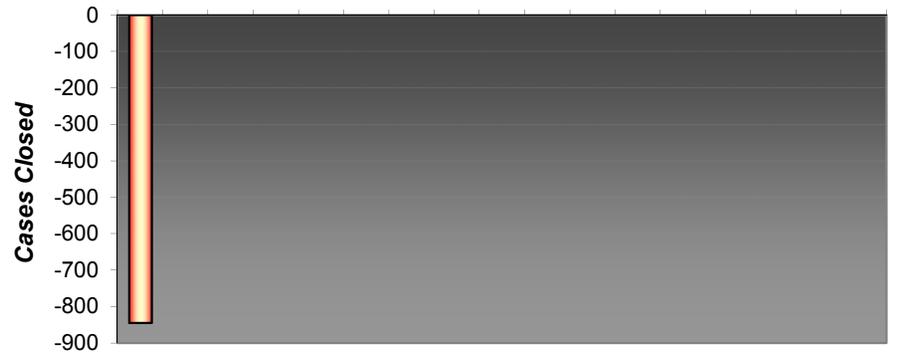
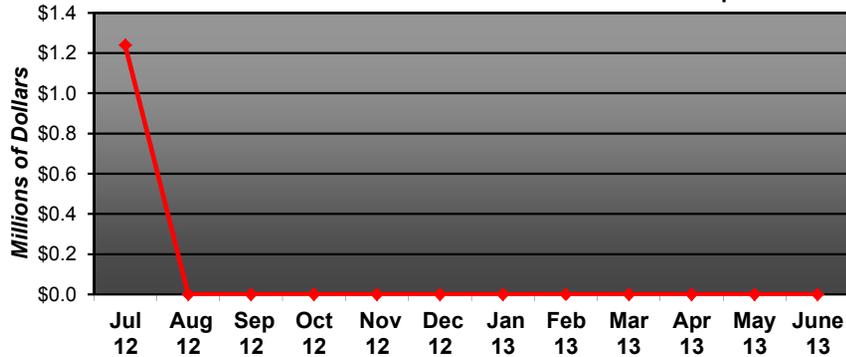
Note: Portions of the Third Party Liability section are one month behind other PI measures)



THIRD PARTY LIABILITY SECTION - Number of cases opened and closed



THIRD PARTY LIABILITY SECTION - Vendor Recoupments

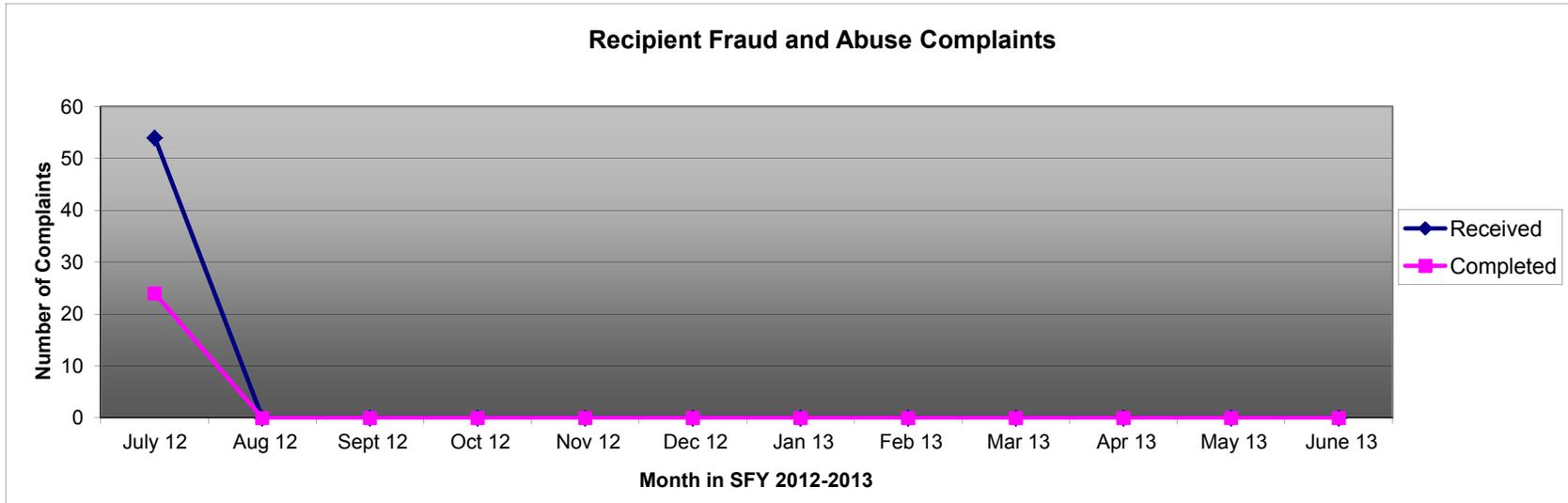
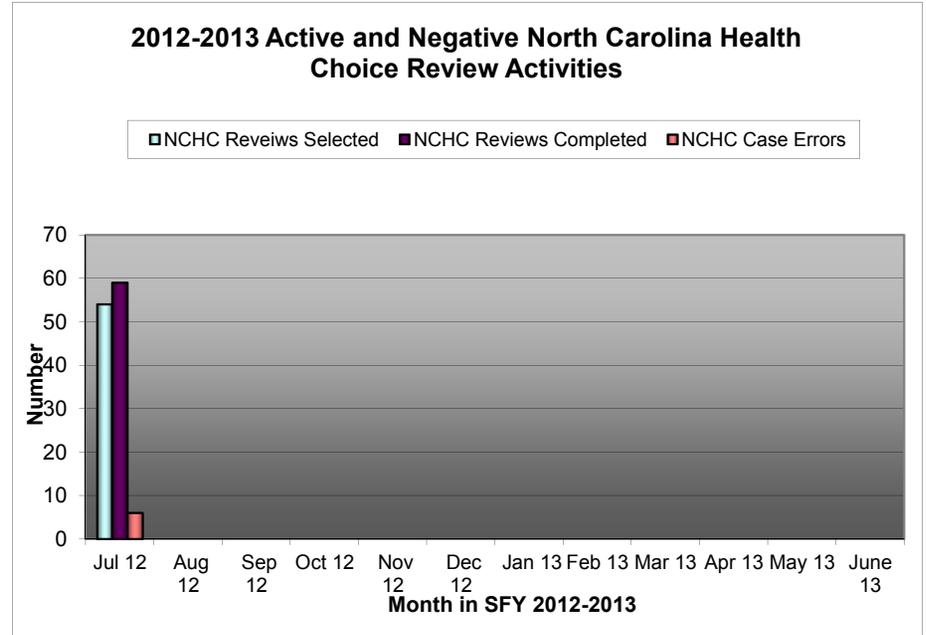
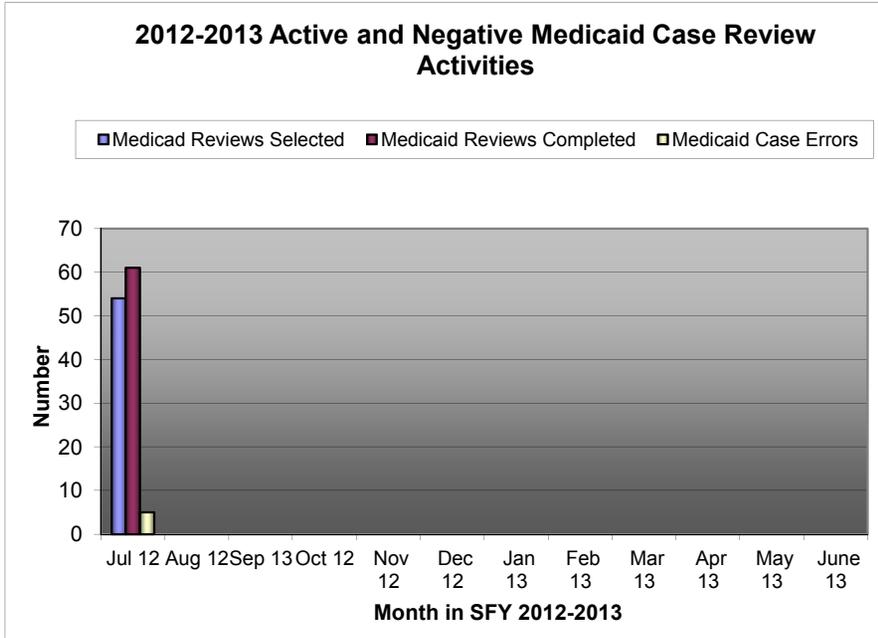


Month in SFY 2012-2013

Month in SFY 2012-2013

Quality Assurance Section

Quality Assurance Activities: Program Integrity Quality Assurance section reviews Medicaid Recipients cases for potential overpayment and Medicaid eligibility



*Calculation modified beginning February 2012 and applied historically