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FRS-267

UNITED STATES GENERAL ACCOUNTING OFFICE
WASHINGTON, D.C. 20548

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IN REPLY
REFER TO:

HUMAN RESOURCES
DIVISION

HUMAN RESOURCES DIVISION



6, 1977

Mr. Aber

Mr. Bantz

Mr. Morse

Mr. Quinlan

Report Control Desk *Tula*

Comptroller

MAN 1 8 1977

From 6-8-4
Code 106062

02509

Mr. Don I. Wortman
Acting Administrator
Health Care Financing
Administration
Department of Health, Education,
and Welfare

Dear Mr. Wortman:

This is to advise you that we have completed a survey of States' utilization review (also called utilization control) programs for non-institutional services under Medicaid. Such programs focus on services provided by physicians, dentists, pharmacies, and other practitioners and are intended to assure that medical services provided under Medicaid are necessary and appropriate as well as to control Medicaid costs by minimizing, and denying payment for, unnecessary and inappropriate services.

We surveyed through a questionnaire the procedures used by States to control the utilization of noninstitutional services including:

- edits and checks in the States' claims processing systems, including exception criteria used to identify possibly unnecessary services;
- practices used to determine if claims identified as being possibly unnecessary were in fact unnecessary;
- the types of services subjected to review for appropriateness of care and the methods used to check for appropriateness;
- the number of personnel assigned to determine necessity of care and the number assigned to check appropriateness of care (also called quality of care reviews);
- the types of information the States' claims processing system is capable of producing, and does produce, to assist the utilization control program; and
- the results of the utilization control program.

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The survey showed (1) there was considerable variations among the States regarding the extent and emphasis of their program, and (2) about 70 percent of the States could not provide any quantifiable information on the results of their program in terms of claims denied.

BACKGROUND

Over the last several years, HEW has been taking some actions, in response to the utilization control provisions of the Social Security Amendments of 1972 (P.L. 92-603), to increase the effectiveness of the States utilization control over institutional services--those provided in hospitals and skilled nursing and intermediate care facilities. HEW has also assisted States in developing Medicaid Management Information Systems (MMIS) which can perform many of the edits for, and provide the data necessary for, conducting a utilization control program for noninstitutional services. However, HEW has done little else in the area of noninstitutional utilization control.

Utilization control programs for noninstitutional services have been required since April 1, 1968, when section 237 of the Social Security Amendments of 1967 (P.L. 90-248) became effective. Section 237 added section 1902 (a)(30) to the Social Security Act which requires State Medicaid plans to:

"provide such methods and procedures relating to the utilization of, and the payment for, care and services available under the plan***as may be necessary to safeguard against unnecessary utilization of such care and services and to assure that payments***are not in excess of reasonable charges consistent with efficiency, economy, and quality of care."

Because payments for noninstitutional services represent about 40 percent of Medicaid expenditures, utilization control over these services is important to the containment of overall Medicaid costs. Also, it is reported that noninstitutional services are those where fraud and abuse is most prevalent and utilization control programs can help detect and prevent fraud and abuse.

Because little data was available about State utilization control practices within the Department of Health, Education, and Welfare (HEW), we sent a questionnaire to the 53 States and jurisdictions with Medicaid programs. This report is based on the response to that questionnaire.

THE QUESTIONNAIRE

On July 11, 1975, we sent a questionnaire on utilization control practices to 49 States (Arizona did not have a Medicaid program), the District of Columbia, Guam, Puerto Rico, and the Virgin Islands. Between July and November 1975, we received responses from all of these jurisdictions except Guam. All responding jurisdictions will be referred to as States in this report.

Because some of the questionnaires were incomplete and because some of the responses were not clear or conflicted with others, we contacted virtually all the States to help insure we had an accurate, nation-wide picture of the Medicaid utilization control program for noninstitutional services.

RESULTS OF THE QUESTIONNAIRE

The responses to the questionnaire showed that, on the whole, the utilization control program for Medicaid noninstitutional services was spotty. While a few States responded that they did perform all or most of the edits and checks and produce the data necessary for monitoring program utilization, most States performed relatively few of the edits and checks and only produced some of the needed data. The States that reported the more extensive utilization control programs were generally the States that said their claims processing systems met all of the MMIS requirements or that their systems were awaiting certification as approved MMISs.

Because we believe that the results of the questionnaire could provide a valuable source of base line data on State programs, a compilation of all of the responses to the questionnaire is presented as Appendix I. Examples of some of the results follow.

Status of Implementation of MMIS

Since the responses to the questionnaire indicate that States with MMISs have better utilization control systems, it appears that efforts toward developing and operating MMIS are very important to an effective utilization control system. At the time of our questionnaire, not much progress toward MMIS had been made as illustrated by the following two tables.

Status of State's Claims Processing System
in Meeting MMIS Requirements

<u>Status</u>	<u>Number of States Giving Response</u>
Meets all requirements	6
Awaiting certification as an MMIS	3
Minor changes needed to meet MMIS requirements	13
Major changes needed to meet MMIS requirements	23
Other	7
	<u>52</u>

Changes Needed for State's Claims Processing
System to Meet MMIS Requirement

<u>Change Needed</u>	<u>Number of States giving responses</u>
Claims processing system needs to be automated	13
Provider file needs to be automated	13
Reference file needs to be automated	14
Recipient eligibility file needs to be automated	10
System needs improvement of infor- mation retrieval subsystem for management reports	26
System needs improvement of infor- mation retrieval subsystem for utilization reports	27
System needs to be modified so as to produce explanation of benefits	8
No changes needed	9
Other	<u>17</u>
 Total	 <u>137</u> ^{a/}

Note a: Total adds to more than 52 because 28 States gave multiple responses.

Since the time of our questionnaire, the status of MMIS implementa-
tion by the States has improved. As of September 19, 1976, 11 State claims
processing systems had been certified as meeting all MMIS requirements, 4
States were awaiting certification, 18 States were in various stages of
developing an MMIS, and 10 States were making preparations to initiate
development of an MMIS. Only 7 States were taking no action to install an
MMIS. The 3 territories do not participate in the MMIS program.

Use of Edits and Checks

Most States did not perform all of the edits and checks we inquired
about. For example, only 23 States compared, for all types of services,
the service provided with the diagnosis to ensure consistency. Nineteen
States did this edit for some services and 9 States never performed this
edit. Comparable numbers for an edit to determine if the diagnosis was
consistent with the recipient's sex were 22, 11, and 18, respectively.
Also, only 29 States checked to see if providers were prescribing an exces-
sive amount of narcotic or dangerous drugs and 32 States did not have checks
or edits to identify excessive use of ambulances.

For States that did perform the various edits and checks, we noted that there was a large variance among the criteria used to identify providers and recipients who might be providing or using excessive numbers of services. For example, 38 States said they checked to determine if a recipient was making an excessive number of visits to the same provider, but the criteria used to identify such individuals varied from a high of not questioning claims until a recipient had seen the same provider more than 10 times in one month to a low of more than 1 visit in a month. Another example relates to a recipient receiving an excessive number of prescriptions where the criteria ranged from a high of 19 prescriptions in a month to a low of 3 prescriptions in a month.

We also observed that many States that reported they performed a particular check or edit also said that the edit or check was performed manually.

In our opinion, many of the checks and edits would be very difficult to effectively perform manually; for example, checking if a service is consistent with the diagnosis where hundreds of diagnoses and thousands of services were involved. This would be especially true if nonprofessional personnel were doing this edit.

Quality of Care Reviews

A number of States did not have programs to assess the quality of care provided under Medicaid. Twelve States did not review the quality of care provided by physicians, 13 States did not review care provided by dentists, 15 States did not review care provided by optometrists (3 States did not provide the service), and 13 States did not review services provided by podiatrists and chiropractors (podiatrist services were not covered by 12 States, and chiropractic services were not covered by 22 States).

Number of Personnel Used for Utilization Control

The States reported widely varying numbers of personnel engaged in utilization control and quality of care activities. We computed the ratio of reviewers to recipients of medical services based on the average monthly number of recipients during fiscal year 1975. We could not make the computations for 1 State. These computations showed:

Ratio of Reviewers to Recipients	Number of States in Ratio Range					
	Abnormal Claims			Quality of Care		
	Professional Reviewers	Clerical Reviewers	Total	Professional Reviewers	Clerical Reviewers	Total
Data not available	7	6	7	9	8	9
No reviewer	4	7	3	9	13	9
1:1 to 1:2,500	0	2	4	2	1	3
1:2,501 to 1:10,000	7	6	6	5	4	9
1:10,001 to 1:25,000	6	5	10	7	4	7
1:25,001 to 1:50,000	5	5	6	6	6	4
1:50,001 to 1:100,000	7	3	2	4	3	1
1:100,001 to 1:200,000	3	5	2	0	2	0
over 1:200,000	3	3	2	0	1	0

Ten States reported that they could not separate their personnel between the two types of reviews. These States had ratios of personnel to recipients ranging from 1:913 to 1:253,836 for professional reviewers, from 1:700 to 1:147,307 for clerical reviewers, and from 1:560 to 1:28,204 for total reviewers.

Reported Results of the Utilization Control Program

We asked the States to provide us with information on the results of their noninstitutional utilization control programs. We asked for data for fiscal years 1973-75 on the number and dollar value of claims denied because of the program for (1) physician, (2) prescription drugs, and (3) other services, the number of providers referred for prosecution, the number of providers prohibited from participating in Medicaid and the number of recipients with actions taken against them. Few States were able to provide this data. For fiscal year 1975, only 14 States could provide data on the number of physician claims denied and only 16 States on the dollar value of denied physician claims. Even fewer States could provide the requested data for prescription drug claims and other claims. Because of the inability of most States to provide results of data, this question is not summarized in Appendix I.

One disturbing fact shown by this inability to provide results data was that of the 9 States reporting that their claims processing systems met all MMIS requirements or that they were awaiting certification, 8 could not provide any data on denied claims. The 1 State that did provide data was only able to do so for dental services.

LACK OF HEW GUIDANCE TO THE STATES ON NONINSTITUTIONAL UTILIZATION CONTROL PROGRAMS

While HEW has required the States to have utilization control programs for noninstitutional services, virtually the only formal guidance provided to the States has been the requirements for and system design of MMIS.

While MIS does provide much of the data necessary for utilization control, it does not tell the State how to use the data desired.

CONCLUSIONS

At the time of our questionnaire, there was wide variation in the extent to which States had implemented a noninstitutional utilization control program. Many States were performing this function manually which is very difficult to do for many types of checks and edits. There was wide variation among the States in the criteria used to identify abnormal claims and in the number of personnel used to review abnormal claims in relation to the number of recipients. Reviews to determine the quality of care provided were nonexistent in a number of States and only covered some types of services in most other States. Because of the time that has passed since the issuance of our questionnaire and because other ongoing reviews cover these areas, we are not making recommendations relating to these conclusions.

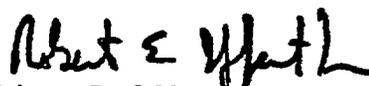
States were not able to provide us with data on the results of their noninstitutional utilization review programs, even those States which indicated that their claims processing systems met all the requirements for MIS.

We believe that information on the results of the various State programs could provide SRS management and the States with helpful data to measure and compare the impact of such programs.

RECOMMENDATION

We recommend that SRS ensure that the MISs in use and being developed by the States have the capability to accumulate and report on the results of utilization control programs and that arrangement be made for the reporting and dissemination of such information.

Sincerely yours,


Robert E. Iffert, Jr.
Assistant Director

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(SIGNED BY OFFICIAL OTHER THAN THE COMPTROLLER GENERAL OR DIVISION DIRECTOR)

TITLE OF REPORT AND ASSIGNMENT CODE

Survey of practices to control the Use of Noninstitutional Services Under Medicaid (Code 706062)

INSTRUCTIONS

Instructions for preparing this form are contained in Chapter 20 of the Report Manual.

NAME OF OFFICIAL TO SIGN REPORT
Robert E. Iffert, Jr.

TITLE
Assistant Director, HRD

DATE ISSUED
3/16/77

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REMARKS

*Superscripted and placed in instructions
3/18/77*

APPROVAL FOR RELEASE OF REPORT AND TRANSMITTAL LETTERS

SIGNATURE

R. E. Iffert, Jr.

TITLE

Assistant Director

DATE

3/16/77

QUESTION 2

**Number of
States^{1/}**

Who Processes Your State's Medicaid Claims?

The Title XIX single State agency	19
Another agency within the State government	0
A fiscal agent	17
A county agency	0
Other contractor(s) such as a medical or dental society	1
A combination of the above:	
-mainly single State agency but also contractor(s)	10
-mainly contractor(s) but also single State agency	9
-other	2
	<u>52</u>

**1/ For reporting purposes (the District of Columbia, Puerto Rico,
and the Virgin Islands will be counted as States.**

QUESTION 3

What is the Present Status of Your Medicaid Claims Processing and Information Retrieval System in Qualifying as an Automated System Under Section 235 of Public Law 92-603?

	<u>Number of States</u>
Present system meets all the requirements	6
Present system needs only minor modification to meet the requirements	13
Present system needs major changes to meet the requirements	23
<u>Medicaid Management Information System (MMIS)</u>	
Presently Implementing	5
Awaiting certification of MMIS	3
MMIS presently being studied	1
Other - no centralized Statewide automated claims processing and information retrieval system	1
	<u>52</u>

QUESTION 4

**What Changes Need to be Made In the State's Present
Claims Processing and Information Retrieval System
to Qualify for Increased Federal Cost Sharing Under
Section 235 of P.L. 92-603?**

	<u>Number of States</u>
Automation of claims processing	13
Automation of provider file	13
Automation of reference file	14
Automation of recipient eligibility file	10
Information retrieval-management reports	26
Information retrieval-utilization reports	27
Other	34
<hr/>	
States needing one of the changes listed above	24
States needing two of the changes listed above	8
States needing three of the changes listed above	6
States needing four of the changes listed above	3
States needing five of the changes listed above	1
States needing six of the changes listed above	8
States needing seven of the changes listed above	2
	<u>52</u>

QUESTION 5

Listed on the following pages are a number of noninstitutional services which may be provided under a State's Medicaid plan. For each of these services, the following information is summarized:

- the number of States providing the service;
- the number of States requiring prior authorization to receive the service;
- the number of States having a quantity or cost limit established for the service;
- the number of States that can authorize the Medicaid eligible to exceed the quantity or cost limit;
- examples of cost or quantity limits; and
- examples of prior authorization requirements.

QUESTION 5

Physician Services

Number of States providing this service to all Medicaid eligibles 52
Number of States providing this service to some Medicaid eligibles 0
Total number of States providing this service 52

Number of States requiring prior authorization for all services
of this type 0
Number of States requiring prior authorization for some services
of this type 16
Total number of States requiring prior authorization for at least
some services of this type 16

Number of States with cost or quantity limits on this service 14
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 9

Examples of cost or quantity limits

- 18 physician visits per year
- \$500 in private psychiatric care per year
- 100 hospital inpatient visits per year
- 10 physician office visits per month
- 1 physician visit per month except 2 visits
per month are allowed for a new acute condition

Examples of prior authorization requirements

- For cosmetic surgery
- For sterilizations
- For more than 2 visits per month
- For elective, remedial, or restorative services

QUESTION 5 (continued)

Outpatient Hospital Services

Number of States providing this service to all Medicaid eligibles . . . 52
Number of States providing this service to some Medicaid eligibles . . . 0
Total number of States providing this service 52

Number of States requiring prior authorization for all services
of this type 1
Number of States requiring prior authorization for some services
of this type 7
Total number of States requiring prior authorization for at least
some services of this type 8

Number of States with cost or quantity limits on this service 4
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 1

Examples of cost or quantity limits

\$200 per eligible per year
30 visits per year
12 visits per year
1 visit per day

Examples of prior authorization requirements

For elective surgery
For more than 2 outpatient psychiatric visits
For physical, speech or occupational therapy

QUESTION 5 (continued)

Laboratory Services

Number of States providing this service to all Medicaid eligibles . . . 52
Number of States providing this service to some Medicaid eligibles . . . 7
Total number of States providing this service 52

Number of States requiring prior authorization for all services
of this type 1
Number of States requiring prior authorization for some services
of this type 2
Total number of States requiring prior authorization for at least
some services of this type 3

Number of States with cost or quantity limits on this service 3
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 2

Examples of cost or quantity limits

- \$100 per year
- \$200 per year of laboratory and x-ray combined
- \$50 per year of laboratory and x-ray combined

Examples of prior authorization requirements

- For services related to cosmetic surgery
- For services costing over \$25

QUESTION 5 (continued)

X-Ray Services

Number of States providing this service to all Medicaid eligibles . . . 52
Number of States providing this service to some Medicaid eligibles . . . 0
Total number of States providing this service 52

Number of States requiring prior authorization for all services
of this type 1
Number of States requiring prior authorization for some services
of this type 3
Total number of States requiring prior authorization for at least
some services of this type 4

Number of States with cost or quantity limits on this service 3
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 2

Examples of cost or quantity limits

- \$100 per year
- \$200 per year of x-ray and laboratory services combined
- \$50 per year of x-ray and laboratory services combined

Examples of prior authorization requirements

- For therapeutic X-rays
- For services related to cosmetic surgery
- For services costing over \$25

QUESTION 5 (continued)

Home Health Services

Number of States providing this service to all Medicaid eligibles . . . 51
Number of States providing this service to some Medicaid eligibles . . . 0
Total number of States providing this service 51

Number of States requiring prior authorization for all services
of this type 14
Number of States requiring prior authorization for some services
of this type 5
Total number of States requiring prior authorization for at least
some services of this type 19

Number of States with cost or quantity limits on this service 11
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 2

Examples of cost or quantity limits

100 home health visits per year
50 home health visits per year
1 home health visit per day
12 home health visits per year
200 home health visits per year

Examples of prior authorization requirements

For all visits after the initial visit
For more than 6 visits per month
For visits after 1 month
For visits by out-of-State agencies

QUESTION 5 (continued)

EPSDT Services

Number of States providing this service to all Medicaid eligibles 0
Number of States providing this service to some Medicaid eligibles* . . . 52
Total number of States providing this service 52

Number of States requiring prior authorization for all services
of this type 4
Number of States requiring prior authorization for some services
of this type 2
Total number of States requiring prior authorization for at least
some services of this type 6

Number of States with cost or quantity limits on this service 7
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 3

Examples of cost or quantity limits

- 1 screening per year
- 1 screening per 11 months

Examples of prior authorization requirements

For dental treatment

* for children under 21 years old

QUESTION 5 (continued)

Family Planning Services

Number of States providing this service to all Medicaid eligibles . . . 52
Number of States providing this service to some Medicaid eligibles . . . 0
Total number of States providing this service 52

Number of States requiring prior authorization for all services
of this type 1
Number of States requiring prior authorization for some services
of this type 2
Total number of States requiring prior authorization for at least
some services of this type 3

Number of States with cost or quantity limits on this service 2
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 1

Examples of cost or quantity limits

1 initial and 5 follow-up visits per year
1 examination per year

Examples of prior authorization requirements

For sterilizations
For out-of-State travel and care

QUESTION 5 (continued)

Clinic Services

Number of States providing this service to all Medicaid eligibles . . . 39
Number of States providing this service to some Medicaid eligibles . . . 0
Total number of States providing this service 39

Number of States requiring prior authorization for all services
of this type 0
Number of States requiring prior authorization for some services
of this type 4
Total number of States requiring prior authorization for at least
some services of this type 4

Number of States with cost or quantity limits on this service 1
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 1

Examples of cost or quantity limits

12 clinic visits per year

Examples of prior authorization requirements

For all visits after the initial visit
For mental health day care and group therapy

QUESTION 5 (continued)

Prescribed Drugs

Number of States providing this service to all Medicaid eligibles . . . 51
Number of States providing this service to some Medicaid eligibles . . . 0
Total number of States providing this service 51

Number of States requiring prior authorization for all services
of this type 0
Number of States requiring prior authorization for some services
of this type 21
Total number of States requiring prior authorization for at least
some services of this type 21

Number of States with cost or quantity limits on this service 15
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 4

Examples of cost or quantity limits

- \$20 per month
- \$35 per month
- 100 day supply
- .5 refills
- 3 prescriptions per month

Examples of prior authorization requirements

- For drugs not included in formulary
- For drugs costing over \$15
- For vitamins for those over 6 years old
- For amphetamines and amphetamine-like drugs
- For anorectic drugs

QUESTION 5 (continued)

Dental Services

Number of States providing this service to all Medicaid eligibles 41
Number of States providing this service to some Medicaid eligibles* 11
Total number of States providing this service 52

Number of States requiring prior authorization for all services
of this type 10
Number of States requiring prior authorization for some services
of this type 30
Total number of States requiring prior authorization for at least
some services of this type 40

Number of States with cost or quantity limits on this service 8
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 6

Examples of cost or quantity limits

- 1 examination per year
- \$75 per year
- 1 set of dentures per 2 years
- 1 set of dentures per 5 years

Examples of prior authorization requirements

- For orthodontic treatment
- For crowns, periodontal scaling and surgery,
partial or full dentures
- For gold work, bridge work
- For other than emergency work
- For services over \$150

*for children under 21 years old

QUESTION 5 (continued)

Prosthetic Devices

Number of States providing this service to all Medicaid eligibles	40
Number of States providing this service to some Medicaid eligibles	1
Total number of States providing this service	41
Number of States requiring prior authorization for all services of this type	24
Number of States requiring prior authorization for some services of this type	3
Total number of States requiring prior authorization for at least some services of this type	27
Number of States with cost or quantity limits on this service	1
Number of these States that will authorize the eligible to exceed the cost or quantity limit.	1

Examples of cost or quantity limits

\$30 per device

Examples of prior authorization requirements

- For surgically implanted devices
- For devices over \$25
- For devices over \$50 and for all rentals of devices

QUESTION 5 (continued)

Eyeglasses

Number of States providing this service to all Medicaid eligibles . . . 42
Number of States providing this service to some Medicaid eligibles* . . . 9
Total number of States providing this service 51

Number of States requiring prior authorization for all services
of this type 17
Number of States requiring prior authorization for some services
of this type 12
Total number of States requiring prior authorization for at least
some services of this type 29

Number of States with cost or quantity limits on this service 18
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 10

Examples of cost or quantity limits

- 1 pair of glasses per year
- 2 pairs of glasses per year
- 1 pair of glasses per 2 years
- 1 pair of glasses per year, but only after surgery
- 1 pair of glasses per year for those under 21 years old,
2 pairs for those over 21 years old

Examples of prior authorization requirements

- For contact lenses
- For prescription sunglasses
- For lenses with less than 1/2 diopter correction
- For tinted lenses

* for children under 21 years old

QUESTION 5 (continued)

Private Duty Nursing Services

Number of States providing this service to all Medicaid eligibles . . . 19
Number of States providing this service to some Medicaid eligibles . . . 0
Total number of States providing this service 19

Number of States requiring prior authorization for all services
of this type 11
Number of States requiring prior authorization for some services
of this type 0
Total number of States requiring prior authorization for at least
some services of this type 11

Number of States with cost or quantity limits on this service 0
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 0

Examples of cost or quantity limits

None

QUESTION 5 (continued)

Physical Therapy Services

Number of States providing this service to all Medicaid eligibles . . . 40
Number of States providing this service to some Medicaid eligibles* . . . 1
Total number of States providing this service 41

Number of States requiring prior authorization for all services
of this type 17
Number of States requiring prior authorization for some services
of this type 0
Total number of States requiring prior authorization for at least
some services of this type 17

Number of States with cost or quantity limits on this service 2
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 2

Examples of cost or quantity limits

. 60 sessions per year.

Examples of prior authorization requirements

For more than 21 sessions per year
For more than 6 sessions per year

*categorically needy only

QUESTION 5 (continued)

Optometrist Services

Number of States providing this service to all Medicaid eligibles . . . 42
Number of States providing this service to some Medicaid eligibles* . . . 7
Total number of States providing this service 49

Number of States requiring prior authorization for all services
of this type 9
Number of States requiring prior authorization for some services
of this type 9
Total number of States requiring prior authorization for at least
some services of this type 18

Number of States with cost or quantity limits on this service 10
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 7

Examples of cost or quantity limits

- 1 pair of glasses per year
- 1 examination per year
- \$80 per year
- 1 refraction per 2 years
- 1 examination per year for those under 21,
1 examination per 2 years for those over 21

Examples of prior authorization requirements

- For contact lenses, subnormal vision initial diagnostic visit,
orthoptic treatment
- For vision training
- For artificial eye
- For aniseikonic prescriptions

*for children under 21 years old

QUESTION 5 (continued)

Podiatrist Services

Number of States providing this service to all Medicaid eligibles 40
Number of States providing this service to some Medicaid eligibles 0
Total number of States providing this service 40

Number of States requiring prior authorization for all services
of this type 11
Number of States requiring prior authorization for some services
of this type 4
Total number of States requiring prior authorization for at least
some services of this type 15

Number of States with cost or quantity limits on this service 4
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 2

Examples of cost or quantity limits

\$300 per month for outpatient
10 office visits per month
24 office visits per year
5 office visits per year

Examples of prior authorization requirements

For appliances
For all visits after the initial visit
For foot mould balance, inlay supports
For X-rays and balanced inlays

QUESTION 5 (continued)

Chiropractor Services

Number of States providing this service to all Medicaid eligibles . . . 29
Number of States providing this service to some Medicaid eligibles* . . . 1
Total number of States providing this service 30

Number of States requiring prior authorization for all services
of this type 3
Number of States requiring prior authorization for some services
of this type 3
Total number of States requiring prior authorization for at least
some services of this type 6

Number of States with cost or quantity limits on this service 8
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 3

Examples of cost or quantity limits

- 18 visits per year
- 3 visits per month
- 10 visits per month
- 4 office visits per month, 1 home visit per month,
1 skilled nursing home visit per month

Examples of prior authorization requirements

- For more than 3 visits per year
- For rehabilitation services

* Title XVIII and XIX eligibles only.

QUESTION 5 (continued)

Ambulance Services

Number of States providing this service to all Medicaid eligibles . . . 50
Number of States providing this service to some Medicaid eligibles . . . 0
Total number of States providing this service 50

Number of States requiring prior authorization for all services
of this type 0
Number of States requiring prior authorization for some services
of this type 19
Total number of States requiring prior authorization for at least
some services of this type 19

Number of States with cost or quantity limits on this service 0
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 0

Examples of cost or quantity limits

None

Examples of prior authorization requirements

- For other than emergency
- For trips over 50 miles
- For trips over 100 miles
- For travel to cities away from home community

QUESTION 5 (continued)

Other Transportation

Number of States providing this service to all Medicaid eligibles . . . 37
Number of States providing this service to some Medicaid eligibles . . . 0
Total number of States providing this service 37

Number of States requiring prior authorization for all services
of this type 12
Number of States requiring prior authorization for some services
of this type 8
Total number of States requiring prior authorization for at least
some services of this type 20

Number of States with cost or quantity limits on this service 0
Number of these States that will authorize the eligible to exceed
the cost or quantity limit. 0

Examples of cost or quantity limits

None

Examples of prior authorization requirements

For trips over \$50
For other than emergency
For trips over \$20 unless public transportation is not available

QUESTION 6

**Does Your State's Processing System Contain Any
Claim Review Mechanism Before the Claim is Entered
Into the Automated System?**

	Number of States
With review mechanisms	31
Without review mechanisms	19
No automated system	1
Claims processing system is different in each count	1
	<u>52</u>

QUESTION 8

On the following pages is a list of edits or checks that may be performed by a State's claims processing system. Under each type of edit we have summarized the number of States which:

- perform the edit;
- perform the edit manually;
- perform the edit automatically;
- perform the edit on all claims; and
- perform the edit on a sample of claims.

One State reported that its response to this question would have to vary from one county to another. Therefore, this State's data is not included in the summary of responses for this question.

QUESTION 8

Medical Service Consistent With Diagnosis

	<u>Number of St</u>
This edit is performed for all types of services provided.....	23
This edit is performed for some types of services provided... ..	19
This is not performed for any type of service.....	9
This edit is performed manually for all types of services provided.....	16
This edit is performed automatically for all types of services provided.....	4
This edit is performed for all types of services provided; manually for some types, automatically for others.....	3
This edit is performed manually for some types of services provided.....	16
This edit is performed automatically for some types of services provided.....	3
This edit is performed for some types of services provided; manually for some types, automatically for others.....	0
This edit is performed manually on all claims for all types of services provided.....	11
This edit is performed automatically on all claims for all types of services provided.....	4
This edit is performed on all claims for all types of services provided; manually for some types, automatically for others.....	3
This edit is performed manually on a sample of claims for all types of services provided.....	5
This edit is performed automatically on a sample of claims for all types of services provided.....	0
This edit is performed on a sample of claims for all types of services provided; manually for some types, automatically for others.....	0
This edit is performed manually on all claims for some types of services provided.....	12
This edit is performed automatically on all claims for some types of services provided.....	1
This edit is performed on all claims for some types of services provided; manually for some types, automatically for others.....	0
This edit is performed manually on a sample of claims for some types of services provided.....	1
This edit is performed automatically on a sample of claims for some types of services provided.....	1
This edit is performed on a sample of claims for types of services provided; manually for some types, automatically for others.....	0

QUESTION 8 (continued)

<u>Medical Service Consistent With Diagnosis</u>	<u>Number of States</u>
This edit is performed manually for all types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed automatically for all types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed for all types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	0
This edit is performed manually for some types of services provided; on all claims for some types, on a sample of claims for others.....	3
This edit is performed automatically for some types of services provided; on all claims for some types, on a sample of claims for others.....	1
This edit is performed for some types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	0

QUESTION 8 (continued)

Medical Service Consistent With Recipient's Age

	<u>Number of States</u>
This edit is performed for all types of services provided.....	22
This edit is performed for some types of services provided... ..	18
This is not performed for any type of service.....	11
This edit is performed manually for all types of services provided.....	11
This edit is performed automatically for all types of services provided.....	8
This edit is performed for all types of services provided; manually for some types, automatically for others.....	3
This edit is performed manually for some types of services provided.....	8
This edit is performed automatically for some types of services provided.....	7
This edit is performed for some types of services provided; manually for some types, automatically for others.....	3
This edit is performed manually on all claims for all types of services provided.....	10
This edit is performed automatically on all claims for all types of services provided.....	8
This edit is performed on all claims for all types of services provided; manually for some types, automatically for others.....	3
This edit is performed manually on a sample of claims for all types of services provided.....	1
This edit is performed automatically on a sample of claims for all types of services provided.....	0
This edit is performed on a sample of claims for all types of services provided; manually for some types, automatically for others.....	0
This edit is performed manually on all claims for some types of services provided.....	5
This edit is performed automatically on all claims for some types of services provided.....	7
This edit is performed on all claims for some types of services provided; manually for some types, automatically for others....	3
This edit is performed manually on a sample of claims for some types of services provided.....	2
This edit is performed automatically on a sample of claims for some types of services provided.....	0
This edit is performed on a sample of claims for types of services provided; manually for some types, automatically for others....	0

QUESTION 8 (continued)

Medical Service Consistent With Recipients' Age

	<u>Number of States</u>
This edit is performed manually for all types of services provided; on all claims for some types, on a sample of claims for others	0
This edit is performed automatically for all types of services provided; on all claims for some types, on a sample of claims for others	0
This edit is performed for all types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others	0
This edit is performed manually for some types of services provided; on all claims for some types, on a sample of claims for others	1
This edit is performed automatically for some types of services provided; on all claims for some types, on a sample of claims for others	0
This edit is performed for some types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others	0

QUESTION 8 (continued)

Medical Service Consistent With Recipient's Sex

	<u>Number of \$</u>
This edit is performed for all types of services provided.....	25
This edit is performed for some types of services provided.....	14
This is not performed for any type of service.....	12
This edit is performed manually for all types of services provided.....	12
This edit is performed automatically for all types of services provided.....	10
This edit is performed for all types of services provided; manually for some types, automatically for others.....	3
This edit is performed manually for some types of services provided.....	9
This edit is performed automatically for some types of services provided.....	3
This edit is performed for some types of services provided; manually for some types, automatically for others.....	2
This edit is performed manually on all claims for all types of services provided.....	8
This edit is performed automatically on all claims for all types of services provided.....	10
This edit is performed on all claims for all types of services provided; manually for some types, automatically for others.....	3
This edit is performed manually on a sample of claims for all types of services provided.....	4
This edit is performed automatically on a sample of claims for all types of services provided.....	0
This edit is performed on a sample of claims for all types of services provided; manually for some types, automatically for others.....	0
This edit is performed manually on all claims for some types of services provided.....	8
This edit is performed automatically on all claims for some types of services provided.....	3
This edit is performed on all claims for some types of services provided; manually for some types, automatically for others.....	2
This edit is performed manually on a sample of claims for some types of services provided.....	1
This edit is performed automatically on a sample of claims for some types of services provided.....	0
This edit is performed on a sample of claims for types of services provided; manually for some types, automatically for others.....	0

QUESTION 8 (continued)

Medical Service Consistent With Recipient's Sex

	<u>Number of States</u>
This edit is performed manually for all types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed automatically for all types of services provided; on all claims for some types; on a sample of claims for others.....	0
This edit is performed for all types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	0
This edit is performed manually for some types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed automatically for some types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed for some types of services provided; manually for some types, automatically for others; on all claims for some types; on a sample of claims for others.....	0

QUESTION 8 (continued)

Medical Service Consistent With Place of Service

	<u>Number of States</u>
This edit is performed for all types of services provided.....	26
This edit is performed for some types of services provided... ..	16
This is not performed for any type of service.....	9
This edit is performed manually for all types of services provided.....	11
This edit is performed automatically for all types of services provided.....	11
This edit is performed for all types of services provided; manually for some types, automatically for others.....	4
This edit is performed manually for some types of services provided.....	9
This edit is performed automatically for some types of services provided.....	5
This edit is performed for some types of services provided; manually for some types, automatically for others.....	2
This edit is performed manually on all claims for all types of services provided.....	10
This edit is performed automatically on all claims for all types of services provided.....	11
This edit is performed on all claims for all types of services provided; manually for some types, automatically for others.....	3
This edit is performed manually on a sample of claims for all types of services provided.....	1
This edit is performed automatically on a sample of claims for all types of services provided.....	0
This edit is performed on a sample of claims for all types of services provided; manually for some types, automatically for others.....	1
This edit is performed manually on all claims for some types of services provided.....	7
This edit is performed automatically on all claims for some types of services provided.....	4
This edit is performed on all claims for some types of services provided; manually for some types, automatically for others....	0
This edit is performed manually on a sample of claims for some types of services provided.....	1
This edit is performed automatically on a sample of claims for some types of services provided.....	1
This edit is performed on a sample of claims for types of services provided; manually for some types, automatically for others....	0

QUESTION 8 (continued)

Medical Service Consistent With Place of Service

	<u>Number of States:</u>
This edit is performed manually for all types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed automatically for all types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed for all types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	1
This edit is performed manually for some types of services provided; on all claims for some types, on a sample of claims for others.....	1
This edit is performed automatically for some types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed for some types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	1

QUESTION 8 (continued)

Diagnosis Consistent With Recipient's Age

	<u>Number of States</u>
This edit is performed for all types of services provided.....	22
This edit is performed for some types of services provided... ..	10
This is not performed for any type of service.....	19
This edit is performed manually for all types of services provided.....	13
This edit is performed automatically for all types of services provided.....	7
This edit is performed for all types of services provided; manually for some types, automatically for others.....	2
This edit is performed manually for some types of services provided.....	6
This edit is performed automatically for some types of services provided.....	2
This edit is performed for some types of services provided; manually for some types, automatically for others.....	2
This edit is performed manually on all claims for all types of services provided.....	10
This edit is performed automatically on all claims for all types of services provided.....	7
This edit is performed on all claims for all types of services provided; manually for some types, automatically for others.....	2
This edit is performed manually on a sample of claims for all types of services provided.....	1
This edit is performed automatically on a sample of claims for all types of services provided.....	0
This edit is performed on a sample of claims for all types of services provided; manually for some types, automatically for others.....	0
This edit is performed manually on all claims for some types of services provided.....	5
This edit is performed automatically on all claims for some types of services provided.....	2
This edit is performed on all claims for some types of services provided; manually for some types, automatically for others....	1
This edit is performed manually on a sample of claims for some types of services provided.....	1
This edit is performed automatically on a sample of claims for some types of services provided.....	0
This edit is performed on a sample of claims for types of services provided; manually for some types, automatically for others....	1

QUESTION 8 (continued)

<u>Diagnosis Consistent With Recipient's Age</u>	<u>Number of States</u>
This edit is performed manually for all types of services provided; on all claims for some types, on a sample of claims for others.....	2
This edit is performed automatically for all types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed for all types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	0
This edit is performed manually for some types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed automatically for some types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed for some types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	0

QUESTION 8 (continued)

Diagnosis Consistent With Recipient's Sex

	<u>Number of States</u>
This edit is performed for all types of services provided.....	22
This edit is performed for some types of services provided.....	11
This is not performed for any type of service.....	18
This edit is performed manually for all types of services provided.....	14
This edit is performed automatically for all types of services provided.....	6
This edit is performed for all types of services provided; manually for some types, automatically for others.....	2
This edit is performed manually for some types of services provided.....	8
This edit is performed automatically for some types of services provided.....	2
This edit is performed for some types of services provided; manually for some types, automatically for others.....	1
This edit is performed manually on all claims for all types of services provided.....	10
This edit is performed automatically on all claims for all types of services provided.....	6
This edit is performed on all claims for all types of services provided; manually for some types, automatically for others.....	2
This edit is performed manually on a sample of claims for all types of services provided.....	2
This edit is performed automatically on a sample of claims for all types of services provided.....	0
This edit is performed on a sample of claims for all types of services provided; manually for some types, automatically for others.....	0
This edit is performed manually on all claims for some types of services provided.....	8
This edit is performed automatically on all claims for some types of services provided.....	1
This edit is performed on all claims for some types of services provided; manually for some types, automatically for others.....	1
This edit is performed manually on a sample of claims for some types of services provided.....	0
This edit is performed automatically on a sample of claims for some types of services provided.....	1
This edit is performed on a sample of claims for types of services provided; manually for some types, automatically for others.....	0

QUESTION 8 (continued)

<u>Diagnosis Consistent With Recipient's Sex</u>	<u>Number of S-c</u>
This edit is performed manually for all types of services provided; on all claims for some types, on a sample of claims for others.....	2
This edit is performed automatically for all types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed for all types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	0
This edit is performed manually for some types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed automatically for some types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed for some types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	0

QUESTION 8 (continued)

Provider Type Consistent With Medical Service Provided

	<u>Number of States</u>
This edit is performed for all types of services provided.....	37
This edit is performed for some types of services provided... ..	9
This is not performed for any type of service.....	5
This edit is performed manually for all types of services provided.....	19
This edit is performed automatically for all types of services provided.....	18
This edit is performed for all types of services provided; manually for some types, automatically for others.....	5
This edit is performed manually for some types of services provided.....	5
This edit is performed automatically for some types of services provided.....	4
This edit is performed for some types of services provided; manually for some types, automatically for others.....	1
This edit is performed manually on all claims for all types of services provided.....	13
This edit is performed automatically on all claims for all types of services provided.....	18
This edit is performed on all claims for all types of services provided; manually for some types, automatically for others.....	5
This edit is performed manually on a sample of claims for all types of services provided.....	1
This edit is performed automatically on a sample of claims for all types of services provided.....	0
This edit is performed on a sample of claims for all types of services provided; manually for some types, automatically for others.....	0
This edit is performed manually on all claims for some types of services provided.....	3
This edit is performed automatically on all claims for some types of services provided.....	3
This edit is performed on all claims for some types of services provided; manually for some types, automatically for others....	1
This edit is performed manually on a sample of claims for some types of services provided.....	0
This edit is performed automatically on a sample of claims for some types of services provided.....	1
This edit is performed on a sample of claims for types of services provided; manually for some types, automatically for others....	0

QUESTION 8 (continued)

Provider Type Consistent With Medical Service Provided

Number of States

This edit is performed manually for all types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed automatically for all types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed for all types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	0
This edit is performed manually for some types of services provided; on all claims for some types, on a sample of claims for others.....	1
This edit is performed automatically for some types of services provided; on all claims for some types, on a sample of claims for others.....	0
This edit is performed for some types of services provided; manually for some types, automatically for others; on all claims for some types, on a sample of claims for others.....	0

QUESTION 9

Listed on the following pages are types of information which may be produced by a State's Medicaid claims processing system. The number of States generating each type of information is summarized according to:

- the frequency with which the information is produced;
- whether the information is produced routinely or by special request; and
- whether the information is produced manually or automatically.

QUESTION 10

Listed on the following pages are a number of edits which a State may perform in its claims processing system. For each of these edits we summarized the number of States which:

- routinely identifies the particular edit for review;
- identifies the edit before payment only;
- identifies the edit after payment only;
- identifies the edit both before and after payment;
- require prior authorization;
- do not require prior authorization;
- review claims with the aid of a specific norm or exception criteria; and
- review claims without the aid of a specific norm or exception criteria.

Examples of norms and exception criteria is also included for each of the edits listed.

QUESTION 10

Visits by a Recipient to Many Different Practitioners of the Same Provider Type.

Number of States where this is identified for review	40
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	12
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	9
Number of States where this is identified for review after payment	26
Number of States where this is identified for review both before and after payment	5
Total number of States identifying this for review	40

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	0
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	9
Number of States which said this was identified for review but could not provide specific norm or exception criteria	3
Number of States where claims for certain recipients are reviewed manually, without the aid of specific norm or exception criteria	1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	13

Examples of norm or exception criteria :

- More than 1 visit per day
- More than 10 visits per month
- More than 1 visit per month
- More than 2 visits per 6 months
- More than 1 physician for the same type of service
- More than 4 different physicians or pharmacies in 6 months
- More than 7 different physicians in 1 month
- More than the mean plus 1 standard deviation
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Visits to the Same Provider by the Same Recipient

Number of States where this is identified for review	38
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	14
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	11
Number of States where this is identified for review after payment	20
Number of States where this is identified for review both before and after payment	7
Total number of States identifying this for review	38

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	5
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	8

Examples of norm or exception criteria :

- More than 10 visits per month
- More than 50 visits per 6 months
- More than 4 visits per month
- More than 1 visit per month for chronic conditions,
2 visits per month for acute conditions
- More than 24 chiropractor visits per year
- More than 1 comprehensive examination per 6 months
- More than the mean plus 1 standard deviation
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Number of Prescriptions Written by Practitioner

Number of States where this is identified for review	27
Number of States where this type of service is not provided	1
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	24
Total number of States responding to questionnaire	52
Number of States where this is identified for review before payment	4
Number of States where this is identified for review after payment	19
Number of States where this is identified for review both before and after payment	4
Total number of States identifying this for review	27
Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	8
Number of States which said this was identified for review but could not provide specific norm or exception criteria	3
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	12

Examples of norm or exception criteria:

- More than 5 prescriptions per person per day
- More than 4 prescriptions in the same therapeutic class per person per month
- More than 8 prescriptions per patient per month on the average
- More than 6,510 total prescriptions per month
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Number of Prescriptions Received by a Recipient

Number of States where this is identified for review	35
Number of States where this type of service is not provided	1
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	16
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	7
Number of States where this is identified for review after payment	23
Number of States where this is identified for review both before and after payment	5
Total number of States identifying this for review	35

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	8
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	11

Examples of norm or exception criteria

- More than 200 prescriptions per year for nursing home patients
- More than 19 prescriptions per month
- More than 7 prescriptions per month
- More than 3 prescriptions per month
- More than 3 prescriptions in the same therapeutic class
- Prescriptions costing more than \$9
- More than \$20 in drugs in a month
- More than \$50 in drugs in a month
- More than 5 refills
- More than the mean plus 1 standard deviation
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Use of Ambulance Services

Number of States where this is identified for review	18
Number of States where this type of service is not provided	2
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	32
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	7
Number of States where this is identified for review after payment	5
Number of States where this is identified for review both before and after payment	6
Total number of States identifying this for review	18

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	0
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	8
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	10

Examples of norm or exception criteria:

- More than 1 trip per person or family per day
- More than 4 trips per person per month
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Use of Other Transportation

Number of States where this is identified for review	13
Number of States where this type of service is not provided	15
Number of States where this is not identified for review but where all services of this type require prior authorization	7
Number of States where this is not identified for review and does not require prior authorization	17
Total number of States responding to questionnaire	52
Number of States where this is identified for review before payment	5
Number of States where this is identified for review after payment	4
Number of States where this is identified for review both before and after payment	4
Total number of States identifying this for review	13
Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	0
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	6
Number of States which said this was identified for review but could not provide specific norm or exception criteria	1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	7

Examples of norm or exception criteria:

- More than 8 taxi trips per month
- More than 8 private automobile trips per month
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Medical Visits Per Family

Number of States where this is identified for review	13
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	39
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	1
Number of States where this is identified for review after payment	6
Number of States where this is identified for review both before and after payment	6
Total number of States identifying this for review	13

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	4
Number of States which said this was identified for review but could not provide specific norm or exception criteria	1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	6

Examples of norm or exception criteria :

- More than 3 family members on same day
- More than 2 visits by same family in a month
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Prescriptions per Family

Number of States where this is identified for review	14
Number of States where this type of service is not provided	1
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	37
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	1
Number of States where this is identified for review after payment	9
Number of States where this is identified for review both before and after payment	4
Total number of States identifying this for review	14

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	4
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	7

Examples of norm or exception criteria :

- More than 19 prescriptions per family per month
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Optometric Services

Number of States where this is identified for review	26
Number of States where this type of service is not provided	3
Number of States where this is not identified for review but where all services of this type require prior authorization	2
Number of States where this is not identified for review and does not require prior authorization	21
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	9
Number of States where this is identified for review after payment	17
Number of States where this is identified for review both before and after payment	5
Total number of States identifying this for review	26

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	6
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	9

Examples of norm or exception criteria:

- More than 1 pair of glasses per year per person
- More than 1 refraction per year per person
- Optometrists with more than \$1,000 per year in Medicaid earnings
- Retailers with more than \$2,000 per year in Medicaid earnings
- More than 1 refraction per 2 years
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Podiatry Services

Number of States where this is identified for review	20
Number of States where this type of service is not provided	12
Number of States where this is not identified for review but where all services of this type require prior authorization	7
Number of States where this is not identified for review and does not require prior authorization	13
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	10
Number of States where this is identified for review after payment	6
Number of States where this is identified for review both before and after payment	4
Total number of States identifying this for review	20

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	0
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	5
Number of States which said this was identified for review but could not provide specific norm or exception criteria	3
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	8

Examples of norm or exception criteria:

- More than 5 visits in a month or 20 visits in a year
- More than 24 visits in a year
- More than \$100 in a month for a recipient or \$1000 in a month for a podiatrist
- More than 15 flexible casts per year
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Physician Visits to Patients in Medical Institutions

Number of States where this is identified for review	33
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior-authorization	0
Number of States where this is not identified for review and does not require prior authorization	19
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	10
Number of States where this is identified for review after payment	10
Number of States where this is identified for review both before and after payment	13
Total number of States identifying this for review	33

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	6
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	9

Examples of norm or exception criteria:

- More than 1 visit per day in hospital
- More than 5 visits per month in nursing home
- More than 1 visit per month in nursing home
- More than 1 visit per month in intermediate care facility
- More than 7 visits per year in intermediate care facility
- More than the mean plus 1 standard deviation
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Insufficient Physican Visits to Patients in Medical Institutions

Number of States where this is identified for review	13
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	39
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	2
Number of States where this is identified for review after payment	8
Number of States where this is identified for review both before and after payment	3
Total number of States identifying this for review	13

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	0
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	4
Number of States which said this was identified for review but could not provide specific norm or exception criteria	1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	5

Examples of norm or exception criteria:

- Less than 1 visit per 30 days in nursing homes
- Less than 1 visit per 60 days in intermediate care facilities
- Less than the mean minus 2 standard deviations

QUESTION 10 (continued)

Excessive House Visits by a Physician

Number of States where this is identified for review	28
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	24
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	7
Number of States where this is identified for review after payment	12
Number of States where this is identified for review both before and after payment	9
Total number of States identifying this for review	28

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	0
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	5
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	7

Examples of norm or exception criteria:

- More than 4 house visits per month
- More than 1 house visit per month
- More than the mean plus 1 standard deviation
- More than the mean plus 2 standard deviations
- More than 8 house visits per 100 claims

QUESTION 10 (continued)

Excessive Number of Emergency Visits to a Dentist

Number of States where this is identified for review	20
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	7
Number of States where this is not identified for review and does not require prior authorization	25
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	8
Number of States where this is identified for review after payment	9
Number of States where this is identified for review both before and after payment	3
Total number of States identifying this for review	20

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	7
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	10

Examples of norm or exception criteria:

- More than 1 emergency visit per person per 6 months
- More than 2 emergency visits per person per year
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Physicians Performing Many Surgeries

Number of States where this is identified for review	32
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	20
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	7
Number of States where this is identified for review after payment	21
Number of States where this is identified for review both before and after payment	4
Total number of States identifying this for review	32

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	10
Number of States which said this was identified for review but could not provide specific norm or exception criteria	3
Total number of States where claims are reviewed without the aid of specific norm or exception criteria.	14

Examples of norm or exception criteria:

- More than 2 surgeries in a day
- More than 40 surgeries per year for general practitioners
- More than 1 per person per year
- More than 1 per person per 3 months
- More than 1 per person per month
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Number of Institutional Admittances by a Practitioner

Number of States where this is identified for review	-24
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	-28
Total number of States responding to questionnaire	-52

Number of States where this is identified for review before payment	4
Number of States where this is identified for review after payment	-17
Number of States where this is identified for review both before and after payment	3
Total number of States identifying this for review	-24

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	0
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	-8
Number of States which said this was identified for review but could not provide specific norm or exception criteria	-1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria.9

Examples of norm or exception criteria:

- More than 25 percent of patients
- More than 1 per person per year
- More than the mean plus 1 standard deviation
- More than the mean plus 2 standard deviations
- More than 7 admittances per 100 patients

QUESTION 10 (continued)

Excessive Number of Injections Per Recipient

Number of States where this is identified for review	31
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	21
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	11
Number of States where this is identified for review after payment	12
Number of States where this is identified for review both before and after payment	8
Total number of States identifying this for review	31

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	0
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	6
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	8

Examples of norm or exception criteria:

- More than 1 injection per person per visit
- More than 8 injections per person per month
- More than 60 injections per person per year
- More than 1 injection per person per 2 visits
- More than 1 injection per person per month
- More than the mean plus 1 standard deviation
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Referrals to Other Practitioners

Number of States where this is identified for review	14
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	38
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	4
Number of States where this is identified for review after payment	7
Number of States where this is identified for review both before and after payment	3
Total number of States identifying this for review	14

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	0
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	5
Number of States which said this was identified for review but could not provide specific norm or exception criteria	1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	6

Examples of norm or exception criteria:

- More than 10 referrals per quarter
- More than 3 referrals per patient
- More than 1 referral per patient
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Frequent Replacement of Eyeglasses

Number of States where this is identified for review	32
Number of States where this type of service is not provided	1
Number of States where this is not identified for review but where all services of this type require prior authorization	7
Number of States where this is not identified for review and does not require prior authorization	12
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	12
Number of States where this is identified for review after payment	11
Number of States where this is identified for review both before and after payment	9
Total number of States identifying this for review	32

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	6
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Number of States where claims are only reviewed if a special request is made.	1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria.	10

Examples of norm or exception criteria:

- More than 1 pair of glasses per 6 months
- More than 1 pair of glasses per year
- More than 1 pair of glasses per 2 years
- More than 1 pair of glasses per year for children, more than 1 pair of glasses per 2 years for adults
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Frequent Replacement of Dentures

Number of States where this is identified for review	20
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	20
Number of States where this is not identified for review and does not require prior authorization	12
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	10
Number of States where this is identified for review after payment	6
Number of States where this is identified for review both before and after payment	4
Total number of States identifying this for review	20

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	3
Number of States which said this was identified for review but could not provide specific norm or exception criteria	1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria.	5

Examples of norm or exception criteria:

- More than 1 set of dentures per year
- More than 1 set of dentures per 2 years
- More than 1 set of dentures per 5 years
- More than 1 set of dentures per 10 years
- More than 1 reline of dentures per 2 years
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Frequent Replacement of Hearing Aids

Number of States where this is identified for review	17
Number of States where this type of service is not provided	2
Number of States where this is not identified for review but where all services of this type require prior authorization	2
Number of States where this is not identified for review and does not require prior authorization	2
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	7
Number of States where this is identified for review after payment	3
Number of States where this is identified for review both before and after payment	7
Total number of States identifying this for review	17

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	5
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria.	8

Examples of norm or exception criteria:

- More than 1 hearing aid per year
- More than 1 hearing aid per 5 years
- More than the mean plus 2 standard deviations

Note a: We did not ask the States whether they provided this service or whether prior authorization is required to receive the service.

QUESTION 10 (continued)

Prescribing of Narcotic or Dangerous Drugs

Number of States where this is identified for review	29
Number of States where this type of service is not provided	1
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	22
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	5
Number of States where this is identified for review after payment	16
Number of States where this is identified for review both before and after payment	8
Total number of States identifying this for review	29

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	8
Number of States which said this was identified for review but could not provide specific norm or exception criteria	4
Number of States where claims are reviewed only if a special request is made.	1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria.	14

Examples of norm or exception criteria:

- More than 10 per patient per month
- More than 4 neurologicals per patient per month
- More than 3 per patient per month
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Number of Small Quantity Prescriptions

Number of States where this is identified for review	29
Number of States where this type of service is not provided	1
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	22
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	9
Number of States where this is identified for review after payment	15
Number of States where this is identified for review both before and after payment	5
Total number of States identifying this for review	29

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	10
Number of States which said this was identified for review but could not provide specific norm or exception criteria	4
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	15

Examples of norm or exception criteria:

- Less than a 30 day supply
- Dispensed quantity less than prescribed quantity
- Less than the mean minus 2 standard deviations

QUESTION 10 (continued)

Excessive Number of X-rays for a Recipient

Number of States where this is identified for review	28
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	24
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	10
Number of States where this is identified for review after payment	14
Number of States where this is identified for review both before and after payment	4
Total number of States identifying this for review	28

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	10
Number of States which said this was identified for review but could not provide specific norm or exception criteria	4
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	14

Examples of norm or exception criteria:

- More than 10 X-rays per 30 days
- More than 1 X-ray of same body area per visit
- More than 5 X-rays per month
- More than 1 X-ray per 2 visits
- More than 4 X-rays per 6 visits
- More than \$50 in X-rays in a month
- More than \$100 in X-rays in a year
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Number of X-rays by a Practitioner

Number of States where this is identified for review	30
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	1
Number of States where this is not identified for review and does not require prior authorization	21
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	5
Number of States where this is identified for review after payment	21
Number of States where this is identified for review both before and after payment	4
Total number of States identifying this for review	30

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	9
Number of States which said this was identified for review but could not provide specific norm or exception criteria	2
Total number of States where claims are reviewed without the aid of specific norm or exception criteria	12

Examples of norm or exception criteria:

- More than 1 X-ray per patient per day
- More than 1 X-ray per patient per 2 visits
- More than the mean plus 1 standard deviation
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Number of Laboratory Tests for a Recipient

Number of States where this is identified for review	29
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	23
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	9
Number of States where this is identified for review after payment	15
Number of States where this is identified for review both before and after payment	5
Total number of States identifying this for review	29

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	8
Number of States which said this was identified for review but could not provide specific norm or exception criteria	0
Total number of States where claims are reviewed without the aid of specific norm or exception criteria.	9

Examples of norm or exception criteria:

- More than 3 tests per visit
- More than 10 tests per month
- More than 5 tests per month
- More than 52 tests per year
- More than 4 per 2 visits
- More than \$50 of tests in a month
- More than \$100 of tests in a year
- More than the mean plus 2 standard deviations

QUESTION 10 (continued)

Excessive Number of Laboratory Tests by a Practitioner

Number of States where this is identified for review	-31
Number of States where this type of service is not provided	0
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	-21
Total number of States responding to questionnaire	-52

Number of States where this is identified for review before payment	5
Number of States where this is identified for review after payment	-20
Number of States where this is identified for review both before and after payment	6
Total number of States identifying this for review	-31

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	-12
Number of States which said this was identified for review but could not provide specific norm or exception criteria	-1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria.	-14

Examples of norm or exception criteria:

- More than 4 tests per patient per 2 visits
- The ratio of tests to patients is greater than 60 percent
- More than the mean plus 1 standard deviation
- More than the mean plus 2 standard deviations

QUESTION 13 (continued)

Receiving Narcotics or Dangerous Drugs

Number of States where this is identified for review	30
Number of States where this type of service is not provided	1
Number of States where this is not identified for review but where all services of this type require prior authorization	0
Number of States where this is not identified for review and does not require prior authorization	21
Total number of States responding to questionnaire	52

Number of States where this is identified for review before payment	2
Number of States where this is identified for review after payment	21
Number of States where this is identified for review both before and after payment	7
Total number of States identifying this for review	30

Number of States where a sample of claims are manually reviewed without the aid of specific norm or exception criteria	1
Number of States where claims are reviewed manually without the aid of specific norm or exception criteria	10
Number of States which said this was identified for review but could not provide specific norm or exception criteria	4
Number of States where claims are reviewed only if a special request is made.	1
Total number of States where claims are reviewed without the aid of specific norm or exception criteria.	16

Examples of norm or exception criteria:

- More than 10 prescriptions per month
- More than 4 neurologicals per month
- More than 100 units per month
- More than the mean plus 2 standard deviations

QUESTION 11

Who Reviews Claims That Exceed the Norm Or
Exception Criteria?

	<u>Number of States</u>
The Title XIX single State agency	24
Another agency within the State government	0
A fiscal agent	6
A county agency	0
Other contractor(s) such as medical or dental society	1
Combination of the above	19
Reviews not performed	2
	<u>52</u>

QUESTION 12 and 17

How Many Personnel (on a full-time equivalent basis) Are Assigned to Review Claims Which Exceed the Norm or Exception Criteria?
How Many Personnel Are Assigned to Conduct Quality of Care Reviews?

Employees Reviewing Claims Which Exceeded Norm Or Exception Criteria

The total number of professional and clerical staff assigned this function ranged from 0 in 4 States to as many as 144 in one State. One quarter of one professional staff member's time was devoted to this function in one State compared to 53 professional staff assigned full-time to this function in another State. Seven States had no clerical personnel assigned to this function whereas one State had 91 clerical workers performing these reviews on a full-time basis.

Employees Performing Quality of Care Reviews

The total number of professional and clerical staff who conduct quality of care reviews ranged from 0 in 9 States to 580 in one State. One quarter of one professional staff member's time was spent conducting quality of care reviews in one State compared to 370 professional staff assigned full-time to this function in another State. Thirteen States had no clerical staff involved in conducting quality of care reviews while one State had 400 clerical staff performing quality of care reviews.

Employees Reviewing Claims Which Exceed Norm or Exception Criteria and Also Perform Quality of Care Reviews

The total number of professional and/or clerical staff performing both of these utilization review functions ranged from one quarter of one staff member's time in one State to 494 full-time staff in another State.

<u>Reviewing Claims Exceeding Norm</u>		<u>Performing Quality of Care Reviews</u>		<u>Same Employees Performing Both Reviews (State Could Not Separate Time Spent on Each Review)</u>
<u>No. of employees</u>	<u>No. of States</u>	<u>No. of States</u>		<u>No. of States</u>
0	3	9		0
0.25-5	17	11		4
5.25-10	5	3		4
10.25-20	6	5		0
20.25-50	3	4		1
51-100	1	0		0
more than 100	1	2		1
varies	1	1		0
N/A	5	7		0
	<u>42</u>	<u>42</u>	79	<u>10</u>

QUESTION 13

Which of the Following Profiles Are Produced for Review Because of Claims Identified as Exceeding Norm or Exception Criteria?

Number of States

Profiles for all such recipients:

--for all services	25	
--for some services	2	
--depends on county	<u>1</u>	28

Profiles for all such providers:

--for all services	30	
--for some services	3	
--depends on county	<u>1</u>	34

Profiles for a sample of such recipients:

--all services	12	
--depends on county	<u>1</u>	13

Profiles for a sample of such providers:

--all services	12	
--depends on county	<u>1</u>	13

Profiles for all recipients and providers always available for all services from the computer

1

None of these:

--profiles not produced for review		8
--	--	---

One type of profile listed above is produced for review . . . 8

Two types of profiles listed above are produced for review . . 31

Three types of profiles listed above are produced for review . 1

Four types of profiles listed above are produced for review . . 4

No profiles produced for review

**8
52**

QUESTION 15

How Frequently are Quality of Care Reviews Conducted
for the Following Providers?

<u>Physicians</u>	<u>Number of States</u>
—Continuous (ongoing)	29
—Weekly	1
—Monthly	1
—Quarterly	2
—Annually	0
—By special request	.7
—Not at all	<u>12</u>
	<u>52</u>

Dentists

—Continuous (ongoing)	28
—Weekly	1
—Monthly	0
—Quarterly	3
—Annually	1
—By special request	6
—Not at all	<u>13</u>
	<u>52</u>

Optometrists

—Continuous (ongoing)	19
—Weekly	1
—Monthly	3
—Quarterly	3
—Annually	0
—By special request	8
—Not at all	15
—Service not provided	<u>3</u>
	<u>52</u>

QUESTION 15 (continued)

Number of States

Podiatrists

--Continuous (ongoing)	16
--Weekly	1
--Monthly	2
--Quarterly	1
--Annually	0
--By special request	7
--Not at all	13
--Service not provided	<u>12</u>
	<u>52</u>

Chiropractors

--Continuous (ongoing)	8
--Weekly	0
--Monthly	1
--Quarterly	2
--Annually	1
--By special request	5
--Not at all	13
--Service not provided	<u>22</u>
	<u>52</u>

Other

--Continuous (ongoing)	12
--Weekly	0
--Monthly	0
--Quarterly	0
--Annually	0
--By special request	2
--Not at all	5
--No response	<u>33</u>
	<u>52</u>

QUESTION 16

Who Conducts Quality of Care Reviews?

	<u>Number of States</u>
The Title XIX single State agency	16
Another agency within the State government	0
A fiscal agency	3
A county agency	0
Other contractor(s) such as medical or dental society . .	4
A combination of the above	20
No quality of care reviews performed	9
	<u>52</u>

QUESTION 18

On What Basis Are Quality of Care Reviews Conducted?

	<u>Number of States</u>
From provider claims identified as exceeding norm or exception criteria	34
From provider profiles identified as exceeding norm or exception criteria	26
From recipient profiles identified as exceeding norm or exception criteria	27
From a sample of provider claims	20
From a sample of provider profiles	10
From a sample of recipient profiles	9
Other	9
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States using one of the methods listed above	5
States using two of the methods listed above	8
States using three of the methods listed above	17
States using four of the methods listed above	7
States using five of the methods listed above	0
States using six of the methods listed above	3
States using seven of the methods listed above	3
No quality of care reviews performed	9
	<u>52</u>

QUESTION 19

How Are Quality of Care Reviews Conducted?

Number of States

Desk review of provider claims	39
Desk review of provider profiles	28
Desk review of recipient profiles	30
Review of medical records at the provider's office	32
Peer review	37
Outcome studies	10
Other	11

States using one of the methods listed above	2
States using two of the methods listed above	5
States using three of the methods listed above	7
States using four of the methods listed above	5
States using five of the methods listed above	12
States using six of the methods listed above	10
States using seven of the methods listed above	2
No quality of care reviews performed	9
	<u>52</u>