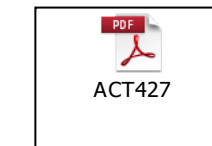


Metric Title	Metric Summary	Data Source	Qualifying case	Numerator	Denominator
Medicaid Fraud Investigations	(a) The number of Medicaid cases investigated for intentional program violations or fraud.	Program Integrity	include all triage and precases and preliminary investigations closed during the reporting quarter	6A. Total cases Investigated and Reviewed by MBF	
Cases Referred to Attorney General	(b) Total number of Medicaid cases referred to the attorney general's office for prosecution.	Program Integrity	all cases referred during the reporting quarter	6B. Total cases referred to AG by MBF	
Improper Payments Identified	(c) Improper payments and expenditures.	Program Integrity	For MCO - aggregate capitation payments during ineligibility period; for FFS any claims paid during an ineligibility period, amount through PERM/MEQC reviews will be added	6C. Identified Improper Payments and Expenditures	
Monies recovered	(d) Monies recovered.	Program Integrity	monies received during the quarter	6D. Dollars collected from ineligible recipients with judicial restitution order or pursuant to a court order or DA PTI process	
Improper Payment and Ineligibility Rate	(e) Aggregate data concerning improper payments and ineligible recipients as a percentage of those investigated and reviewed.	Program Integrity		6E. # reported in (b)	# reported for subsection A



Reporting Period - State Fiscal Year 2026 (July 1 - June 30)

Reporting Frequency - Quarterly - Report due 15 days after the end of the previous quarter

Metric Summary	July-September	October - December	January-March
Medicaid Fraud Investigations	352	371	350
Cases Referred to Attorney General	15	14	17
Improper Payments Identified*	\$961,339	\$957,800	\$882,121
Monies recovered	\$456	\$90,720	\$27,433.64
Improper Payment and Ineligibility Rate	4.26%	3.77%	4.86%

\*July-September includes the MEQC improper payments for ineligible recipient findings