

Medicaid Fraud Performance Target Formula

The Agency for Health Care Administration's Bureau of Medicaid Program Integrity will annually calculate a Medicaid Fraud Performance Target for each managed care plan and dental plan using the following methodology:

- (1) Divide the total number of plan enrollees on the July Monthly Enrollment Report by the number of unique providers in the plan's first submission of the July PNV File.¹
- (2) Round the result to the ten thousandth's place.
- (3) Multiply the result in step (2) by the multiplier in Reporting of Suspected Fraud Multiplier – For Use in Calculating Fraud Reporting Performance Benchmark Table below.

REPORTING OF SUSPECTED FRAUD MULTIPLIER – FOR USE IN CALCULATING FRAUD REPORTING PERFORMANCE BENCHMARK	
Managed Care Plan's and Dental Plan's Total Capitation Payment Amount for July of the Current State Fiscal Year	Multiplier
Up to (not including) five million dollars (\$5,000,000.00)	1.50
From five million dollars (\$5,000,000.00) up to (but not including) thirty million dollars (\$30,000,000.00)	1.75
Thirty million dollars (\$30,000,000.00) up to (but not including) one hundred million dollars (\$100,000,000.00)	2.25
One hundred million dollars (\$100,000,000.00) and above	2.50

- (4) Round the result to the nearest whole number.

¹ If a dental plan, divide this result by 100 before moving to (2).