



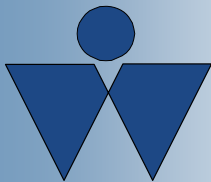
Office of Inspector General Quality Control

MEDICAID

Quality Control Annual Report

FY 2008

Completed: May 8, 2009



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DEPARTMENT OF HEALTH AND HUMAN RESOURCES
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Martha Yeager Walker
Secretary

MEMORANDUM

Date: May 8, 2009
To: Molly Jordan, Inspector General
From: Marilyn Trout, Director, Quality Control
Subject: Medicaid Quality Control Report for Fiscal Year 2008
(October, 2007 - September, 2008)
<http://intranet.wvdhhr.org/reports.htm>

Attached is your copy of the Medicaid Quality Control Report for Federal Fiscal Year 2008. This report is intended for management use and to help with West Virginia's Corrective Action Program in the Office of Planning and Quality Improvement with the Office of the Commissioner for Bureau for Children and Families.

The twelve-month sanction error rate for FY 2007 was: 2.61%

- ▶ Agency Errors accounted for .46% of the dollar loss;
- ▶ Client Errors accounted for 2.15% of the dollar loss.

The twelve-month sanction error rate for FY 2008 is: 1.48%

- ▶ Agency Errors accounted for .96% of the dollar loss;
- ▶ Client Errors accounted for .52% of the dollar loss.

Due to our participation in a *MEQC pilot* program there will be no fiscal disallowance for this fiscal year as explained in the "Executive Summary".

We will share this report with appropriate staff. While the responsibility for corrective action is with Bureau for Children and Families Office of Planning and Quality Improvement Unit, the Office of Inspector General Quality Control staff is available to discuss this report with interested individuals and render any assistance possible. Quality Control Supervisors will be glad to assist when and where needed.

If you have any questions or need more information, please call me at 558-0630.

DISTRIBUTION LIST

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Regional Corrective Action Program Managers
Regional Policy Trainers
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Executive Summary

The **Medicaid Quality Control** process is designed and mandated by the federal office of the **Centers for Medicare & Medicaid Services (CMS)**, based on federal regulations. The *Quality Control* Unit must follow strict procedures outlined in this process. The unit is monitored by **CMS** regional staff to insure compliance with these requirements. The **Medicaid** Quality Control activities are divided into two components. One component consists of our special **Medicaid Pilot** Projects. The second component involves an audit of Regular Medicaid cases. This is a report of our findings on audits of regular **Medicaid** cases.

The required sample size for West Virginia is based upon the caseload size. For FY 2008, we selected a total of 509 cases and completed 466. The 43 cases not reviewed represent cases in which the families moved out of state or refused to cooperate. Fifteen (15) of the completed cases reviewed were found to be in error, which represents a case error rate of 5.62% (weighted).

It is important to keep in mind that the *Quality Control* data is a collection of facts drawn from these 466 cases and conclusions should be applied on a statewide basis. Therefore, to measure accuracy of county, district or regional results, it is preferable to combine several reporting periods. County, district and regional results are found on pages 13 to 17. For FY 2008 we are including data from both the **WV Works Medicaid** stratum and the **Medicaid Only** stratum for the entire year. The historical data is provided for the last three years.

For this report period, as we have since FY 1995, we participated in a special *Quality Control pilot* project. **CMS** approved a number of states to participate in alternative Quality Control systems. The purpose of the *pilot* was to expand normal quality control functions into areas that had not been explored previously. In addition to enabling states the flexibility to direct their Quality Control efforts on issues of special interest to the state, another incentive for participating in a **Medicaid pilot** program was that all sanction liabilities would be waived for the *pilot* status period of time. A report of our pilot audit activities for FY 2008 can be found in our *Pilot* Project report dated May 5, 2009. This report is available on-line at: <http://intranet.wvdhhr.org/reports.htm>

The sanction error rate for FY 2008 of 1.48 percent is a decrease from FY 2007 and is below the federal tolerance level of 3.00 percent. Since we are participating in a **Medicaid pilot** program, any sanction liability above 3.00 is waived. For this twelve-month period Agency errors accounted for 53 percent of case errors and 65 percent of the total dollar loss. Client errors accounted for 47 percent of case errors and 35 percent of the dollar loss. Medicaid only cases accounted for 100 percent of case errors and 100 percent of the total dollar loss. WV Works Medicaid cases accounted for zero percent of case errors and zero percent of the total dollar loss.

MEDICAID SANCTION DATA

In August 1992 CMS's Departmental Appeals Board, in Decision Number 1332, revised the sanction calculation process to use the lower limit of the sanction error rate confidence interval. The decision was the result of an appeal filed by West Virginia (along with other states) of CMS's disallowance, for FY 1981. This favorable decision eliminated all previous disallowance and restored all previous withholdings made by CMS. This resulted in the following savings for the State:

FY 1981 - \$1.3 million
 FY 1982 - \$0.1 million
 FY 1989 - \$3.1 million
 FY 1990 - \$1.0 million
 FY 1991 - \$0.5 million
 FY 1992 - \$0.8 million

The Chart below outlines the data relative to West Virginia's error rates since 1993. Due to our participation in the *pilot* program, CMS will substitute the FY 1994 lower limit error rate of 0.622 percent which results in no sanction penalty for these years.

SANCTION DATA COMPARISON CHART

FY	Federal Percentage	WV Percentage	Tolerance Level	Lower Limit of Error Rate
1993	3.93%	3.67%	3.00%	1.742%
1994	3.24%	3.16%	3.00%	0.622%
1995	-----	3.87%	3.00%	-----
1996	-----	6.07%	3.00%	-----
1997	-----	1.70%	3.00%	-----
1998	-----	1.83%	3.00%	-----
1999	-----	2.26%	3.00%	-----
2000	-----	1.34%	3.00%	-----
2001	-----	3.49%	3.00%	-----
2002	-----	1.49%	3.00%	-----
2003	-----	2.50%	3.00%	-----
2004	-----	2.48%	3.00%	-----
2005	-----	5.40%	3.00%	-----
2006	-----	4.20%	3.00%	-----
2007	-----	2.61%	3.00%	-----
2008	-----	1.48%	3.00%	-----

TRENDS IN THE MEDICAID ERROR RATE

The following is a comparison of the data from FY 2006, 2007, and 2008. These percentages are weighted (based on caseload size) for both **WV Works Medicaid** and **Medicaid Only** cases.

MEDICAID SANCTION ERROR RATE

	FY 2006	FY 2007	FY 2008
All Errors	4.20%	2.61%	1.48%
Agency Errors	0.20%	0.46%	0.96%
Client Errors	4.00%	2.15%	0.52%
Living Arrangement/HH Comp	0.17%	0.00%	0.45%
Combined Assets	0.78%	0.00%	0.00%
Bank Accounts	3.25%	0.29%	0.00%
Life Insurance	0.00%	0.00%	0.00%
RSDI (Social Security)	0.00%	0.00%	0.34%
Earned Income	0.00%	2.18%	0.23%
Contributions	0.00%	0.00%	0.00%
Categorical Relatedness	0.00%	0.00%	0.00%
Real Property	0.00%	0.00%	0.00%
Medical Deduction	0.00%	0.14%	0.31%
Residency	0.00%	0.00%	0.00%
Other unearned Income	0.00%	0.00%	0.15%
Income Deduction	0.00%	0.00%	0.00%

The following is an extrapolation of error rates. Based on our findings, we can estimate the program costs of the errors *Quality Control* identifies. The dollar figure includes the federal match in order that an estimate of the combined program losses from both State and Federal funding can be obtained. The FY 2008 federal match is 74.25%, so most of the dollar loss is in federal funding.

Note: The following costs do not include cases that Quality Control does not review, like SSI cases, which are a significant portion of the Medicaid expenditures for recipients. Costs can vary from year to year because total expenditures vary from year to year.

ESTIMATED COST OF **MEDICAID** ERRORS (In millions of dollars)

	FY 2006	FY 2007	FY 2008
All Errors	25.8	20.3	19.0
Agency Errors	1.3	3.6	12.4
Client Errors	24.5	16.7	6.6
Living Arrangement/HH Comp	1.1	0.0	5.8
Age	0.0	0.0	0.0
Bank Accounts	19.9	2.3	0.0
Combined Assets	4.8	0.0	0.0
RSDI (Social Security)	0.0	0.0	4.3
Earnings	0.0	16.9	2.9
Contributions	0.0	0.0	0.0
Categorical Relatedness	0.0	0.0	0.1
Real Property	0.0	0.0	0.0
Life Insurance	0.0	0.0	0.0
Medical Deduction	0.0	1.1	3.9
Residency	0.0	0.0	0.0
Other Unearned Income	0.0	0.0	2.0
Income Deduction	0.0	0.0	0.0

LIST OF **MEDICAID** ERRORS FY 2008

WV Works Medicaid Stratum-20

<u>Rev. No.</u>	<u>Cty</u>	<u>Error</u>	<u>Cause</u>	<u>A/C</u>	<u>Err Claims</u>
<u>TOTAL</u>					<u>\$ 0</u>

Medicaid Only Stratum-10

<u>Rev. No.</u>	<u>Cty</u>	<u>Error</u>	<u>Cause</u>	<u>A/C</u>	<u>Err Claims</u>
31706	34	Liab Understated	Medical Deduction	A	\$ 529
31931	34	Liab Understated	Unearned Income	C	\$ 680
32129	21	Inelig	Categorical Related	C	\$ 10
32132	39	Inelig	Unearned Income	A	\$ 0
32347	20	Inelig	Earned Income	C	\$ 0
32354	27	Inelig	HH Comp/Liv Arr	A	\$ 930
32561	18	Liab Understated	Medical Deduction	A	\$ 97
32996	20	Liab Understated	Unearned Income	C	\$ 313
33010	41	Liab Understated	Unearned Income	A	\$ 12
33243	27	Inelig	Earned Income	C	\$ 50
33488	04	Inelig	Real Property	C	\$ 5
33933	54	Inelig	Earned Income	A	\$ 0
33936	20	Inelig	Earned Income	A	\$ 0
34176	50	Inelig	Real Property	C	\$ 0
34187	55	Inelig	Earned Income	A	\$ 413
<u>TOTAL</u>					<u>\$ 3,039</u>

Rev. No.- QC Review Number

Cty - County

A/C - Agency/Client

Liab - Liability

Inelig - Ineligible

HH Comp - Household Composition

Liv Arr - Living Arrangements

CASE DATA ANALYSIS FOR FY 2008

For FY 2008 we are reporting a 5.62 percent “weighted” case error rate in the **Medicaid** caseload. Based upon a yearly caseload of 1,482,496, we estimate that 6,943 **Medicaid cases are in error for any given month**.

The case error rate is not used in the sanction determination calculations; however, it is useful in determining trends in errors and potential problems in the caseload. Each case has the possibility of containing large paid claims that could significantly affect the sanction error rate.

In the **WV Works Medicaid** stratum for FY 2008, there were no reported errors.

In the **Medicaid Only** stratum for FY 2008, there were fifteen (15) errors as follows:

- Earned Income - 5
- Unearned Income - 4
- Medical Deduction - 2
- Real Property - 2
- HH Comp/Categorical Relatedness - 2

In the **MA** stratum group, which traditionally contains the majority of our sanction error losses, we provide the following information regarding when errors occur:

- ☛ Most recent action.....Approval
- ☛ Months since most recent action.....Three or Fewer
- ☛ Number in Assistance group.....One Person
- ☛ Type of Income Received.....Social Security Income
- ☛ Type of Resources.....Liquid Assets
- ☛ Amount of Paid Claims.....\$0-\$100
- ☛ Error Discovery.....Case Record and Financial Institution

ERROR SUMMARY FOR FY 2008

The following is a summary of the fifteen (15) errors. These include sanction errors as well as non-sanction errors.

▶ Total Error Cases	15	(100.0%)
▶ Agency Caused Errors	8	(53.3%)
▶ Client Caused Errors	7	(46.7%)
▶ Eligible Case with Ineligible Services	0	(00.0%)
▶ Eligible Case with Ineligible Member	0	(00.0%)
▶ Ineligible Case	10	(66.7%)
▶ Understated Liability	5	(33.3%)
▶ Overstated Liability	0	(00.0%)
▶ Non Financial Requirements	2	(13.3%)
▶ Assets	2	(13.3%)
▶ Earned Income	5	(33.4%)
▶ Unearned Income	4	(26.7%)
▶ Deductions	2	(13.3%)

PAYMENT DATA ANALYSIS FOR FY 2008

Payments (claims) made on behalf of **Medicaid** recipients to medical service providers are used in the actual sanction error rate determination. An analysis of the payment errors found in our sample for this period follows.

Medicaid Only Stratum

Number of Cases reviewed	249
Number of Cases where card used in sample month	165
Total claims made for the review period	\$197,286
Average payment per case reviewed	\$792
Claim dollars paid for ineligible cases/individuals	\$1,358
Claim dollars paid for cases with liability understated	\$1,681
Largest single claim error	\$930
Smallest single claim error	\$5
Average claims in error per case	\$203

Agency Errors

Errors resulting from unprocessed reported information	\$413
Errors resulting from impending change not pursued	\$942
Errors resulting from failure to take action	\$0
Errors resulting from failure to verify	\$0
Errors resulting from incorrect policy applied	\$626
Errors resulting from arithmetic computation	\$0

Client Errors

Errors resulting from information not reported misrepresentation	\$735
Errors resulting from information not reported non-misrepresentation	\$323
Errors resulting from incorrect reported information	\$0

WV Works Medicaid Stratum

Number of Cases reviewed	217
Number of Cases which used card in sample month	149
Total claims made for the review period	\$119,636
Average payment per case reviewed	\$551
Claim dollars paid for ineligible cases/individuals	\$0
Claim dollars paid for cases with liability understated	\$0
Largest single claim error	\$0
Smallest single claim error	\$0
Average claims in error per case	\$0

Agency Errors

Errors resulting from incorrectly applied policy	\$0
Errors resulting from impending change not pursued	\$0
Errors resulting from failure to take action	\$0
Errors resulting from failure to verify	\$0
Errors resulting from information not pursued	\$0
Errors resulting from other agency errors	\$0

Client Errors

Errors resulting from information not reported	\$0
Errors resulting from incorrect reported information	\$0

Of the fifteen (15) **Medicaid** cases found in error, five (5) cases did not use their **Medicaid** card during the month the case was sampled. If these cases had used their **Medicaid** cards, our error rate could have been slightly higher depending on the amount of the claims. As we review the errors that occur in the **Medicaid** program, we can see that certain types of errors occur more frequently than others, but the dollar loss associated with the error type may be less. Keep in mind the dollar or payment error rate is used in the sanction determination calculation. We continue to provide our review findings for purposes of payment accuracy to maintain error rates under the 3.0% federal tolerance level. Should **CMS** choose not to approve *pilot projects*, fiscal sanctions could result in the future if our error rates are not maintained below the tolerance level.

GRAPHS AND CHARTS

The map on page 10 shows the Supervisory Units and their geographical coverage areas.

The chart on page 11 shows how the reviewer discovered the errors. Eighty-four (84%) percent of all payment errors were found in the Case Record, including data matches.

The bar graph on page 12 shows the trend of error-prone element costs in the **Medicaid** program over the last three years (2006-2008). For FY 2008, errors causing the most dollar loss were found in Unearned Income estimated to be \$6.3 million dollars, which is a significant increase from FY 2007.

County, District and Regional findings are included on pages 13 to 17. The chart on page 17 illustrates the pattern of payment error rates over a three year period. The opportunity is given to compare performance in the current year with the cumulative three year totals. Our *Quality Control* sampling procedures are designed to measure the state's performance, so any judgments made about individual offices, districts or regions should be done cautiously. The weighting of our findings can cause different results. Therefore, the county measurements are not reflective of their true performance.

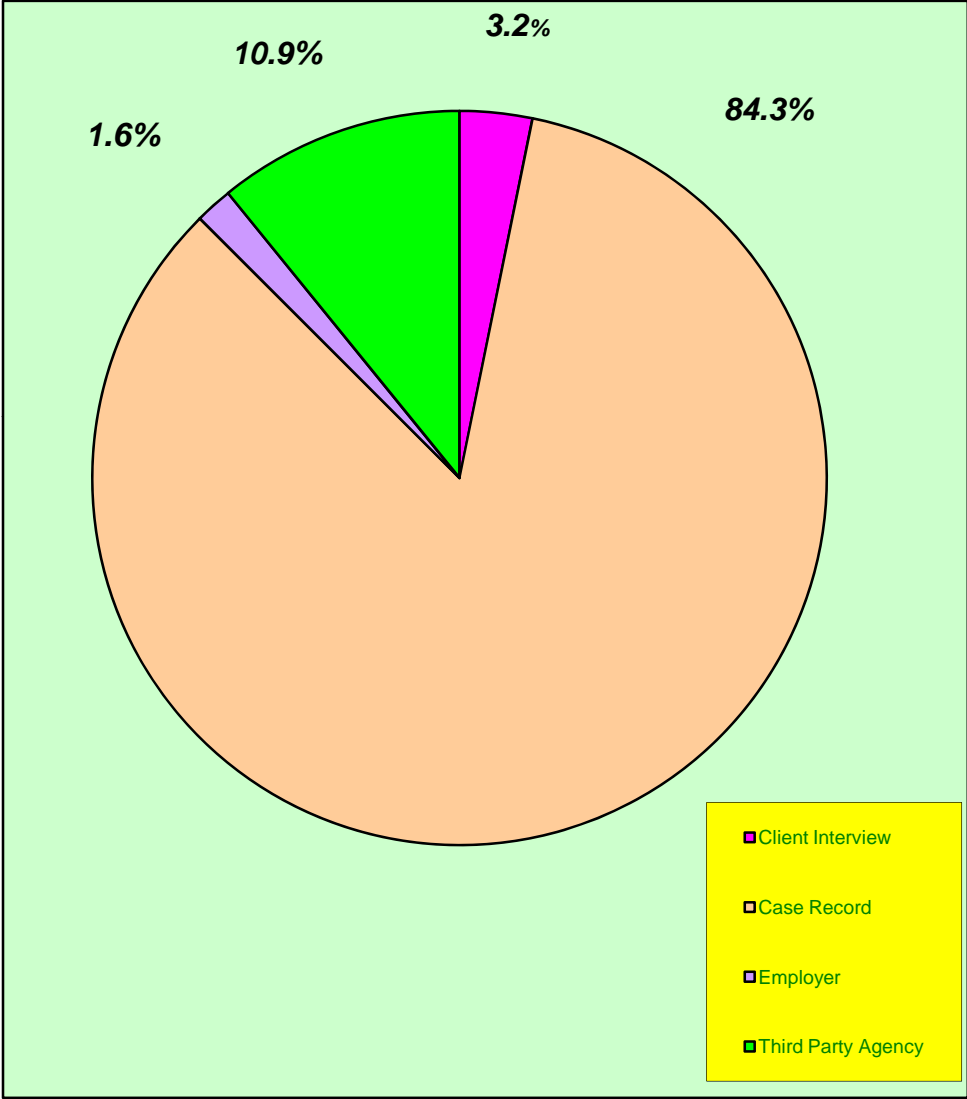
The bar graph on page 19 shows the relationship of payment errors and case errors. From this we can see that Income (mostly unearned income) errors caused 48 percent of our dollar losses and 60 percent of case errors for FY 2008.

The pie charts on pages 20 and 21 show percentages of types of errors caused by the agency and the client.

The bar graphs on pages 22 and 23 show percentages of errors for Medicaid Only cases and WV Works Medicaid cases.

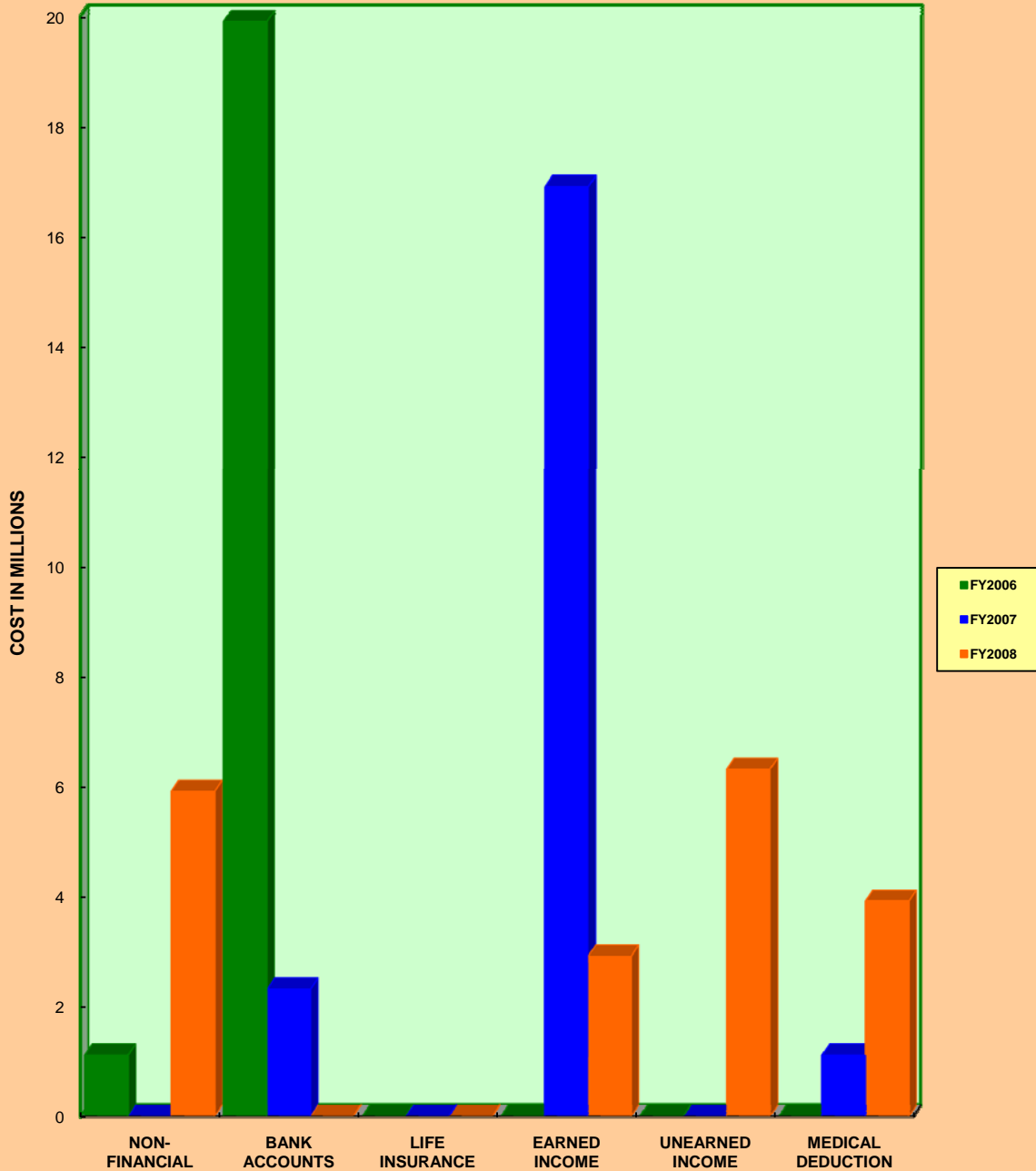
West Virginia Department of Health and Human Resources
Office of Inspector General
Quality Control Unit

**Medicaid Sanction Errors
By Discovery Location**
October, 2007 through September, 2008



West Virginia Department of Health and Human Resources
Office of Inspector General
Quality Control Unit

**TRENDS IN THE COSTS OF ERROR
ELEMENTS IN THE MEDICAID PROGRAM
FY2006 - FY2008**



Quality Control Medicaid Findings by County for FY 2008

County	Cases	Case Errors	Case Err Rate	Claims	Err Claims	Sanc Er Rte	
Barbour	1	7	0	0.00%	\$4,928	\$0	0.00%
Berkeley	2	18	0	0.00%	\$3,113	\$0	0.00%
Boone	3	8	0	0.00%	\$4,323	\$0	0.00%
Braxton	4	7	1	23.33%	\$1,935	\$5	0.27%
Brooke	5	2	0	0.00%	\$84	\$0	0.00%
Cabell	6	32	0	0.00%	\$31,441	\$0	0.00%
Calhoun	7	3	0	0.00%	\$745	\$0	0.00%
Clay	8	0	0	0.00%	\$0	\$0	0.00%
Doddridge	9	2	0	0.00%	\$388	\$0	0.00%
Fayette	10	13	0	0.00%	\$11,780	\$0	0.00%
Gilmer	11	1	0	0.00%	\$121	\$0	0.00%
Grant	12	2	0	0.00%	\$9,572	\$0	0.00%
Greenbrier	13	5	0	0.00%	\$5,382	\$0	0.00%
Hampshire	14	4	0	0.00%	\$3,797	\$0	0.00%
Hancock	15	9	0	0.00%	\$5,257	\$0	0.00%
Hardy	16	3	0	0.00%	\$4,051	\$0	0.00%
Harrison	17	17	0	0.00%	\$2,146	\$0	0.00%
Jackson	18	5	1	31.10%	\$6,850	\$97	1.39%
Jefferson	19	7	0	0.00%	\$8,223	\$0	0.00%
Kanawha	20	44	3	14.00%	\$11,274	\$313	5.01%
Lewis	21	6	1	31.10%	\$639	\$10	18.84%
Lincoln	22	4	0	0.00%	\$7,377	\$0	0.00%
Logan	23	16	0	0.00%	\$11,881	\$0	0.00%
Marion	24	11	0	0.00%	\$5,502	\$0	0.00%
Marshall	25	8	0	0.00%	\$685	\$0	0.00%
Mason	26	15	0	0.00%	\$7,017	\$0	0.00%
Mercer	27	26	2	15.55%	\$14,637	\$980	8.16%
Mineral	28	5	0	0.00%	\$1,864	\$0	0.00%
Mingo	29	11	0	0.00%	\$8,137	\$0	0.00%
Monongalia	30	14	0	0.00%	\$6,810	\$0	0.00%
Monroe	31	6	0	0.00%	\$6,095	\$0	0.00%
Morgan	32	3	0	0.00%	\$7,518	\$0	0.00%
McDowell	33	16	0	0.00%	\$7,677	\$0	0.00%
Nicholas	34	4	2	62.20%	\$9,191	\$1,209	12.85%
Ohio	35	5	0	0.00%	\$26,492	\$0	0.00%
Pendleton	36	0	0	0.00%	\$0	\$0	0.00%
Pleasants	37	1	0	0.00%	\$201	\$0	0.00%
Pocahontas	38	3	0	0.00%	\$374	\$0	0.00%
Preston	39	5	1	18.66%	\$2,242	\$0	0.00%
Putnam	40	10	0	0.00%	\$6,231	\$0	0.00%
Raleigh	41	19	1	8.48%	\$35,114	\$12	0.10%
Randolph	42	7	0	0.00%	\$2,338	\$0	0.00%
Ritchie	43	1	0	0.00%	\$15	\$0	0.00%
Roane	44	6	0	0.00%	\$4,381	\$0	0.00%
Summers	45	11	0	0.00%	\$5,923	\$0	0.00%
Taylor	46	6	0	0.00%	\$2,091	\$0	0.00%
Tucker	47	4	0	0.00%	\$2,570	\$0	0.00%
Tyler	48	1	0	0.00%	\$19	\$0	0.00%
Upshur	49	5	0	0.00%	\$3,098	\$0	0.00%
Wayne	50	16	1	11.66%	\$7,306	\$0	0.00%
Webster	51	2	0	0.00%	\$0	\$0	0.00%
Wetzel	52	5	0	0.00%	\$2,809	\$0	0.00%
Wirt	53	0	0	0.00%	\$0	\$0	0.00%
Wood	54	15	1	8.48%	\$3,239	\$0	0.00%
Wyoming	55	10	1	31.10%	\$2,039	\$413	74.05%
Totals	466	15	5.62%	\$316,922	\$3,039	1.48%	

Quality Control Findings by County for FY 2006 -2008

<i>County</i>	<i>Cases</i>	<i>Case Errors</i>	<i>Case Err Rate</i>	<i>Claims</i>	<i>Err Claims</i>	<i>Sanc Er Rte</i>	
Barbour	1	15	0	0.0%	\$6,529	\$0	0.0%
Berkeley	2	54	0	0.0%	\$12,977	\$0	0.0%
Boone	3	26	0	0.0%	\$10,074	\$0	0.0%
Braxton	4	20	1	7.7%	\$9,172	\$5	0.1%
Brooke	5	10	1	18.6%	\$6,313	\$0	0.0%
Cabell	6	82	0	0.0%	\$61,255	\$0	0.0%
Calhoun	7	7	0	0.0%	\$1,380	\$0	0.0%
Clay	8	5	0	0.0%	\$297	\$0	0.0%
Doddridge	9	5	1	1.4%	\$2,130	\$0	0.0%
Fayette	10	44	0	0.0%	\$30,874	\$0	0.0%
Gilmer	11	1	0	0.0%	\$121	\$0	0.0%
Grant	12	3	0	0.0%	\$9,811	\$0	0.0%
Greenbrier	13	25	0	0.0%	\$25,420	\$0	0.0%
Hampshire	14	19	1	11.6%	\$7,188	\$1,063	44.2%
Hancock	15	22	0	0.0%	\$8,151	\$0	0.0%
Hardy	16	5	0	0.0%	\$4,123	\$0	0.0%
Harrison	17	46	0	0.0%	\$26,978	\$0	0.0%
Jackson	18	19	1	7.7%	\$9,841	\$97	1.1%
Jefferson	19	16	0	0.0%	\$10,905	\$0	0.0%
Kanawha	20	134	5	5.8%	\$40,501	\$313	1.4%
Lewis	21	15	1	13.3%	\$4,584	\$10	7.2%
Lincoln	22	25	0	0.0%	\$12,680	\$0	0.0%
Logan	23	40	0	0.0%	\$19,805	\$0	0.0%
Marion	24	32	0	0.0%	\$8,669	\$0	0.0%
Marshall	25	26	0	0.0%	\$5,136	\$0	0.0%
Mason	26	36	0	0.0%	\$22,849	\$0	0.0%
Mercer	27	71	5	11.8%	\$29,402	\$3,691	16.6%
Mineral	28	10	0	0.0%	\$9,253	\$0	0.0%
Mingo	29	38	0	0.0%	\$18,343	\$0	0.0%
Monongalia	30	39	0	0.0%	\$19,982	\$0	0.0%
Monroe	31	9	0	0.0%	\$6,237	\$0	0.0%
Morgan	32	10	0	0.0%	\$9,797	\$0	0.0%
McDowell	33	51	1	4.9%	\$16,209	\$0	0.0%
Nicholas	34	15	2	26.5%	\$18,523	\$1,209	6.4%
Ohio	35	25	1	5.5%	\$53,824	\$175	0.8%
Pendleton	36	2	0	0.0%	\$305	\$0	0.0%
Pleasants	37	3	0	0.0%	\$2,054	\$0	0.0%
Pocahontas	38	5	0	0.0%	\$610	\$0	0.0%
Preston	39	13	2	23.2%	\$4,787	\$46	1.2%
Putnam	40	31	1	5.2%	\$10,429	\$365	4.1%
Raleigh	41	59	3	9.0%	\$54,323	\$12	0.1%
Randolph	42	19	0	0.0%	\$10,647	\$0	0.0%
Ritchie	43	8	0	0.0%	\$5,890	\$0	0.0%
Roane	44	8	0	0.0%	\$6,063	\$0	0.0%
Summers	45	22	3	30.9%	\$11,301	\$4,636	52.8%
Taylor	46	8	0	0.0%	\$3,236	\$0	0.0%
Tucker	47	6	0	0.0%	\$7,939	\$0	0.0%
Tyler	48	4	0	0.0%	\$1,850	\$0	0.0%
Upshur	49	23	0	0.0%	\$15,681	\$0	0.0%
Wayne	50	49	3	11.1%	\$21,948	\$289	2.2%
Webster	51	11	0	0.0%	\$7,127	\$0	0.0%
Wetzel	52	16	0	0.0%	\$4,400	\$0	0.0%
Wirt	53	2	0	0.0%	\$950	\$0	0.0%
Wood	54	51	2	5.3%	\$22,778	\$0	0.0%
Wyoming	55	36	1	9.3%	\$12,623	\$413	10.5%
Totals	1376	35	4.12%	\$744,274	\$12,324	2.59%	

Quality Control Medicaid Findings by District FY 2008

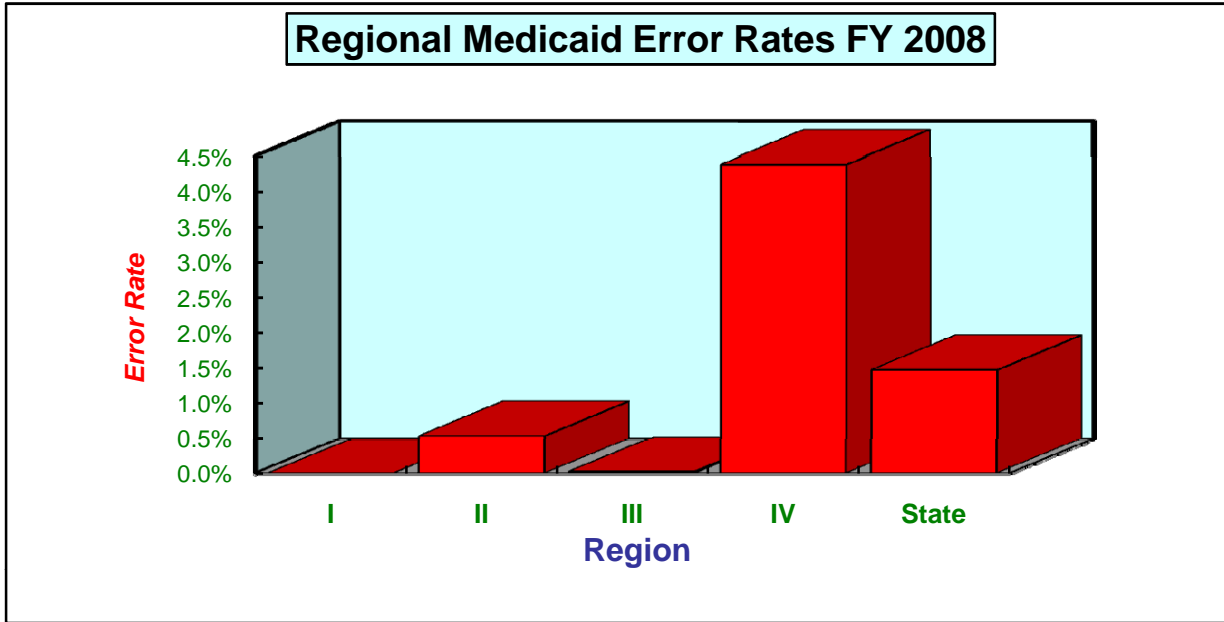
District	Cases	Case Errors	Case Err Rate	Claims	Err Claims	Sanc Er Rte
Region I						
Bro/Hanc/Ohio	16	0	0.00%	\$31,833	\$0	0.00%
Cal/Gi/Wt	4	0	0.00%	\$866	\$0	0.00%
Harrison	17	0	0.00%	\$2,146	\$0	0.00%
Marion/Mono	25	0	0.00%	\$12,312	\$0	0.00%
Plea/Ritch/Dodd	4	0	0.00%	\$604	\$0	0.00%
Tyl/Wetz/Mars	14	0	0.00%	\$3,513	\$0	0.00%
Wood	15	1	8.48%	\$3,239	\$0	0.00%
<i>Region Total</i>	95	1	1.64%	\$54,513	\$0	0.00%
Region II						
Boone	8	0	0.00%	\$4,323	\$0	0.00%
Cabell	32	0	0.00%	\$31,441	\$0	0.00%
Jack/Roa/Mas	26	1	5.49%	\$18,248	\$97	0.68%
Kanawha	44	3	14.00%	\$11,274	\$313	5.01%
Lincoln	4	0	0.00%	\$7,377	\$0	0.00%
Logan	16	0	0.00%	\$11,881	\$0	0.00%
Mingo	11	0	0.00%	\$8,137	\$0	0.00%
Putnam	10	0	0.00%	\$6,231	\$0	0.00%
Wayne	16	1	11.66%	\$7,306	\$0	0.00%
<i>Region Total</i>	167	5	5.62%	\$106,218	\$410	0.54%
Region III						
Bar/Tay/Pre	18	1	7.78%	\$9,261	\$0	0.00%
Berk/Jeff/Mor	28	0	0.00%	\$18,854	\$0	0.00%
Gr/Hrdy/Pen	5	0	0.00%	\$13,623	\$0	0.00%
Hamp/Min	9	0	0.00%	\$5,661	\$0	0.00%
Lew/Uphs	11	1	13.33%	\$3,737	\$10	0.31%
Rand/Tuck	11	0	0.00%	\$4,908	\$0	0.00%
<i>Region Total</i>	82	2	3.89%	\$56,044	\$10	0.03%
Region IV						
Braxton/Clay	7	1	23.33%	\$1,935	\$5	0.27%
Fayette	13	0	0.00%	\$11,780	\$0	0.00%
Grn/Mroe/Poc/Sum	25	0	0.00%	\$17,774	\$0	0.00%
McDowell	16	0	0.00%	\$7,677	\$0	0.00%
Mercer	26	2	15.55%	\$14,637	\$980	8.16%
Nicholas/Webster	6	2	46.65%	\$9,191	\$1,209	12.85%
Raleigh	19	1	8.48%	\$35,114	\$12	0.10%
Wyoming	10	1	31.10%	\$2,039	\$413	74.05%
<i>Region Total</i>	122	7	10.71%	\$100,147	\$2,619	4.38%
Totals	466	15	5.62%	\$316,922	\$3,039	1.48%

Quality Control Medicaid Findings by District FY2006-2008

District	Cases	Case Errors	Case Err Rate	Claims	Err Claims	Sanc Er Rte
Region I						
Bro/Hanc/Ohio	57	2	5.3%	\$68,288	\$175	0.5%
Cal/Gi/Wt	10	0	0.0%	\$2,451	\$0	0.0%
Harrison	46	0	0.0%	\$26,978	\$0	0.0%
Marion/Mono	71	0	0.0%	\$28,651	\$0	0.0%
Plea/Ritch/Dodd	16	1	0.7%	\$10,074	\$0	0.0%
Tyl/Wetz/Mars	46	0	0.0%	\$11,386	\$0	0.0%
Wood	51	2	5.3%	\$22,778	\$0	0.0%
Region II						
Boone	26	0	0.0%	\$10,074	\$0	0.0%
Cabell	82	0	0.0%	\$61,255	\$0	0.0%
Jack/Roa/Mas	63	1	2.7%	\$38,753	\$97	0.4%
Kanawha	134	5	5.8%	\$40,501	\$313	1.4%
Lincoln	25	0	0.0%	\$12,680	\$0	0.0%
Logan	40	0	0.0%	\$19,805	\$0	0.0%
Mingo	38	0	0.0%	\$18,343	\$0	0.0%
Putnam	31	1	5.2%	\$10,429	\$365	4.1%
Wayne	49	3	11.1%	\$21,948	\$289	2.2%
Region III						
Bar/Tay/Pre	36	2	8.8%	\$14,552	\$46	0.6%
Berk/Jeff/Mor	80	0	0.0%	\$33,679	\$0	0.0%
Gr/Hrdy/Pen	10	0	0.0%	\$14,239	\$0	0.0%
Hamp/Min	29	1	7.1%	\$16,441	\$1,063	13.1%
Lew/Uphs	38	1	3.7%	\$20,265	\$10	0.1%
Rand/Tuck	25	0	0.0%	\$18,586	\$0	0.0%
Region IV						
Braxton/Clay	25	1	5.8%	\$9,469	\$5	0.1%
Fayette	44	0	0.0%	\$30,874	\$0	0.0%
Grn/Mroe/Poc/Sum	61	3	8.2%	\$43,568	\$4,636	14.5%
McDowell	51	1	4.9%	\$16,209	\$0	0.0%
Mercer	71	5	11.8%	\$29,402	\$3,691	16.6%
Nicholas/Webster	26	2	14.3%	\$25,650	\$1,209	4.7%
Raleigh	59	3	9.0%	\$54,323	\$12	0.1%
Wyoming	36	1	9.3%	\$12,623	\$413	10.5%
Totals	1376	35	4.12%	\$744,274	\$12,324	2.59%

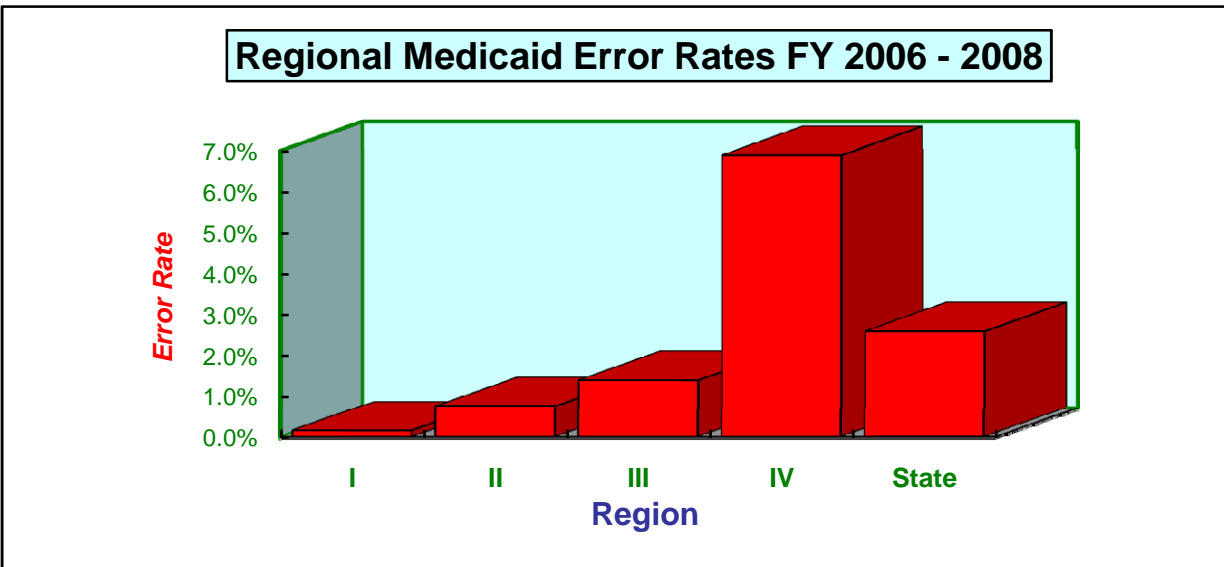
QC Regional Medicaid Error Rates FY 2008

Region	Cases	Case Errors	Case Err Rate	Claims	Err Claims	Sanc Er Rte
I	95	1	1.64%	\$54,513	\$0	0.00%
II	167	5	5.62%	\$106,218	\$410	0.54%
III	82	2	3.89%	\$56,044	\$10	0.03%
IV	122	7	10.71%	\$100,147	\$2,619	4.38%
State	466	15	5.62%	\$316,922	\$3,039	1.48%



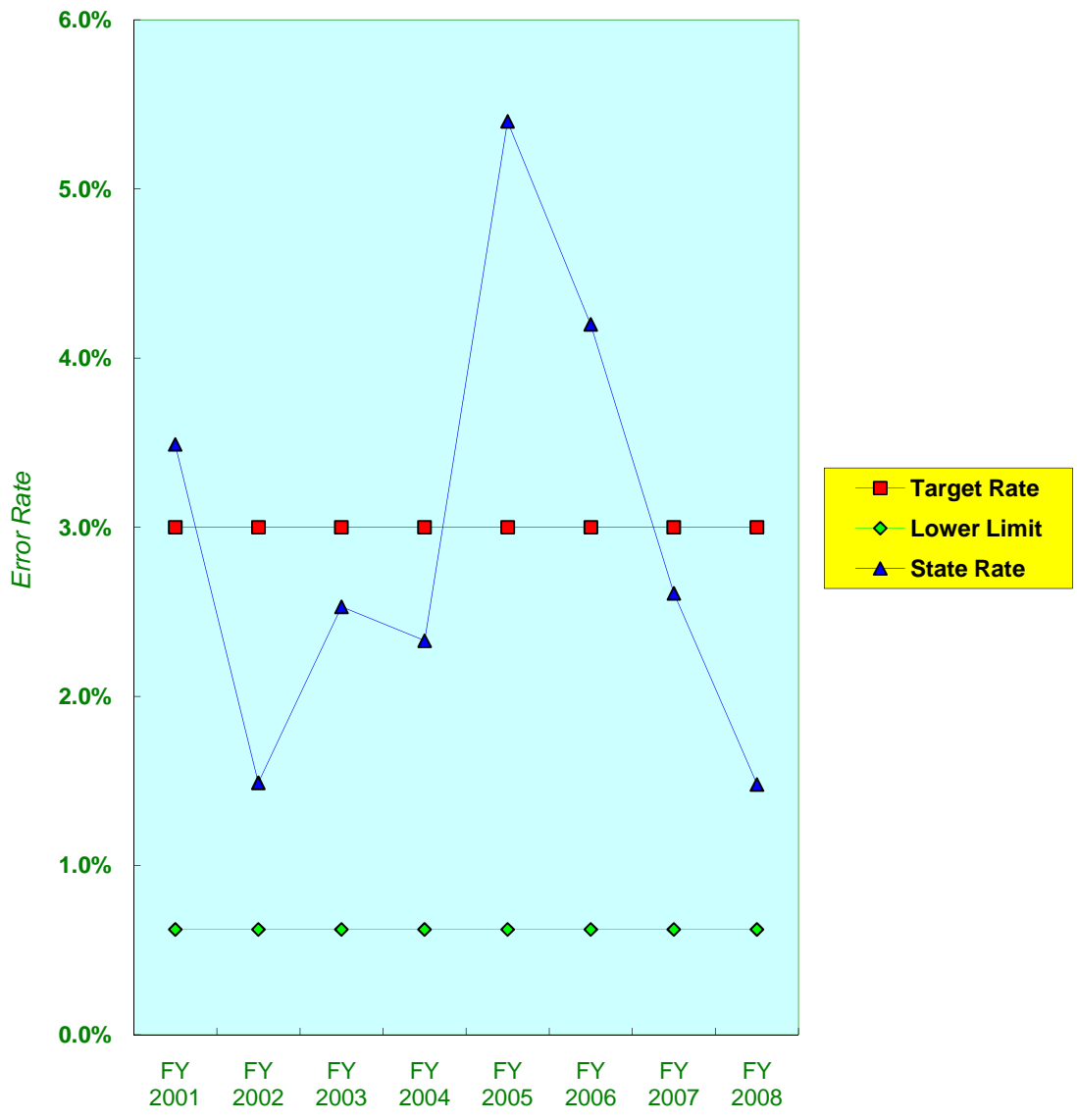
QC Regional Medicaid Error Rates FY 2006-2008

Region	Cases	Case Errors	Case Err Rate	Claims	Err Claims	Sanc Er Rte
I	297	5	2.1%	\$170,606	\$175	0.2%
II	488	10	3.5%	\$233,788	\$1,064	0.8%
III	218	4	3.1%	\$117,762	\$1,119	1.4%
IV	373	16	7.8%	\$222,118	\$9,966	6.9%
State	1376	35	4.12%	\$744,274	\$12,324	2.59%



West Virginia Department of Health and Human Resources
Office of Inspector General
Quality Control Unit

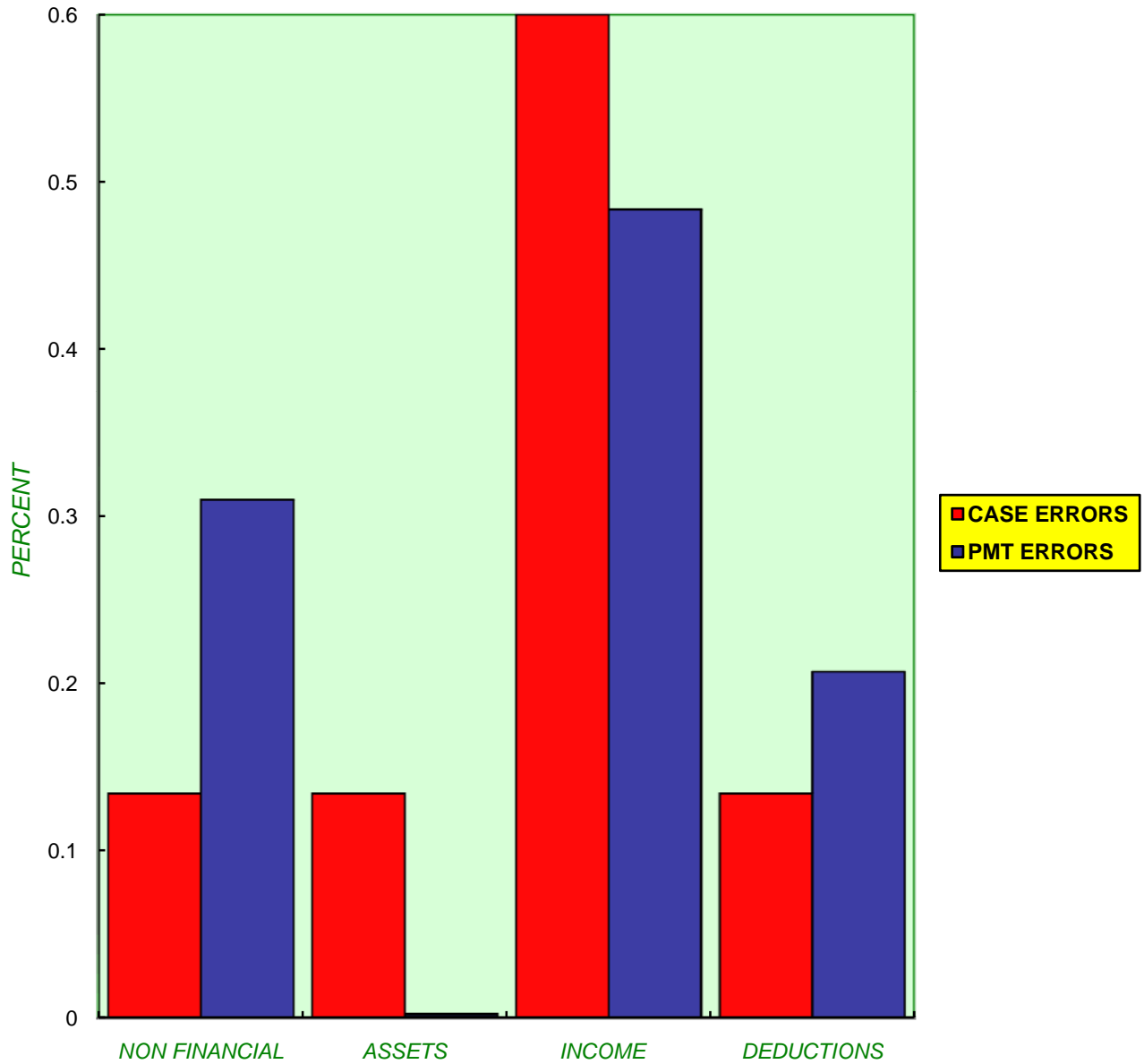
**Medicaid Sanction Error Rates
FY 2001 - 2008**



Note: Due to our participation in the pilot program, CMS will substitute our FY 1994 lower limit error rate of 0.622% for FY 2001 - FY 2008. (Ref: Page 2 of this report)

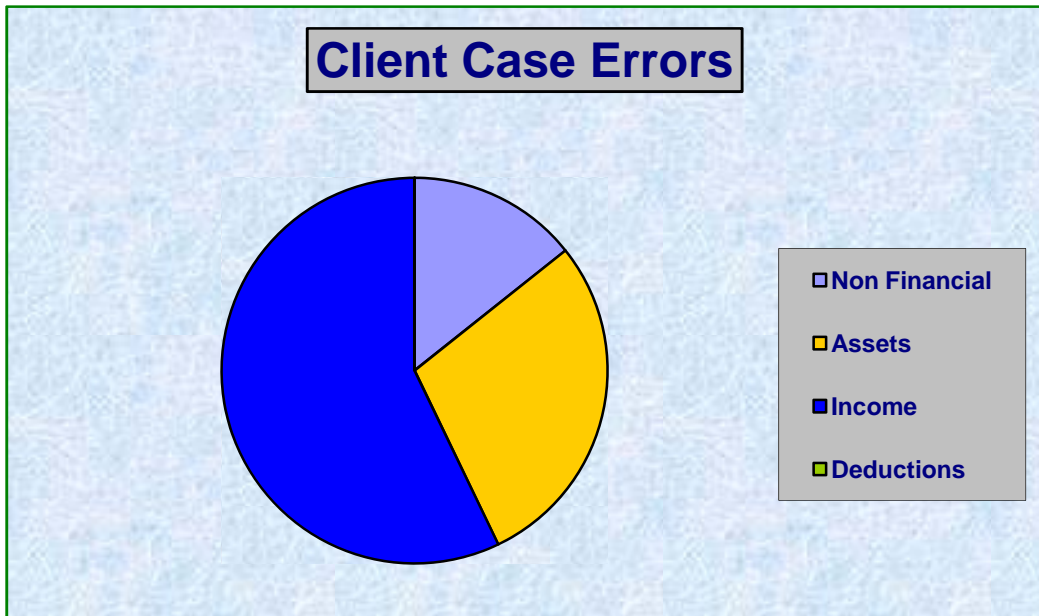
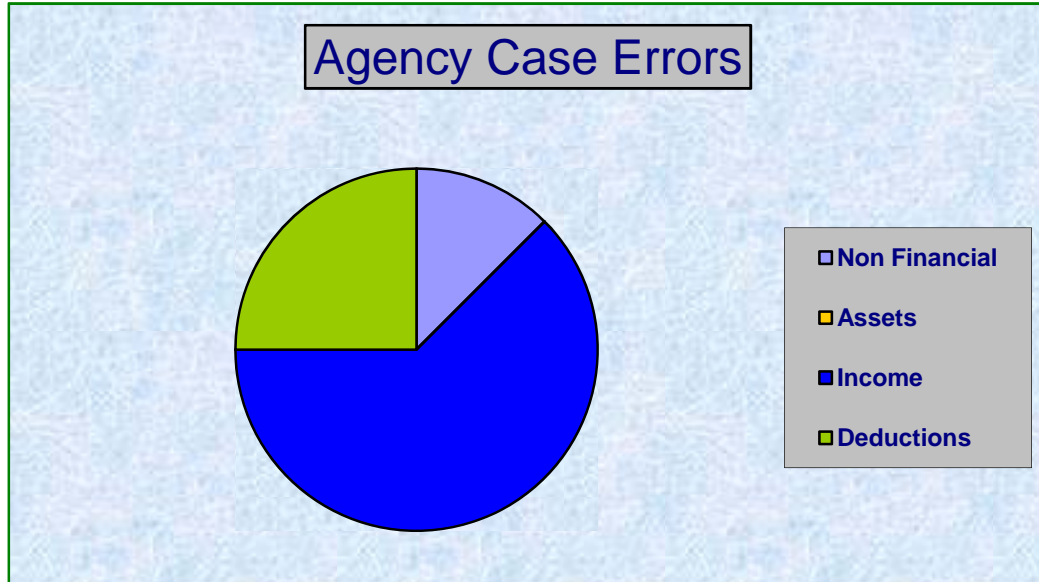
West Virginia Department of Health and Human Resources
Office of Inspector General
Quality Control Unit

MEDICAID ERRORS BY ELEMENT
October, 2007 through September, 2008



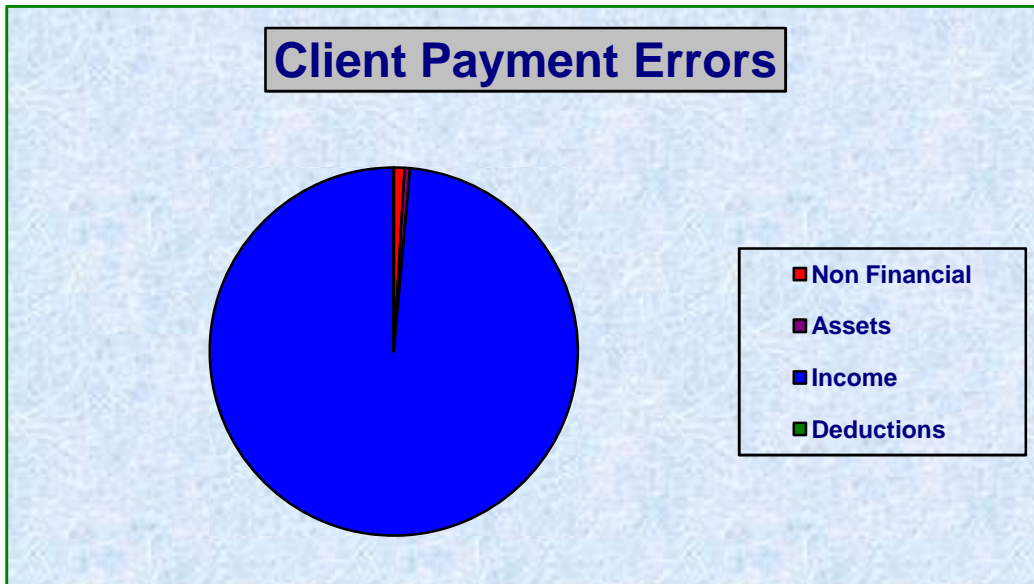
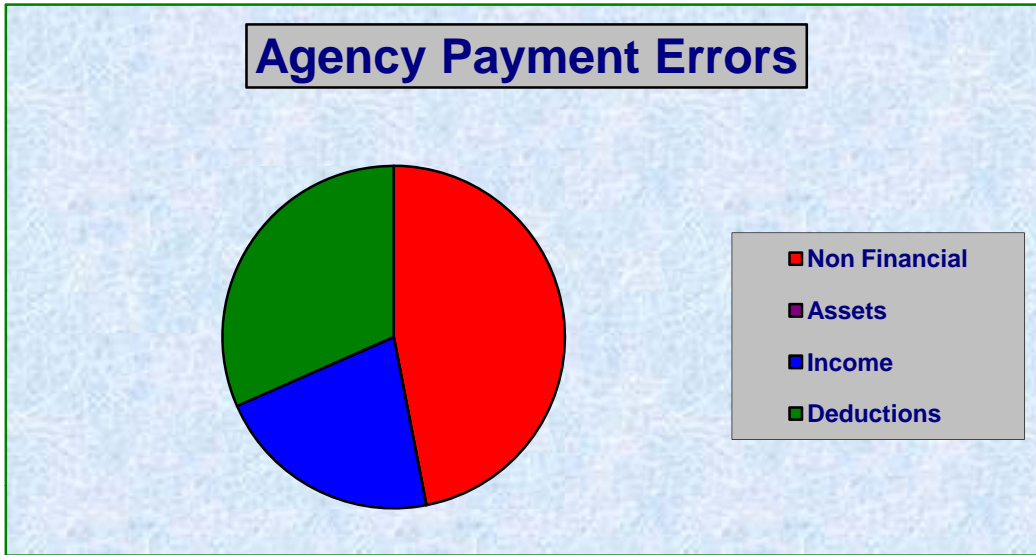
West Virginia Department of Health and Human Resources
Office of Inspector General
Quality Control Unit

West Virginia Medicaid Case Errors
October, 2007 through September, 2008



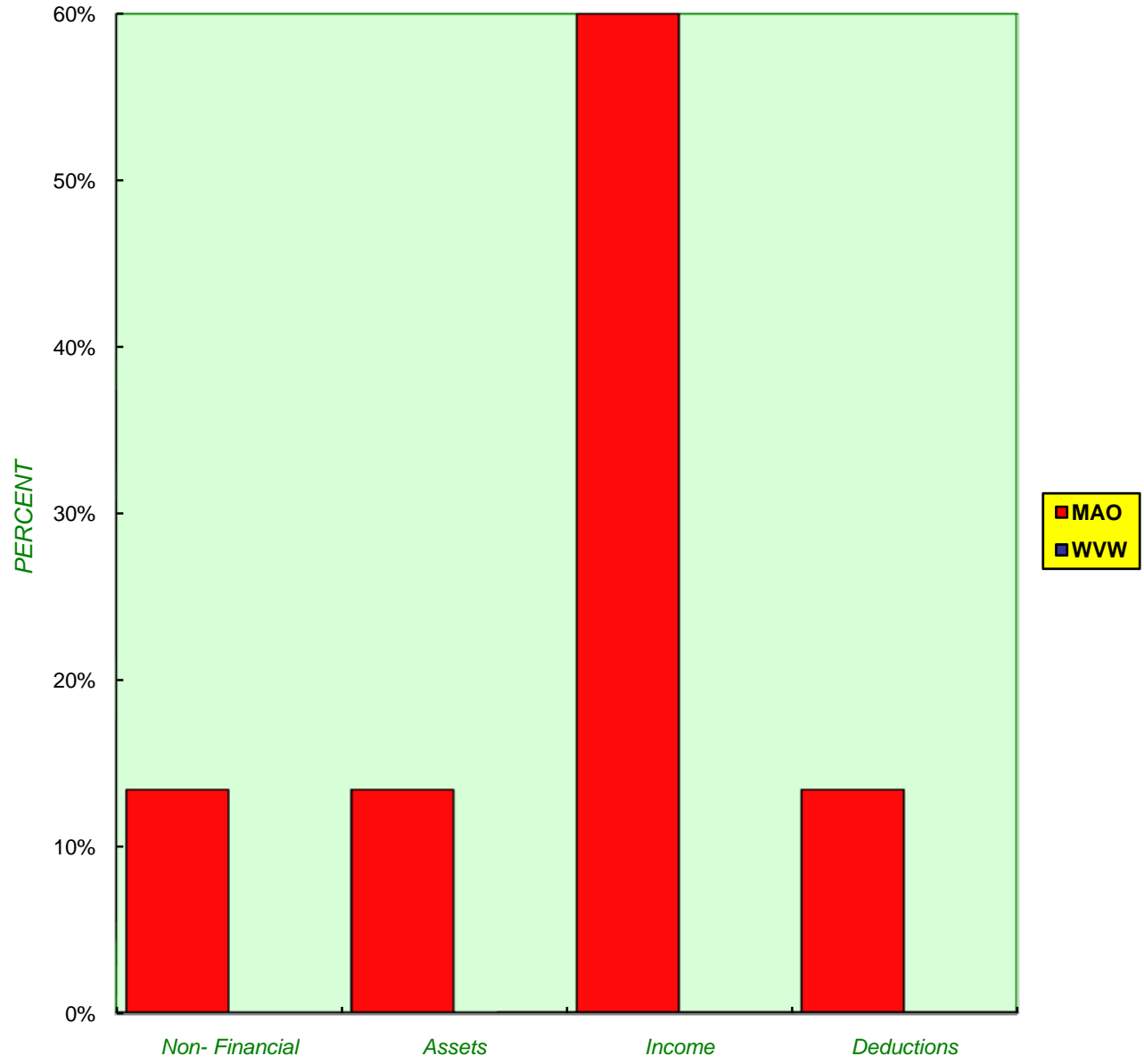
West Virginia Department of Health and Human Resources
Office of Inspector General
Quality Control Unit

West Virginia Medicaid Payment Errors
October, 2007 through September, 2008



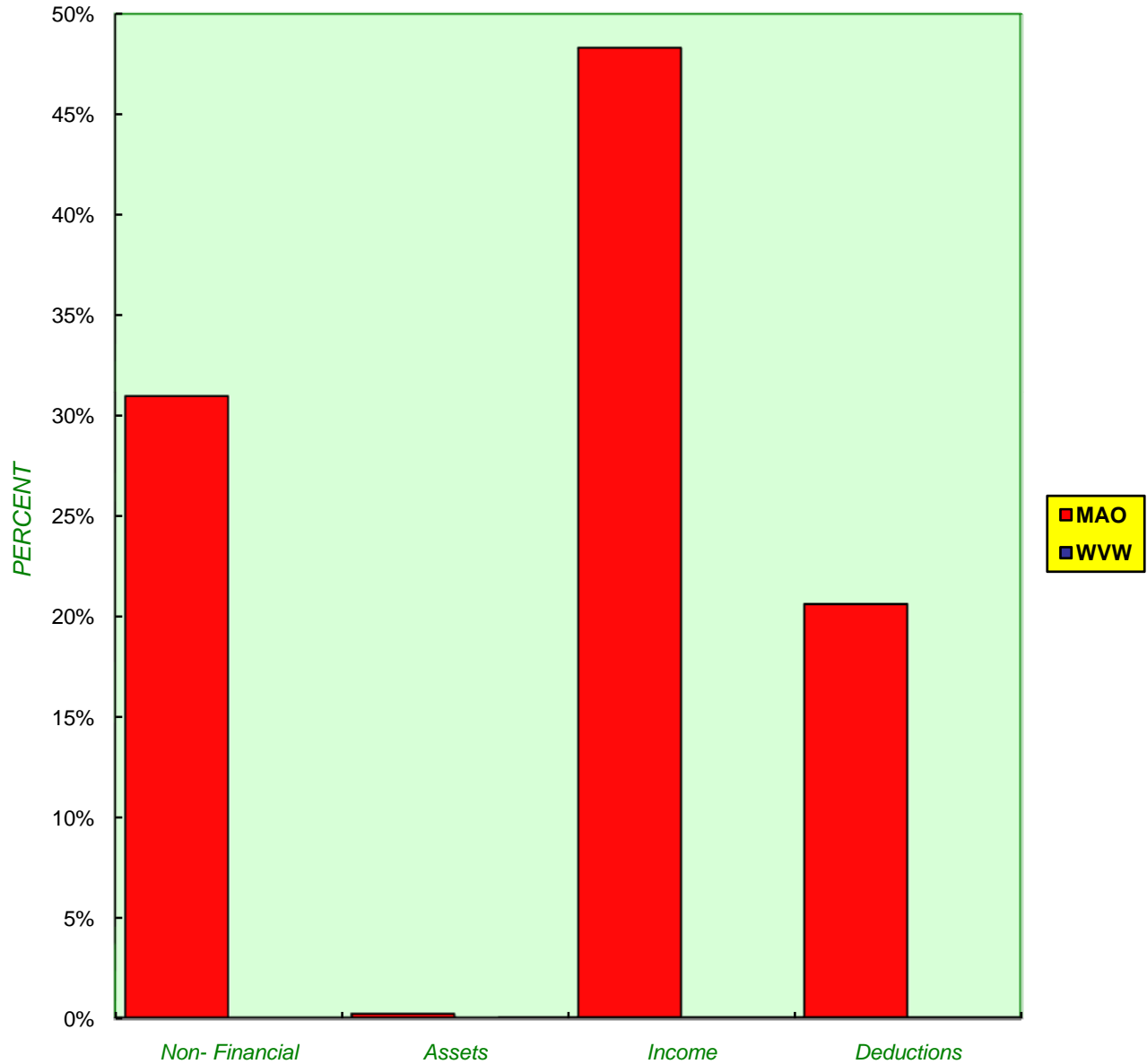
West Virginia Department of Health and Human Resources
Office of Inspector General
Quality Control Unit

CASE ERRORS BY CATEGORY
October, 2007 through September, 2008



West Virginia Department of Health and Human Resources
Office of Inspector General
Quality Control Unit

PAYMENT ERRORS BY CATEGORY
October, 2007 through September, 2008



Medicaid Negative Case Review Findings

For FY 2008, we selected a total of 96 Medicaid Negative cases and completed 75. The 21 cases not reviewed represent cases in which the families moved out of state or refused to cooperate. Two (2) of the completed cases reviewed were found to be in error, which represents a case error rate of 2.66%.

The two errors reported were due to Non-Financial eligibility requirements. In one case, a verification request was not sent to the client. In the other case, disability information was not properly coded.

The following graph summarizes the above information.

