Addendum 3

State of Connecticut Department of Social Services
Request for Qualifications Bid CMP_RFQ_122009

The State of Connecticut Department of Social Services is issuing Addendum 3 to the Care Management Program (CMP) Request for Qualifications (RFQ).

Addendum 3 contains the following Sections:

Section 1 - Amendment to eliminate Appendix IX (9) Scope of Services Requirements: 10.3 OPERATIONS - b. Eligibility Data 6, and 10.8 IMPLEMENTATION - Performance Bond or Statutory Deposit

Section 2 - Amendment to Appendix IX Scope of Services: 10.07 Performance Targets and Withhold Allocation and 10.08 Implementation Plan and Performance Review

Section 3 - Resubmission of Modified Cost Section

Section 4 - Questions

Section 5 - Appendix- XVIII: CMP Authorization Volume – June 08 to July 09

Date Issued: February 4, 2010

Approved: *Marcia McDonough*
Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.

_____	_____
Authorized Signer	Name of Company

Section 1

After consideration the Department has amended the CMP RFQ Appendix IX to eliminate the following requirements in CMP RFQ Appendix IX (9) Scope of Services:

1. Appendix IX (9) Scope of Services 10.3 OPERATIONS - b. Eligibility Data 6.

   Provide authorized staff with secure on-line access to the Contractor's comprehensive eligibility database to serve members and providers.

2. Appendix IX (9) Scope of Services 10.8 IMPLEMENTATION - Performance Bond or Statutory Deposit

   1. The Contractor shall be liable to the Department for resulting harm if the Contractor is not operational by the date specified in the Contractor's approved Implementation Plan. The Contractor shall not be liable for such harm if the Department has failed to meet its obligations under this Contract Amendment and that failure of the Department was a material cause of a delay of the Contractor's ability to perform its administrative services by the date specified in the Contractor's approved Implementation Plan.
   2. To mitigate such harm the Department requires the Contractor to obtain either a Performance Bond or a Statutory Deposit as further described below.
   3. The Contractor shall obtain a Performance Bond or Statutory Deposit Account in the amount of $1,000,000 on or before the execution of the Contract Amendment in accordance with the following:
      a. The purpose of the bond or Statutory Deposit amount is to mitigate harm caused by any failure of the Contractor to perform services required in the resultant Contract Amendment.
      b. The bond shall be provided by an insurer, which has been previously approved by the Departments.
      c. The bond shall name the State of Connecticut as the Obligee.
      d. The bond or Statutory Deposit amount shall remain in effect until the latter of:
   4. The duration of the Contract Amendment and any extensions to the Contract Amendment.
   5. The work to be performed under the Contract Amendment has been fully completed to the satisfaction of the Department.

Section 2

The following information amends the contents of Appendix IX, Scope of Services, issued on 1/12/2010, Addendum 1, Section 2- Care Management Program Scope of Services:

10.07 Performance Targets and Withhold Allocation

10.08 Implementation: Implementation Plan and Performance Review.

Contract Amendment Compliance, Performance Standards, and Sanctions

a. General Requirements

1. In an effort to ensure continued quality service, the Department has established specific Performance Standards that shall be met by the Contractor throughout the term of this Contract Amendment. All provisions for Performance Standards described under this section shall also constitute independent requirements under this Contract Amendment in addition to operating as standards for the purpose of determining whether the Contractor may be subject to penalties.
2. Failure to meet these Performance Standards will result in a sanction against the Contractor for each occurrence per Performance Standard not met. If the Contractor's Performance Reports or Audits by the Department indicate that the Contractor failed to meet these Standards within the specifications under consideration, the Department shall adjust the Contractor's payment by a predetermined dollar amount set for each Performance Standard.
3. Failure to meet a performance standard as determined by the Department shall result in a sanction of $5,000 per quarter, per occurrence.
4. Failure to submit required deliverables as of the due dates established in Appendix XII – CMP Contract Amendment Deliverables or reports as established in Appendix XI – CMP Reporting Matrix shall result in a sanction for each deliverable or report delayed (i.e., occurrence) in the amount of $1,000 per calendar day, unless the Department provides written authorization for a delay in the submission of a deliverable. The Contractor shall not be penalized for deliverable or reporting delays that are a consequence of delays that are the fault of the Department or its agent and shall document such delays when submitting a delayed deliverable or report.
5. The foregoing application of performance sanctions shall not preclude the application of corrective actions and sanctions as provided for in other sections of the Contract Amendment when such are necessary to respond to a pattern of violations or delays.

b. Responsibilities of the Department

1. Throughout the term of the Contract Amendment the Department shall regularly review the Contractor's performance to determine if the Contractor is meeting the Performance Standards and issue a written sanction notification for each occurrence in which the Contractor fails to meet a Performance Standard. The Department shall have the sole authority to determine whether the Contractor has met, exceeded or fallen below any or all of the Performance Standards.
2. The Department shall adjust the Contractor's payment for each sanction to be paid within thirty (30) business days of the postmark date of the written sanction notification from the Department to the Contractor.
3. The Department shall review and approve the development of, modification to and implementation of corrective action plans.

c. Responsibilities of the Contractor

1. The Contractor shall provide the required reports as indicated in Appendix XI - CMP Reporting Matrix. Failure to provide the Department with these reports may, at the Department's discretion, be considered a failure to meet the corresponding standard.
2. Within fifteen (15) business days of the date of the Department's written sanction notification to the Contractor for failure to meet a specified standard, the Contractor shall submit to the Department a corrective action plan to avoid the reoccurrence of non-compliance and possible additional penalties and a timetable for implementation of the corrective action plan to the Department for review.
3. In determining the Contractor's compliance and achievement against the Performance Standards, performance measures shall not be rounded. For example, if the Contractor is required to achieve a performance level of 95%, the target will not be achieved if the performance is 94.9%. Where applicable all times are measured as of Contractor's receipt of complete, legible, and accurate information.
4. Implementation of any sanction provision or the decision of the Department to refrain from implementation shall not be construed as anything other than as a means of further encouraging the Contractor to perform in accordance with the terms of the Contract Amendment.
5. Implementation of a sanction provision is not to be construed as the Department's sole remedy or as an alternative remedy to the specific performance of the Contract Amendment requirement and/or injunctive relief.

Implementation Requirement, Operational Performance Targets and Withhold Allocation

a. The Department requires a fully operational care management program as of 12:01 am on July 1, 2010 and for each day of the Contract Amendment period thereafter. The failure of the Contractor to provide an operational system as of 12:01 am on July 1, 2010, as agreed to by the Department will cause considerable harm to the Department and their eligible members.

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b. The Contractor may be liable to the Department for resulting harm if the Contractor, through no fault of the Department, is not a fully operational care management program on July 1, 2010.

c. To mitigate the harm that would result from the Contractor's failure to implement a fully operational care management plan as of July 1, 2010 and to encourage the achievement of access, quality and cost objectives in accordance with the terms of this Contract Amendment, the Department shall withhold 10% of each monthly administrative PMPM payment.

d. The first six months of the payment withholds shall be tied to the successful implementation of a fully operational care management program on July 1, 2010 and the successful operation of the care management program for the first three months of operation. These withholds shall be returned contingent on the following:

Percentage	Requirement
67%	Successful and Timely implementation on July 1, 2010
33%	Successful performance and overall operation during the first quarter as determined by the Department's Post-Implementation Review

e. Subsequent withholds shall accrue on an annual basis and shall be paid to the Contractor, in whole or in part, at the end of each Contract Amendment year contingent upon the Contractor's success in meeting established Performance Targets as negotiated by the Department and the Contractor.

f. The established Performance Targets shall be tied to objectives such as access, quality, utilization, or cost. Each Performance Target shall have a separate value and, in some cases, separate values shall be established for domains within each Performance Target. The Contractor shall have the opportunity to separately earn the amount associated with each Performance Target and each domain within each Performance Target, as applicable. The established Performance Targets shall be negotiated on an annual basis.

g. The Department shall measure the Contractor's success in meeting the Performance Targets. The Department shall establish specifications for measurement of the Contractor's performance and shall calculate the Contractor's performance or base its calculation on reports and/or data submitted by the Contractor.

h. The Contractor's failure to provide the Department with the requisite data or reports in accordance with the reporting frequency identified in Appendix XI - CMP Reporting Matrix shall result in the Contractor's forfeiting of the specified percentage of withhold attached to the corresponding Performance Target(s), if any.

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i. The Department shall determine whether the Contractor has met, exceeded or fallen below any or all of the required Performance Targets set forth in this subsection. The decision of the Department shall be final.

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j. In determining the Contractor's success in meeting the agreed upon Performance Targets, performance measures will not be rounded. For example, if the Contractor is required to achieve a performance level of 95%, the target will not be achieved if the performance is 94.9%.

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k. When a Performance Target includes the performance of a random sample, the sample size will be mutually agreed upon by the Department and the Contractor and will be based on the size of the population relevant to the Performance Target. The measure will be calculated and planned to enable statistically valid survey results at a 95% confidence interval unless otherwise mutually agreed upon by the Department and the Contractor.

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l. The reporting period for purpose of calculation of Contractor's success in meeting the Performance Targets shall be by calendar year unless otherwise negotiated. Claim based reports will not be completed until nine (9) months following the close of the performance period to allow for claims run out.

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m. The Department shall notify the Contractor of its success or failure in meeting the Performance Targets.

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n. If the Contractor has failed to meet a Performance Target the Contractor shall, within fifteen (15) business days of the date of the Department's notification of the Contractor's failure to meet a specified Performance Target(s), submit a written report to the Department that shall explain why specific Performance Targets were not met and describe a plan of action to be implemented in an effort to meet these Performance Targets.

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o. If the Contractor has met or exceeded the Performance Targets the Department shall return the specified portion of the withhold within 90 days of the Department's determination.

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10.08 IMPLEMENTATION

Transition Requirements

a. General Provisions

1. The start-up phase begins at Contract Amendment execution and ends at 12:01 AM on July 1, 2010, at which time the Contractor will assume responsibility for managing of services for all of its enrolled members.

b. Department Responsibilities

The Department shall

1. Describe client notice and enrollment process;

2. Provide a complete claims file extract for SFY 09 and 10 of services paid for by the Department for enrolled members;
3. Pay for all medically necessary services authorized prior to implementation, whether provided prior to implementation or post-implementation.

c. Contractor Responsibilities

The Contractor shall

1. Conduct UM for all services listed in Appendix X, CMP Authorization File Layout regardless of date of admission or intake, as of the date of implementation.
2. Facilitate safe and appropriate transition for members that no longer meet criteria for a given level of care, but do require continued treatment at a lower level of care.
3. Propose a plan for authorizing services that providers failed to prior authorize and to educate those providers about the UM procedures during a grace period of a duration to be determined by mutual agreement of the Department and the Contractor.
4. Create a provider file as described in the subsection pertaining to Provider Network.

Implementation Plan

1. The Department shall engage in good faith negotiations to execute a Contract Amendment by April 1, 2010.
2. During contract negotiations and prior to the execution of the Contract Amendment the Contractor shall develop and provide to the Department for review and approval an Implementation Plan using software such as Microsoft Project, GANTT chart, or equivalent, which shall at a minimum include the designated individuals responsible for the execution of the Implementation Plan, and the timing of the tasks to be completed to allow the Contractor will begin operation of its administrative services and be responsible for coordinating health services for members as of July 1, 2010.
3. The Department shall, within 15 days, review and approve the Contractor's Implementation Plan. Once approved the Contractor shall submit to the Department periodic updates to the approved Implementation Plan noting any proposed changes. Such proposed changes shall be reviewed and approved by the Department, with such review and approval not to be unreasonably withheld.
4. The Contractor shall perform administrative services and become operational as defined in the detailed and negotiated Implementation Plan, which may be updated from time to time. Proposed changes to the Implementation Plan, including but not limited to a proposed change in the required operational date of July 1, 2010, shall not be effective unless or until the proposed changes were reviewed and approved, in advance by the Department.
5. The Department requires the timely completion of key deliverables summarized in Appendix XII, CMP Contract Amendment Deliverables and elsewhere in the

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6.

Contract Amendment. Failure by the Contractor to deliver each deliverable to the Department by the required due date shall result in a $1,000 sanction per late deliverable per calendar day.

Performance Reviews

a. Readiness Review

1. The Department shall conduct a Readiness Review the purpose of which will be to determine whether the Contractor has achieved sufficient implementation progress to be a fully operational care management program as of 12:01 am on July 1, 2010.
2. Contingent on the Contractor's successful completion of eligibility file testing and full cycle authorization to claims testing, the Department shall conduct the Readiness Review prior to the date by which the Contractor will begin to operate its administrative services as indicated in the Contractor's approved Implementation Plan.
3. The Department shall notify the Contractor in writing of the results of its review within five (5) business days of the review. The Department may approve the Contractor's progress without comment, conditionally approve the Contractor's progress with additional requirements, or may determine that the Contractor has not made sufficient progress to operate its administrative services by the date indicated in the Contractor's approved Implementation Plan.
4. If the Department determines that the Contractor has failed to make sufficient progress to become operational and to perform administrative services by July 1, 2010, the Contractor shall have five (5) business days from the date of such notice to propose and submit to the Department for its review and approval, a written corrective action plan.

   The Department's review of the corrective action plan may require the Department and the Contractor to agree to change to the operational start date of July 1, 2010, requiring an update to the approved Implementation Plan.
5. In addition and irrespective of the Contractor's corrective action, the Department at its option may take such additional steps as it deems necessary to provide seamless delivery of health administrative services for its clients including, but not limited to, terminating the Contract Amendment for the Contractor's failure to pass the Readiness Review.

b. Post-Implementation Review

1. The Department shall conduct a Post-Implementation Review the purpose of which will be to determine whether the Contractor has successfully met the requirements of the Contract Amendment during the first 90 days after implementation.

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1. The Contractor shall be liable to the Department for resulting harm if the Contractor is not operational by the date specified in the Contractor's approved Implementation Plan. The Contractor shall not be liable for such harm if the Department has failed to meet its obligations under this Contract Amendment and that failure of the Department was a material cause of a delay of the Contractor's ability to perform its administrative services by the date specified in the Contractor's approved Implementation Plan.¶
2. To mitigate such harm the Department requires the Contractor to obtain either a Performance Bond or a Statutory Deposit as further described below.¶
3. The Contractor shall obtain a Performance Bond or Statutory Deposit Account in the amount of $1,000,000 on or before the execution of the Contract Amendment in accordance with the following:¶
a. The purpose of the bond or Statutory Deposit amount is to mitigate harm caused by any failure of the Contractor to perform services required in the resultant Contract Amendment. ¶
b. The bond shall be provided by an insurer, which has been previously approved by the Departments.¶
c. The bond shall name the State of Connecticut as the Obligee.¶
d. The bond or Statutory Deposit amount shall remain in effect until the latter of:¶
4. The duration of the Contract Amendment and any extensions to the Contract Amendment.¶
5. The work to be performed under the Contract Amendment has been fully completed to the satisfaction of the Department.¶

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2. The Department shall conduct the Post-Implementation Review 90 to 120 days following the date by which the Contractor began to operate its administrative services in accordance with the Contract Amendment.
3. The Department shall notify the Contractor in writing of the results of its review within twenty (20) business days of the review. The Department may approve the Contractor's implementation and performance without comment, conditionally approve the Contractor's implementation and performance with additional requirements, or may determine that the Contractor has not satisfactorily achieved the implementation and performance requirements.
4. If the Department determines that the Contractor has failed to satisfactorily achieve the implementation and performance requirements the Contractor shall have five (5) business days from the date of such notice to propose a corrective action plan to the Department's satisfaction.
5. In addition and irrespective of the Contractor's corrective action, the Department at its option may take such additional steps as it deems necessary to provide seamless delivery of health administrative services for its clients including, but not limited to terminating the Contract Amendment for the Contractor's failure to pass the Post-Implementation Review.

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Section 3

Resubmission of Modified Cost Section

The respondent's cost proposal and administrative capitation will be a significant factor in the evaluation of bidder qualifications. The information in this Addendum 3 may have cost implications. Specifically, the elimination of the performance bond requirement should have the effect of reducing administrative costs. In addition, the provision of authorization volume data in Appendix XVIII should allow the bidder to better assess authorization volume and associated staffing requirements. Please note that the authorization volume is based on approximately 31,500 average monthly enrolled recipients and that the cost proposal should be based on 10,000 average monthly enrolled recipients. The respondent is expected to authorize all of the services that are currently authorized by the Department. However, the respondent may propose to authorize at different intervals or amounts to achieve quality or cost targets. For example, the respondent may proposed to authorize more or less frequently, with a different average number of authorized units per authorization.

Each respondent has the opportunity to revise and resubmit its cost proposal. Revised cost proposals must be submitted to the Department no later than 3pm on February 17th.

Section 4

Questions

If the respondent has questions about the materials included in this Addendum 3, questions may be submitted by emailing Marcia McDonough at Marcia.McDonough@ct.gov no later than 4pm on Tuesday, February 9th. The Department will make every effort to respond to questions submitted by close of business Wednesday, February 10th.

Section 5

Appendix- XVIII – CMP Authorization Volume – June 08 to July 09 - A non-PDF version of the Authorization Volume is available upon request by emailing Marcia.McDonough@ct.gov

APPENDIX XVIII

Summary (July 08 through June 09)

L -Track

Total Number of Unduplicated Codes	493
Total # of Auths/Codes	7,036
Total # of Units/Codes	42,363
Avg # of Units/Authorization	**6.02**

S- Track

Total Number of Unduplicated Codes	493
Total # of Auths/Codes	33,058
Total # of Units/Codes	1,973,488
Avg # of Units/Authorization	**59.70**

W- Track

Total Number of Unduplicated Codes	493
Total # of Auths/Codes	1,075
Total # of Units/Codes	188,360
Avg # of Units/Authorization	**175.22**

All Track

Total Number of Unduplicated Codes	493
Total # of Auths/Codes	41,169
Total # of Units/Codes	2,204,211
Avg # of Units/Authorization	**53.54**

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

			ALL TRACKS			L - July 08						L Aug 08					
Provider Type	**Provider Specialty**	**Codes**	**Total # Auths Per Code**	**Total # of Units Authorized Per Code**	**Average # of Units Authorized Per Code**	**# of Auths**	**Auth Units**	**PT ***	**PS ****	**Auth $ *****	**Avg # Units/Auth**	**# of Auths**	**Auth Units**	**PT ***	**PS ****	**Auth $ *****	**Avg # Units/Auth**
01 - General Hospital	40 - Psychiatric Under 21	**00124**	11	1455	132						-						-
06 - State Institution	40 - Psychiatric Under 21	**00124**	10	3320	332						-						-
01 - General Hospital	79 - Outpatient	**00402**	1	8	8						-						-
01 - General Hospital	79 - Outpatient	**00403**	1	8	8						-						-
01 - General Hospital	78 - Inpatient	**00420**	25	236	9						-						-
01 - General Hospital	79 - Outpatient	**00420**	1050	13090	12						-						-
10 - Nursing Home	43 - Chronic Inpatient	**00420**	79	1028	13						-						-
01 - General Hospital	71 - Dental Clinic	**00420**	1	32	32						-						-
87 - Therapist - Group	65 - Physical Therapy	**00420**	1	12	12						-						-
58 - Home Health Agency	67 - Home Health Agency	**00420**	2	17	9						-						-
58 - Home Health Agency	67 - Home Health Agency	**00421**	111	1727	16						-						-
01 - General Hospital	79 - Outpatient	**00421**	2	16	8						-						-
01 - General Hospital	79 - Outpatient	**00430**	593	7559	13	0	0	-	-	0	-	0	0	-	-		-
01 - General Hospital	78 - Inpatient	**00430**	76	793	10						-						-
84 - Therapist	66 - Occupational Therapy	**00430**	1	16	16						-						-
58 - Home Health Agency	67 - Home Health Agency	**00431**	117	1547	13	0	0	-	-	0	-	0	0	-	-		-
01 - General Hospital	79 - Outpatient	**00440**	61	1258	21	0	0	-	-	0	-	0	0	-	-		-
10 - Nursing Home	43 - Chronic Inpatient	**00440**	1	8	8						-						-
58 - Home Health Agency	67 - Home Health Agency	**00441**	15	416	28						-						-
01 - General Hospital	79 - Outpatient	**00513**	239	5637	24	0	0	-	-	0	-	0	0	-	-		-
01 - General Hospital	49 - Psychiatric Outpatient	**00513**	1	20	20						-						-
01 - General Hospital	49 - Psychiatric Outpatient	**00900**	10	10	1						-						-
01 - General Hospital	79 - Outpatient	**00901**	23	238	10						-						-
01 - General Hospital	49 - Psychiatric Outpatient	**00901**	1	1	1						-						-
01 - General Hospital	49 - Psychiatric Outpatient	**00905**	52	1909	37						-						-
01 - General Hospital	79 - Outpatient	**00905**	539	19056	35						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

01 - General Hospital	49 - Psychiatric Outpatient	**00906**	24	682	28						-					-
01 - General Hospital	79 - Outpatient	**00906**	145	3829	26						-					-
01 - General Hospital	79 - Outpatient	**00912**	1	10	10						-					-
01 - General Hospital	49 - Psychiatric Outpatient	**00913**	127	6681	53						-					-
01 - General Hospital	79 - Outpatient	**00913**	212	6469	31						-					-
01 - General Hospital	49 - Psychiatric Outpatient	**00914**	9	72	8						-					-
01 - General Hospital	49 - Psychiatric Outpatient	**00915**	10	155	16						-					-
01 - General Hospital	79 - Outpatient	**00918**	51	51	1	0	0	-	-	0	-	0	0	-	-	-
01 - General Hospital	79 - Outpatient	**00940**	1	16	16						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**10061**	6	6	1						-					-
20 - Physician, MD	11 - Internal Medicine, Sub	**10061**	1	2	2						-					-
21 - Physician, MD - Group	02 - General Surgery	**11043**	1	1	1	0	0	-	-	0	-	0	0	-	-	-
20 - Physician, MD	24 - Plastic and Reconstructiv e Surgery	**11462**	1	2	2		0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	02 - General Surgery	**11970**	1	1	1						-					-
20 - Physician, MD	24 - Plastic and Reconstructiv e Surgery	**11970**	1	1	1						-					-
20 - Physician, MD	24 - Plastic and Reconstructiv	**14060**	1	0	0						-					-
20 - Physician, MD	24 - Plastic and Reconstructiv	**14300**	1	0	0						-					-
20 - Physician, MD	02 - General Surgery	**15002**	1	1	1						-					-
20 - Physician, MD	24 - Plastic and Reconstructiv	**15100**	1	1	1						-					-
20 - Physician, MD	24 - Plastic and Reconstructiv	**15101**	1	1	1						-					-
20 - Physician, MD	02 - General Surgery	**15170**	1	1	1						-					-
21 - Physician, MD - Group	02 - General Surgery	**15220**	1	1	1						-					-
21 - Physician, MD - Group	24 - Plastic and Reconstructiv	**15732**	2	1	1						-					-
20 - Physician, MD	24 - Plastic and Reconstructiv e Surgery	**15734**	2	1	1						-					-
21 - Physician, MD - Group	02 - General Surgery	**15734**	1	1	1						-					-
21 - Physician, MD - Group	02 - General Surgery	**15757**	1	1	1						-					-
21 - Physician, MD - Group	18 - Opthalmolog y	**15822**	2	2	1						-					-
21 - Physician, MD - Group	18 - Opthalmolog y	**15823**	3	3	1						-					-
20 - Physician, MD	24 - Plastic and Reconstructiv e Surgery	**15830**	4	3	1						-					-
21 - Physician, MD - Group	02 - General Surgery	**15836**	2	2	1						-					-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**15836**	1	1	1	-	-
21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	**15839**	3	1	0	-	-
20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**15936**	1	1	1	-	-
20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**19300**	3	1	0	-	-
21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	**19316**	3	3	1	-	-
21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	**19318**	14	9	1	-	-
21 - Physician, MD - Group	02 - General Surgery	**19318**	3	3	1	-	-
21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	**19325**	1	1	1	-	-
21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	**19328**	2	0	0	-	-
21 - Physician, MD - Group	02 - General Surgery	**19328**	1	1	1	-	-
21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	**19330**	1	1	1	-	-
21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	**19350**	1	1	1	-	-
20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**19357**	2	1	1	-	-
21 - Physician, MD - Group	02 - General Surgery	**19357**	1	1	1	-	-
20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**19367**	2	0	0	-	-
20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**19370**	2	2	1	-	-
21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	**19371**	1	1	1	-	-
20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**19380**	2	2	1	-	-
20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**20902**	2	1	1	-	-
20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**21320**	1	1	1	-	-
21 - Physician, MD - Group	16 - Opthalmology	**21235**	1	1	1	-	-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**20605**	1	1	1	-	-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**20610**	2	2	1	-	-
20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**25545**	2	1	1	-	-
21 - Physician, MD - Group	38 - Pediatrics	**22556**	1	1	1	-	-
21 - Physician, MD - Group	38 - Pediatrics	**22852**	1	1	1	-	-
20 - Physician, MD	02 - General Surgery	**26235**	1	1	1	-	-
20 - Physician, MD	24 - Plastic and Reconstructive Surgery	**27049**	1	0	0	-	-
50 - Community Clinic	05 - Rehabilitation Clinic	**29540**	1	12	12	-	-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**30130**	1	1	1	-	-

20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**30140**	8	7	1	-	-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**30410**	4	4	1	-	-
21 - Physician, MD - Group	04 - Ear, Nose, Throat, Otology Lary	**30520**	12	11	1	-	-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**30560**	2	2	1	-	-
21 - Physician, MD - Group	04 - Ear, Nose, Throat, Otology Lary	**30802**	1	1	1	-	-
		31237	2	2	1	-	-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**31255**	2	3	2	-	-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**31622**	1	1	1	-	-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**31267**	2	2	1	-	-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**31276**	1	1	1	-	-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**31288**	1	1	1	-	-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**31541**	1	0	0	-	-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**31624**	2	2	1	-	-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**31645**	1	1	1	-	-
21 - Physician, MD - Group	38 - Pediatrics	**32120**	1	1	1	-	-
21 - Physician, MD - Group	38 - Pediatrics	**32655**	1	1	1	-	-
21 - Physician, MD - Group	38 - Pediatrics	**32657**	1	1	1	-	-
21 - Physician, MD - Group	02 - General Surgery	**35226**	1	1	1	-	-
21 - Physician, MD - Group	02 - General Surgery	**35525**	1	1	1	-	-
21 - Physician, MD - Group	02 - General Surgery	**35860**	1	1	1	-	-
21 - Physician, MD - Group	30 - Radiology: Diagnostic	**36470**	1	3	3	-	-
21 - Physician, MD - Group	30 - Radiology: Diagnostic	**36471**	1	3	3	-	-
21 - Physician, MD - Group	30 - Radiology: Diagnostic	**36478**	2	2	1	-	-
21 - Physician, MD - Group	30 - Radiology: Diagnostic	**36479**	2	2	1	-	-
21 - Physician, MD - Group	38 - Pediatrics	**36561**	1	1	1	-	-
21 - Physician, MD - Group	38 - Pediatrics	**36591**	4	4	1	-	-
20 - Physician, MD	02 - General Surgery	**37722**	1	1	1	-	-
21 - Physician, MD - Group	30 - Radiology: Diagnostic	**37765**	3	3	1	-	-
20 - Physician, MD	02 - General Surgery	**37765**	1	1	1	-	-
21 - Physician, MD - Group	30 - Radiology: Diagnostic	**37766**	3	3	1	-	-
21 - Physician, MD - Group	38 - Pediatrics	**38220**	1	1	1	-	-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**38221**	1	1	1	-	-
21 - Physician, MD - Group	38 - Pediatrics	**38221**	1	1	1	-	-
21 - Physician, MD - Group	02 - General Surgery	**38500**	1	1	1	-	-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**38550**	1	1	1	-	-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**42104**	1	1	1	-	-

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20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**42821**	1	1	1						-					-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**42826**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**43235**	6	6	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**43246**	1	1	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**43239**	10	10	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**43255**	4	4	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**43256**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**43259**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**45330**	1	1	1						-					-
20 - Physician, MD	11 - Internal Medicine, Sub	**45378**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**45378**	4	4	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**45380**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**45383**	1	1	1						-					-
21 - Physician, MD - Group	16 - Obstetrics and	**56605**	1	1	1						-					-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**60240**	1	1	1						-					-
21 - Physician, MD - Group	38 - Pediatrics	**63282**	2	2	1						-					-
20 - Physician, MD	02 - General Surgery	**64776**	1	1	1						-					-
21 - Physician, MD - Group	18 - Opthalmolog	**66984**	2	2	1						-					-
21 - Physician, MD - Group	18 - Opthalmolog	**67904**	5	5	1						-					-
21 - Physician, MD - Group	18 - Opthalmolog	**67901**	3	3	1						-					-
21 - Physician, MD - Group	18 - Opthalmolog	**67911**	3	3	1						-					-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**69210**	1	1	1						-					-
20 - Physician, MD	04 - Ear, Nose, Throat, Otology Lary	**69436**	1	0	0						-					-
20 - Physician, MD	08 - Family Practice	**72141**	1	1	1						-					-
34 - Optometrist · Group	81 - Optician/Opt ometrist	**76514**	1	1	1						-					-
50 - Community Clinic	50 - Mental Health Clinic	**90801**	28	28	1						-					-
01 - General Hospital	49 - Psychiatric Outpatient	**90801**	26	26	1						-					-
20 - Physician, MD	08 - Family Practice	**90801**	1	1	1						-					-
50 - Community Clinic	23 - Methadone Maintenance	**90801**	1	1	1						-					-
81 - Behavioral Health Clinician	92 - Psychologist	**90802**	1	1	1						-					-
57 - Alcohol and Drug Abuse Center	79 - Outpatient	**90802**	1	2	2						-					-
50 - Community Clinic	50 - Mental Health Clinic	**90804**	15	178	12						-					-
50 - Community Clinic	5C - FQHC Mental Health	**90804**	7	117	17						-					-
50 - Community Clinic	50 - Mental Health Clinic	**90805**	32	238	7						-					-

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50 - Community Clinic	5C - FQHC Mental Health	**90805**	1	15	15	-	-
50 - Community Clinic	50 - Mental Health Clinic	**90806**	144	1804	13	-	-
50 - Community Clinic	5C - FQHC Mental Health	**90806**	32	481	15	-	-
81 - Behavioral Health Clinician	9E - Lic Professional Counselor	**90806**	5	103	21	-	-
01 - General Hospital	79 - Outpatient	**90806**	1	14	14	-	-
20 - Physician, MD	08 - Family Practice	**90806**	5	5	1	-	-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**90806**	2	2	1	-	-
81 - Behavioral Health Clinician	9E - Lic Professional Counselor	**90808**	1	26	26	-	-
81 - Behavioral Health Clinician	9D - Lic/Crt A and D Ab C	**90808**	1	40	40	-	-
50 - Community Clinic	50 - Mental Health Clinic	**90847**	10	10	1	-	-
50 - Community Clinic	50 - Mental Health Clinic	**90853**	242	5444	22	-	-
50 - Community Clinic	5C - FQHC Mental Health	**90853**	18	563	31	-	-
01 - General Hospital	79 - Outpatient	**90853**	2	27	14	-	-
50 - Community Clinic	50 - Mental Health Clinic	**90862**	42	327	8	-	-
50 - Community Clinic	50 - Mental Health Clinic	**90862**	4	23	6	-	-
50 - Community Clinic	5C - FQHC Mental Health	**90862**	10	301	30	-	-
57 - Alcohol and Drug Abuse Center	79 - Outpatient	**90862**	1	2	2	-	-
50 - Community Clinic	68 - Rehabilitation Clinic	**90862**	2	72	36	-	-
50 - Community Clinic	71 - Dental Clinic	**90862**	1	20	20	-	-
50 - Community Clinic	5C - FQHC Mental Health	**90887**	1	6	6	-	-
34 - Optometrist - Group	81 - Optician/Optometrist	**92135**	1	2	2	-	-
81 - Behavioral Health Clinician	92 - Psychologist	**92135**	1	1	1	-	-
34 - Optometrist - Group	81 - Optician/Optometrist	**92225**	1	1	1	-	-
34 - Optometrist - Group	81 - Optician/Optometrist	**92250**	1	1	1	-	-
50 - Community Clinic	68 - Rehabilitation Clinic	**92507**	4	38	10	-	-

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34 - Optometrist Group	81 - Optician/Optometrist	**92507**	1	1	1						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**92557**	3	42	14						-						-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**93010**	1	1	1						-						-
01 - General Hospital	79 - Outpatient	**96101**	1	4	4						-						-
20 - Physician, MD	07 - Dermatology	**96910**	1	0	0						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97001**	53	596	11						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97002**	32	290	9						-						-
01 - General Hospital	79 - Outpatient	**97002**	9	55	6						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97003**	11	124	11						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97004**	11	234	21						-						-
01 - General Hospital	79 - Outpatient	**97010**	2	5	3						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97010**	186	2457	13						-						-
84 - Therapist	65 - Physical Therapy	**97010**	23	380	17						-						-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**97010**	19	241	13						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97012**	5	58	12						-						-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**97012**	2	24	12						-						-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Em	**97014**	17	245	14						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97014**	177	2682	15						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97014**	6	110	18						-						-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**97018**	5	87	17						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97018**	32	518	16						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97026**	7	78	11						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97028**	1	12	12						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97032**	51	607	12						-						-
50 - Community Clinic	68 - Rehabilitation Clinic	**97033**	73	1054	14						-						-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Em	**97033**	4	60	15						-						-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Em	**97035**	20	289	14	0	0	-	-	0	-	0	0	-	-		-
50 - Community Clinic	68 - Rehabilitation Clinic	**97035**	179	2597	15						-						-
84 - Therapist	65 - Physical Therapy	**97035**	1	24	24						-						-
10 - Nursing Home	46 - ICF	**97035**	1	12	12						-						-
01 - General Hospital	79 - Outpatient	**97035**	1	12	12						-						-

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21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**97110**	21	459	22						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97110**	262	3720	14						-					-
84 - Therapist	65 - Physical Therapy	**97110**	2	28	14	0	0	-	-	0	-	0	0	-	-	-
01 - General Hospital	79 - Outpatient	**97110**	2	15	8						-					-
10 - Nursing Home	46 - ICF	**97110**	1	12	12						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Em	**97112**	1	19	19	0	0	-	-	0	-	0	0	-	-	-
50 - Community Clinic	68 - Rehabilitation Clinic	**97112**	97	1506	16						-					-
10 - Nursing Home	46 - ICF	**97112**	1	12	12						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97113**	53	710	13						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97116**	103	1498	15						-					-
84 - Therapist	65 - Physical Therapy	**97116**	1	24	24						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97118**	4	54	14						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97124**	14	140	10						-					-
01 - General Hospital	79 - Outpatient	**97124**	2	13	7						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97139**	21	337	16						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**97140**	19	257	14	0	0	-	-	0	-	0	0	-	-	-
50 - Community Clinic	68 - Rehabilitation Clinic	**97140**	247	3477	14						-					-
84 - Therapist	65 - Physical Therapy	**97140**	1	24	24						-					-
10 - Nursing Home	46 - ICF	**97140**	1	12	12						-					-
01 - General Hospital	79 - Outpatient	**97140**	1	12	12						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97150**	1	16	16						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**97530**	22	345	16	0	0	-	-	0	-	0	0	-	-	-
50 - Community Clinic	68 - Rehabilitation Clinic	**97530**	113	1773	16						-					-
01 - General Hospital	79 - Outpatient		1	12	12						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97532**	4	64	16						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97533**	1	16	16						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97535**	5	104	21						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97542**	5	38	8						-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**97597**	3	54	18						-					-

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50 - Community Clinic	68 - Rehabilitation Clinic	**97760**	19	328	17						-				-
50 - Community Clinic	68 - Rehabilitation Clinic	**97761**	6	68	11						-				-
21 - Physician, MD - Group	38 - Pediatrics	**99000**	1	1	1						-				-
21 - Physician, MD - Group	16 - Obstetrics and	**99000**	1	0	0						-				-
21 - Physician, MD - Group	01 - General Practice	**99203**	1	1	1						-				-
21 - Physician, MD - Group	01 - General Practice	**99204**	1	1	1						-				-
34 - Optometrist - Group	81 - Optician/Optometrist	**99211**	1	1	1						-				-
21 - Physician, MD - Group	01 - General Practice	**99212**	3	3	1						-				-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**99213**	10	10	1						-				-
34 - Optometrist - Group	81 - Optician/Optometrist	**99213**	1	1	1						-				-
20 - Physician, MD	24 - Plastic and Reconstructiv	**99213**	1	1	1						-				-
21 - Physician, MD - Group	01 - General Practice	**99213**	1	3	3						-				-
21 - Physician, MD - Group	16 - Obstetrics and	**99213**	1	0	0						-				-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**99214**	7	7	1						-				-
21 - Physician, MD - Group	38 - Pediatrics	**99214**	1	1	1						-				-
21 - Physician, MD - Group	01 - General Practice	**99214**	1	0	0						-				-
21 - Physician, MD - Group	38 - Pediatrics	**99215**	1	1	1						-				-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**99215**	1	1	1						-				-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**99222**	5	5	1						-				-
21 - Physician, MD - Group	38 - Pediatrics	**99222**	2	2	1						-				-
21 - Physician, MD - Group	01 - General Practice	**99222**	2	2	1	0	0	-	-	0	-	0	0	-	-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**99223**	11	11	1	0	0	-	-	0	-	0	0	-	-
21 - Physician, MD - Group	38 - Pediatrics	**99223**	4	4	1						-				-
21 - Physician, MD - Group	01 - General Practice	**99223**	4	3	1						-				-
21 - Physician, MD - Group	06 - Cardiovascular Diseases	**99223**	1	1	1						-				-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Em	**99231**	183	181	1	0	0	-	-	0	-	0	0	-	-
21 - Physician, MD - Group	38 - Pediatrics	**99231**	16	16	1	0	0	-	-	0	-	0	0	-	-
21 - Physician, MD - Group	01 - General Practice	**99231**	23	23	1	0	0	-	-	0	-	0	0	-	-
21 - Physician, MD - Group	02 - General Surgery	**99231**	1	1	1						-				-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**99232**	540	532	1	0	0	-	-	0	-	0	0	-	-

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21 - Physician, MD - Group	01 - General Practice	**99232**	163	171	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	38 - Pediatrics	**99232**	31	31	1						-					-
23 - Nurse Practitioner	11 - Internal Medicine, Sub-	**99232**	1	1	1						-					-
21 - Physician, MD - Group	06 - Cardiovascular Diseases,	**99232**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Em	**99233**	93	90	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	01 - General Practice	**99233**	140	135	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	38 - Pediatrics	**99233**	45	45	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	38 - Pediatrics	**99238**	4	4	1						-					-
21 - Physician, MD - Group	01 - General Practice	**99238**	2	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**99239**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**99243**	2	2	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	38 - Pediatrics	**99243**	1	1	1						-					-
20 - Physician, MD	24 - Plastic and Reconstructiv	**99243**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**99244**	6	6	1						-					-
21 - Physician, MD - Group	38 - Pediatrics	**99244**	1	1	1						-					-
21 - Physician, MD - Group	01 - General Practice	**99244**	1	0	0						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**99245**	4	3	1						-					-
21 - Physician, MD - Group	38 - Pediatrics	**99251**	5	5	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**99251**	2	2	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**99252**	10	10	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	38 - Pediatrics	**99252**	6	6	1						-					-
21 - Physician, MD - Group	34 - Urology	**99252**	2	2	1						-					-
21 - Physician, MD - Group	06 - Cardiovascular Diseases,	**99252**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**99253**	39	41	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	38 - Pediatrics	**99253**	10	4	0	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	26 - Psychiatry	**99253**	2	2	1						-					-
21 - Physician, MD - Group	01 - General Practice	**99253**	2	3	2						-					-
21 - Physician, MD - Group	14 - Neurology	**99253**	1	1	1						-					-
21 - Physician, MD - Group	34 - Urology	**99253**	5	4	1						-					-

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21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Em	**99254**	63	62	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	34 - Urology	**99254**	13	11	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	02 - General Surgery	**99254**	1	1	1						-					-
20 - Physician, MD	14 - Neurology	**99254**	4	4	1						-					-
21 - Physician, MD - Group	38 - Pediatrics	**99254**	7	7	1						-					-
21 - Physician, MD - Group	01 - General Practice	**99254**	6	5	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Em	**99255**	27	27	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	01 - General Practice	**99255**	7	4	1	0	0	-	-	0	-	0	0	-	-	-
21 - Physician, MD - Group	34 - Urology	**99255**	1	1	1						-					-
21 - Physician, MD - Group	38 - Pediatrics	**99255**	2	2	1						-					-
23 - Nurse Practitioner	11 - Internal Medicine, Sub-Specialty/Em	**99255**	1	1	1						-					-
20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Em	**99255**	4	4	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**99282**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Em ergency	**99283**	17	12	1						-					-
21 - Physician, MD - Group	38 - Pediatrics	**99283**	1	1	1						-					-
20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Em ergency	**99283**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Em	**99284**	18	17	1						-					-
21 - Physician, MD - Group	38 - Pediatrics	**99284**	2	2	1						-					-
20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Em	**99284**	2	1	1						-					-
21 - Physician, MD - Group	01 - General Practice	**99284**	3	2	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub-	**99285**	18	17	1						-					-
21 - Physician, MD - Group	38 - Pediatrics	**99285**	1	1	1						-					-
21 - Physician, MD - Group	01 - General Practice	**99285**	2	2	1						-					-

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21 - Physician, MD - Group	01 - General Practice	**99291**	9	8	1	0	0	-	-	0	-	0	0	-	-	-
15 - CT Home Care Program	55 - Access Agency / CT Home Care	**99291**	1	1	1						-					-
21 - Physician, MD - Group	11 - Internal Medicine, Sub	**99291**	6	6	1						-					-
21 - Physician, MD - Group	08 - Family Practice	**99396**	1	1	1						-					-
15 - CT Home Care Program	55 - Access Agency / CT Home Care Provider	**1208Z**	3	0	0						-					-
12 - Special Services	3H - Mental Health Group Home	**1222Z**	11	64	6						-					-
15 - CT Home Care Program	55 - Access Agency / CT Home Care Provider	**1222Z**	1	1	1						-					-
15 - CT Home Care Program	55 - Access Agency / CT Home Care Provider	**1293Z**	1	1	1	0	0	-	-	0	-	0	0	-	-	-
12 - Special Services	3H - Mental Health Group Home	**2074Y**	174	996	6						-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**7385E**	2	0	0						-					-
80 - Medical Transportation	80 - Ambulance	**A0426**	217	308	1	0	0	-	-	0	-	0	0	-	-	-
80 - Medical Transportation	80 - Ambulance	**A0428**	6504	10248	2	0	0	-	-	0	-	0	0	-	-	-
62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	**A4221**	1	0	0						-					-
62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	**A4222**	2	0	0						-					-
62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	**A4223**	4	0	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A4353**	2	0	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A4421**	3	0	0						-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**A4649**	4	0	0	0	0	-	-	0	-	0	0	-	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**A6506**	1	0	0						-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**A6512**	1	0	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A6549**	10	0	0						-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**A6549**	7	0	0						-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**A6549**	27	0	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A6550**	3	20	7						-					-

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62 - Medical Equipment Supplier	52 - Durable Medical Goods	**A6550**	1	15	15		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7000**	3	8	3		-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**A7000**	1	10	10		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7030**	3	5	2		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7031**	2	1	1		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7032**	2	25	13		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7033**	1	24	24		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7034**	9	6	1		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7035**	12	9	1		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7036**	1	1	1		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7037**	10	6	1		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7038**	8	5	1		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7039**	9	6	1		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A7046**	1	1	1		-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**A8000**	1	1	1		-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**A8001**	1	0	0		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A8001**	1	0	0		-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**A8002**	1	0	0		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A8003**	2	0	0		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**A9270**	2	5	3		-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**A9270**	1	0	0		-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**B4036**	4	3	1		-	-
62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	**B9002**	10	8	1	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**B9002**	2	6	3		-	-

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62 - Medical Equipment Supplier	54 - Medical Supply Company	**B9002**	22	21	1						**-**							**-**
62 - Medical Equipment Supplier	54 - Medical Supply Company	**B9004**	13	18	1					0	**-**							**-**
60 - Pharmacy - Rx only	94 - Pharmacy	**B9004**	2	3	2						**-**							**-**
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**B9004**	1	3	3						**-**							**-**
62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	**B9004**	1	1	1						**-**							**-**
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**B9998**	3	0	0						**-**							**-**
50 - Community Clinic	50 - Mental Health Clinic	**CFSTC**	1	856	856						**-**							**-**
01 - General Hospital	79 - Outpatient	**CFSTC**	1	14	14						**-**							**-**
01 - General Hospital	79 - Outpatient	**CIOPY**	1	13	13						**-**							**-**
57 - Alcohol and Drug Abuse Center	78 - Inpatient	**CIPD9**	1	5	5						**-**							**-**
01 - General Hospital	78 - Inpatient	**CIPFY**	3	0	0						**-**							**-**
06 - State Institution	40 - Psychiatric Under 21	**CIPFY**	1	21	21						**-**							**-**
01 - General Hospital	78 - Inpatient	**CMETC**	1926	1926	1						**-**							**-**
50 - Community Clinic	23 - Methadone Maintenance	**CMETC**	1	52	52						**-**							**-**
80 - Medical Transportation	87 - Air Ambulance	**CNCUR**	1217	1217	1						**-**							**-**
01 - General Hospital	78 - Inpatient	**CNCUR**	7183	7183	1	10	10	- General Hosp	78 - Inpatient	0	**1**	7	7	- General Hosp	78 - Inpatient			**1**
01 - General Hospital	79 - Outpatient	**CNCUR**	1	1	1						**-**							**-**
81 - Behavioral Health Clinician	92 - Psychologist	**CNCUR**	1	26	26						**-**							**-**
21 - Physician, MD - Group	26 - Psychiatry	**COTP1**	4	79	20	0	0	-	-	0	**-**	0	0	**-**	**-**			**-**
86 - Behavioral Health Clinician Group	92 - Psychologist	**COTP1**	2	52	26						**-**							**-**
81 - Behavioral Health Clinician	9A - Lic Cln Soc Wkrs	**COTP1**	1	26	26						**-**							**-**
50 - Community Clinic	50 - Mental Health Clinic	**COTP1**	2	52	26						**-**							**-**
01 - General Hospital	78 - Inpatient	**COTP1**	843	843	1						**-**							**-**
50 - Community Clinic	5C - FQHC Mental Health	**COTP1**	1	26	26						**-**							**-**
50 - Community Clinic	50 - Mental Health Clinic	**COTPC**	5	105	21						**-**							**-**
50 - Community Clinic	5C - FQHC Mental Health	**COTPC**	5	130	26						**-**							**-**
01 - General Hospital	49 - Psychiatric Outpatient	**COTPC**	1	9	9						**-**							**-**
01 - General Hospital	79 - Outpatient	**COTPY**	4	4	1						**-**							**-**

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50 - Community Clinic	50 - Mental Health Clinic	**COTPY**	2	52	26						-					-
50 - Community Clinic	50 - Mental Health Clinic	**CPHPY**	3	60	20						-					-
01 - General Hospital	79 - Outpatient	**CPHPY**	1	10	10						-					-
41 - Dentist - Group	93 - General Dentist	**D1204**	19	35	2	0	0	-	-	0	-	0	0	-	-	-
40 - Dentist	93 - General Dentist	**D2751**	7	2	0						-					-
41 - Dentist - Group	93 - General Dentist	**D2751**	9	1	0						-					-
50 - Community Clinic	5B - FQHC Medical	**D2751**	1	0	0						-					-
50 - Community Clinic	71 - Dental Clinic	**D2751**	13	10	1						-					-
40 - Dentist	93 - General Dentist	**D2791**	1	0	0						-					-
40 - Dentist	93 - General Dentist	**D2932**	1	0	0						-					-
41 - Dentist - Group	93 - General Dentist	**D2954**	5	5	1						-					-
50 - Community Clinic	71 - Dental Clinic	**D3310**	8	4	1						-					-
41 - Dentist - Group	93 - General Dentist	**D3310**	1	0	0						-					-
40 - Dentist	93 - General Dentist	**D3320**	1	0	0						-					-
40 - Dentist	93 - General Dentist	**D3330**	2	1	1						-					-
41 - Dentist - Group	93 - General Dentist	**D3330**	1	0	0						-					-
50 - Community Clinic	71 - Dental Clinic	**D3330**	1	0	0						-					-
41 - Dentist - Group	93 - General Dentist	**D3347**	3	3	1						-					-
40 - Dentist	93 - General Dentist	**D4341**	2	0	0						-					-
50 - Community Clinic	71 - Dental Clinic	**D4341**	1	1	1						-					-
40 - Dentist	93 - General Dentist	**D5110**	11	11	1	0	0	-	-	0	-	0	0	-	-	-
41 - Dentist - Group	93 - General Dentist	**D5110**	32	32	1	0	0	-	-	0	-	0	0	-	-	-
50 - Community Clinic	71 - Dental Clinic	**D5110**	54	54	1						-					-
50 - Community Clinic	5A - FQHC Dental	**D5110**	4	4	1						-					-
01 - General Hospital	71 - Dental Clinic	**D5110**	1	1	1						-					-
40 - Dentist	93 - General Dentist	**D5120**	6	6	1	0	0	-	-	0	-	0	0	-	-	-
41 - Dentist - Group	93 - General Dentist	**D5120**	21	21	1	0	0	-	-	0	-	0	0	-	-	-
50 - Community Clinic	71 - Dental Clinic	**D5120**	36	36	1						-					-
41 - Dentist - Group	76 - Dental Hygienist	**D5120**	1	1	1						-					-
50 - Community Clinic	5A - FQHC Dental	**D5120**	2	2	1						-					-

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01 - General Hospital	71 - Dental Clinic	**D5120**	1	1	1						-						-
40 - Dentist	93 - General Dentist	**D5211**	6	5	1						-						-
41 - Dentist - Group	93 - General Dentist	**D5211**	6	6	1						-						-
50 - Community Clinic	5A - FQHC Dental	**D5211**	2	0	0						-						-
50 - Community Clinic	71 - Dental Clinic	**D5211**	10	10	1						-						-
40 - Dentist	93 - General Dentist	**D5212**	5	3	1						-						-
41 - Dentist - Group	93 - General Dentist	**D5212**	8	8	1						-						-
50 - Community Clinic	71 - Dental Clinic	**D5212**	12	11	1						-						-
50 - Community Clinic	5B - FQHC Medical	**D5212**	1	1	1						-						-
40 - Dentist	93 - General Dentist	**D5213**	18	13	1						-						-
41 - Dentist - Group	93 - General Dentist	**D5213**	31	28	1						-						-
50 - Community Clinic	71 - Dental Clinic	**D5213**	48	44	1						-						-
50 - Community Clinic	5A - FQHC Dental	**D5213**	7	6	1						-						-
50 - Community Clinic	5B - FQHC Medical	**D5213**	1	1	1						-						-
40 - Dentist	93 - General Dentist	**D5214**	23	18	1	0	0	-	-	0	-	0	0	-	-		-
41 - Dentist - Group	93 - General Dentist	**D5214**	41	34	1						-						-
50 - Community Clinic	5A - FQHC Dental	**D5214**	6	6	1						-						-
50 - Community Clinic	71 - Dental Clinic	**D5214**	64	55	1						-						-
50 - Community Clinic	71 - Dental Clinic	**D6010**	1	0	0						-						-
50 - Community Clinic	71 - Dental Clinic	**D6240**	1	0	0						-						-
50 - Community Clinic	71 - Dental Clinic	**D6750**	1	0	0						-						-
40 - Dentist	93 - General Dentist	**D7140**	2	2	1						-						-
20 - Physician, MD	19 - Oral Surgery	**D7140**	1	1	1						-						-
20 - Physician, MD	19 - Oral Surgery	**D7210**	2	2	1						-						-
40 - Dentist	72 - Orthodontia	**D8670**	1	15	15						-						-

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20 - Physician, MD	19 - Oral Surgery	**D9220**	1	1	1	-	-
20 - Physician, MD	19 - Oral Surgery	**D9221**	1	1	1	-	-
41 - Dentist - Group	93 - General Dentist	**D9940**	1	1	1	-	-
50 - Community Clinic	71 - Dental Clinic	**D9940**	1	1	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0143**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0143**	2	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0144**	13	10	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0144**	1	0	0	-	-
60 - Pharmacy - Rx only	94 - Pharmacy	**E0144**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0147**	4	1	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0147**	1	1	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0148**	10	4	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0149**	29	24	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0149**	6	3	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0156**	7	2	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0156**	2	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0165**	3	4	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0168**	2	0	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0181**	3	1	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0181**	9	12	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0184**	3	1	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0184**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0185**	1	0	0	-	-

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62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0185**	13	10	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0215**	12	12	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0215**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0240**	16	15	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0244**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0245**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0247**	2	1	1	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0247**	2	3	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0247**	5	11	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0248**	69	119	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0248**	7	14	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0255**	16	28	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0255**	5	10	2	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0255**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0260**	214	391	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0260**	26	46	2	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0260**	2	1	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0261**	22	27	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0261**	4	6	2	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic	**E0261**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0265**	26	40	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0265**	3	4	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0266**	6	8	1	-	-

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62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0266**	5	2	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0277**	31	44	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0277**	66	121	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0301**	10	10	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0301**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0302**	1	3	3	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0302**	1	3	3	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0303**	3	4	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0303**	17	24	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0304**	5	7	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0304**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0371**	2	4	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0372**	6	11	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0431**	16	65	4	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0434**	1	12	12	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0445**	25	71	3	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0445**	2	1	1	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices		1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0450**	25	118	5	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0450**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0463**	47	131	3	-	-

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62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0470**	85	136	2						-						-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0470**	2	3	2						-						-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0471**	35	66	2						-						-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0471**	8	7	1						-						-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0480**	3	2	1						-						-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0482**	8	13	2	0	0	-	-	0	-	0	0	-	-		-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0483**	5	7	1						-						-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0483**	5	7	1						-						-
20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Em	**E0483**	1	3	3						-						-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0500**	1	12	12						-						-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0550**	71	120	2						-						-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0550**	8	19	2						-						-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0561**	120	197	2						-						-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0561**	1	3	3						-						-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0562**	641	964	2						-						-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0562**	10	12	1						-						-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0565**	106	158	1						-						-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0565**	6	6	1						-						-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0570**	7	12	2						-						-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0571**	9	12	1						-						-

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62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0571**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0600**	203	318	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0600**	26	45	2	-	-
84 - Therapist	66 - Occupational Therapy	**E0600**	1	0	0	-	-
20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Em	**E0600**	1	3	3	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0601**	78	120	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0601**	564	809	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0620**	3	2	1	-	-
87 - Therapist - Group	65 - Physical Therapy	**E0620**	1	1	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0621**	1	1	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0627**	4	2	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0627**	2	1	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0628**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0629**	1	1	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0630**	60	78	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0630**	12	18	2	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0630**	3	4	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0635**	5	5	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0635**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0637**	13	9	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0639**	21	15	1	-	-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0640**	16	11	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0641**	1	0	0	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0651**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0652**	8	12	2	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0652**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0667**	7	15	2	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0667**	2	12	6	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0705**	1	1	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0720**	38	61	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0720**	2	3	2	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0720**	10	10	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0730**	37	45	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0730**	1	3	3	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0730**	11	8	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0745**	6	6	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0747**	2	6	3	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0760**	10	15	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0776**	17	26	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0781**	50	88	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0781**	8	14	2	-	-
60 - Pharmacy - Rx only	94 - Pharmacy	**E0781**	2	4	2	-	-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	**E0781**	6	11	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0784**	6	8	1	-	-
62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	**E0784**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0791**	7	10	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0855**	3	1	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0910**	5	1	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0912**	9	0	0	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0935**	5	121	24	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0935**	2	47	24	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0940**	3	4	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0940**	2	3	2	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E0951**	1	2	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0955**	1	1	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0957**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0958**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0960**	1	0	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0961**	4	5	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0961**	2	2	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0971**	5	7	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0971**	1	1	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0973**	6	3	1	-	-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0978**	15	3	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0986**	1	0	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E0990**	14	10	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E0990**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1028**	3	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1031**	3	4	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1031**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1038**	12	0	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1038**	5	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1039**	1	1	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1050**	15	17	1	-	-
20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Em	**E1050**	1	0	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1086**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1087**	1	1	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1088**	2	4	2	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E1088**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1092**	3	1	0	-	-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1110**	1	3	3						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1130**	5	13	3						-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1130**	1	0	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1031**	2	0	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1038**	2	0	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1140**	21	35	2						-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1140**	3	5	2						-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E1150**	1	0	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1150**	14	21	2						-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1150**	3	7	2						-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1160**	11	15	1						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1160**	31	46	1						-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1195**	33	7	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1195**	1	0	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1213**	1	0	0						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1220**	325	0	0	0	0	-	-	0	-	0	0	-	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1220**	11	0	0	0	0	-	-	0	-	0	0	-	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1224**	4	7	2						-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1226**	4	7	2	0	0	-	-	0	-	0	0	-	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1226**	1	0	0						-					-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1240**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1230**	6	4	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1250**	2	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1260**	2	6	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1270**	3	3	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1280**	10	22	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1290**	1	3	3	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1295**	2	4	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1340**	5	12	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1340**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1390**	11	19	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1390**	14	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E1399**	124	5	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E1399**	89	12	0	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**E1399**	12	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2100**	3	3	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2201**	6	8	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2202**	4	3	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2207**	2	0	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2208**	18	7	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2213**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2310**	1	0	0	-	-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2340**	2	1	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2361**	7	2	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2363**	16	4	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2365**	21	14	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2366**	2	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2368**	1	0	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2375**	7	2	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2391**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2395**	1	0	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2402**	25	49	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2402**	13	29	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2506**	3	2	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2510**	9	6	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2510**	1	0	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2599**	4	1	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2599**	2	0	0	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**E2601**	5	3	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2601**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2603**	2	1	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2607**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2609**	4	3	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2611**	0	0	#DIV/0!	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2617**	3	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2618**	1	0	0	-	-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2619**	1	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E2620**	2	1	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E8000**	5	0	0	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**E8002**	2	0	0	-	-
50 - Community Clinic	50 - Mental Health Clinic	**H0015**	455	11484	25	-	-
57 - Alcohol and Drug Abuse Center	79 - Outpatient	**H0015**	3	90	30	-	-
50 - Community Clinic	50 - Mental Health Clinic	**H0020**	8	361	45	-	-
50 - Community Clinic	50 - Mental Health Clinic	**H0035**	105	4158	40	-	-
01 - General Hospital	79 - Outpatient	**H2013**	1	65	65	-	-
50 - Community Clinic	50 - Mental Health Clinic	**H2013**	368	16430	45	-	-
21 - Physician, MD - Group	24 - Plastic and Reconstructiv	**J3301**	12	27	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0001**	68	108	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0001**	146	228	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0002**	7	9	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0003**	27	41	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0003**	19	26	1	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**K0003**	2	4	2	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0004**	20	27	1	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0004**	2	3	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0005**	4	5	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0005**	5	9	2	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0006**	7	7	1	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0006**	29	36	1	-	-
60 - Pharmacy - Rx only	94 - Pharmacy	**K0006**	2	0	0	-	-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0007**	20	23	1	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0007**	17	16	1	-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0008**	0	0	#DIV/0!	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0008**	1	0	0	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0010**	2	0	0	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0011**	2	0	0	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0015**	1	0	0	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0040**	1	0	0	-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0053**	0	0	#DIV/0!	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0053**	1	2	2	-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0108**	7	1	0	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0108**	19	0	0	-	0	0	-	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0195**	9	2	0	-	0	0	-	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0195**	5	0	0	-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0606**	2	0	0	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0734**	2	1	1	-	0	0	-	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0734**	1	1	1	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0739**	10	0	0	-	0	0	-	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0800**	12	8	1	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0806**	1	1	1	-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0806**	1	1	1	-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0807**	16	5	0	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0816**	1	0	0	-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0822**	3	0	0	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0822**	6	5	1	-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0823**	29	19	1	-					-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0823**	9	6	1	-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**K0823**	2	2	1	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0824**	1	0	0	-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**K0825**	6	4	1	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0825**	3	3	1	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0829**	1	1	1	-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**K0838**	1	1	1	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0848**	1	1	1	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**K0849**	1	1	1	-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**L2770**	1	6	6	-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**L3702**	1	0	0	-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**L3999**	2	0	0	-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**L4002**	1	5	5	-	0	0	-	-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**L5856**	3	3	1	-					-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**L5856**	1	1	1	-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**L5858**	1	1	1	-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**L5995**	3	2	1	-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**L6694**	3	2	1	-					-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	**L6698**	3	1	0	-					-
50 - Community Clinic	32 - Ambulatory Surgical Center	**L8612**	1	0	0	-					-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

50 - Community Clinic	68 - Rehabilitation Clinic	**Q0086**	70	1001	14	-					-
80 - Medical Transportation	80 - Ambulance	**S0215**	3692	67205	18	-	0	0	-	-	-
34 - Optometrist · Group	81 - Optician/Optometrist	**S0580**	1	2	2	-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**S0580**	1	36	36	-					-
50 - Community Clinic	68 - Rehabilitation Clinic	**S5105**	11	420	38	-					-
58 - Home Health Agency	67 - Home Health Agency	**S5105**	220	14516	66	-					-
58 - Home Health Agency	67 - Home Health Agency	**S9123**	2074	90902	44	-					-
01 - General Hospital	78 - Inpatient	**S9123**	3	10	3	-	0	0	-	-	-
16 - CT Home Care Program Performing	56 - Community Based	**S9123**	1	1	1	-					-
58 - Home Health Agency	67 - Home Health Agency	**S9124**	514	79896	155	-	0	0	-	-	-
50 - Community Clinic	50 - Mental Health Clinic	**S9124**	17	565	33	-					-
01 - General Hospital	78 - Inpatient	**S9124**	2	0	0	-					-
58 - Home Health Agency	67 - Home Health Agency	**S9129**	1	9	9	-					-
50 - Community Clinic	50 - Mental Health Clinic	**S9480**	272	8397	31	-					-
50 - Community Clinic	5C - FQHC Mental Health	**S9480**	24	729	30	-					-
58 - Home Health Agency	67 - Home Health Agency	**T1002**	2	488	244	-					-
01 - General Hospital	78 - Inpatient	**T1002**	1	6	6	-					-
58 - Home Health Agency	67 - Home Health Agency	**T1004**	482	1486475	3084	-					-
01 - General Hospital	78 - Inpatient	**T1004**	8	33282	4160	-	0	0	-	-	-
58 - Home Health Agency	67 - Home Health Agency	**T1502**	1056	239098	226	-	0	0	-	-	-
80 - Medical Transportation	80 - Ambulance	**T2006**	2	2	1	-	0	0	-	-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**T4525**	1	0	0	-					-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	**T4541**	1	0	0	-					-
34 - Optometrist · Group	34 - Optometrist - Group	**V2103**	1	4	4	-					-
34 - Optometrist · Group	34 - Optometrist - Group	**V2715**	1	4	4	-					-
34 - Optometrist · Group	34 - Optometrist - Group	**V2745**	1	2	2	-					-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

34 - Optometrist · Group	34 - Optometrist - Group	**V2755**	1	2	2							-			-
34 - Optometrist · Group	34 - Optometrist - Group	**V2781**	1	2	2							-			-
34 - Optometrist · Group	34 - Optometrist - Group	**V2799**	2	2	1							-			-
		Totals	41169	2204211		10	10						7	7	

Foot Notes:

*** PT:** **Provider Type**

**** PS:** **Provider Specialty**

***** Auth$:**

Since the authorization dollar amount was not available for each code, the summary of this analysis excluded the cost associated with the Authorization.

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

L- Sept 08						L - Oct 08						L - nov 08						L - Dec 08	
# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units
					-						-						-		
					-						-						-		
					-						-						-		
					-						-						-		
					-						-						-		
					-						-						-	1	12
0	0	-	-		-	0	0	-	-		-	0	0	-	-		-		
					-						-						-		
					-						-						-		
					-						-						-		
					-						-						-		
					-						-						-		
0	0	-	-		-	1	36	01 - General Hospital	79 - Outpatient		36	1	8	01 - General Hospital	79 - Outpatient		8	0	0
					-						-						-		
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2	24	58 - Home Health Agency	67 - Home Health Agency		12	1	8	58 - Home Health Agency	67 - Home Health Agency		8	0	0	-	-		-	0	0
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0	0	-	-		-	1	4	01 - General Hospital	79 - Outpatient		4	0	0	-	-		-	0	0
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0	0	-	-	-	0	0	-	-	-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	1	0	0
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				-	1	12	10 - Nursing Home	46 - ICF	12					-			
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				-	1	12	10 - Nursing Home	46 - ICF	12					-			
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0	0	-	-	-	1	1	21 - Physician, MD	01 - General Practice	1	1	1	21 - Physician, MD - Group	01 - General Practice	1	0	0
0	0	-	-	-	0	0	-	-	-	0	0	-	-	-	0	0
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1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	43	43	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency	1	0	0
0	0	-	-	-					-	0	0	-	-	-	0	0
3	3	21 - Physician, MD - Group	01 - General Practice	1	5	5	21 - Physician, MD - Group	01 - General Practice	1	1	1	21 - Physician, MD - Group	01 - General Practice	1	3	3
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9	9	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	1	2	2	21 - Physician, MD -	11 - Internal Medicine, Sub-Specialty/Eme	1	5	5	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	1	8	8

APPENDIX XVIII
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				-					-	1	1	21 - Physician, MD - Group	01 - General Practice	1		
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10	9	21 - Physician, MD - Group	01 - General Practice	0.9	12	12	21 - Physician, MD - Group	01 - General Practice	1	1	1	21 - Physician, MD - Group	01 - General Practice	1	3	3
3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	0	0	-	-	-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	0	0
0	0	-	-	-	0	0	-	-	-	0	0	-	-	-	0	0
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1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	1	0	0	-	-	-	0	0	-	-	-	0	0
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				-	1	0	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme	-	0	0	-	-	-	0	0
1	1	21 - Physician, MD - Group	38 - Pediatrics	1	0	0	-	-	-	0	0	-	-	-	0	0
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	0	0	-	-	-	0	0
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				-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1					-	1	1
1	1	21 - Physician, MD - Group	01 - General Practice	1	0	0	-	-	-	0	0	-	-	-	0	0
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

5	5	21 - Physician, MD - Group	01 - General Practice	1	1	0	21 - Physician, MD	01 - General Practice	-	0	0	-	-	-	0	0
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0	0	-	-	-	1	1	15 - CT Home Care Program	55 - Access Agency / CT Home Care Provider	1	0	0	-	-	-	0	0
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4	4	80 - Medical Transportation	80 - Ambulance	1	0	0	-	-	-	0	0	-	-	-	3	3
280	394	80 - Medical Transportation	80 - Ambulance	1.407142857	323	446	80 - Medical Transport	80 - Ambulance	1.380804954	286	429	80 - Medical Transportation	80 - Ambulance	1.5	287	391
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0	0	-	-	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	-	0	0	-	-	-	0	0
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-	1	0	62 - Medical Equipmen	51 - Medical and Surgical Supplies	-	0	0	-	-	-	0	0
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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3	3	41 - Dentist - Group	93 - General Dentist	1	0	0	-	-	-	13	26	41 - Dentist - Group	93 - General Dentist	2	0	0
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1	1	40 - Dentist	93 - General Dentist	1					-					-	1	1
1	1	41 - Dentist - Group	93 - General Dentist	1					-					-		
				-	1	1	50 - Community Clinic	71 - Dental Clinic	1					-	1	1
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				-					-					-		
1	1	40 - Dentist	93 - General Dentist	1	0	0	-	-	-	0	0	-	-	-	1	1
1	1	41 - Dentist - Group	93 - General Dentist	1	0	0	-	-	-	0	0	-	-	-		
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1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	0	0	-	-	-	0	0	-	-	-	0	0
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1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	0	0	-	-	-	0	0	-	-	-	0	0
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1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	1	0	0	-	-	-	0	0	-	-	-	0	0
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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2	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	3	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	3	4	2
0	0	-	-	-	3	5	62 - Medical Equipment Supplier	54 - Medical Supply Company	1.666666667	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	3	9
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1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	0	0	-	-	-	0	0	-	-	-	0	0
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1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	0	0	-	-	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	1	3
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	1	0	0	-	-	-	0	0	-	-	-	0	0
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	1	0	0	-	-	-	0	0	-	-	-	0	0
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	0	0	-	-	-	0	0	-	-	-	0	0
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15	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	20	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	11	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	13	0
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2	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	3					-	0	0	-	-	-	1	0
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	-	1	3	62 - Medical Equipmen	54 - Medical Supply Company	3	2	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	1.5	0	0
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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144	2254	80 - Medical Transportation	80 - Ambulance	15.65277778	183	2795	80 - Medical Transport	80 - Ambulance	15.27322404	159	2158	80 - Medical Transportation	80 - Ambulance	13.57232704	175	2169
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3	33	58 - Home Health Agency	67 - Home Health Agency	11	1	33	58 - Home Health Agency	67 - Home Health Agency	33	2	44	58 - Home Health Agency	67 - Home Health Agency	22	5	76
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2	30	58 - Home Health Agency	67 - Home Health Agency	15	1	1	58 - Home Health Agency	67 - Home Health Agency	1	0	0	-	-	-	3	15
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1	146	58 - Home Health Agency	67 - Home Health Agency	146	0	0	-	-	-	0	0	-	-	-	1	70
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *
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01 - General Hospital	79 - Outpatient		**12**						-						-			
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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01 - General Hospital	79 - Outpatient	**1**	0	0	-	-	-	0	0	-	-	-	0	0	-
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21 - Physician, MD - Group	01 - General Practice	**1**	0	0	-	-	-					-	7	7	21 - Physician, MD - Group
		-					-					-			
21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	**1**	0	0	-	-	-	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	**1**	22	22	21 - Physician, MD - Group

-	-	-	0	0	-	-	-				-	26	26	21 - Physician, MD - Group
		-					-	13	13	21 - Physician, MD - Group	01 - General Practice	1		
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21 - Physician, MD - Group	01 - General Practice	1	0	0	-	-	-	2	2	21 - Physician, MD - Group	01 - General Practice	1	3	3	20 - Physician, MD
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	0	0	-	-	-					-			
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80 - Medical Transportation	80 - Ambulance	**1**	0	0	-	-	-	5	7	80 - Medical Transportation	80 - Ambulance	**1.4**	3	4	80 - Medical Transportation
80 - Medical Transportation	80 - Ambulance	**1.362369338**	0	0	-	-	-	585	802	80 - Medical Transportation	80 - Ambulance	**1.370940171**	411	572	80 - Medical Transportation
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01 - General Hospital	78 - Inpatient	**1**	5	5	- General Hosp	78 - Inpatient	0	1	104	104	01 - General Hospital	78 - Inpatient		**1**	144	144	01 - General Hospital
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21 - Physician, MD - Group	26 - Psychiatry	**26**	0	0	-	-		-	0	0	-	-		-	0	0	-
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40 - Dentist	93 - General Dentist	**1**	0	0	-	-	-	0	0	-	-	-			
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50 - Community Clinic	71 - Dental Clinic	**1**					-					-			
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40 - Dentist	93 - General Dentist	**1**	0	0	-	-	-	0	0	-	-	-			
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50 - Community Clinic	71 - Dental Clinic	**1**					-					-			
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	**3**	0	0	-	-	-	0	0	-	-	-
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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62 - Medical Equipment Supplier	52 - Durable Medical Goods	**0.5**	0	0	-	-	-	2	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	**3**	2	4	62 - Medical Equipment Supplier
62 - Medical Equipment Supplier	54 - Medical Supply Company	**3**	0	0	-	-	-	3	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	**3**	4	10	62 - Medical Equipment Supplier
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62 - Medical Equipment Supplier	54 - Medical Supply Company	-	0	0	-	-	-	0	0	-	-	-	0	0	-

62 - Medical Equipment Supplier	54 - Medical Supply Company	**3**	0	0	-	-	-	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	**1.5**	0	0	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	**3**	0	0	-	-	-	0	0	-	-	-	0	0	-
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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62 - Medical Equipment Supplier	52 - Durable Medical Goods	-	0	0	-	-	-	0	0	-	-	-	0	0	-
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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62 - Medical Equipment Supplier	52 - Durable Medical Goods	**3**	0	0	-	-	-	0	0	-	-	-	0	0	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	-	0	0	-	-	-	18	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	10	0	62 - Medical Equipment Supplier
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	**2**	0	0	-	-	-	0	0	-	-	-	0	0	-
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	-	0	0	-	-	-	3	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	**2**	0	0	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	**3**	0	0	-	-	-	0	0	-	-	-	0	0	-
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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80 - Medical Transportation	80 - Ambulance	**12.39428571**	0	0	-	-		-	303	5128	80 - Medical Transportation	80 - Ambulance	**16.92409241**	217	3177	80 - Medical Transportation
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58 - Home Health Agency	67 - Home Health Agency	**15.2**	1	2	Home Health Ag	Home Health Ag	0	2	3	43	58 - Home Health Agency	67 - Home Health Agency	**14.33333333**	4	65	58 - Home Health Agency
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58 - Home Health Agency	67 - Home Health Agency	**5**	0	0	-	-		-	0	0	-	-	-	1	2	58 - Home Health Agency
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58 - Home Health Agency	67 - Home Health Agency	**70**	1	162	Home Health Ag	Home Health Ag	0	162	2	385	58 - Home Health Agency	67 - Home Health Agency	**192.5**	0	0	-
80 - Medical Transportation	80 - Ambulance	**1**	0	0	-	-		-	0	0	-	-	-	0	0	-
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6.54	7	169	24.14	1081	6573	6.08	877	4067

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

			L - Apr 09						L - May 09						L - Jun 09						L - T
PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	L - Total # Auths/Code
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-		-	1	36	01 - General Hospital	79 - Outpatient		36	0	0	-	-		-	0	0	-	-		-	1
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-	-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	0	0	-	-	-	0	0	-	-	-	1
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11 - Internal Medicine, Sub-Specialty/Emergency	1	5	5	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-	1	37	37	21 - Physician, MD - Group	11 - Internal Medicine, Sub-	1	107
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01 - General Practice	1					-	1	1	21 - Physician, MD - Group	01 - General Practice	1					-	20
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11 - Internal Medicine, Sub-Specialty/Eme	1	37	37	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	1	35	35	21 - Physician, MD -	11 - Internal Medicine,	1	0	0			-	121

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

01 - General Practice	1	22	22	21 - Physician, MD - Group	01 - General Practice	1	0	0	-	-	-	0	0	-	-	-	48
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11 - Internal Medicine, Sub-Specialty/Emergency	1	8	8	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	13	13	21 - Physician, MD - Group	11 - Internal Medicine, Sub-	1	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-	1	55
	-	10	10	21 - Physician, MD - Group	01 - General Practice	1	0	0	-	-	-	0	0	-	-	-	19
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	-	1	1	21 - Physician, MD - Group	06 - Cardiovascular Diseases	1					-						1
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01 - General Practice	1					-					-						1
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

11 - Internal Medicine, Sub-Specialty/Emergency	1					-					-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub	#REF!	6
	-	0	0	-	-	-	0	0	-	-	-					1	1
02 - General Surgery	1					-					-					-	1
	-	1	1	21 - Physician, MD - Group	14 - Neurology	1	1	1	21 - Physician, MD - Group	14 - Neurology	1					-	2
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	-	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	1	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-	1	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-	1	9
-	-	0	0	-	-	-	1	1	21 - Physician, MD - Group	01 - General Practice	1	0	0	-	-	-	2
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11 - Internal Medicine, Sub-Specialty/Emergency	1					-					-						2
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80 - Ambulance	1.333333333	3	3	80 - Medical Transportation	80 - Ambulance	1	7	9	80 - Medical Transport	80 - Ambulance	1.28571429	2	2	80 - Medical Transport	80 - Ambulance	1	27
80 - Ambulance	1.391727494	382	567	80 - Medical Transportation	80 - Ambulance	1.484293194	395	539	80 - Medical Transport	80 - Ambulance	1.36455696	388	772	80 - Medical Transport	80 - Ambulance	1.989690722	3337
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52 - Durable Medical Goods	-	0	0	-	-	-	0	0	-	-	-	0	0	-	-	-	2
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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54 - Medical Supply Company	3	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	0	0	-	-	-	0	0	-	-	-	2
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78 - Inpatient	1	92	92	01 - General Hospital	78 - Inpatient	1	105	105	01 - General Hospital	78 - Inpatient	1	95	95	01 - General Hospital	78 - Inpatient	1	980
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93 - General Dentist	1	0	0	-	-	-	0	0	-	-	-	0	0	-	-		-	2
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	-	0	0	-	-	-	0	0	-	-	-	0	0	-	-		-	2
93 - General Dentist	1	0	0	-	-	-	0	0	-	-	-	0	0	-	-		-	2
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76 - Dental Hygienist	1					-					-						-	1
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-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	1	3	62 - Medical Equipment	54 - Medical Supply Company	3	0	0	-	-	-	8
-	0	0	-	-	-	1	3	62 - Medical Equipment	52 - Durable Medical Goods	3	0	0	-	-	-	3
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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52 - Durable Medical Goods	2	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	1	1	0	62 - Medical Equipment	52 - Durable Medical Goods	-	1	1	62 - Medical Equipment	52 - Durable Medical Goods	1	15
54 - Medical Supply Company	2.5	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	3	6	62 - Medical Equipment	54 - Medical Supply Company	2	4	5	62 - Medical Equipment	54 - Medical Supply Company	1.25	23
-	-	0	0	-	-	-	0	0	-	-	-	1	0	62 - Medical Equipment	54 - Medical Supply Company	-	1
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-	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	-	0	0	-	-	-	0	0	-	-	-	2
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52 - Durable Medical Goods	12	0	0	-	-	-	0	0	-	-	-	0	0	-	-	-	1
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-	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	0	0	-	-	-	0	0	-	-	-	1
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-	-	0	0	-	-	-	0	0	-	-	-	0	0	-	-	-	2

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	0	0	-	-	-	0	0	-	-	-	4
	-					-					-					-	0
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	-					-					-					-	0
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-	-	0	0	-	-	-	1	3	62 - Medical Equipment	54 - Medical Supply Company	3	0	0	-	-	-	1
-	-	0	0	-	-	-	0	0	-	-	-	0	0	-	-	-	1
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54 - Medical Supply Company	1	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	0	0	-	-	-	0	0	-	-	-	6
52 - Durable Medical Goods	-	0	0	-	-	-	0	0	-	-	-	0	0	-	-	-	1
-	-	0	0	-	-	-	1	3	62 - Medical Equipment	54 - Medical Supply Company	3	0	0	-	-	-	4
	-					-					-					-	0
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-	-	0	0	-	-	-	1	3	62 - Medical Equipment	54 - Medical Supply Company	3	0	0	-	-	-	1

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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-	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	1	3	62 - Medical Equipment	54 - Medical Supply Company	3	0	0	-	-	-	5
	-					-					-					-	1
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52 - Durable Medical Goods	-	0	0	-	-	-	0	0	-	-	-	0	0	-	-	-	1
54 - Medical Supply Company	1	0	0	-	-	-	0	0	-	-	-	0	0	-	-	-	2
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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54 - Medical Supply Company	0.333333333	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	0	0	-	-	-	0	0	-	-	-	5
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-	-	0	0	-	-	-	1	0	62 - Medical Equipme nt Supplier	54 - Medical Supply Company	-	0	0	-	-		-	1
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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-	-	0	0	-	-	-	0	0	-	-	-	2	3	62 - Medical Equipment	52 - Durable Medical Goods	1.5	3
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54 - Medical Supply Company	-	17	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-	12	0	62 - Medical Equipment	54 - Medical Supply Company	-	20	0	62 - Medical Equipment	54 - Medical Supply Company	-	136
	-	0	0	-	-	-	0	0	-	-	-	0	0	-	-	-	2
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-	-	0	0	-	-	-	1	0	62 - Medical Equipment	54 - Medical Supply Company	-	0	0	-	-	-	1
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-	-	0	0	-	-	-	1	0	62 - Medical Equipme	54 - Medical Supply	-	0	0	-	-	-	1
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-	-					-	2	3	62 - Medical Equipme	52 - Durable Medical	1.5					-	8
-	-	3	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	2	0	62 - Medical Equipme	54 - Medical Supply	-	1	3	62 - Medical Equipme	54 - Medical Supply	3	12
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-	-	0	0	-	-	-	1	1	62 - Medical Equipment	54 - Medical Supply Company	1	0	0	-	-	-	1
-	-	0	0	-	-	-	0	0	-	-	-	1	3	62 - Medical Equipme	54 - Medical Supply	3	1
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-	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	0	0	-	-	-					-	1
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	-	1	3	62 - Medical Equipme	52 - Durable Medical	3					-	6
-	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	3	0	0	-	-	-	1	0	62 - Medical Equipme	54 - Medical Supply	#REF!	2
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	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-					-					-	1
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-	-	0	0	-	-	-	1	0	62 - Medical Equipme nt	54 - Medical Supply Company	-	0	0	-	-	-	1
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-	-	0	0	-	-	-	6	0	62 - Medical Equipme nt	54 - Medical Supply Company	-	0	0	-	-	-	6
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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80 - Ambulance	14.640553	208	4509	80 - Medical Transportation	80 - Ambulance	21.67788462	216	4376	80 - Medical Transport	80 - Ambulance	20.2592593	231	4318	80 - Medical Transport	80 - Ambulance	18.69264069	1836
	-					-					-					-	0
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	-					-					-					-	0
	-					-					-						0
67 - Home Health Agency	16.25	4	81	58 - Home Health Agency	67 - Home Health Agency	20.25	1	13	58 - Home Health	67 - Home Health	13	1	8	58 - Home Health	67 - Home Health	8	25
	-					-					-						0
	-					-					-						0
67 - Home Health Agency	2	0	0	-	-	-	0	0	-	-	-	1	8	58 - Home Health	67 - Home Health	8	8
	-					-					-					-	0
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4.64	818	5440	6.65	838	5170	6.17	803	5272		7036

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

rack	S-Jul 2008						S- Aug 2008						S - Sept 2008				
L - Total Units/Code	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***
0	1	365	01 - General Hospital	40 - Psychiatric Under 21	0	365	0	0			0	-	0	0			
0	1	365	06 - State Institution	40 - Psychiatric Under 21	0	365	0	0			0	-	0	0			
0	1	8	01 - General Hospital	79 - Outpatient	0	8	0	0			0	-	0	0			
0	0	0	-	-	0	-	0	0			0	-	0	0			
0	3	28	01 - General Hospital	78 - Inpatient	0	9	4	35	01 - General Hospital	78 - Inpatient	0	9	1	8	01 - General Hospital	78 - Inpatient	0
12	130	1502	01 - General Hospital	79 - Outpatient	0	12	115	1408	01 - General Hospital	79 - Outpatient	0	12	101	1162	01 - General Hospital	79 - Outpatient	0
0	0	0	-	-	0	-	2	16	10 - Nursing Home	43 - Chronic Inpatient	0	8	0	0			
0						-						-					
0						-						-					
0						-						-					
0	2	38	58 - Home Health Agency	67 - Home Health Agency	0	19	10	79	58 - Home Health Agency	67 - Home Health Agency	0	8	15	445	58 - Home Health Agency	67 - Home Health Agency	0
0						-						-					
104	58	660	01 - General Hospital	79 - Outpatient	0	11	51	706	01 - General Hospital	79 - Outpatient	0	14	42	540	01 - General Hospital	79 - Outpatient	0
0	3	44	01 - General Hospital	78 - Inpatient	0	15	5	56	01 - General Hospital	78 - Inpatient	0	11	8	80	01 - General Hospital	78 - Inpatient	0
0	0	0	-	-	0	-	0	0			0	-	0	0			
68	6	95	58 - Home Health Agency	67 - Home Health Agency	0	16	5	42	58 - Home Health Agency	67 - Home Health Agency	0	8	19	447	58 - Home Health Agency	67 - Home Health Agency	0
36	3	60	01 - General Hospital	79 - Outpatient	0	20	5	86	01 - General Hospital	79 - Outpatient	0	17	1	16	01 - General Hospital	79 - Outpatient	0
0	0	0	-	-	0	-	1	8	10 - Nursing Home	43 - Chronic Inpatient	0	8	0	0			
0	0	0	-	-	0	-	0	0				-	9	340	58 - Home Health Agency	67 - Home Health Agency	0
4	47	1167	01 - General Hospital	79 - Outpatient	0	25	16	392	01 - General Hospital	79 - Outpatient	0	25	23	660	01 - General Hospital	79 - Outpatient	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	2	39	01 - General Hospital	79 - Outpatient	0	20	5	57	01 - General Hospital	79 - Outpatient	0	11	2	12	01 - General Hospital	79 - Outpatient	0
0	0	0	-	-	0	-	0	0				-					
0	10	436	01 - General Hospital	49 - Psychiatric Outpatient	0	44	5	148	01 - General Hospital	49 - Psychiatric Outpatient	0	30	16	659	01 - General Hospital	49 - Psychiatric Outpatient	0
0	52	1951	01 - General Hospital	79 - Outpatient	0	38	51	1943	01 - General Hospital	79 - Outpatient	0	38	42	1591	01 - General Hospital	79 - Outpatient	0

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0		1	10	01 - General Hospital	49 - Psychiatric Outpatient	0	10	1	30	01 - General Hospital	49 - Psychiatric Outpatient	0	30					
0		17	456	01 - General Hospital	79 - Outpatient	0	27	17	390	01 - General Hospital	79 - Outpatient	0	23	11	344	01 - General Hospital	79 - Outpatient	0
0		0	0	-	-	0	-	0	0				-	1	10	01 - General Hospital	79 - Outpatient	0
0		15	874	01 - General Hospital	49 - Psychiatric Outpatient	0	58	8	421	01 - General Hospital	49 - Psychiatric Outpatient	0	53	18	882	01 - General Hospital	49 - Psychiatric Outpatient	0
0		19	628	01 - General Hospital	79 - Outpatient	0	33	12	375	01 - General Hospital	79 - Outpatient	0	31	22	615	01 - General Hospital	79 - Outpatient	0
0		3	24	01 - General Hospital	49 - Psychiatric Outpatient	0	8	3	24	01 - General Hospital	49 - Psychiatric Outpatient	0	8	3	24	01 - General Hospital	49 - Psychiatric Outpatient	0
0		3	45	01 - General Hospital	49 - Psychiatric Outpatient	0	15	3	45	01 - General Hospital	49 - Psychiatric Outpatient	0	15	3	45	01 - General Hospital	49 - Psychiatric Outpatient	0
7		0	0	-	-	0	-	4	4	01 - General Hospital	79 - Outpatient	0	1	1	1	01 - General Hospital	79 - Outpatient	0
0		1	16	01 - General Hospital	79 - Outpatient	0	16	0	0				-					
0		0	0	-	-	0	-	2	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	2	1	0	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0		0	0	-	-	0	-	0	0				-					
1		0	0	-	-	0	-	0	0				-					
2		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0							-						-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		1	0	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0						-			-					
0	1	0	21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	3	1	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	0	0	0	-					
0	0	0	-	-	0	-	0	0	-	1	1	21 - Physician, MD - Group	02 - General Surgery	0
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0						-			-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0						-			-					
0	1	0	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					
0	0	0	-	-	0	-	0	0	-					

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0		1	0	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryngology	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		3	2	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryngology	0	1	1	1	21 - Physician, MD - Group	04 - Ear, Nose, Throat, Otology Laryngolog	0	1			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	1	1	21 - Physician, MD - Group	04 - Ear, Nose, Throat, Otology Laryngolog	0	1			
0		2	2	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryngology	0	1	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0							-						-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0							-						-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			
0		0	0	-	-	0	-	0	0				-			

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
1	0	0	-	-	0	-	0	0				-				
1	0	0	-	-	0	-	0	0				-				
0	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	1				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0						-	0	0				-				
0	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	1	0	0				-				
0	0	0	-	-	0	-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	1				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	1	1	21 - Physician, MD - Group	18 - Opthalmology	0	1				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	1	0	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryngology	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	1	1	34 - Optometrist - Group	81 - Optician/Optometrist	0	1	0	0				-				
0	1	1	50 - Community Clinic	50 - Mental Health Clinic	0	1	5	5	50 - Community Clinic	50 - Mental Health Clinic	0	1	2	2	50 - Community Clinic	50 - Mental Health Clinic	0
0	0	0	-	-	0	-						-				
0						-						-				
0	0	0	-	-	0	-	1	1	50 - Community Clinic	23 - Methadone Maintenance	0	1				
0	0	0	-	-	0	-	0	0				-				
0						-						-				
0	2	37	50 - Community Clinic	50 - Mental Health Clinic	0	19	4	61	50 - Community Clinic	50 - Mental Health Clinic	0	15				
0	1	6	50 - Community Clinic	5C - FQHC Mental Health	0	6	0	0				-				
0	0	0	-	-	0	-	2	13	50 - Community Clinic	50 - Mental Health Clinic	0	7	1	12	50 - Community Clinic	50 - Mental Health Clinic	0

0		0	0	-	-	0	-	0	0				-				
0		22	217	50 - Community Clinic	50 - Mental Health Clinic	0	10	15	170	50 - Community Clinic	50 - Mental Health Clinic	0	11	1	30	50 - Community Clinic	5C - FQHC Mental Health	0
0		1	30	50 - Community Clinic	5C - FQHC Mental Health	0	30	2	46	50 - Community Clinic	5C - FQHC Mental Health	0	23	9	98	50 - Community Clinic	50 - Mental Health Clinic	0
0		0	0	-	-	0	-	1	5	81 - Behavioral Health Clinician	9E - Lic Professional Counselor	0	5					
0							-						-	1	14	01 - General Hospital	79 - Outpatient	0
0							-						-					
0							-						-					
0		0	0	-	-	0	-	0	0				-					
0							-						-					
0		0	0	-	-	0	-	0	0				-					
0		30	710	50 - Community Clinic	50 - Mental Health Clinic	0	24	22	465	50 - Community Clinic	50 - Mental Health Clinic	0	21	10	258	50 - Community Clinic	50 - Mental Health Clinic	0
0		2	39	50 - Community Clinic	5C - FQHC Mental Health	0	20	4	152	50 - Community Clinic	5C - FQHC Mental Health	0	38					
0							-						-	2	27	01 - General Hospital	79 - Outpatient	0
0		8	83	50 - Community Clinic	50 - Mental Health Clinic	0	10	7	72	50 - Community Clinic	50 - Mental Health Clinic	0	10	2	16	50 - Community Clinic	50 - Mental Health Clinic	0
0		0	0	-	-	0	-	1	5	81 - Behavioral Health Clinician	9E - Lic Professional Counselor	0	5					
0							-						-	1	6	50 - Community Clinic	5C - FQHC Mental Health	0
0							-						-					
0							-						-					
0							-						-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-	1	2	34 - Optometrist - Group	81 - Optician/Optometrist	0
0							-						-					
0		1	1	34 - Optometrist - Group	81 - Optician/Optometrist	0	1	0	0				-					
0		1	1	34 - Optometrist - Group	81 - Optician/Optometrist	0	1	0	0				-					
0		0	0	-	-	0	-	2	16	50 - Community Clinic	68 - Rehabilitation Clinic	0	8					

APPENDIX XVIII
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0						-						-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	2	2	50 - Community Clinic	68 - Rehabilitation Clinic	0	1	0	0				-	5	61	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	1	1	50 - Community Clinic	68 - Rehabilitation Clinic	0	1	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	1	1	50 - Community Clinic	68 - Rehabilitation Clinic	0	1	1	24	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-	1	16	50 - Community Clinic	68 - Rehabilitation Clinic	0
0						-						-					
0	0	0	-	-	0	-	0	0				-	16	244	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-					
0	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	12	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	12	2	31	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0	0	0	-	-	0	-	0	0				-	1	18	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-					
0	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc y Medicine	0	12	0	0				-	1	19	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme rgency	0
0	0	0	-	-	0	-	0	0				-	15	236	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-	2	21	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0	0	0	-	-	0	-	0	0				-	2	24	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-	5	78	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-	3	48	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme rgency	0
0	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc y Medicine	0	12	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen cy Medicine	0	12	2	31	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme rgency	0
0	0	0	-	-	0	-	0	0				-	9	148	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-					
12						-						-					
0						-						-					

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	12	1	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	24	2	31	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0	0	0	-	-	0	-	0	0				-	19	274	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-					
0						-						-					
12						-						-					
0	0	0	-	-	0	-	0	0				-	1	19	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0
0	0	0	-	-	0	-	0	0				-	2	28	50 - Community Clinic	68 - Rehabilitation Clinic	0
12						-						-					
0	0	0	-	-	0	-	0	0				-	6	90	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-	3	42	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0						-						-					
0	8	148	50 - Community Clinic	68 - Rehabilitation Clinic	0	19	5	64	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	1	16	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	12	1	19	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0	0	0	-	-	0	-	0	0				-	18	264	50 - Community Clinic	68 - Rehabilitation Clinic	0
0	0	0	-	-	0	-	0	0				-					
12						-						-					
0						-						-					
0	0	0	-	-	0	-	0	0				-					
12	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	12	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	12	2	31	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0						-	0	0				-	4	65	50 - Community Clinic	68 - Rehabilitation Clinic	0
0						-						-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0		0	0	-	-	0	-	0	0				-	1	16	50 - Community Clinic	68 - Rehabilitation Clinic	0
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0							-						-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		1	1	34 - Optometrist - Group	81 - Optician/Optometrist	0	1	0	0				-					
0		0	0	-	-	0	-	1	1	21 - Physician, MD - Group	01 - General Practice	0	1	2	2	21 - Physician, MD - Group	01 - General Practice	0
0		0	0	-	-	0	-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0		0	0	-	-	0	-	0	0				-					
0							-						-					
0							-						-					
0							-						-					
0		1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0							-						-	1	0	21 - Physician, MD - Group	01 - General Practice	130
0		0	0	-	-	0	-	0	0				-					
0							-						-					
0		0	0	-	-	0	-	0	0				-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0		0	0	-	-	0	-	0	0				-					
2		0	0	-	-	0	-	0	0				-					
1		1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	1					
0							-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1					
0		2	1	21 - Physician, MD - Group	01 - General Practice	0	1						-					
0							-						-					
107		2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	0	1	5	5	21 - Physician, MD - Group	38 - Pediatrics	0	1	8	7	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0
0		0	0	-	-	0	-	0	0				-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0
20		0	0	-	-	0	-	0	0				-					
0							-						-					
121		36	33	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergenc	0	1	5	4	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	1	14	14	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0

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48	3	1	21 - Physician, MD - Group	01 - General Practice	0	0	3	1	21 - Physician, MD - Group	01 - General Practice	0	0	9	8	21 - Physician, MD - Group	01 - General Practice	0
14						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	1	1	21 - Physician, MD - Group	38 - Pediatrics	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
54	8	6	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc v Medicine.	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen cy Medicine.	0	1	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme rgency	0
19	12	7	21 - Physician, MD - Group	01 - General Practice	0	1	1	1	21 - Physician, MD - Group	01 - General Practice	0	1	6	6	21 - Physician, MD - Group	01 - General Practice	0
0						-						-	3	3	21 - Physician, MD - Group	38 - Pediatrics	0
0						-	0	0				-					
0	2	1	21 - Physician, MD - Group	01 - General Practice	0	1						-					
0	0	0	-	-	0	-	0	0				-					
1	0	0	-	-	0	-	0	0				-					
0						-						-					
0						-						-					
0	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0						-	0	0				-					
0	1	0	21 - Physician, MD - Group	01 - General Practice	0	-						-					
0	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	1	0	0				-	1	0	21 - Physician, MD - Group	34 - Urology	0
0	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	0	0				-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0
0	0	0	-	-	0	-	0	0				-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0	5	5	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	1					
0						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1					
0	2	2	21 - Physician, MD - Group	34 - Urology	0	1						-					
1						-						-					
4	1	5	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	5	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
1	6					-	0	0				-					
1						-	0	0				-					
1		1	21 - Physician, MD - Group	01 - General Practice	0	#DIV/0!						-					
1						-						-					
0	3	3	21 - Physician, MD - Group	34 - Urology	0	1						-	1	0	21 - Physician, MD - Group	34 - Urology	0

APPENDIX XVIII
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6	7	7	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	0	1	2	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	0	1	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0
1	6	4	21 - Physician, MD - Group	34 - Urology	0	1						-	2	2	21 - Physician, MD - Group	34 - Urology	0
1						-						-					
2						-	2	2	20 - Physician, MD	14 - Neurology	0	1					
0						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	3	3	21 - Physician, MD - Group	38 - Pediatrics	0
0	3	2	21 - Physician, MD - Group	01 - General Practice	0	1	1	1	21 - Physician, MD - Group	01 - General Practice	0	1	1	1	21 - Physician, MD - Group	01 - General Practice	0
9						-						-	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0
2	3	1	21 - Physician, MD - Group	01 - General Practice	0	0	2	1	21 - Physician, MD - Group	01 - General Practice	0	1					
1						-						-					
0	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-					
0						-						-					
2						-						-					
0	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	1	0	0				-					
0	4	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine, Endocrinology	0	0	0	0				-	2	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	0
0	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	0	0				-					
0						-						-	1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	0
0	3	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	0	1	0	0				-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0
0	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	0	0				-					
0						-						-	2	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency	0
0						-						-					
0	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergenc	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergen	0	1	3	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0
0	0	0	-	-	0	-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1					
0						-						-					

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

8	0	0	-	-	0	-						-				
0						-						-				
0						-						-				
0	0	0	-	-	0	-	1	1	21 - Physician, MD - Group	08 - Family Practice	0	1				
0	0	0	-	-	0	-	0	0				-				
0						-	0	0				-				
0	1	1	15 - CT Home Care Program	55 - Access Agency / CT Home Care Provider	0	1						-				
1	0	0	-	-	0	-	0	0				-				
0	13	74	12 - Special Services	3H - Mental Health Group Home	0	6	19	114	12 - Special Services	3H - Mental Health Group Home	0	6	14	84	12 - Special Services	3H - Mental Health Group Home	0
0	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					
32	21	28	80 - Medical Transportation	80 - Ambulance	0	1	10	12	80 - Medical Transportation	80 - Ambulance	0	1	14	23	80 - Medical Transportation	80 - Ambulance	0
4912	182	247	80 - Medical Transportation	80 - Ambulance	0	1	103	122	80 - Medical Transportation	80 - Ambulance	0	1	159	207	80 - Medical Transportation	80 - Ambulance	0
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	2112.39
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	90.1
0						-	0	0				-					
0	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	737.8	-	2	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	6692.9	-	2	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	1622.65
0	2	10	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	5	0	0				-					

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0						-					-					
0	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	0	0			-					
0						-					-					
0	0	0	-	-	0	-	0	0			-					
0	0	0	-	-	0	-	0	0			-					
0	0	0	-	-	0	-	0	0			-					
0	0	0	-	-	0	-	0	0			-					
0	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0			-					
0	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-					-					
0	0	0	-	-	0	-					-					
0	0	0	-	-	0	-					-					
0						-					-					
0	0	0	-	-	0	-					-					
0	0	0	-	-	0	-					-					
0	0	0	-	-	0	-					-					
0						-					-					
0	0	0	-	-	0	-					-					
0						-					-					
0						-					-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0		1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-				
3		2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0							-	1	0	60 - Pharmacy - Rx only	94 - Pharmacy	0	-	1	3	60 - Pharmacy - Rx only	94 - Pharmacy	0
0		0	0	-	-	0	-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3					
0							-						-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0							-						-					
0		1	13	01 - General Hospital	79 - Outpatient	0	13	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-						-					
0							-						-					
0							-	1	1	80 - Medical Transportation	87 - Air Ambulance	0	1					
980		912	912	01 - General Hospital	78 - Inpatient	0	1	812	812	01 - General Hospital	78 - Inpatient	0	1	933	933	01 - General Hospital	78 - Inpatient	0
0							-						-					
0							-						-					
26		0	0	-	-	0	-	3	53	21 - Physician, MD - Group	26 - Psychiatry	0	18					
0							-						-	1	26	86 - Behavioral Health	92 - Psychologist	0
0							-						-					
0							-						-					
0							-						-					
0							-						-					
0		0	0	-	-	0	-	1	26	50 - Community Clinic	50 - Mental Health Clinic	0	26					
0		0	0	-	-	0	-	2	52	50 - Community Clinic	5C - FQHC Mental Health	0	26					
0							-						-					
0		0	0	-	-	0	-	0	0				-					

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CMP AUTHORIZATION VOLUME

0						-						-					
0	0	0	-	-	0	-	0	0				-					
0						-						-					
29	0	0	-	-	0	-	0	0				-					
0	1	0	40 - Dentist	93 - General Dentist	0	-	4	1	40 - Dentist	93 - General Dentist	0	0	1	1	40 - Dentist	93 - General Dentist	0
0	5	1	41 - Dentist - Group	93 - General Dentist	0	0	3	0	41 - Dentist - Group	93 - General Dentist	0	-	1	0	41 - Dentist - Group	93 - General Dentist	0
0						-	1	0	50 - Community Clinic	5B - FQHC Medical	0	-					
0	1	0	50 - Community Clinic	71 - Dental Clinic	0	-	3	2	50 - Community Clinic	71 - Dental Clinic	0	1	4	4	50 - Community Clinic	71 - Dental Clinic	0
0	0	0	-	-	0	-	0	0				-	1	0	40 - Dentist	93 - General Dentist	0
0	0	0	-	-	0	-	0	0				-	1	0	40 - Dentist	93 - General Dentist	0
0	3	3	41 - Dentist - Group	93 - General Dentist	0	1	1	1	41 - Dentist - Group	93 - General Dentist	0	1	1	1	40 - Dentist	93 - General Dentist	0
0						-	3	2	50 - Community Clinic	71 - Dental Clinic	0	1	2	2	50 - Community Clinic	71 - Dental Clinic	0
0	1	0	41 - Dentist - Group	93 - General Dentist	0	-						-					
0	1	0	40 - Dentist	93 - General Dentist	0	-	0	0				-					
0	0	0	-	-	0	-	2	1	40 - Dentist	93 - General Dentist	0	1					
0	0	0	-	-	0	-	1	0	41 - Dentist - Group	93 - General Dentist	0	-					
0	0	0	-	-	0	-	1	0	50 - Community Clinic	71 - Dental Clinic	0	-					
0	0	0	-	-	0	-	0	0				-	1	1	41 - Dentist - Group	93 - General Dentist	0
0	2	0	40 - Dentist	93 - General Dentist	0	-						-					
0						-						-					
2	1	1	40 - Dentist	93 - General Dentist	0	1	3	3	40 - Dentist	93 - General Dentist	0	1	1	1	40 - Dentist	93 - General Dentist	0
2	3	3	41 - Dentist - Group	93 - General Dentist	0	1	10	10	41 - Dentist - Group	93 - General Dentist	0	1	5	5	41 - Dentist - Group	93 - General Dentist	0
2	7	7	50 - Community Clinic	71 - Dental Clinic	0	1	16	16	50 - Community Clinic	71 - Dental Clinic	0	1	2	2	50 - Community Clinic	71 - Dental Clinic	0
0	1	1	50 - Community Clinic	5A - FQHC Dental		1	1	1	50 - Community Clinic	5A - FQHC Dental	0	1					
0						-						-	1	1	01 - General Hospital	71 - Dental Clinic	0
2	1	1	40 - Dentist	93 - General Dentist	0	1	1	1	40 - Dentist	93 - General Dentist	0	1					
2	1	1	41 - Dentist - Group	93 - General Dentist	0	1	6	6	41 - Dentist - Group	93 - General Dentist	0	1	3	3	41 - Dentist - Group	93 - General Dentist	0
1	4	4	50 - Community Clinic	71 - Dental Clinic	0	1	10	10	50 - Community Clinic	71 - Dental Clinic	0	1	2	2	50 - Community Clinic	71 - Dental Clinic	0
1	0	0	-	-	0	-						-					
0						-	1	1	50 - Community Clinic	5A - FQHC Dental	0	1					

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CMP AUTHORIZATION VOLUME

0						-						-	1	1	01 - General Hospital	71 - Dental Clinic	0
0	1	1	40 - Dentist	93 - General Dentist	0	1	2	2	40 - Dentist	93 - General Dentist	0	1					
0						-	1	1	41 - Dentist - Group	93 - General Dentist	0	1	2	2	41 - Dentist - Group	93 - General Dentist	0
0	0	0	-	-	0	-	1	0	50 - Community Clinic	5A - FQHC Dental	0	-					
0	1	1	50 - Community Clinic	71 - Dental Clinic	0	1	6	6	50 - Community Clinic	71 - Dental Clinic	0	1	2	2	50 - Community Clinic	71 - Dental Clinic	0
0	1	1	40 - Dentist	93 - General Dentist	0	1	2	1	40 - Dentist	93 - General Dentist	0	1					
0						-	2	2	41 - Dentist - Group	93 - General Dentist	0	1	2	2	41 - Dentist - Group	93 - General Dentist	0
0	2	2	50 - Community Clinic	71 - Dental Clinic	0	1	7	6	50 - Community Clinic	71 - Dental Clinic	0	1	2	2	50 - Community Clinic	71 - Dental Clinic	0
0						-						-					
0	1	1	40 - Dentist	93 - General Dentist	0	1	8	7	40 - Dentist	93 - General Dentist	0	1	1	1	40 - Dentist	93 - General Dentist	0
0	3	2	41 - Dentist - Group	93 - General Dentist	0	1	4	2	41 - Dentist - Group	93 - General Dentist	0	1	6	6	41 - Dentist - Group	93 - General Dentist	0
0	4	3	50 - Community Clinic	71 - Dental Clinic	0	1	14	14	50 - Community Clinic	71 - Dental Clinic	0	1	3	3	50 - Community Clinic	71 - Dental Clinic	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	2	1	40 - Dentist	93 - General Dentist	0	1	8	6	40 - Dentist	93 - General Dentist	0	1	3	3	40 - Dentist	93 - General Dentist	0
0	7	3	41 - Dentist - Group	93 - General Dentist	0	0	8	8	41 - Dentist - Group	93 - General Dentist	0	1	9	8	41 - Dentist - Group	93 - General Dentist	0
0	1	1	50 - Community Clinic	5A - FQHC Dental	0	1						-					
1	6	5	50 - Community Clinic	71 - Dental Clinic	0	1	17	17	50 - Community Clinic	71 - Dental Clinic	0	1	2	0	50 - Community Clinic	71 - Dental Clinic	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	1	1	40 - Dentist	93 - General Dentist	0	1					
0						-						-	1	1	20 - Physician, MD	19 - Oral Surgery	0
0	0	0	-	-	0	-	0	0				-	2	2	20 - Physician, MD	19 - Oral Surgery	0
0	0	0	-	-	0	-	0	0				-					

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0		0	0	-	-	0	-	0	0			-	1	1	20 - Physician, MD	19 - Oral Surgery	0
0		0	0	-	-	0	-	0	0			-	1	1	20 - Physician, MD	19 - Oral Surgery	0
0		1	1	41 - Dentist - Group	93 - General Dentist	0	1	0	0			-					
0							-					-					
0		0	0	-	-	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-				
0							-					-					
0		2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	0	0			-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0							-					-					
0							-					-					
0							-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-				
0		1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1					-					
0		0	0	-	-	0	-	0	0			-					
3		3	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	3	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0		2	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	3	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	0				
0		0	0	-	-	0	-					-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0							-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-				
0		1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	0	0			-					
0		0	0	-	-	0	-	0	0			-					
1		0	0	-	-	0	-					-					
0		0	0	-	-	0	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0		0	0	-	-	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1				
0							-					-					
0		0	0	-	-	0	-	0	0			-					

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CMP AUTHORIZATION VOLUME

0						-					-					
0	0	0	-	-	0	-	0	0			-					
0						-					-					
0	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	4	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					
0	0	0	-	-	0	-	0	0				-					
0						-						-					
0						-						-					
0	0	0	-	-	0	-	0	0				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0						-						-					
0	0	0	-	-	0	-	0	0				-					
0						-						-					
0						-						-					
21	25	56	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	23	29	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	34	54	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
6	6	15	62 - Medical Equipment Supplier	52 - Durable Medical Goods		3						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0					0	-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	-					
0	0	0	-	-	0	-	0	0				-	5	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-					
0						-						-					
0	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-					
0	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					

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0						-						-				
23	0	0	-	-	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
50	0	0	-	-	0	-	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	12	13	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0						-						-				
0	0	0	-	-	0	-	0	0				-				
0						-						-				
3						-	0	0				-				
0	3	5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	0	0				-	5	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0						-	0	0				-				
0	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-				
0	0	0	-	-	0	-	0	0				-				
0	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	0	0				-				
0	0	0	-	-	0	-	0	0				-	4	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
12	0	0	-	-	0	-	0	0				-				
0	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0						-	0	0				-				
0	1	3	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	3						-				
3	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	15	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	8				
0						-						-				
12	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	2	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	6	1	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0

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CMP AUTHORIZATION VOLUME

9	14	14	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	10	18	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	9	13	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	0	0				-					
0	4	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	5	13	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	5	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-						-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0	0	0	-	-	0	-						-					
3	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	0	0				-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-					
0						-						-					
0						-						-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-						-					
0						-						-					
0	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	0	0				-					
0						-						-					
10	80	99	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	81	122	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	92	141	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
6	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	9	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	2	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2					
0	0	0	-	-	0	-	0	0				-					
3	0	0	-	-	0	-	0	0				-					

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0						-						-				
7	5	8	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	5	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	5	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
1	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	0	0				-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0						-	0	0				-					
0						-						-					
0	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					
1	72	90	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	75	104	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	94	137	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-					
0						-						-					
1	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
6	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	6	5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
9	0	0	-	-	0	-	0	0				-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0						-						-					
0	2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	0	0				-					
0	0	0	-	-	0	-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	3191.75
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					
0						-						-					
0	0	0	-	-	0	-	0	0				-					
0						-						-					
0	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	0	0				-					
3	3	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0	4	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-		0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					
0						-	1					-					
0	2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	4	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-						-					
0	0	0	-	-	0	-	2	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0
0	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	0	0				-					
0	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	0	0				-					
0	5	12	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0	0	0	-	-	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					
1	4	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	3	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	4	5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	2	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0						-	1	1	60 - Pharmacy - Rx only	94 - Pharmacy	0	1	1	3	60 - Pharmacy - Rx only	94 - Pharmacy	0

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0						-						-				
0		0	0	-	-	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1			
0							-						-			
3		0	0	-	-	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0		1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	0	0				-	2	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0		1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	0	0				-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0		0	0	-	-	0	-	0	0				-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0							-						-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-						-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0							-	1	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2					
0		0	0	-	-	0	-						-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0							-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					
0		2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	120	-	0	0				-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0		2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	50	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	120	-	0	0				-				
0							-						-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0							-						-				
0		0	0	-	-	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	54.09	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	180.3
0		0	0	-	-	0	-	0	0				-				
0		1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0							-						-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0
0		2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-				

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0							-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0		0	0	-	-	0	-	0	0				-				
0		1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	-	0	0				-				
3		0	0	-	-	0	-	0	0				-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0							-						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
6							-						-					2
0		4	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	7	15	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	4	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0		0	0	-	-	0	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					
0							-						-					
0		0	0	-	-	0	-	0	0				-				
0		15	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	102326	-	8	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	71959.04	-	14	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	91244.52
0							-	0	0				-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	8287.07
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0	0	0	-	-	0	-	0	0				-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					
0	0	0	-	-	0	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-	1	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0						-						-					
0						-						-	5	15	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0						-						-					
0	7	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	238.69	-	9	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	741.38	-	15	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	11907.33
0	7	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	1448.85	-	8	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	284.66	-	3	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	92
0	2	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	496.4	-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	292	-	2	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	16823.2
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	5	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	0	0				-	2	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		3	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	115	1	0	0				-	3	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
2		2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1				
0		0	0	-	-	0	-	0	0				-				
0						0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1				
0		1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				
0		0	0	-	-	0	-	0	0				-				

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	39	942	50 - Community Clinic	50 - Mental Health Clinic	0	24	28	690	50 - Community Clinic	50 - Mental Health Clinic	0	25	43	1270	50 - Community Clinic	50 - Mental Health Clinic	0
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-	2	104	50 - Community Clinic	50 - Mental Health Clinic	0	52					
0	2	130	50 - Community Clinic	50 - Mental Health Clinic	0	65	1	5	50 - Community Clinic	50 - Mental Health Clinic	0	5	1	65	50 - Community Clinic	50 - Mental Health Clinic	0
0	1	65	01 - General Hospital	79 - Outpatient	0	65						-					
0	42	2069	50 - Community Clinic	50 - Mental Health Clinic	0	49	37	1684	50 - Community Clinic	50 - Mental Health Clinic	0	46	43	2023	50 - Community Clinic	50 - Mental Health Clinic	0
0	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	0	1	0	0				-					
15	4	7	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	6	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	4	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
25	11	13	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	12	15	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	14	19	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-					
0	1	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0	0	0	-	-	0	-	3	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
1	0	0	-	-	0	-	0	0				-					
3	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	0	0				-					
0	0	0	-	-	0	-	0	0				-					
0	0	0	-	-	0	-						-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0	0	0	-	-	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-					
3	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0						-						-					

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

9	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-				
3	3	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-				
0						-						-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0						-						-				
0	0	0	-	-	0	-	0	0				-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0	0	0	-	-	0	-	0	0				-				
0	1	0			0	-	0	0				-				
0	0	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	0	0				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0						-						-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0	0	0	-	-	0	-	0	0				-				
0	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	0	0	-	-	0	-						-				
0						-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1				
0	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	0	0				-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0
0	0	0	-	-	0	-	0	0				-				
0	0	0	-	-	0	-	0	0				-				
0						-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0
0	4	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	0	0				-	3	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		1	6	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	6	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
5		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0							-						-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0		18	234	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	38	542	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	10	156	50 - Community Clinic	68 - Rehabilitation Clinic	0
30884		111	2547	80 - Medical Transportation	80 - Ambulance	0	23	53	853	80 - Medical Transportation	80 - Ambulance	0	16	91	2359	80 - Medical Transportation	80 - Ambulance	0
0		0	0	-	-	0	-	0	0				-					
0							-						-					
0		0	0	-	-	0	-	1	36	50 - Community Clinic	68 - Rehabilitation Clinic	0	36	2	120	50 - Community Clinic	68 - Rehabilitation Clinic	0
0							-						-					
398		213	5439	58 - Home Health Agency	67 - Home Health Agency	0	26	183	2452	58 - Home Health Agency	67 - Home Health Agency	0	13	174	3993	58 - Home Health Agency	67 - Home Health Agency	0
0							-	0	0				-					
0							-						-					
56		50	3707	58 - Home Health Agency	67 - Home Health Agency	0	74	42	1673	58 - Home Health Agency	67 - Home Health Agency	0	40	50	3156	58 - Home Health Agency	67 - Home Health Agency	0
0		17	565	50 - Community Clinic	50 - Mental Health Clinic	0	33	0	0				-					
0							-						-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	20	489	50 - Community Clinic	50 - Mental Health Clinic	0	24	21	664	50 - Community Clinic	50 - Mental Health Clinic	0
0		0	0	-	-	0	-	0	0			0	-					
0		0	0	-	-	0	-	0	0			0	-					
0							-						-					
3268		18	44242	58 - Home Health Agency	67 - Home Health Agency	0	2458	38	107933	58 - Home Health Agency	67 - Home Health Agency		2840	69	238722	58 - Home Health Agency	67 - Home Health Agency	0
0						0	-	0	0				-					
763		98	29007	58 - Home Health Agency	67 - Home Health Agency	0	296	89	17078	58 - Home Health Agency	67 - Home Health Agency		192	64	13133	58 - Home Health Agency	67 - Home Health Agency	0
1		0	0	-	-	0	-	0	0				-	1	1	80 - Medical Transportation	80 - Ambulance	0
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					
0		0	0	-	-	0	-	0	0				-					

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

0	0	0	-	-	0	-	0	0	-			
0	0	0	-	-	0	-	0	0	-			
0	0	0	-	-	0	-	0	0	-			
42363	2777	100959				36.36	2441	142766	58.49	2777	277897	

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

	S - Oct 2008						S - Nov 2008						S - Dec 2008					
Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth
-						-						-						-
-						-	1	365	06 - State Institution	40 - Psychiatric Under 21	0	365						-
-						-						-						-
-						-						-	1	8	01 - General Hospital	79 - Outpatient	0	8
8	1	8	01 - General Hospital	78 - Inpatient	0	8	1	12	01 - General Hospital	78 - Inpatient	0	12	1	16	01 - General Hospital	78 - Inpatient	0	16
12	121	1549	01 - General Hospital	79 - Outpatient	0	13	72	973	01 - General Hospital	79 - Outpatient	0	14	91	1145	01 - General Hospital	79 - Outpatient	0	13
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
30	7	86	58 - Home Health Agency	67 - Home Health Agency	0	12	8	109	58 - Home Health Agency	67 - Home Health Agency	0	14	7	58	58 - Home Health Agency	67 - Home Health Agency	0	8
-						-						-						-
13	64	831	01 - General Hospital	79 - Outpatient	0	13	35	484	01 - General Hospital	79 - Outpatient	0	14	39	520	01 - General Hospital	79 - Outpatient	0	13
10	7	73	01 - General Hospital	78 - Inpatient	0	10	9	98	01 - General Hospital	78 - Inpatient	0	11	5	52	01 - General Hospital	78 - Inpatient	0	10
-						-						-						-
24	9	119	58 - Home Health Agency	67 - Home Health Agency	0	13	7	91	58 - Home Health Agency	67 - Home Health Agency	0	13	6	75	58 - Home Health Agency	67 - Home Health Agency	0	13
16	8	190	01 - General Hospital	79 - Outpatient	0	24	2	40	01 - General Hospital	79 - Outpatient	0	20	6	128	01 - General Hospital	79 - Outpatient	0	21
-						-						-						-
38	1	26	58 - Home Health Agency	67 - Home Health Agency	0	26	2	32	58 - Home Health Agency	67 - Home Health Agency	0	16						-
29	19	503	01 - General Hospital	79 - Outpatient	0	26	17	405	01 - General Hospital	79 - Outpatient	0	24	10	189	01 - General Hospital	79 - Outpatient	0	19
-						-						-	1	20	01 - General Hospital	49 - Psychiatric Outpatient	0	20
-						-						-	3	3	01 - General Hospital	49 - Psychiatric Outpatient	0	1
6	1	8	01 - General Hospital	79 - Outpatient	0	8	1	6	01 - General Hospital	79 - Outpatient	0	6	1	15	01 - General Hospital	79 - Outpatient	0	15
-						-						-						-
41	4	84	01 - General Hospital	49 - Psychiatric Outpatient	0	21						-	4	79	01 - General Hospital	49 - Psychiatric Outpatient	0	20
38	50	1742	01 - General Hospital	79 - Outpatient	0	35	45	1660	01 - General Hospital	79 - Outpatient	0	37	37	1289	01 - General Hospital	79 - Outpatient	0	35

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-	2	85	01 - General Hospital	49 - Psychiatric Outpatient	0	43	9	249	01 - General Hospital	79 - Outpatient	0	28					-
31	14	382	01 - General Hospital	79 - Outpatient	0	27						-	14	376	01 - General Hospital	79 - Outpatient	0	27
10						-						-						-
49	13	661	01 - General Hospital	49 - Psychiatric Outpatient	0	51	6	352	01 - General Hospital	49 - Psychiatric Outpatient	0	59	12	651	01 - General Hospital	49 - Psychiatric Outpatient	0	54
28	22	660	01 - General Hospital	79 - Outpatient	0	30	7	288	01 - General Hospital	79 - Outpatient	0	41	14	461	01 - General Hospital	79 - Outpatient	0	33
8						-						-						-
15						-						-	1	20	01 - General Hospital	49 - Psychiatric Outpatient	0	20
1	2	2	01 - General Hospital	79 - Outpatient	0	1	5	5	01 - General Hospital	79 - Outpatient	0	1	3	3	01 - General Hospital	79 - Outpatient	0	1
-						-						-						-
-	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-						-
-	1	2	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme	0	2						-						-
-						-						-						-
-						-						-						-
-						-						-	1	1	21 - Physician, MD - Group	02 - General Surgery	0	1
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-	1	1	21 - Physician, MD - Group	02 - General Surgery	0	1
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-	1	1	21 - Physician, MD - Group	02 - General Surgery	2525	1
-	2	2	21 - Physician, MD - Group	18 - Opthalmology	0	1						-						-
-						-						-	1	1	21 - Physician, MD - Group	18 - Opthalmology	0	1
-						-						-	1	1	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	1
-						-						-						-

-						-						-						-
-						-						-						-
-						-						-						-
-						-						-	1	0	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	-
-	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructiv	0	1						-						-
-						-						-	2	1	20 - Physician, MD	24 - Plastic and Reconstructiv	0	1
1						-						-	2	2	21 - Physician, MD - Group	02 - General Surgery	0	1
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-	1	1	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	1						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	0	1
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-	1	1	21 - Physician, MD - Group	18 - Opthalmology	0	1
-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-						-
1						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
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-						-						-						-
-						-						-						-

-						-						-						-
-						-						-						-
-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1						-						-
-						-						-						-
-						-						-						-
-						-						-	1	0	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-
-						-						-	1	1	21 - Physician, MD - Group	02 - General Surgery	0	1
-						-						-						-
-						-						-	1	1	21 - Physician, MD - Group	02 - General Surgery	0	1
-						-						-	1	3	21 - Physician, MD - Group	30 - Radiology: Diagnostic	115	3
-						-						-	1	3	21 - Physician, MD - Group	30 - Radiology: Diagnostic	0	3
-	2	2	21 - Physician, MD - Group	30 - Radiology: Diagnostic	0	1						-						-
-	2	2	21 - Physician, MD - Group	30 - Radiology: Diagnostic	0	1						-						-
-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-						-
-						-						-						-
-						-	1	1	20 - Physician, MD	02 - General Surgery	0	1						-
-	2	2	21 - Physician, MD - Group	30 - Radiology: Diagnostic	0	1						-						-
-						-	1	1	20 - Physician, MD	02 - General Surgery	0	1						-
-	2	2	21 - Physician, MD - Group	30 - Radiology: Diagnostic	0	1						-						-
-						-						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1
1						-						-						-
-						-						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1
-						-						-						-
-						-						-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1
-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1						-						-

-						-					-						-
-						-					-						-
-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1					-
-						-						-					-
-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-					-
-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1					-
-						-						-					-
-						-						-					-
-						-						-					-
-						-	1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme	0	1					-
-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1					-
-						-						-					-
-						-						-					-
-						-						-					-
-						-						-					-
1						-						-					-
-						-						-					-
-						-						-					-
-	2	2	21 - Physician, MD - Group	18 - Opthalmology	0	1						-	1	1	21 - Physician, MD - Group	18 - Opthalmology	0	1
-						-						-					-
-						-						-	1	1	21 - Physician, MD - Group	18 - Opthalmology	0	1
-						-						-					-
-						-						-					-
-	1	1	20 - Physician, MD	08 - Family Practice	0	1						-					-
-						-						-					-
1	5	5	50 - Community Clinic	50 - Mental Health Clinic	0	1	1	1	50 - Community Clinic	50 - Mental Health Clinic	0	1	4	4	50 - Community Clinic	50 - Mental Health Clinic	0	1
-	1	1	01 - General Hospital	49 - Psychiatric Outpatient	0	1						-	3	3	01 - General Hospital	49 - Psychiatric Outpatient	0	1
-						-						-	1	1	20 - Physician, MD	08 - Family Practice	0	1
-						-						-						-
-						-	1	1	61 - Behavioral Health	92 - Psychologist	0	1						-
-						-						-						-
-						-	2	14	50 - Community Clinic	50 - Mental Health Clinic	0	7						-
-	2	25	50 - Community Clinic	5C - FQHC Mental Health	0	13						-	1	24	50 - Community Clinic	5C - FQHC Mental Health	0	24
12	7	48	50 - Community Clinic	50 - Mental Health Clinic	0	7	2	14	50 - Community Clinic	50 - Mental Health Clinic	0	7	1	8	50 - Community Clinic	50 - Mental Health Clinic	0	8

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-						-						-					-
30	12	175	50 - Community Clinic	50 - Mental Health Clinic	0	15	6	39	50 - Community Clinic	50 - Mental Health Clinic	0	7					-
11	3	44	50 - Community Clinic	5C - FQHC Mental Health	0	15	1	28	50 - Community Clinic	5C - FQHC Mental Health	0	28	4	34	50 - Community Clinic	50 - Mental Health Clinic	0	9
-						-						-	4	98	50 - Community Clinic	5C - FQHC Mental Health	0	25
14						-						-						-
-						-						-	5	5	20 - Physician, MD	08 - Family Practice	0	1
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
26	23	461	50 - Community Clinic	50 - Mental Health Clinic	0	20	16	392	50 - Community Clinic	50 - Mental Health Clinic	0	25	7	148	50 - Community Clinic	50 - Mental Health Clinic	0	21
-						-						-						-
14						-						-						-
8	2	10	50 - Community Clinic	50 - Mental Health Clinic	0	5	2	13	50 - Community Clinic	50 - Mental Health Clinic	0	7						-
-						-						-						-
6	2	37	50 - Community Clinic	5C - FQHC Mental Health	0	19	2	30	50 - Community Clinic	5C - FQHC Mental Health	0	15	5	228	50 - Community Clinic	5C - FQHC Mental Health	0	46
-						-						-						-
-						-						-						-
-						-						-						-
-	1	6	50 - Community Clinic	5C - FQHC Mental Health	0	6						-						-
2						-						-						-
-						-	1	1	81 - Behavioral Health	92 - Psychologist	0	1						-
-						-						-						-
-						-						-						-
-						-						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-						-	1	1	34 - Optometrist - Group	81 - Optician/Optometrist	0	1					-
-	1	40	50 - Community Clinic	68 - Rehabilitation Clinic	0	40						-					-
-						-						-					-
-						-						-					-
-						-						-					-
12						-						-					-
-	4	38	50 - Community Clinic	68 - Rehabilitation Clinic	0	10	4	49	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	9	90	50 - Community Clinic	68 - Rehabilitation Clinic	0	10
-						-	2	13	50 - Community Clinic	68 - Rehabilitation Clinic	0	7	5	40	50 - Community Clinic	68 - Rehabilitation Clinic	0	8
24						-						-						-
16	1	18	50 - Community Clinic	68 - Rehabilitation Clinic	0	18	5	98	50 - Community Clinic	68 - Rehabilitation Clinic	0	20	2	54	50 - Community Clinic	68 - Rehabilitation Clinic	0	27
-						-						-						-
15	11	123	50 - Community Clinic	68 - Rehabilitation Clinic	0	11	15	144	50 - Community Clinic	68 - Rehabilitation Clinic	0	10						-
-						-	1	24	84 - Therapist	65 - Physical Therapy	0	24	22	356	50 - Community Clinic	68 - Rehabilitation Clinic	0	16
16	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2	30	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	15
18						-	1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12						-
-						-	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12
19	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2	30	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	15
16	6	75	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	10	150	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	22	348	50 - Community Clinic	68 - Rehabilitation Clinic	0	16
-						-	1	24	84 - Therapist	65 - Physical Therapy	0	24						-
11						-						-	1	18	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	18
12						-	6	114	50 - Community Clinic	68 - Rehabilitation Clinic	0	19						-
-						-	1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	2	34	50 - Community Clinic	68 - Rehabilitation Clinic	0	17
-						-						-						-
16						-	11	50	50 - Community Clinic	68 - Rehabilitation Clinic	0	5						-
16	6	77	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	2	48	50 - Community Clinic	68 - Rehabilitation Clinic	0	24	12	164	50 - Community Clinic	68 - Rehabilitation Clinic	0	14
12						-						-						-
16	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2	30	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	15
16	4	53	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	11	174	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	21	315	50 - Community Clinic	68 - Rehabilitation Clinic	0	15
-						-	1	24	84 - Therapist	65 - Physical Therapy	0	24						-
-						-						-						-
-						-						-						-

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16	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	12	2	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	12	2	48	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	24
14	12	148	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	23	238	50 - Community Clinic	68 - Rehabilitation Clinic	0	10	27	432	50 - Community Clinic	68 - Rehabilitation Clinic	0	16
-						-	1	24	84 - Therapist	65 - Physical Therapy	0	24						-
-						-						-						-
-						-						-						-
19						-						-						-
14	6	75	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	5	60	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	12	186	50 - Community Clinic	68 - Rehabilitation Clinic	0	16
-						-						-						-
15						-	3	48	50 - Community Clinic	68 - Rehabilitation Clinic	0	16						-
14	3	28	50 - Community Clinic	68 - Rehabilitation Clinic	0	9	2	36	50 - Community Clinic	68 - Rehabilitation Clinic	0	18	15	238	50 - Community Clinic	68 - Rehabilitation Clinic	0	16
-						-	1	24	84 - Therapist	65 - Physical Therapy	0	24						-
-						-						-						-
-						-	1	24	84 - Therapist	65 - Physical Therapy	0	24						-
-						-						-						-
16	3	37	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	1	36	50 - Community Clinic	68 - Rehabilitation Clinic	0	36	3	36	50 - Community Clinic	68 - Rehabilitation Clinic	0	12
19	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	12	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	12	2	30	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	15
15	11	123	50 - Community Clinic	68 - Rehabilitation Clinic	0	11	22	237	50 - Community Clinic	68 - Rehabilitation Clinic	0	11	23	369	50 - Community Clinic	68 - Rehabilitation Clinic	0	16
-						-	1	24	84 - Therapist	65 - Physical Therapy	0	24						-
-						-						-						-
-						-						-						-
-						-						-						-
16	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	12	2	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	12	2	30	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	15
16	5	63	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	9	150	50 - Community Clinic	68 - Rehabilitation Clinic	0	17	15	219	50 - Community Clinic	68 - Rehabilitation Clinic	0	15
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-	1	1	50 - Community Clinic	68 - Rehabilitation Clinic	0	1						-	1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12
-	1	18	50 - Community Clinic	68 - Rehabilitation Clinic	0	18						-						-

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16	1	18	50 - Community Clinic	68 - Rehabilitation Clinic	0	18	3	48	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	1	16	50 - Community Clinic	68 - Rehabilitation Clinic	0	16
-	1	2	50 - Community Clinic	68 - Rehabilitation Clinic	0	2						-	1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
1						-						-						-
1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-	4	4	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme	0	1
-						-	1	1	34 - Optometrist - Group	81 - Optician/Optometrist	0	1						-
-						-						-						-
-						-						-						-
-						-						-						-
-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-
-						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-
-						-						-						-
-						-						-						-
-						-						-						-
1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1
-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-						-
-						-						-					0	-
-						-						-	1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme	0	1
-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	2	2	21 - Physician, MD - Group	38 - Pediatrics	0	1						-
-	1	1	21 - Physician, MD - Group	01 - General Practice	0	1						-	1	1	21 - Physician, MD - Group	01 - General Practice	0	1
-						-						-						-
1	10	9	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	9	9	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1
1						-	2	2	21 - Physician, MD - Group	38 - Pediatrics	0	1	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1
-						-						-						-
-						-						-						-
1	25	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	12	12	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme	0	1	9	8	21 - Physician, MD - Group	01 - General Practice	0	1

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1	4	3	21 - Physician, MD - Group	01 - General Practice	0	1					-	47	61	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1
1	5	5	21 - Physician, MD - Group	38 - Pediatrics	0	1					-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1
-						-					-						-
-						-					-						-
1	1	1	21 - Physician, MD - Group	01 - General Practice	0	1	6	6	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency	0	1
1	3	3	21 - Physician, MD - Group	38 - Pediatrics	0	1	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	1	1	21 - Physician, MD - Group	01 - General Practice		1
1						-	8	8	21 - Physician, MD - Group	38 - Pediatrics	0	1	10	10	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency		1
-						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-
-						-						-						-
-						-						-						-
-						-						-						-
-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-						-
-						-	1	1	20 - Physician, MD	24 - Plastic and Reconstructiv	0	1						-
1						-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme		1
-						-						-						-
-						-						-						-
-						-	1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-
1						-						-						-
1						-						-					0	-
-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-					0	-
-	2	2	21 - Physician, MD - Group	38 - Pediatrics	0	1	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-
-						-						-						-
-						-						-						-
1	5	4	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	195	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	195	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme		1
-					0	-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-
-						-						-						-
-						-						-	1	1	21 - Physician, MD - Group	01 - General Practice		1
-						-						-						-
-	1	1	21 - Physician, MD - Group	34 - Urology	0	1						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1	6	6	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	4	4	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1					-
1						-						-				0	-
-						-						-					-
-						-						-					-
1	3	3	21 - Physician, MD - Group	38 - Pediatrics	0	1						-					-
1						-						-					-
1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1
-						-						-						-
-						-						-					0	-
-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-						-
-						-						-						-
-						-						-						-
-						-						-						-
1	5	5	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	0	1	1	0	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	213.75	-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine		1
-						-						-					0	-
1						-						-						-
1	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency		1
-						-						-						-
1						-						-						-
-						-						-						-
1	6	6	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme		1
-						-						-						-
-						-						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-						-						-					0	-
-						-	1	1	15 - CT Home Care Program	55 - Access Agency / CT Home Care	0	1						-
-						-						-						-
-						-						-					0	-
-						-						-						-
-						-						-					0	-
-						-						-						-
-						-						-						-
6	23	121	12 - Special Services	3H - Mental Health Group Home	0	5	9	48	12 - Special Services	3H - Mental Health Group Home	0	5	10	56	12 - Special Services	3H - Mental Health Group Home		6
-						-						-						-
2	7	10	80 - Medical Transportation	80 - Ambulance	0	1	11	14	80 - Medical Transportation	80 - Ambulance	0	1	9	12	80 - Medical Transportation	80 - Ambulance		1
1	195	231	80 - Medical Transportation	80 - Ambulance	0	1	182	213	80 - Medical Transportation	80 - Ambulance	0	1	249	692	80 - Medical Transportation	80 - Ambulance		3
-						-						-						-
-						-						-						-
-	4	0	62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	0	-						-						-
-						-						-						-
-						-						-					0	-
-						-						-						-
-						-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	482.8	-					0	-
-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	357	-						-						-
-						-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods		-
-						-						-						-
-	2	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	4564.5	-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	525.13	-	2	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices		-
-	1	10	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	10						-					0	-

-						-	1	15	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	15					-
-	1	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	4						-				0	-
-						-	1	10	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	10					-
-	1	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	4						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	1
-						-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	1
-	1	24	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	24						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
-	1	24	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	24						-					0	-
1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-						-
1	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	1
-						-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	1
1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-					-
1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-					-
1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-					-
-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-				0	-
-						-						-				0	-
-						-						-					-
-						-						-					-
-						-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	425	-					-
-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	201.25	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-
-						-						-	1	5	62 - Medical Equipment Supplier	54 - Medical Supply Company	5
-						-						-					-
-						-						-					-
-						-						-					-
3						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3					-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-	4	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					-
-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					-
3						-						-					-
-						-						-					-
-						-	1	1	62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	0	1					-
-						-						-					-
-	1	856	50 - Community Clinic	50 - Mental Health Clinic	0	856						-					-
-						-						-					-
-						-						-					-
-	1	5	57 - Alcohol and Drug Abuse Center	78 - Inpatient	0	5						-				0	-
-						-	1	0	01 - General Hospital	78 - Inpatient	0	-					-
-						-	1	21	06 - State Institution	40 - Psychiatric Under 21	0	21				0	-
-						-						-	895	895	01 - General Hospital	78 - Inpatient	0	1
-						-	1	52	50 - Community Clinic	23 - Methadone Maintenance	0	52					-
-						-						-					-
1	891	891	01 - General Hospital	78 - Inpatient	0	1	818	818	01 - General Hospital	78 - Inpatient	0	1					-
-	1	1	01 - General Hospital	79 - Outpatient	0	1						-					-
-						-						-	1	26	81 - Behavioral Health	92 - Psychologist	0	26
-						-						-					-
26						-						-					-
-						-	1	26	81 - Behavioral Health	9A - Lic Cln Soc Wkrs	0	26					-
-						-						-	2	52	50 - Community Clinic	50 - Mental Health Clinic		26
-						-						-					-
-						-						-					-
-	2	27	50 - Community Clinic	50 - Mental Health Clinic	0	14						-					-
-						-	1	26	50 - Community Clinic	5C - FQHC Mental Health	0	26					-
-						-						-	1	9	01 - General Hospital	49 - Psychiatric Outpatient		9
-	1	1	01 - General Hospital	79 - Outpatient	0	1	3	3	01 - General Hospital	79 - Outpatient	0	1					-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-						-					-						-
-	2	40	50 - Community Clinic	50 - Mental Health Clinic	0	20	1	20	50 - Community Clinic	50 - Mental Health Clinic	0	20					-
-						-					-						-
-						-	2	4	41 - Dentist - Group	93 - General Dentist	0	2					-
1	1	0	40 - Dentist	93 - General Dentist	0	-						-					-
-						-						-					-
-						-						-					-
1	2	1	50 - Community Clinic	71 - Dental Clinic	0	1	1	1	50 - Community Clinic	71 - Dental Clinic	0	1					-
-						-						-					-
-						-						-					-
1						-						-					-
1	2	0	50 - Community Clinic	71 - Dental Clinic	0	-						-					-
-						-						-					-
-						-						-					-
-						-						-				0	-
-						-						-					-
-						-						-					-
1						-						-					-
-						-						-					-
-						-						-					-
1						-						-					-
1	1	1	41 - Dentist - Group	93 - General Dentist	0	1						-					-
1	8	8	50 - Community Clinic	71 - Dental Clinic	0	1	8	8	50 - Community Clinic	71 - Dental Clinic	0	1	3	3	50 - Community Clinic	71 - Dental Clinic	724.2	1
-						-						-						-
1						-						-						-
-						-						-						-
1	1	1	41 - Dentist - Group	93 - General Dentist	0	1						-						-
1	7	7	50 - Community Clinic	71 - Dental Clinic	0	1	7	7	50 - Community Clinic	71 - Dental Clinic	0	1	2	2	50 - Community Clinic	71 - Dental Clinic		1
-						-						-						-
-						-						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1						-						-					-
-						-						-					-
1						-						-					-
-						-						-					-
1	1	1	50 - Community Clinic	71 - Dental Clinic	0	1						-				0	-
-						-						-					-
1						-						-					-
1	1	1	50 - Community Clinic	71 - Dental Clinic	0	1						-					-
-						-						-					-
1	2	0	41 - Dentist - Group	93 - General Dentist	0	-	2	1	40 - Dentist	93 - General Dentist	0	1					-
1						-	1	1	41 - Dentist - Group	93 - General Dentist	0	1					-
1	6	5	50 - Community Clinic	71 - Dental Clinic	0	1	6	5	50 - Community Clinic	71 - Dental Clinic	0	1	2	2	50 - Community Clinic	71 - Dental Clinic	1
-						-	2	2	50 - Community Clinic	5A - FQHC Dental	0	1					-
-						-						-					-
1	1	1	40 - Dentist	93 - General Dentist	0	1	2	1	40 - Dentist	93 - General Dentist	0	1					-
1	2	1	41 - Dentist - Group	93 - General Dentist	0	1	1	0	41 - Dentist - Group	93 - General Dentist	0	-					-
-						-	1	1	50 - Community Clinic	5A - FQHC Dental	0	1					-
-	11	9	50 - Community Clinic	71 - Dental Clinic	0	1	7	6	50 - Community Clinic	71 - Dental Clinic	0	1	4	4	50 - Community Clinic	71 - Dental Clinic	1
-						-	1	0	50 - Community Clinic	71 - Dental Clinic	0	-					-
-						-						-					-
-						-						-					-
-						-						-					-
1						-						-					-
1						-						-					-
-	1	15	40 - Dentist	72 - Orthodontia	0	15						-					-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1						-						-					-
1						-						-					-
-						-						-					-
-	1	1	50 - Community Clinic	71 - Dental Clinic	0	1						-					-
-						-						-				0	-
-						-						-					-
1						-						-					-
-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-					-
-						-	1	0	60 - Pharmacy - Rx only	94 - Pharmacy	0	-					-
-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-					-
-						-						-					-
-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	6	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	1
1	4	5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	4	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					-
-						-						-					-
1						-						-					-
-						-						-					-
-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	1000	-					-
-						-						-					-
-						-						-					-
1	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-					-
-						-						-					-
-						-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-						-						-					-
-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	4	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
-						-						-						-
1						-						-						-
-						-						-						-
-						-						-						-
-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-						-
-						-						-	5	10	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2
-						-						-						-
2	26	48	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	23	35	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	17	35	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2
3	4	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	6	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-
-	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1						-						-
1						-	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
-						-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	54.09	-
-						-						-						-
2	4	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	3	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	2681.06	0
-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-						-
-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-						-						-					-
1	5	10	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	211.73	-
1						-	3	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-
-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-	5	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
1	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	4	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2
-						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-
-						-						-						-
-						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-
-						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-
3	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					0	-
-						-						-						-
1						-						-	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2
-						-						-						-
-						-						-						-
-	3	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-
-						-						-						-
12	3	36	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	12						-					0	-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1	10	15	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	14	30	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	1	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	6
-						-						-					0	-
1						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	8	17	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2
1	6	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods		-
-						-						-	2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
3						-						-					0	-
-						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company		3
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
-						-						-						-
-						-						-						-
-						-						-						-
2	77	118	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	76	124	62 - Medical Equipment Supplier	54 - Medical Supply Company		2	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
1						-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-
0	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					0	-	65	104	62 - Medical Equipment Supplier	54 - Medical Supply Company		2
-						-						-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods		-
-						-						-					0	-
-						-						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-						-						-					-
1						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2
3	9	16	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-						-
-						-						-						-
-						-						-						-
-						-	67	108			0	2	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	1477.3	-
1	71	106	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	62	95	62 - Medical Equipment Supplier	54 - Medical Supply Company		2
-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-						-
-						-						-						-
-						-						-						-
1	5	8	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	6	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2
-						-						-						-
1						-					0	-						-
-						-						-						-
-						-						-						-
1	2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-					46	-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	-
-						-						-					-
-						-						-					-
-						-						-					-
-						-						-					-
-						-						-					-
-						-						-					-
-						-						-					-
2	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	4	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3
-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-
-	6	8	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1						-	3	2	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1
1						-	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company		1	4	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2
-						-						-						-
1	5	2	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices		0					0	-						-
-						-						-						-
-						-						-						-
3						-						-						-
-						-						-						-
1	1	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2
-						-						-						-
3						-						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-	5	10	62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	0	2	1	1	62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	0	1					-
-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company		1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
-						-						-						-
1	2	3				2						-						-
1					0	-						-						-
1					0	-						-						-
-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company		-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	719.25	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
-						-						-	2	42	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	500.65	21
-	1	21	62 - Medical Equipment Supplier	54 - Medical Supply Company		21						-						-
-			62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-
-						-	2	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods		2						-
-	1	2	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	2					0	-						-
-			62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods		1						-
-						-						-						-
-						-						-						-
-						-						-						-
1	2	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-						-
-						-						-						-
1	3	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-						-
-						-						-						-
1	2	2				1						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-	3	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1					0	-					-
-						-						-					-
-	3	4				1	1	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	2	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1
-						-						-					-
-						-						-					-
-						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					-
-						-						-					-
-						-	3	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	234.39	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-
-						-						-					-
-						-						-					-
-						-						-					-
-						-						-					-
-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company		1					-
-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company		1						-					-
-						-						-					-
-						-					0	-					-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-						-					-						-
3						-					-					0	-
-						-					-						-
-						-					-						-
-						-					-						-
2	4	3	62 - Medical Equipment Supplier	54 - Medical Supply Company		1	3	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company		1
-						-						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3
-						-						-						-
1						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	4	1	62 - Medical Equipment Supplier	54 - Medical Supply Company		0
3						-						-						-
-	3	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods		0						-						-
2	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	3	5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-
-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-
-						-						-						-
-						-						-						-
-	27	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	215393.31	-	14	0	62 - Medical Equipment Supplier	54 - Medical Supply Company		-	27	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	27758.11	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-
-						-						-						-
-	1	3				3					0	-						-
-			62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

3						-						-						-
-						-	2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company		1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-
-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-						-
-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-						-
3	2	3				2						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3
-						-						-						-
-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-						-
4						-	2	8	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	4						-
-						-						-						-
3	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-
-						-						-						-
-						-	9	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	1000.97	-	13	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
-	20	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	70.81	-	4	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	6158.68	-	8	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-
-						-						-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	-
-						-						-						-
-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-						-
-						-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-
-						-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-
1						-	3	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	3	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods		1
-						-						-						-
-						-						-						-

-	2	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-						-
-	2	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-					0	-
-						-	1	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	2	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1
1	2	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods		1	3	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods		2
-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-
-						-						-						-
-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	3	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-
-						-						-						-
-						-						-						-
-	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-
-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
-						-						-						-
-						-						-	2	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1
-						-						-						-
-						-						-						-
-						-						-						-
-	3	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1					2068.91	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-
-					0	-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company		1						-
-						-						-						-
-	3	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-						-
-						-						-						-
-						-						-						-
-						-						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-						-					-						-
1						-					-						-
-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	2482	-					-						-
-						-					-						-
30	36	931	50 - Community Clinic	50 - Mental Health Clinic		26	29	706	50 - Community Clinic	50 - Mental Health Clinic	0	24	50	1421	50 - Community Clinic	50 - Mental Health Clinic	0	28
-						-						-						-
-						-						-	1	52	50 - Community Clinic	23 - Methadone Maintenance	0	52
65	3	194	50 - Community Clinic	50 - Mental Health Clinic	0	65	6	264	50 - Community Clinic	50 - Mental Health Clinic	0	44						-
-						-						-						-
47	32	1638	50 - Community Clinic	50 - Mental Health Clinic	0	51						-	29	1260	50 - Community Clinic	50 - Mental Health Clinic	0	43
-						-						-						-
1	3	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	8	13	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	3	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	719.31	1
1	6	11	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	14	17	62 - Medical Equipment Supplier	54 - Medical Supply Company	126.21	1
-						-						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3
-	4	10	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	4	7	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	2	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2
3	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	3	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	263954.91	2
-						-						-						-
-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company		3
-						-						-					0	-
1	1	1				1						-						-
1						-						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company		3
-			62 - Medical Equipment Supplier	52 - Durable Medical Goods		-						-						-
1	4	2				1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	5	9	62 - Medical Equipment Supplier	54 - Medical Supply Company		2
-						-	2	0	60 - Pharmacy - Rx only	94 - Pharmacy	0	-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	4	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	560.82	1
3	3	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0	6	5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-
-			62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-
-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-
-						-						-						-
-			62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-
-						-						-						-
-						-						-						-
-			62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-
-						-						-	1	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2
1	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-
-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-
-	2	1			0	1	3	1				0						-
-						-						-					0	-
-						-						-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods		-
-						-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
1						-						-						-
-						-						-					0	-
1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company		1
-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1			62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-
-						-						-						-
-						-	2	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1
-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-
-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	3607.3	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-
1						-						-						-
1	2	0			0	-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1

-						-	2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
-						-						-						-
-						-						-						-
-	2	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-	2	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1
-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	-						-						-
-						-						-						-
-						-						-						-
-						-						-	2	2	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1
-						-						-						-
-						-						-						-
1						-					0	-						-
-						-						-						-
-						-						-						-
-						-						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

16	1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	3	57	50 - Community Clinic	68 - Rehabilitation Clinic	0	19					-
26	110	1981	80 - Medical Transportation	80 - Ambulance	0	18	110	1806	80 - Medical Transportation	80 - Ambulance	0	16	122	2596	80 - Medical Transportation	80 - Ambulance	0	21
-						-						-						-
-	1	36	50 - Community Clinic	68 - Rehabilitation Clinic	0	36						-						-
60						-						-	1	36	50 - Community Clinic	68 - Rehabilitation Clinic	0	36
-	220	14516	58 - Home Health Agency	67 - Home Health Agency		66						-						-
23	47	13494	58 - Home Health Agency	67 - Home Health Agency		287	127	2928	58 - Home Health Agency	67 - Home Health Agency	0	23	219	13267	58 - Home Health Agency	67 - Home Health Agency	0	61
-						-	2	0	01 - General Hospital	78 - Inpatient	0	-						-
-						-						-						-
63						-	40	2558	58 - Home Health Agency	67 - Home Health Agency	0	64	59	5729	58 - Home Health Agency	67 - Home Health Agency	0	97
-						-						-						-
-						-	2	0	01 - General Hospital	78 - Inpatient	0	-						-
-						-						-						-
32	1	12	50 - Community Clinic	50 - Mental Health Clinic	0	12	12	434	50 - Community Clinic	50 - Mental Health Clinic		36	14	473	50 - Community Clinic	50 - Mental Health Clinic	0	34
-	18	636	50 - Community Clinic	5C - FQHC Mental Health	0	35						-						-
-						-						-						-
-						-	1	6	01 - General Hospital	78 - Inpatient	0	6						-
3460	42	121249	58 - Home Health Agency	67 - Home Health Agency	0	2887	26	74928	58 - Home Health Agency	67 - Home Health Agency	0	2882	54	174579	58 - Home Health Agency	67 - Home Health Agency	0	3233
-						-						-						-
205	98	26857	58 - Home Health Agency	67 - Home Health Agency	0	274	42	8270				197	125	28943	58 - Home Health Agency	67 - Home Health Agency	0	232
1						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-						-						-						-
-	1	2	31 - Optometrist	81 - Optician/Optometrist	0	2						-						-

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

-	1	2	31 - Optometrist	81 - Optician/Optometrist	0	2				-					-
-						-				-					-
-						-				-					-
100.07	2816	193376				68.67	2307	101508		44.00	2826	239522			84.76

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

S-Jan 2009						S - Feb 2009						S- Mar 2009						S-Apr 2009
# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths
2	272	01 - General Hospital	40 - Psychiatric Under 21	0	136	4	72	01 - General Hospital	40 - Psychiatric Under 21	0	18	2	16	01 - General Hospital	40 - Psychiatric Under 21	0	8	1
					-	3	1095	06 - State Institution	40 - Psychiatric Under 21	0	365	1	365	06 - State Institution	40 - Psychiatric Under 21	0	365	3
					-						-						-	
					-						-						-	
					-	2	20	01 - General Hospital	78 - Inpatient	0	10	3	24	01 - General Hospital	78 - Inpatient	0	8	4
3	28	01 - General Hospital	78 - Inpatient	0	9	77	1032	01 - General Hospital	79 - Outpatient	0	13	70	875	01 - General Hospital	79 - Outpatient	0	13	83
77	1012	01 - General Hospital	79 - Outpatient	0	13						-						-	
1	32	01 - General Hospital	71 - Dental Clinic	0	32						-						-	
					-						-						-	1
					-						-						-	
5	64	58 - Home Health Agency	67 - Home Health Agency	0	13	11	157	58 - Home Health Agency	67 - Home Health Agency	0	14	10	159	58 - Home Health Agency	67 - Home Health Agency	0	16	12
					-						-						-	
46	641	01 - General Hospital	79 - Outpatient	0	14	39	497	01 - General Hospital	79 - Outpatient	0	13	52	630	01 - General Hospital	79 - Outpatient	0	12	49
5	48	01 - General Hospital	78 - Inpatient	0	10	4	48	01 - General Hospital	78 - Inpatient	0	12	9	88	01 - General Hospital	78 - Inpatient	0	10	9
					-						-						-	
7	68	58 - Home Health Agency	67 - Home Health Agency	0	10	8	82	58 - Home Health Agency	67 - Home Health Agency	0	10	15	140	58 - Home Health Agency	67 - Home Health Agency	0	9	13
8	160	01 - General Hospital	79 - Outpatient	0	20	6	116	01 - General Hospital	79 - Outpatient	0	19	6	148	01 - General Hospital	79 - Outpatient	0	25	5
					-						-						-	
					-	2	12	58 - Home Health Agency	67 - Home Health Agency	0	6						-	
16	396	01 - General Hospital	79 - Outpatient	0	25	22	470	01 - General Hospital	79 - Outpatient	0	21	15	378	01 - General Hospital	79 - Outpatient	0	25	27
					-						-						-	
1	1	01 - General Hospital	49 - Psychiatric Outpatient	0	1						-						-	
4	30	01 - General Hospital	79 - Outpatient	0	8	1	5	01 - General Hospital	79 - Outpatient	0	5	1	6	01 - General Hospital	79 - Outpatient	0	6	2
1	1	01 - General Hospital	49 - Psychiatric Outpatient	0	1						-						-	
					-	5	270	01 - General Hospital	49 - Psychiatric Outpatient	0	54	4	76	01 - General Hospital	49 - Psychiatric Outpatient	0	19	1
47	1692	01 - General Hospital	79 - Outpatient	0	36	45	1592	01 - General Hospital	79 - Outpatient	0	35	41	1351	01 - General Hospital	79 - Outpatient	0	33	41

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

2	80	01 - General Hospital	49 - Psychiatric Outpatient	0	40	3	103	01 - General Hospital	49 - Psychiatric Outpatient	0	34	1	6	01 - General Hospital	49 - Psychiatric Outpatient	0	6	
6	166	01 - General Hospital	79 - Outpatient	0	28	18	412	01 - General Hospital	79 - Outpatient	0	23	13	389	01 - General Hospital	79 - Outpatient	0	30	14
					-						-						-	
12	674	01 - General Hospital	49 - Psychiatric Outpatient	0	56	14	701	01 - General Hospital	49 - Psychiatric Outpatient	0	50	6	282	01 - General Hospital	49 - Psychiatric Outpatient	0	47	13
21	573	01 - General Hospital	79 - Outpatient	0	27	13	399	01 - General Hospital	79 - Outpatient	0	31	22	641	01 - General Hospital	79 - Outpatient	0	29	17
					-						-						-	
					-						-						-	
3	3	01 - General Hospital	79 - Outpatient	0	1	4	4	01 - General Hospital	79 - Outpatient	0	1	3	3	01 - General Hospital	79 - Outpatient	0	1	9
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
					-	1	1	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	1						-	
					-						-						-	1
					-						-						-	1
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
1	0	21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	0	-	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	0	1						-	
1	1	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	1	1	0	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	-						-	
1	1	21 - Physician, MD - Group	02 - General Surgery	0	1						-						-	
					-						-						-	
					-						-						-	
					-						-	1	1	21 - Physician, MD - Group	18 - Opthalmology	0	1	1
					-						-						-	1
1	1	21 - Physician, MD - Group	02 - General Surgery	0	1						-						-	1

					-	1	1	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	1						-
1	0	21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	0	-	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	0	1						-
1	1	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	1						-						-
					-	1	0	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	-						-
					-						-						-
1	0	21 - Physician, MD - Group	24 - Plastic and Reconstructive	0	-	2	1	20 - Physician, MD	24 - Plastic and Reconstructive	0	1	2	2	20 - Physician, MD	24 - Plastic and Reconstructive	0	1	1
					-						-						-
					-						-						-
					-	1	0	20 - Physician, MD	24 - Plastic and Reconstructive	0	-						-
1	1	21 - Physician, MD - Group	02 - General Surgery	0	1						-						-
					-						-						-
					-						-						-
					-	1	0	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	-						-
1	1	21 - Physician, MD - Group	02 - General Surgery	0	1						-						-
					-	1	0	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	-						-
					-	1	1	20 - Physician, MD	24 - Plastic and Reconstructive Surgery	0	1						-
					-						-						-
					-						-						-
					-						-						-
					-						-	1	1	20 - Physician, MD	24 - Plastic and Reconstructive	0	1
					-						-						-
					-						-						-
1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-						-
					-						-						-
					-						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1
					-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-
					-						-						-
					-						-						-
1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12						-						-
					-						-						-

APPENDIX XVIII
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1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1					-	1
					-						-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1
3	3	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1					-	1
					-						-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-					-	
					-						-					-	
					-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1					-	
					-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1					-	
					-						-					-	
					-						-					-	
1	1	21 - Physician, MD - Group	02 - General Surgery	0	1						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
2	2	21 - Physician, MD - Group	38 - Pediatrics	0	1						-	2	2	21 - Physician, MD - Group	38 - Pediatrics	0	1
					-						-					-	
					-						-					-	1
					-						-					-	
					-						-					-	1
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					-						-						-	
					-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-	1
					-						-						-	
					-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	
					-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	
					-						-						-	
					-						-						-	
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					-						-						-	
					-						-						-	
					-						-						-	
					-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	
					-						-						-	1
					-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1						-	
					-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-	
					-						-						-	
					-	1	1	21 - Physician, MD - Group	18 - Opthalmology	0	1						-	
					-						-						-	
1	1	20 - Physician, MD	18 - Opthalmology	0	1	1	1	20 - Physician, MD	18 - Opthalmology	0	1	1	1	20 - Physician, MD	18 - Opthalmology	0	1	
					-	1	1	20 - Physician, MD	18 - Opthalmology	0	1	1	1	20 - Physician, MD	18 - Opthalmology	0	1	
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
3	3	50 - Community Clinic	50 - Mental Health Clinic	0	1	1	1	50 - Community Clinic	50 - Mental Health Clinic	0	1	4	4	50 - Community Clinic	50 - Mental Health Clinic		1	1
5	5	01 - General Hospital	49 - Psychiatric Outpatient	0	1	7	7	01 - General Hospital	49 - Psychiatric Outpatient	0	1	3	3	01 - General Hospital	49 - Psychiatric Outpatient	0	1	5
					-						-						-	
					-						-					0	-	
					-						-						-	
					-						-	1	2	57 - Alcohol and Drug Abuse Center	79 - Outpatient	0	2	
					-	3	22	50 - Community Clinic	50 - Mental Health Clinic	0	7	2	11	50 - Community Clinic	50 - Mental Health Clinic	0	6	2
					-						-						-	
3	17	50 - Community Clinic	50 - Mental Health Clinic	0	6	2	9	50 - Community Clinic	50 - Mental Health Clinic	0	5	3	23	50 - Community Clinic	50 - Mental Health Clinic	0	8	

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					-						-						-
14	149	50 - Community Clinic	50 - Mental Health Clinic	0	11	10	109	50 - Community Clinic	50 - Mental Health Clinic	0	11	20	207	50 - Community Clinic	50 - Mental Health Clinic	0	10	10
3	48	50 - Community Clinic	5C - FQHC Mental Health	0	16	3	40	50 - Community Clinic	5C - FQHC Mental Health	0	13	2	27	50 - Community Clinic	5C - FQHC Mental Health	0	14	1
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	1
					-						-						-	
					-						-						-	
27	574	50 - Community Clinic	50 - Mental Health Clinic	0	21	26	667	50 - Community Clinic	50 - Mental Health Clinic	0	26	25	667	50 - Community Clinic	50 - Mental Health Clinic	0	27	24
4	111	50 - Community Clinic	5C - FQHC Mental Health	0	28	2	63	50 - Community Clinic	5C - FQHC Mental Health	0	32	1	12	50 - Community Clinic	5C - FQHC Mental Health	0	12	2
					-						-						-	
13	83	50 - Community Clinic	50 - Mental Health Clinic	0	6	3	28	50 - Community Clinic	50 - Mental Health Clinic	0	9	4	16	50 - Community Clinic	50 - Mental Health Clinic	0	4	1
					-						-						-	
					-						-						-	
					-						-	1	2	57 - Alcohol and Drug Abuse Center	79 - Outpatient	0	2	
					-						-						-	2
					-						-						-	
					-						-						-	
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					-					-						-	
					-					-						-	1
					-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1					-	
					-	1	4	01 - General Hospital	79 - Outpatient	0	4					-	
1	0	20 - Physician, MD	07 - Dermatology	0	-						-					-	
9	114	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	9	80	50 - Community Clinic	68 - Rehabilitation Clinic	0	9	7	64	50 - Community Clinic	68 - Rehabilitation Clinic	0	9	7
2	2	50 - Community Clinic	68 - Rehabilitation Clinic	0	1	5	44	50 - Community Clinic	68 - Rehabilitation Clinic	0	9						-	1
					-						-					-	1
2	28	50 - Community Clinic	68 - Rehabilitation Clinic	0	14						-	1	8	50 - Community Clinic	68 - Rehabilitation Clinic	0	8	1
					-						-						-	
					-						-					-	1
22	318	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	26	315	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	32	461	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	20
					-						-						-	
2	28	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	14	1	8	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	8	3	36	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2
2	20	50 - Community Clinic	68 - Rehabilitation Clinic	0	10	1	8	50 - Community Clinic	68 - Rehabilitation Clinic	0	8						-	
					-						-						-	
2	28	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	14						-	3	36	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	1
20	300	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	20	267	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	29	429	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	21
					-						-						-	
					-						-						-	
8	132	50 - Community Clinic	68 - Rehabilitation Clinic	0	17	3	52	50 - Community Clinic	68 - Rehabilitation Clinic	0	17	9	138	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	3
					-	1	4	50 - Community Clinic	68 - Rehabilitation Clinic	0	4	1	8	50 - Community Clinic	68 - Rehabilitation Clinic	0	8	
					-	1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12						-	
6	74	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	10	152	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	8	88	50 - Community Clinic	68 - Rehabilitation Clinic	0	11	3
5	82	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	11	133	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	11	157	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	9
					-						-	1	12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2
2	28	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	14	1	8	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	8	3	36	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	1
21	316	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	25	321	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	31	465	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	19
					-						-						-	
					-						-						-	
					-						-						-	

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2	72	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	36	1	8	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	8	3	96	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	32	2
33	484	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	31	439	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	38	543	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	25
					-						-						-	
					-						-						-	1
					-						-						-	
					-						-						-	
14	190	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	12	177	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	9	140	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	15
					-						-						-	
5	74	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	5	52	50 - Community Clinic	68 - Rehabilitation Clinic	0	10	11	131	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	8
13	174	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	12	149	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	17	239	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	12
					-						-						-	
1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12						-	1
3	40	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	6	44	50 - Community Clinic	68 - Rehabilitation Clinic	0	7	1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	
					-						-						-	1
					-						-						-	
2	28	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	14	1	8	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	8	3	36	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	12	2
32	478	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	30	421	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	38	543	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	23
					-						-						-	
					-						-						-	
					-						-						-	
1	16	50 - Community Clinic	68 - Rehabilitation Clinic	0	16						-						-	
2	36	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	18	1	8	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	8	3	48	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	16	2
14	202	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	14	222	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	17	249	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	12
					-						-						-	
1	16	50 - Community Clinic	68 - Rehabilitation Clinic	0	16						-	2	32	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	
1	16	50 - Community Clinic	68 - Rehabilitation Clinic	0	16						-						-	
3	44	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	1	36	50 - Community Clinic	68 - Rehabilitation Clinic	0	36						-	
2	24	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	1	1	50 - Community Clinic	68 - Rehabilitation Clinic	0	1						-	
					-	1	18	50 - Community Clinic	68 - Rehabilitation Clinic	0	18	1	18	50 - Community Clinic	68 - Rehabilitation Clinic	0	18	

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3	56	50 - Community Clinic	68 - Rehabilitation Clinic	0	19	2	40	50 - Community Clinic	68 - Rehabilitation Clinic	0	20	3	56	50 - Community Clinic	68 - Rehabilitation Clinic	0	19	3
3	36	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	1	18	50 - Community Clinic	68 - Rehabilitation Clinic	0	18						-	
					-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-	
					-						-						-	1
					-						-						-	1
					-						-						-	1
					-						-						-	
					-						-						-	
					-	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-	
					-						-						-	
					-						-	1	1	20 - Physician, MD	24 - Plastic and Reconstructiv	0	1	
					-						-						-	1
					-						-						-	1
					-	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	
					-						-						-	
					-						-						-	
1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-						-	
					-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	
					-						-						-	
					-						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	
					-						-						-	
1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-	
					-						-						-	
					-						-						-	
					-						-						-	1
3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	13	13	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	3
9	9	21 - Physician, MD - Group	38 - Pediatrics	0	1						-	3	3	21 - Physician, MD - Group	38 - Pediatrics	0	1	
1	1	21 - Physician, MD - Group	01 - General Practice	0	1	1	1	21 - Physician, MD - Group	01 - General Practice	0	1						-	
					-						-						-	1
54	54	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	23	23	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme	0	1	75	75	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	45

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18	18	21 - Physician, MD - Group	01 - General Practice	0	1	5	5	21 - Physician, MD - Group	01 - General Practice	0	1	10	10	21 - Physician, MD - Group	01 - General Practice	0	1	13
4	4	21 - Physician, MD - Group	38 - Pediatrics	0	1	2	2	21 - Physician, MD - Group	38 - Pediatrics	0	1	2	2	21 - Physician, MD - Group	38 - Pediatrics	0	1	
1	1	23 - Nurse Practitioner	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-						-	
					-						-						-	
1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme rgency	0	1	1	1	20 - Physician, MD	36 - Geriatrics	0	1	8	8	21 - Physician, MD - Group	01 - General Practice	0	1	4
1	1	21 - Physician, MD - Group	01 - General Practice	0	1	4	4	21 - Physician, MD - Group	01 - General Practice	0	1	24	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme rgency	0	1	9
9	9	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme rgency	0	1	7	7	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme rgency	0	1	7	7	21 - Physician, MD - Group	38 - Pediatrics	0	1	1
					-						-						-	1
					-						-						-	
					-						-						-	
					-						-						-	1
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	1
					-						-						-	
1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-						-	
2	2	21 - Physician, MD - Group	38 - Pediatrics	0	1						-						-	
					-						-						-	
					-	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-	
					-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	
					-						-						-	
					-						-						-	
3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	5	5	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	5
1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-						-	
					-	1	1	21 - Physician, MD - Group	26 - Psychiatry	0	1						-	
					-						-						-	
					-						-						-	
					-						-						-	

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3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	9	9	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	9
					-	2	2	21 - Physician, MD - Group	34 - Urology	0	1						-	1
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	4	4	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	3
					-						-						-	
					-						-						-	
					-						-						-	
1	1	23 - Nurse Practitioner	11 - Internal Medicine, Sub-Specialty/Emergency	0	1						-						-	
1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency	0	1						-	
					-						-						-	
					-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	0	1						-	2
					-						-						-	
					-						-						-	
					-	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1						-	3
					-						-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1	
					-						-						-	
					-						-						-	1
					-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	2
					-						-						-	
					-						-						-	

					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
20	113	12 - Special Services	3H - Mental Health Group Home	0	6	18	98	12 - Special Services	3H - Mental Health Group Home	0	5	18	108	12 - Special Services	3H - Mental Health Group Home	0	6	14
					-						-					-	
16	20	80 - Medical Transportation	80 - Ambulance	0	1	35	49	80 - Medical Transportation	80 - Ambulance	0	1	29	37	80 - Medical Transportation	80 - Ambulance	0	1	12
316	458	80 - Medical Transportation	80 - Ambulance	0	1	495	638	80 - Medical Transportation	80 - Ambulance	0	1	288	332	80 - Medical Transportation	80 - Ambulance	0	1	280
					-	1	0	62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	0	-						-	
					-	1	0	62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	0	-						-	1
					-						-						-	
					-						-						-	
					-						-						-	1
					-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	82.76	-	
					-						-						-	
					-						-						-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	34	-						-						-	2
					-						-	3	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	226.1	-	
2	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	2772.87	-	3	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	3232.94	-	3	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	5401.75	-	1
					-						-						-	

| | | |

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3
					-						-						-	1
					-						-						-	
					-						-						-	
					-						-						-	
2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	1720.8	-						-						-	
					-						-						-	
					-						-	1	14	01 - General Hospital	79 - Outpatient	0	14	
					-						-						-	
					-						-						-	
1	0	01 - General Hospital	78 - Inpatient	0	-						-						-	
					-						-						-	
					-						-	1031	1031	01 - General Hospital	78 - Inpatient	0	1	
					-						-						-	
					-						-						-	
1087	1087	01 - General Hospital	78 - Inpatient	0	1						-						-	714
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
					-	843	843	01 - General Hospital	78 - Inpatient	0	1						-	
					-						-	1	26	50 - Community Clinic	5C - FQHC Mental Health	0	26	
1	26	50 - Community Clinic	50 - Mental Health Clinic	0	26						-						-	1
					-						-						-	1
					-						-						-	
					-						-						-	

					-	2	52	50 - Community Clinic	50 - Mental Health Clinic	0	26					-
					-						-					-
					-						-					-
					-						-					-
					-						-					-
					-						-					-
					-						-					-
1	1	50 - Community Clinic	71 - Dental Clinic	0	1	1	1	50 - Community Clinic	71 - Dental Clinic	0	1					-
					-						-					-
					-						-					-
					-						-					-
					-	1	0	50 - Community Clinic	71 - Dental Clinic	0	-					-
					-						-					-
					-						-					-
					-						-					-
					-						-					-
					-						-					-
					-						-					-
					-						-					-
					-						-					-
					-						-	4	4	40 - Dentist	93 - General Dentist	0	1
					-						-	11	11	41 - Dentist - Group	93 - General Dentist	0	1
4	4	50 - Community Clinic	71 - Dental Clinic	0	1	1	1	50 - Community Clinic	71 - Dental Clinic	0	1	2	2	50 - Community Clinic	71 - Dental Clinic	0	1
					-						-	2	2	50 - Community Clinic	5A - FQHC Dental	0	1
					-						-						-
					-						-	2	2	40 - Dentist	93 - General Dentist	0	1
					-	1	1	40 - Dentist	93 - General Dentist	0	1	7	7	41 - Dentist - Group	93 - General Dentist	0	1
2	2	50 - Community Clinic	71 - Dental Clinic	0	1	1	1	50 - Community Clinic	71 - Dental Clinic	0	1						-
					-						-						-
					-						-	1	1	50 - Community Clinic	5A - FQHC Dental	0	1

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					-						-					-
					-	2	1	40 - Dentist	93 - General Dentist	0	1	1	1	40 - Dentist	93 - General Dentist	0	1
					-						-	3	3	41 - Dentist - Group	93 - General Dentist	0	1
1	0	50 - Community Clinic	5A - FQHC Dental	0	-						-						-
					-						-						-
					-	1	0	40 - Dentist	93 - General Dentist	0	-	1	1	40 - Dentist	93 - General Dentist	0	1
					-						-	4	4	41 - Dentist - Group	93 - General Dentist	0	1
					-						-						-
					-						-						-
					-	1	0	40 - Dentist	93 - General Dentist	0	-	3	3	40 - Dentist	93 - General Dentist	0	1
					-						-	17	17	41 - Dentist - Group	93 - General Dentist	0	1
2	2	50 - Community Clinic	71 - Dental Clinic	0	1						-	10	9	50 - Community Clinic	71 - Dental Clinic	0	1
1	0	50 - Community Clinic	5A - FQHC Dental	0	-						-	4	4	50 - Community Clinic	5A - FQHC Dental	0	1
					-						-						-
					-	1	0	40 - Dentist	93 - General Dentist	0	-	6	6	40 - Dentist	93 - General Dentist	0	1
					-						-	13	13	41 - Dentist - Group	93 - General Dentist	0	1
					-						-	4	4	50 - Community Clinic	5A - FQHC Dental	0	1
4	4	50 - Community Clinic	71 - Dental Clinic	0	1						-	11	8	50 - Community Clinic	71 - Dental Clinic	0	1
					-						-						-
					-	1	0	50 - Community Clinic	71 - Dental Clinic	0	-						-
					-	1	0	50 - Community Clinic	71 - Dental Clinic	0	-						-
					-						-	1	1	40 - Dentist	93 - General Dentist	0	1
					-						-						-
					-						-						-
					-						-						-

					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	
					-						-					-	6
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	2
4	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	4	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	
					-						-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	
					-						-					-	1
					-						-					-	1
					-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-	
					-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-					0	-	
					-						-					-	
					-						-					-	

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					-						-					-	5
					-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
					-						-					-	
1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-					-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	2
					-						-					-	
					-						-					-	32
					-	2	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	5	8	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2
					-	15	25	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2					-	
					-						-					-	
					-						-	1	3	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	3
18	37	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	18	39	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	1
3	7	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-					-	
					-						-					-	
1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	5
2	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-					-	
					-						-					-	
4	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1
					-						-					-	1
					-						-					-	2

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					-	3	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	0	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	
2	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-						-	
3	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	6	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	6	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1
					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-	
					-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-	
					-						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	
					-						-						-	
1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	
					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1
					-						-						-	
1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-						-	
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-	
					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	4	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2
					-						-						-	
2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-						-	3
1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-						-	
					-						-						-	
2	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	6	2	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	6	2	24	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	12	
					-						-						-	1
13	15	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	7	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	12

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					-	5	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	13	21	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2
					-						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	
3	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1
					-						-						-	
					-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	
1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	
					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	
					-						-						-	
					-						-						-	
					-						-						-	
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-	
					-						-						-	3
					-						-						-	49
					-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3						-	
74	98	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	62	103	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	70	111	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	4
3	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-	2	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	
					-						-	4	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	8
					-						-						-	1
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-	
					-	8	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	

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					-					-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	
7	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					-	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	43
					-					-						-	4
					-					-	1	0	84 - Therapist	66 - Occupational Therapy	0	-	
					-					-						-	
3	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	2	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	
63	80	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	52	89	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	61	83	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2
					-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	
					-						-						-	
					-						-						-	
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-	
					-						-						-	
					-					-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	
5	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	6	10	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	5
					-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	
					-						-						-	
					-						-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	
					-						-						-	
1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	4
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	3	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	3

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1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					-	
					-						-					-	
					-						-					-	
					-	5	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2
					-						-					-	
					-	5	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3
					-						-					-	
					-						-					-	
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	6	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	4	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2
					-						-					-	
					-						-					-	
3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	6	10	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3
1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3						-					-	
					-						-					-	1
					-						-					-	1
					-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					-	
					-						-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	3	62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	0	3					-	11
2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3	5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	7	14	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2
2	5	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3						-					-	
					-						-					-	

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					-						-						-	
					-						-						-	1
					-						-						-	
					-						-						-	
					-						-						-	
					-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	
					-						-						-	
1	21	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	21	1	27	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	27	1	31	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	31	
					-	1	26	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	26						-	
2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-						-	
					-						-						-	
					-						-						-	
					-

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					-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-	7
					-						-						-	
2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-	
					-						-						-	1
					-						-						-	
					-						-						-	1
					-						-						-	
					-						-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1
					-						-						-	
					-						-						-	
					-						-						-	3
					-	1	0	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency	0	-						-	
					-						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	
					-						-						-	
					-						-						-	1
					-						-						-	
					-						-						-	

					-						-					-	
					-	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1
					-						-					-	
					-						-					-	
					-						-					-	
					-						-	3	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1
					-	2	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1					-	
					-						-					-	
1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2					-	
					-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1					-	1
2	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-	3	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	12548.64	1	
3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	4	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	73672.12	1	
					-	20	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	184777.57	-					-	9
					-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	
					-						-					-	
16	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	124140.51	-						-	18	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	636.18	-	
					-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2
					-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					-	1
					-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					-	
					-						-					-	

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					-					-						-	
					-					-						-	
					-					-						-	1
					-					-						-	
					-					-						-	1
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-					-						-	
1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					-						-	
					-					-						-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					-	
					-					-						-	1
					-					-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	
					-	9	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	560.44	-					-	5
8	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	5514.58	0	9	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	12835.59	-	16	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	4
7	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	4035.87	-						-	8	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	3760.14	-	
1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	-						-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	-	1
					-	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2					-	1
					-					-						-	
					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-					-	1
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-					-	
3	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					-	3
					-						-					-	
					-						-					-	

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CMP AUTHORIZATION VOLUME

					-						-						-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	8
2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	1
					-						-						-	
					-						-						-	
1	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	3	7	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	3
3	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-	1
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	215.35	1	1
1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-						-	
					-						-						-	
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	
					-						-						-	
					-						-						-	1
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	
					-						-						-	1
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-	

					-						-						-	
					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	609.04	-						-	
					-						-						-	
					-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	
30	749	50 - Community Clinic	50 - Mental Health Clinic	0	25	33	862	50 - Community Clinic	50 - Mental Health Clinic	0	26	28	839	50 - Community Clinic	50 - Mental Health Clinic	0	30	44
					-	1	36	57 - Alcohol and Drug Abuse Center	79 - Outpatient	0	36	1	36	57 - Alcohol and Drug Abuse Center	79 - Outpatient	0	36	
					-	5	205	50 - Community Clinic	50 - Mental Health Clinic	0	41						-	
12	324	50 - Community Clinic	50 - Mental Health Clinic	0	27	37	1444	50 - Community Clinic	50 - Mental Health Clinic	0	39	5	147	50 - Community Clinic	50 - Mental Health Clinic	0	29	11
					-						-						-	
47	1940	50 - Community Clinic	50 - Mental Health Clinic	0	41						-	31	1393	50 - Community Clinic	50 - Mental Health Clinic	0	45	42
1	0	21 - Physician, MD - Group	24 - Plastic and Reconstructiv	0	-	10	26	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-	
2	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-	4	10	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	3
11	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	14	28	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	12
					-						-	2	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1
2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	5	7	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1
					-						-						-	1
3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3
					-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1
					-					0	-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	
					-	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company		2						-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					0	-						-	
3	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company		2	5	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	
					-						-						-	

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1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3					-	3	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2
1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					-						-	
					-					-						-	
					-					-						-	
					-					-						-	
					-					-						-	
					-					-						-	
					-					-						-	
					-					-						-	
					-					-						-	
					-					-						-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	
					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-					-	1
					-						-					-	
					-						-					-	
					-						-					-	
					-						-					-	
1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1					-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	
					-					-						-	
					-					-						-	
					-					-						-	11
					-					-						-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					-						-	
					-					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	4
4	2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	3	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	0	3	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	0

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3	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-
					-						-						-
					-						-						-
1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-						-
					-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-
					-						-						-
					-						-						-
					-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-
					-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
					-						-						-
					-						-						-
					-						-						-
					-						-						-
					-						-						-
					-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	1209.74	1						-
					-						-						-
					-						-						-
					-	2	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	381.36	-						-
					-	2	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	-						-
					-	1	0	50 - Community Clinic	32 - Ambulatory Surgical Center		-						-

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					-					0	-					-	
179	3194	80 - Medical Transportation	80 - Ambulance	0	18	256	5457	80 - Medical Transportation	80 - Ambulance	0	21	187	4104	80 - Medical Transportation	80 - Ambulance	0	22	131
1	2	34 - Optometrist - Group	81 - Optician/Optometrist	0	2						-						-	
					-						-						-	
2	72	50 - Community Clinic	68 - Rehabilitation Clinic	0	36	2	72	50 - Community Clinic	68 - Rehabilitation Clinic	0	36						-	1
					-						-						-	
159	4174	58 - Home Health Agency	67 - Home Health Agency	0	26	157	2661	58 - Home Health Agency	67 - Home Health Agency		17	186	10539	58 - Home Health Agency	67 - Home Health Agency	0	57	184
					-					0	-						-	1
1	1	16 - CT Home Care Program Performing	56 - Community Based Service	0	1						-						-	
37	2117	58 - Home Health Agency	67 - Home Health Agency	0	57	41	2624	58 - Home Health Agency	67 - Home Health Agency		64	42	13510	58 - Home Health Agency	67 - Home Health Agency	0	322	39
					-					0	-						-	
					-						-						-	
					-						-						-	1
50	1557	50 - Community Clinic	50 - Mental Health Clinic	0	31	16	590	50 - Community Clinic	50 - Mental Health Clinic		37	32	1042	50 - Community Clinic	50 - Mental Health Clinic	0	33	46
1	12	50 - Community Clinic	5C - FQHC Mental Health	0	12						-						-	1
					-					0	-						-	1
					-						-						-	
35	83136	58 - Home Health Agency	67 - Home Health Agency	0	2375	32	76249	58 - Home Health Agency	67 - Home Health Agency		2383	31	107466	58 - Home Health Agency	67 - Home Health Agency	155.33	3467	35
					-					0	-						-	1
89	15933	58 - Home Health Agency	67 - Home Health Agency	0	179	74	10941	58 - Home Health Agency	67 - Home Health Agency		148	87	20074	58 - Home Health Agency	67 - Home Health Agency		231	84
					-						-						-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-	
1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-	
1	4	31 - Optometrist	81 - Optician/Optometrist	0	4						-						-	
1	4	31 - Optometrist	81 - Optician/Optometrist	0	4						-						-	
					-						-						-	

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					-											-		
1	2	34 - Optometrist - Group	81 - Optician/Optometrist	0	2					-						-		
1	2	34 - Optometrist - Group	81 - Optician/Optometrist	0	2					-	1	0	34 - Optometrist - Group	81 - Optician/Optometrist		-		
3176	125898				39.64	3049	114494			37.55	3285	172144				52.40	2666	

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

					S- May 2009						S- Jun 2009						S - Track	
Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	S - Total # Auths/Code	S - Total Units/Code
365	01 - General Hospital	40 - Psychiatric Under 21	0	365	1	365	01 - General Hospital	40 - Psychiatric Under 21	0	365						-	11	1455
1094	06 - State Institution	40 - Psychiatric Under 21	0	365						-	1	36	06 - State Institution	40 - Psychiatric Under 21	0	36	10	3320
				-						-						-	1	8
				-						-						-	1	8
41	01 - General Hospital	78 - Inpatient	0	10	2	20	01 - General Hospital	78 - Inpatient	0	10	3	24	01 - General Hospital	78 - Inpatient	0	8	25	236
1111	01 - General Hospital	79 - Outpatient	0	13	90	1107	01 - General Hospital	79 - Outpatient	0	12	80	940	01 - General Hospital	79 - Outpatient	0	12	1033	12832
				-						-						-	79	1028
				-						-						-	1	32
12	87 - Therapist - Group	65 - Physical Therapy	0	12						-						-	1	12
				-						-						-	0	0
246	58 - Home Health Agency	67 - Home Health Agency	0	21	10	144	58 - Home Health Agency	67 - Home Health Agency	0	14	7	73	58 - Home Health Agency	67 - Home Health Agency	0	10	104	1658
				-						-						-	0	0
542	01 - General Hospital	79 - Outpatient	0	11	53	670	01 - General Hospital	79 - Outpatient	0	13	49	568	01 - General Hospital	79 - Outpatient	0	12	577	7289
94	01 - General Hospital	78 - Inpatient	0	10	7	56	01 - General Hospital	78 - Inpatient	0	8	5	56	01 - General Hospital	78 - Inpatient	0	11	76	793
				-						-	1	16	84 - Therapist	86 - Occupational Therapy	0	16	1	16
132	58 - Home Health Agency	67 - Home Health Agency	0	10	5	45	58 - Home Health Agency	67 - Home Health Agency	0	9	8	117	58 - Home Health Agency	67 - Home Health Agency	0	15	108	1453
100	01 - General Hospital	79 - Outpatient	0	20	7	128	01 - General Hospital	79 - Outpatient	0	18	2	48	01 - General Hospital	79 - Outpatient	0	24	59	1220
				-						-						-	1	8
				-	1	6	58 - Home Health Agency	67 - Home Health Agency	0	6						-	15	416
474	01 - General Hospital	79 - Outpatient	0	18	12	260	01 - General Hospital	79 - Outpatient	0	22	14	339	01 - General Hospital	79 - Outpatient	0	24	238	5633
				-						-						-	1	20
				-						-	6	6	01 - General Hospital	49 - Psychiatric Outpatient	0	1	10	10
17	01 - General Hospital	79 - Outpatient	0	9	2	31	01 - General Hospital	79 - Outpatient	0	16	1	12	01 - General Hospital	79 - Outpatient	0	12	23	238
				-						-						-	1	1
52	01 - General Hospital	49 - Psychiatric Outpatient	0	52	2	75	01 - General Hospital	49 - Psychiatric Outpatient	0	38	1	30	01 - General Hospital	49 - Psychiatric Outpatient	0	30	52	1909
1330	01 - General Hospital	79 - Outpatient	0	32	49	1664	01 - General Hospital	79 - Outpatient	0	34	39	1251	01 - General Hospital	79 - Outpatient	0	32	539	19056

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				-	3	59	01 - General Hospital	49 - Psychiatric Outpatient	0	20	2	60	01 - General Hospital	49 - Psychiatric Outpatient	0	30	24	682
361	01 - General Hospital	79 - Outpatient	0	26	8	220	01 - General Hospital	79 - Outpatient	0	28	13	333	01 - General Hospital	79 - Outpatient	0	26	145	3829
				-						-						-	1	10
695	01 - General Hospital	49 - Psychiatric Outpatient	0	53	7	331	01 - General Hospital	49 - Psychiatric Outpatient	0	47	3	157	01 - General Hospital	49 - Psychiatric Outpatient	0	52	127	6681
485	01 - General Hospital	79 - Outpatient	0	29	18	417	01 - General Hospital	79 - Outpatient	0	23	25	927	01 - General Hospital	79 - Outpatient	0	37	212	6469
				-						-						-	9	72
				-						-						-	10	155
9	01 - General Hospital	79 - Outpatient	0	1	2	2	01 - General Hospital	79 - Outpatient	0	1	7	7	01 - General Hospital	79 - Outpatient	0	1	43	43
				-						-						-	1	16
				-						-						-	6	6
				-						-						-	1	2
				-						-						-	0	0
				-						-						-	0	0
				-						-						-	1	1
				-						-						-	1	1
0	20 - Physician, MD	24 - Plastic and Reconstructiv	0	-						-						-	1	0
0	20 - Physician, MD	24 - Plastic and Reconstructiv	0	-						-						-	1	0
				-	1	1	20 - Physician, MD	02 - General Surgery	0	1						-	1	1
				-						-						-	0	0
				-						-						-	0	0
				-	1	1	20 - Physician, MD	02 - General Surgery	0	1						-	1	1
				-						-						-	1	1
				-						-						-	2	1
				-						-						-	2	1
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	2	2
1	20 - Physician, MD	18 - Opthalmology	0	1						-						-	3	3
1	20 - Physician, MD	24 - Plastic and Reconstructiv e Surgery	0	1	1	1	20 - Physician, MD	24 - Plastic and Reconstructiv e Surgery	0	1						-	4	3
1	21 - Physician, MD - Group	02 - General Surgery	0	1						-						-	2	2

				-						-						-	1	1
				-						-						-	3	1
				-						-						-	1	1
				-	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	0	1						-	3	1
				-	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructiv	0	1	1	1	20 - Physician, MD	24 - Plastic and Reconstructiv	0	1	3	3
1	20 - Physician, MD	24 - Plastic and Reconstructiv	0	1	1	1	21 - Physician, MD - Group	24 - Plastic and	0	1	2	2	20 - Physician, MD	24 - Plastic	0	1	14	9
				-						-						-	3	3
				-	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructiv	0	1						-	1	1
				-	1	0	21 - Physician, MD - Group	24 - Plastic and Reconstructiv	0	-						-	2	0
				-						-						-	1	1
				-	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructiv	0	1						-	1	1
				-	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructiv	0	1						-	1	1
				-						-						-	2	1
				-						-						-	1	1
				-						-						-	2	0
				-	1	1	21 - Physician, MD - Group	24 - Plastic and Reconstructive Surgery	0	1						-	2	2
				-						-						-	1	1
				-						-	2	2	20 - Physician, MD	24 - Plastic and Reconstructiv	0	1	2	2
				-						-	2	1	20 - Physician, MD	24 - Plastic and Reconstructiv	0	1	2	1
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	2	2
				-						-	2	1	20 - Physician, MD	24 - Plastic and Reconstructiv	0	1	2	1
				-						-						-	1	1
				-						-						-	1	1
				-	1	1	20 - Physician, MD	02 - General Surgery	0	1						-	1	1
				-	1	0	20 - Physician, MD	24 - Plastic and Reconstructiv	0	-						-	1	0
				-						-						-	1	12
				-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1						-	1	1

1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	2	2	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	2	2	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	8	7
				-	2	2	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	4	4
1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1						-	2	2	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	12	11
				-						-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	2	2
				-						-						-	1	1
				-						-						-	2	2
				-	2	3	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	2						-	2	3
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1
				-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1						-	2	2
				-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1						-	1	1
				-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1						-	1	1
				-						-						-	1	0
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	2	2
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	1	3
				-						-						-	1	3
				-						-						-	2	2
				-						-						-	2	2
				-						-						-	1	1
				-						-						-	4	4
				-						-						-	1	1
1	21 - Physician, MD - Group	30 - Radiology: Diagnostic	0	1						-						-	3	3
				-						-						-	1	1
1	21 - Physician, MD - Group	30 - Radiology: Diagnostic	0	1						-						-	3	3
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	1	1
				-						-	1	1	21 - Physician, MD - Group	02 - General Surgery	0	1	1	1
				-						-						-	1	1
				-						-						-	1	1

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				-						-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	1	1
				-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1						-	1	1
1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	5	5
				-						-						-	0	0
				-						-	6	6	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	10	10
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	4	4
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1
				-						-						-	1	1
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	4	4
				-						-						-	1	1
				-						-						-	1	1
1	21 - Physician, MD - Group	16 - Obstetrics and Gynecology	0	1						-						-	1	1
				-						-						-	1	1
				-						-						-	2	2
				-	1	1	20 - Physician, MD	02 - General Surgery	0	1						-	1	1
				-						-						-	2	2
				-	1	1	20 - Physician, MD	18 - Opthalmology	0	1	1	1	20 - Physician, MD	18 - Opthalmology	0	1	5	5
				-						-						-	3	3
				-						-						-	3	3
				-						-	1	1	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	1	1	1
				-						-						-	1	0
				-						-						-	1	1
				-						-						-	1	1
1	50 - Community Clinic	50 - Mental Health Clinic	0	1	1	1	50 - Community Clinic	50 - Mental Health Clinic	0	1						-	28	28
5	01 - General Hospital	49 - Psychiatric Outpatient	0	1	2	2	01 - General Hospital	49 - Psychiatric Outpatient	0	1						-	26	26
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	1	2
33	50 - Community Clinic	50 - Mental Health Clinic	0	17						-						-	15	178
				-	1	12	50 - Community Clinic	5C - FQHC Mental Health	0	12	2	50	50 - Community Clinic	5C - FQHC Mental Health	0	25	7	117
				-	3	21	50 - Community Clinic	50 - Mental Health Clinic	0	7	8	73	50 - Community Clinic	50 - Mental Health Clinic	0	9	32	238

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				-						-	1	15	50 - Community Clinic	5C - FQHC Mental Health	0	15	1	15
126	50 - Community Clinic	50 - Mental Health Clinic	0	13	9	151	50 - Community Clinic	50 - Mental Health Clinic	0	17	25	431	50 - Community Clinic	50 - Mental Health Clinic	0	17	144	1804
12	50 - Community Clinic	5C - FQHC Mental Health	0	12	1	24	50 - Community Clinic	5C - FQHC Mental Health	0	24	2	50	50 - Community Clinic	5C - FQHC Mental Health	0	25	32	481
				-						-					0	-	5	103
				-						-						-	1	14
				-						-						-	5	5
				-						-	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme		1	2	2
26	81 - Behavioral Health	9E - Lic Professional Counselor	0	26						-						-	1	26
				-	1	40	81 - Behavioral Health	9D - Lic/Crt A and D Ab C	0	40						-	1	40
				-	10	10	50 - Community Clinic	50 - Mental Health Clinic	0	1						-	10	10
570	50 - Community Clinic	50 - Mental Health Clinic	0	24	31	506	50 - Community Clinic	50 - Mental Health Clinic	0	16						-	241	5418
51	50 - Community Clinic	5C - FQHC Mental Health	0	26	3	135	50 - Community Clinic	5C - FQHC Mental Health	0	45						-	18	563
				-						-						-	2	27
6	50 - Community Clinic	50 - Mental Health Clinic	0	6						-						-	42	327
				-	3	18	50 - Community Clinic	50 - Mental Health Clinic	0	6						-	4	23
				-						-						-	10	301
				-						-						-	1	2
72	50 - Community Clinic	68 - Rehabilitation Clinic	0	36						-						-	2	72
				-	1	20	50 - Community Clinic	71 - Dental Clinic	0	20						-	1	20
				-						-						-	1	6
				-						-						-	1	2
				-						-						-	1	1
				-						-						-	1	1
				-						-						-	1	1
				-	2	22	20 - Physician, MD	04 - Ear, Nose, Throat, Otology Laryn	0	11						-	4	38

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CMP AUTHORIZATION VOLUME

				-						-						-	1	1
1	50 - Community Clinic	68 - Rehabilitation Clinic	0	1	1	1	50 - Community Clinic	68 - Rehabilitation Clinic	0	1						-	3	42
				-						-						-	1	1
				-						-						-	1	4
				-						-						-	1	0
89	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	7	115	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	6	67	50 - Community Clinic	68 - Rehabilitation Clinic	0	11	52	592
12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	4	38	50 - Community Clinic	68 - Rehabilitation Clinic	0	10	31	286
1	01 - General Hospital	79 - Outpatient	0	1						-						-	8	54
6	50 - Community Clinic	68 - Rehabilitation Clinic	0	6	4	51	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	1	6	50 - Community Clinic	68 - Rehabilitation Clinic	0	6	11	124
				-						-						-	9	186
1	01 - General Hospital	79 - Outpatient	0	1						-						-	1	1
311	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	22	304	50 - Community Clinic	68 - Rehabilitation Clinic	0	14	22	237	50 - Community Clinic	68 - Rehabilitation Clinic	0	11	186	2457
				-						-						-	23	380
24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12						-	19	241
				-						-						-	5	58
				-						-						-	2	24
12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12						-	15	197
393	50 - Community Clinic	68 - Rehabilitation Clinic	0	19	16	258	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	18	226	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	177	2682
				-	5	86	50 - Community Clinic	68 - Rehabilitation Clinic	0	17						-	6	110
				-						-						-	3	39
50	50 - Community Clinic	68 - Rehabilitation Clinic	0	17						-	1	8	50 - Community Clinic	68 - Rehabilitation Clinic	0	8	32	518
				-	1	16	50 - Community Clinic	68 - Rehabilitation Clinic	0	16						-	6	74
				-						-						-	1	12
58	50 - Community Clinic	68 - Rehabilitation Clinic	0	19	4	96	50 - Community Clinic	68 - Rehabilitation Clinic	0	24	4	11	50 - Community Clinic	68 - Rehabilitation Clinic	0	3	51	607
132	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	5	88	50 - Community Clinic	68 - Rehabilitation Clinic	0	18	7	77	50 - Community Clinic	68 - Rehabilitation Clinic	0	11	71	1006
36	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	18						-						-	4	60
12	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	12	2	36	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	18						-	18	241
291	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	20	297	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	18	217	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	179	2597
				-						-						-	1	24
				-						-						-	0	0
				-						-	1	12	01 - General Hospital	79 - Outpatient	0	12	1	12

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36	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	18	2	48	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	24					-	19	411
439	50 - Community Clinic	68 - Rehabilitation Clinic	0	18	28	444	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	26	279	50 - Community Clinic	68 - Rehabilitation Clinic	0	11	262	3720
				-						-					-	1	24
3	01 - General Hospital	79 - Outpatient	0	3						-	1	12	01 - General Hospital	79 - Outpatient	0	12	2	15
				-						-					-	0	0
				-						-					-	1	19
296	50 - Community Clinic	68 - Rehabilitation Clinic	0	20	9	192	50 - Community Clinic	68 - Rehabilitation Clinic	0	21	12	158	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	96	1502
				-						-					-	0	0
119	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	3	48	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	12	148	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	53	710
193	50 - Community Clinic	68 - Rehabilitation Clinic	0	16	10	216	50 - Community Clinic	68 - Rehabilitation Clinic	0	22	15	179	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	102	1494
				-						-					-	1	24
18	50 - Community Clinic	68 - Rehabilitation Clinic	0	18						-	1	12	50 - Community Clinic	68 - Rehabilitation Clinic	0	12	4	54
				-	2	16	50 - Community Clinic	68 - Rehabilitation Clinic	0	8					-	13	136
1	01 - General Hospital	79 - Outpatient	0	1						-	1	12	01 - General Hospital	79 - Outpatient	0	12	2	13
				-						-					-	21	337
24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	12	2	24	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	12					-	16	205
397	50 - Community Clinic	68 - Rehabilitation Clinic	0	17	26	396	50 - Community Clinic	68 - Rehabilitation Clinic	0	15	24	249	50 - Community Clinic	68 - Rehabilitation Clinic	0	10	247	3477
				-						-					-	1	24
				-						-					-	0	0
				-						-	1	12	01 - General Hospital	79 - Outpatient	0	12	1	12
				-						-					-	1	16
36	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	18	2	36	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	18					-	19	285
231	50 - Community Clinic	68 - Rehabilitation Clinic	0	19	10	204	50 - Community Clinic	68 - Rehabilitation Clinic	0	20	13	168	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	113	1773
				-						-	1	12	01 - General Hospital	79 - Outpatient	0	12	1	12
				-	1	16	50 - Community Clinic	68 - Rehabilitation Clinic	0	16					-	4	64
				-						-					-	1	16
				-	1	24	50 - Community Clinic	68 - Rehabilitation Clinic	0	24					-	5	104
				-						-					-	5	38
				-						-					-	3	54

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38	50 - Community Clinic	68 - Rehabilitation Clinic	0	13	2	40	50 - Community Clinic	68 - Rehabilitation Clinic	0	20					-	19	328
				-						-					-	6	68
				-						-					-	1	1
0	21 - Physician, MD - Group	16 - Obstetrics and Gynecology	0	-						-					-	1	0
1	21 - Physician, MD - Group	01 - General Practice	0	1						-					-	1	1
1	21 - Physician, MD - Group	01 - General Practice	0	1						-					-	1	1
				-						-					-	1	1
				-						-					-	3	3
				-						-					-	10	10
				-						-					-	1	1
				-						-					-	1	1
1	21 - Physician, MD - Group	01 - General Practice	0	1		2	2	21 - Physician, MD - Group	01 - General Practice	#DIV/0!					-	1	3
0	21 - Physician, MD - Group	16 - Obstetrics and Gynecology	0	-						-					-	1	0
				-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1					-	7	7
				-						-					-	1	1
				-						-					-	1	0
				-						-					-	1	1
				-						-					-	1	1
				-	1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	5	5
				-						-					-	2	2
				-						-					-	0	0
				-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	9	9
				-						-					-	4	4
				-						-					-	4	3
1	21 - Physician, MD - Group	06 - Cardiovascular Diseases	0	1						-					-	1	1
3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	11	11	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency		1	6	6	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	75	73
				-						-					-	16	16
				-						-					-	2	2
1	21 - Physician, MD - Group	02 - General Surgery	0	1						-					-	1	1
45	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	37	37	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	72	72	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	407	401

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13	21 - Physician, MD - Group	01 - General Practice	0	1	1	1	21 - Physician, MD - Group	01 - General Practice	0	1	2	2	21 - Physician, MD - Group	01 - General Practice	0	1	115	123
				-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-	17	17
				-						-						-	1	1
				-						-	1	1	21 - Physician, MD - Group	06 - Cardiovascular Diseases,	0	1	1	1
4	21 - Physician, MD - Group	01 - General Practice	0	1	1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	1	1	21 - Physician, MD - Group	06 - Cardiovascular Diseases, Cardiology,	0	1	36	34
9	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	7	7	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	51	51	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	121	116
1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-						-	45	45
1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	4	4
				-						-						-	2	1
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	1	1
1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-						-	1	1
				-						-						-	1	1
				-						-						-	1	1
				-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-	6	6
1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-						-	1	1
				-						-						-	1	0
				-						-						-	4	3
				-						-						-	4	4
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	2	2
				-						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	10	10
				-						-						-	6	6
				-						-						-	2	2
				-						-						-	0	0
5	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	5	5	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	4	4	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1	34	37
				-	1	1	21 - Physician, MD - Group	38 - Pediatrics	0	1						-	9	3
				-						-						-	1	1
				-						-						-	1	2
				-						-						-	0	0
				-						-						-	5	4

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9	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	4	4	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	7	7	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	56	55
1	21 - Physician, MD - Group	34 - Urology	0	1	1	1	21 - Physician, MD - Group	34 - Urology	0	1						-	12	10
				-						-						-	0	0
				-						-						-	2	2
				-						-						-	7	7
				-	1	1	21 - Physician, MD - Group	01 - General Practice	0	1						-	6	5
3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	2	2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	18	18
				-						-						-	5	2
				-						-						-	0	0
				-						-						-	2	2
				-						-						-	1	1
				-						-						-	2	2
				-						-						-	1	1
2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	0	1						-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency Medicine	0	1	17	12
				-						-						-	1	1
				-						-						-	1	1
3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	3	3	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1						-	18	17
				-						-						-	2	2
				-						-						-	2	1
1	21 - Physician, MD - Group	01 - General Practice	0	1	1	0	21 - Physician, MD - Group	01 - General Practice	305	-	1	1	21 - Physician, MD - Group	01 - General Practice	0	1	3	2
2	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-						-	18	17
				-						-						-	1	1
				-						-	2	2	21 - Physician, MD - Group	01 - General Practice	0	1	2	2

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				-						-						-	0	0
				-						-						-	1	1
				-	6	6	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Eme	0	1						-	6	6
				-						-						-	1	1
				-						-	2	0	15 - CT Home Care Program	55 - Access Agency / CT Home Care Provider	1285	-	2	0
				-						-	11	64	12 - Special Services	3H - Mental Health Group Home	0	6	11	64
				-						-						-	1	1
				-						-						-	0	0
84	12 - Special Services	3H - Mental Health Group Home	0	6	16	96	12 - Special Services	3H - Mental Health Group Home	0	6						-	174	996
				-						-						-	2	0
12	80 - Medical Transportation	80 - Ambulance	0	1	14	45	80 - Medical Transportation	80 - Ambulance	0	3	7	8	80 - Medical Transportation	80 - Ambulance	0	1	185	270
1114	80 - Medical Transportation	80 - Ambulance	0	4	215	427	80 - Medical Transportation	80 - Ambulance	0	2	289	349	80 - Medical Transportation	80 - Ambulance	0	1	2953	5030
				-						-						-	1	0
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-	2	0
				-						-						-	4	0
				-						-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	2	0
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	2901.72	-						-						-	3	0
				-						-						-	1	0
				-						-						-	1	0
				-						-						-	1	0
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	628.51	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	1257.01	-	8	0
				-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	102	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	742.9	-	6	0
0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	374	-	3	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	5981.45	-	5	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	10172.97	-	27	0
				-						-						-	3	20

-						-	-	1	15
-						-	-	3	8
-						-	-	1	10
-						-	-	3	5
-						-	-	2	1
-						-	-	2	25
-						-	-	1	24
-						-	-	9	6
-						-	-	12	9
-						-	-	1	1
-						-	-	10	6
-						-	-	8	5
-						-	-	9	6
-						-	-	1	1
-	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1	-	1	1
-						-	-	1	0
-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	-	1	0
-						-	-	1	0
-						-	-	2	0
-						-	-	1	5
-						-	-	1	0
-						-	-	4	3
-	2	3	62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	0	2	-	2	3
-						-	-	2	6

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3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	21	20
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-	11	15
				-						-						-	2	3
				-						-						-	1	3
				-						-						-	1	1
				-						-						-	2	0
				-						-						-	1	856
				-						-						-	1	14
				-						-						-	1	13
				-						-						-	1	5
				-						-	1	0	01 - General Hospital	78 - Inpatient	0	-	3	0
				-						-						-	1	21
				-						-						-	1926	1926
				-						-						-	1	52
				-						-	1067	1067	01 - General Hospital	78 - Inpatient	0	1	1068	1068
714	01 - General Hospital	78 - Inpatient	0	1						-						-	6167	6167
				-						-						-	1	1
				-						-						-	1	26
				-						-						-	3	53
				-						-	1	26	81 - Behavioral Health	92 - Psychologist	0	26	2	52
				-						-						-	1	26
				-						-						-	2	52
				-						-						-	843	843
				-						-						-	1	26
26	50 - Community Clinic	50 - Mental Health Clinic	0	26						-						-	5	105
26	50 - Community Clinic	5C - FQHC Mental Health	0	26						-	1	26	50 - Community Clinic	5C - FQHC Mental Health	0	26	5	130
				-						-						-	1	9
				-						-						-	4	4

-						-						-	2	52
-						-						-	3	60
-						-	1	10	01 - General Hospital	79 - Outpatient	0	10	1	10
-						-						-	2	4
-						-						-	7	2
-						-						-	9	1
-						-						-	1	0
-						-						-	13	10
-						-						-	1	0
-						-						-	1	0
-						-						-	5	5
-						-						-	8	4
-						-						-	1	0
-						-						-	1	0
-						-						-	2	1
-						-						-	1	0
-						-						-	1	0
-	2	2	41 - Dentist - Group	93 - General Dentist	0	1						-	3	3
-						-						-	2	0
-	1	1	50 - Community Clinic	71 - Dental Clinic	0	1						-	1	1
-						-						-	9	9
-						-						-	30	30
-	1	1	50 - Community Clinic	71 - Dental Clinic	0	1						-	52	52
-						-						-	4	4
-						-						-	1	1
-						-						-	4	4
-						-						-	19	19
-						-						-	35	35
-						-						-	0	0
-						-						-	2	2

-						-	-	1	1
-						-	-	6	5
-						-	-	6	6
-						-	-	2	0
-						-	-	10	10
-						-	-	5	3
-						-	-	8	8
-						-	-	12	11
-	1	1	50 - Community Clinic	5B - FQHC Medical	0	1	-	1	1
-						-	-	18	13
-						-	-	31	28
-	1	1	50 - Community Clinic	71 - Dental Clinic	0	1	-	48	44
-						-	-	7	6
-	1	1	50 - Community Clinic	5B - FQHC Medical	0	1	-	1	1
-						-	-	23	18
-	1	1	41 - Dentist - Group	93 - General Dentist	0	1	-	41	34
-						-	-	6	6
-	1	1	50 - Community Clinic	71 - Dental Clinic	0	1	-	63	54
-						-	-	1	0
-						-	-	1	0
-						-	-	1	0
-						-	-	2	2
-						-	-	1	1
-						-	-	2	2
-						-	-	1	15

				-						-					-	1	1
				-						-					-	1	1
				-						-					-	1	1
				-						-					-	1	1
				-						-					-	1	0
				-						-					-	2	0
5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	13	10
				-						-					-	1	0
				-						-					-	1	0
				-						-					-	3	1
				-						-					-	1	1
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	10	4
				-						-					-	26	21
				-						-					-	6	3
				-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	6	2
0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-	2	0
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-						-	3	4
				-						-						-	1	0
				-						-						-	1	0
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-	9	12
				-						-						-	3	1
				-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0
				-						-						-	1	0

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4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	5	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	13	10
				-						-						-	12	12
				-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-	1	0
				-						-						-	11	10
				-						-						-	1	0
				-						-						-	1	0
				-						-						-	2	1
3	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	2						-						-	2	3
				-	2	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	3	7	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	5	11
58	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	17	24	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	19	37	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	69	119
				-						-						-	7	14
				-						-						-	16	28
				-						-						-	5	10
				-						-						-	1	3
1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	189	344
				-						-	2	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	22	40
				-						-						-	2	1
2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	19	24
				-						-						-	3	3
				-						-	1	3	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	3	1	3
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	22	31
3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	3	4
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-						-	5	5

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				-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	5	2
				-						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	14	18
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	37	57
1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-						-	9	10
				-						-						-	1	0
				-						-						-	1	3
				-						-						-	1	3
				-						-						-	0	0
				-						-						-	17	24
1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	4	4
				-						-						-	1	0
				-						-						-	2	4
				-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	6	11
6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	24	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	12	1	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	12	16	65
				-						-						-	0	0
36	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	12	8	14	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-	22	66
				-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2	1
				-						-						-	1	3
				-						-	9	13	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	22	91
3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3						-						-	1	3
13	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	44	107

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2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-						-	78	125
				-						-						-	2	3
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	32	62
				-						-						-	8	7
				-						-						-	3	2
				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	6	9
				-						-						-	4	7
				-	3	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-	3	6
				-						-	1	3	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency	0	3	1	3
				-						-						-	0	0
				-	67	115	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-	69	116
9	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3						-	5	10	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	8	19
86	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	5	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	65	103	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	120	197
				-						-						-	1	3
6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-	3	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	620	929
				-						-						-	9	12
10	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	6	13	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	100	148
1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-	6	6
				-	6	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-	7	12
				-						-						-	8	9

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				-						-						-	1	3
70	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	67	112	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	57	86	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	194	304
12	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	3	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	6	7	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	24	44
				-						-						-	1	0
				-						-	1	3	20 - Physician, MD	11 - Internal Medicine, Sub-Specialty/Emergency	0	3	1	3
				-						-						-	77	120
2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	553	787
				-						-						-	3	2
				-	1	1	87 - Therapist · Group	65 - Physical Therapy	0	1						-	1	1
				-						-						-	0	0
				-						-						-	2	1
				-						-						-	2	1
				-						-						-	0	0
				-						-						-	1	1
5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	42	56
				-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	2	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	9	9
				-						-	1	3	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	3	1	3
				-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	5	5
				-						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	1	3
1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	0						-	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	12	8
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	17	11

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				-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	10	7
				-						-						-	1	0
				-						-	1	3	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	3	1	3
				-						-						-	8	12
				-						-						-	0	0
				-						-						-	7	15
				-						-	1	6	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	6	1	6
				-						-						-	1	1
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	5	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	37	58
				-						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	2	3
				-						-						-	10	10
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	5	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	36	44
				-						-						-	1	3
3	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	3	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	-	11	8
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	3	3
				-						-						-	2	6
				-						-						-	9	15
19	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	1	3	62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	0	3						-	15	26
1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	7	10	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	7	18	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	45	87
				-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	8	14
				-						-						-	2	4

				-						-						-	6	11
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-						-	6	8
				-	1	3	62 - Medical Equipment Supplier	51 - Medical and Surgical Supplies	0	3						-	1	3
				-						-						-	6	7
				-						-						-	3	1
				-						-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	5	1
				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	1678.4	-						-	7	0
				-						-						-	5	121
				-						-						-	2	47
				-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	3	4
				-						-						-	2	3
				-						-						-	1	2
				-						-						-	1	1
				-						-						-	0	0
				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1	0
				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1	0
				-						-						-	3	5
				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	2	2
				-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	5	7
				-						-						-	1	1
				-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	6	3

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0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	15	3
				-						-						-	0	0
				-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	13	8
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-	1	0
				-						-						-	0	0
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-	2	3
				-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	11	0
				-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-	5	0
				-						-						-	1	1
5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	12	12	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	15	17
				-						-						-	1	0
				-						-						-	1	3
				-						-						-	1	1
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-						-	2	4
				-						-						-	1	0
				-						-						-	3	1

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				-						-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	1	3
1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-						-	5	13
				-						-						-	1	0
				-						-						-	0	0
				-						-						-	0	0
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	20	32
				-						-						-	3	5
				-						-						-	1	0
				-						-	3	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	12	15
3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3						-						-	3	7
				-						-						-	8	9
				-						-	2	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	31	46
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	89706.55	-	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-	33	7
				-						-						-	1	0
				-						-						-	0	0
				-	12	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	65621.74	-	15	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	99210.97	-	166	0
0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	20971.23	-						-						-	7	0
1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	4	7
				-						-						-	2	6
				-						-						-	1	0

				-						-						-	1	3
				-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	6	4
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-	2	0
				-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-	2	6
1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-						-	3	3
				-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	9	19
				-						-						-	1	3
				-						-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	4
				-						-						-	5	12
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-	1	0
				-						-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	11	19
0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	210.81	-						-						-	14	0
4	62 - Medical Equipment Supplier	54 - Medical Supply Company	10493.63	1	7	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	1180.73	-	10	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	6403.37	-	107	5
				-	13	12	62 - Medical Equipment Supplier	52 - Durable Medical Goods	1346.11	1	9	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	462.4	-	87	12
0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	46	-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	46	-	2	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	92	-	12	0
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-						-	3	3
				-						-						-	6	8
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-						-	4	3
				-						-						-	2	0
0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	18	7
				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1	0
				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	1	0

				-						-						-	2	1
0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-	7	2
0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	16	4
				-	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	4	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	20	12
				-						-						-	2	0
				-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0
0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-	7	2
				-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0
				-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0
2	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	4	11	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	2	6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	22	41
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	3	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	13	29
1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-						-	3	2
				-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	9	6
				-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0
				-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	255	-	4	1
				-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	2	0
0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-						-	5	3
				-						-						-	1	0
				-						-						-	2	1
				-						-						-	0	0
				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	4	3
				-						-						-	0	0
0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	2	0
				-						-						-	1	0

				-						-						-	0	0
				-						-						-	2	1
				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	202.14	-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	5614.7	-	4	0
				-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	1572.5	-						-	2	0
1015	50 - Community Clinic	50 - Mental Health Clinic	0	23	50	1219	50 - Community Clinic	50 - Mental Health Clinic	0	24	45	840	50 - Community Clinic	50 - Mental Health Clinic	0	19	455	11484
				-						-	1	18	57 - Alcohol and Drug Abuse Center	78 - Inpatient	0	18	3	90
				-						-						-	8	361
505	50 - Community Clinic	50 - Mental Health Clinic	0	46	19	605	50 - Community Clinic	50 - Mental Health Clinic	0	32	8	475	50 - Community Clinic	50 - Mental Health Clinic	0	59	105	4158
				-						-						-	1	65
1914	50 - Community Clinic	50 - Mental Health Clinic	0	46	40	1579	50 - Community Clinic	50 - Mental Health Clinic	0	39	25	930	50 - Community Clinic	50 - Mental Health Clinic	0	37	368	16430
				-						-						-	12	27
6	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	3	9	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	7	9	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	47	78
20	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	15	20	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	19	38	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	131	196
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	2	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	6	8
3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	2	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	24	36
3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	3	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-	19	26
3	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	3						-						-	1	3
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	4	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	19	24
3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3						-						-	2	3
				-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	4	5
				-						-						-	5	9
				-	1	1	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	4	1
				-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	28	33
				-						-						-	2	0

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	14	14
				-						-						-	15	13
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				-						-						-	0	0
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				-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	4	1
				-	7	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	9	0
				-						-						-	8	2
0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-						-	4	0
				-						-						-	2	0
				-						-						-	1	1
				-						-						-	1	1
				-	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	3	0
				-						-						-	12	8
				-						-						-	1	1
				-						-						-	1	1
3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	0						-						-	16	5
				-						-						-	1	0
				-						-						-	3	0
4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-						-	6	5
				-	3	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	4	4	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1	28	18

-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	9	6
-						-	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1	1	1
-						-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0
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-	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1						-	1	1
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-	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1						-	1	1
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-	1	2	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	2						-	3	2
-	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1						-	3	1
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

				-						-						-	70	1001
2381	80 - Medical Transportation	80 - Ambulance	0	18	134	2207	80 - Medical Transportation	80 - Ambulance	0	16	191	3888	80 - Medical Transportation	80 - Ambulance	0	20	1675	33373
				-						-						-	1	2
				-						-						-	1	36
24	50 - Community Clinic	68 - Rehabilitation Clinic	0	24	1	36	50 - Community Clinic	68 - Rehabilitation Clinic	0	36						-	10	396
				-						-						-	220	14516
9312	58 - Home Health Agency	67 - Home Health Agency	0	51	152	5620	58 - Home Health Agency	67 - Home Health Agency	0	37	176	6488	58 - Home Health Agency	67 - Home Health Agency	0	37	1977	80367
10	01 - General Hospital	78 - Inpatient	0	10						-						-	3	10
				-						-						-	1	1
15165	58 - Home Health Agency	67 - Home Health Agency	0	389	43	8183	58 - Home Health Agency	67 - Home Health Agency	0	190	47	8120	58 - Home Health Agency	67 - Home Health Agency	0	173	490	66542
				-						-						-	17	565
				-						-						-	2	0
9	58 - Home Health Agency	67 - Home Health Agency	0	9						-						-	1	9
1147	50 - Community Clinic	50 - Mental Health Clinic	0	25	35	1139	50 - Community Clinic	50 - Mental Health Clinic	0	33	25	850	50 - Community Clinic	50 - Mental Health Clinic	0	34	272	8397
12	50 - Community Clinic	5C - FQHC Mental Health	0	12	1	15	50 - Community Clinic	5C - FQHC Mental Health	0	15	3	54	50 - Community Clinic	5C - FQHC Mental Health	0	18	24	729
244	58 - Home Health Agency	67 - Home Health Agency	0	244	1	244	58 - Home Health Agency	67 - Home Health Agency	0	244						-	2	488
				-						-						-	1	6
113881	58 - Home Health Agency	67 - Home Health Agency	0	3254	25	85009	58 - Home Health Agency	67 - Home Health Agency	0	3400	44	135778	58 - Home Health Agency	67 - Home Health Agency	0	3086	449	1363172
224	01 - General Hospital	78 - Inpatient	0	224						-						-	1	224
19920	58 - Home Health Agency	67 - Home Health Agency	0	237	72	17148	58 - Home Health Agency	67 - Home Health Agency	0	238	92	23975	58 - Home Health Agency	67 - Home Health Agency	0	261	1014	231279
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179652	67.39	1840	133859	72.75	3098	191413	61.79	33058	1973488

917	917	01 - General Hospital	78 - Inpatient	0
3	78	50 - Community Clinic	50 - Mental Health Clinic	0

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

W - Jul 2008						W - Aug 2008						W - Sept 2008						W - Oct 2008	
# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units
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					-						-	1	12	01 - General Hospital	79 - Outpatient	0	12	3	52
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					-						-	1	8	58 - Home Health Agency	67 - Home Health Agency	0	8		
					-						-						-	1	8
					-						-	1	8	01 - General Hospital	79 - Outpatient	0	8		
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-	-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1		
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-	-	4	2	21 - Physician, MD -	01 - General Practice	0	1	1	1

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-	-	3	4	80 - Medical Transport	80 - Ambulance	0	1		
-	-	27	37	80 - Medical Transport	80 - Ambulance	0	1	29	40
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2	8	Home Health Ac	Home Health Ac	0	4	1	2	Home Health Ac	Home Health Ac	0	2	10	878	58 - Home Health	67 - Home Health Agency	0	88	8	5140
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2	479	Home Health Ac	Home Health Ac	0	240	1	241	Home Health Ac	Home Health Ac	0	241	5	508	58 - Home Health Agency	67 - Home Health Agency	0	102	3	852
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5	488	97.60	2	243	121.50	144	27257	189.28	143	43024

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

				W - Nov 2008						W - Dec 2008						W - Jan 2009			
PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **
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01 - General Hospital	79 - Outpatient	0	17						-						-				
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			-	1	9	Home Health Ag	Home Health Ag	0	9						-				
58 - Home Health Agency	67 - Home Health Agency	0	8						-						-				
			-	1	8	- General Hosp	79 - Outpatient	0	8						-				
01 - General Hospital	79 - Outpatient	0	11						-						-				
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			-	1	10	Home Health Ag	Home Health Ag	0	10						-				
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-	1	1	- General Hosp	79 - Outpatient 0	1	-
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50 - Community Clinic	50 - Mental Health Clinic	0	26	-	-
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50 - Community Clinic	68 - Rehabilitation Clinic	0	24	-	-
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50 - Community Clinic	68 - Rehabilitation Clinic	0	24	-	-
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50 - Community Clinic	68 - Rehabilitation Clinic	0	24	-	-
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50 - Community Clinic	68 - Rehabilitation Clinic	0	24	-	-
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50 - Community Clinic	68 - Rehabilitation Clinic	0	24	-	-
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50 - Community Clinic	68 - Rehabilitation Clinic	0	24	-	-
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50 - Community Clinic	68 - Rehabilitation Clinic	0	24	-	-
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50 - Community Clinic	68 - Rehabilitation Clinic	0	24	-	-
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21 - Physician, MD - Group	01 - General Practice	0	1					-	-
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21 - Physician, MD - Group	01 - General Practice	0	1	1	1	hysician, MD - - General Pract	0	1	-

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21 - Physician, MD - Group	14 - Neurology	0	1	-	-
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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80 - Medical Transportation	80 - Ambulance	0	1	24	37	ledical Transpo	80 - Ambulance	0	2	-
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	68	-						-	-
62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	727.6	-						-	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	-	-	
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	1	3	lical Equipment	dical Supply Co	0	3	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	12						-	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					-	-
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1					-	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	12					-	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	3	7	lical Equipment	dical Supply Co	0	2	-
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					-	-
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62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	3					-	-
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62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	6					-	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	0	lical Equipment	dical Supply Co	0	-	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	973	-	-	-
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2						-	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-					-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	180.3	-					-	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					-	-
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62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-					-	-
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	19955.14	-					-	-
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	29.99	-	1	0	lical Equipment urable Medical (	20	-	-
62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-					-	-
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	2	-	-
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	2	3	lical Equipment	urable Medical (	0	2	-
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62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-	-
62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	1						-	-
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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58 - Home Health Agency	67 - Home Health Agency	0	643	4	25	Home Health Ag	Home Health Ag	0	6	2	5	58 - Home Health Agency	67 - Home Health Agency	0	3
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58 - Home Health Agency	67 - Home Health Agency	0	2555	1	14	Home Health Ag	Home Health Ag	0	14						-
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58 - Home Health Agency	67 - Home Health Agency	0	5191	5	16195	Home Health Ag	Home Health Ag	0	3239	1	3060	58 - Home Health Agency	67 - Home Health Agency	0	3060
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58 - Home Health Agency	67 - Home Health Agency	0	284						-	2	447	58 - Home Health Agency	67 - Home Health Agency	0	224
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

		W - Feb 2009						W - Mar 2009						W - Apr 2009					
Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth
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	-	2	19	58 - Home Health Agency	67 - Home Health Agency	0	10	1	6	58 - Home Health Agency	ome Health A	0	6	1	9	58 - Home Health Agency	67 - Home Health Agency	0	9
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	-	1	8	01 - General Hospital	79 - Outpatient	0	8	2	24	01 - General Hospital	'9 - Outpatier	0	12	1	36	01 - General Hospital	79 - Outpatient	0	36
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-	1	4	50 - Community Clinic	68 - Rehabilitation Clinic	0	4						-	-
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-	1	4	50 - Community Clinic	68 - Rehabilitation Clinic	0	4						-	-
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-	1	4	50 - Community Clinic	68 - Rehabilitation Clinic	0	4						-	-
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-	1	4	50 - Community Clinic	68 - Rehabilitation Clinic	0	4						-	-
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-	1	4	50 - Community Clinic	68 - Rehabilitation Clinic	0	4						-	-
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-	1	4	50 - Community Clinic	68 - Rehabilitation Clinic	0	4	1	24	50 - Community Clinic	Rehabilitation	0	24	-
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-	-	-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub	0	1
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-	1	1	80 - Medical Transportat	80 - Ambulance	0	1	-	-										-
-	54	78	80 - Medical Transportat	80 - Ambulance	0	1	-	-	26	35	80 - Medical Transportati on	80 - Ambulanc e	0	1
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-	1	0	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic	727.6	-	-	-										-
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-	-	2	3	- Medical Equipment Suppllical Supply C	0	2	-
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0	1	31	31	01 - General Hospital	78 - Inpatient	0	1						-	12	12	01 - General Hospital	78 - Inpatient	0	1
	-						-	18	18	01 - General Hospital	78 - Inpatient	0	1						-
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-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-					-
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-	2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	5	5	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-						-
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-	-	2	4	- Medical Equipment Supplical Supply C	0	2						-
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-	-	1	3	- Medical Equipment Supplrable Medica	0	3						-
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-	-	1	3	- Medical Equipment Supplical Supply C	0	3						-
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-	-	1	12	- Medical Equipment Supplical Supply C	0	12						-

-	-	1	0	- Medical Equipment Suppllical Supply C	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
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-	-	1	0	- Medical Equipment Suppllical Supply C	0	-	2	4	62 - Medical Equipment Supplier	54 - Medical Supply	0	2
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-	-	1	3	- Medical Equipment Suppllical Supply C	0	3						-
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APPENDIX XVIII
CMP AUTHORIZATION VOLUME

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-						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3					-
-						-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-					-
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-						-						-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3
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-	3	7	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2	62 - Medical Equipment Supplier	54 - Medical Supply Company				#VALUE!	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-
-						-	62 - Medical Equipment Supplier	52 - Durable Medical Goods				#VALUE!						-
-						-	2	1	- Medical Equipment Suppllical Supply C		0	1						-
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-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	- Medical Equipment Suppllical Supply C		0	1	2	2	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1

-	-	2	0	- Medical Equipment Suppllical Supply C	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1
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-	3	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	30937.75	-	1	0	- Medical Equipment Suppllical Supply C	0	-	6	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	51010.48	-
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-						-	1	1	- Medical Equipment Suppllical Supply C	0	1						-
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-	-	2	0	- Medical Equipment Supplical Supply C	240	-	1	0	62 - Medical Equipment Supplier	92 - Durable Medical Goods	50.36	-
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-	-	1	0	- Medical Equipment Supplrable Medical Goods	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply	0	1
-	-	2	4	- Medical Equipment Supplical Supply Company	2	0					-
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-	37	774	80 - Medical Transportat	80 - Ambulance	0	21	25	406	80 - Medical Transportation0 - Ambulanc	0	16	13	248	80 - Medical Transportati on	80 - Ambulanc e	0	19
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-	11	144	58 - Home Health Agency	67 - Home Health Agency	0	13	7	195	58 - Home Health Agency ome Health A	0	28	9	3132	58 - Home Health Agency	67 - Home Health Agency	0	348
-						-					-						-
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-	2	19	58 - Home Health Agency	67 - Home Health Agency	0	10	2	8	58 - Home Health Agency ome Health A	0	4	2	4156	58 - Home Health Agency	67 - Home Health Agency	0	2078
-						-					-						-
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-	4	9160	58 - Home Health Agency	67 - Home Health Agency	0	2290					-						-
-						-	6	27418	58 - Home Health Agency ome Health A	0	4570	1	5640	58 - Home Health Agency	67 - Home Health Agency	0	5640
-	3	810	58 - Home Health Agency	67 - Home Health Agency	0	270	4	349	58 - Home Health Agency ome Health A	0	87	6	859	58 - Home Health Agency	67 - Home Health Agency	0	143
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1.00	169	11110	65.74	102	28664	281.02	104	14222	136.75		

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

W - May 2009						W - Jun 2009						W - Track		ALL TRACKS	
# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	# of Auths	Auth Units	PT *	PS **	Auth $ ***	Avg # Units/Auth	W - Total # Auths/Code	W - Total Units/Code	Total # Auths/Code	Total # Unit/Code
					-						-	0	0	11	1455
					-						-	0	0	10	3320
					-						-	0	0	1	8
					-						-	0	0	1	8
					-						-	0	0	25	236
3	38	01 - General Hospital	79 - Outpatient	0	13	4	66	01 - General Hospital	79 - Outpatient	0	17	16	246	1050	13090
					-						-	0	0	79	1028
					-						-	0	0	1	32
					-						-	0	0	1	12
					-						-	2	17	2	17
1	9	58 - Home Health Agency	67 - Home Health Agency	0	9	1	18	58 - Home Health Agency	67 - Home Health Agency	0	18	7	69	111	1727
					-						-	2	16	2	16
1	6	01 - General Hospital	79 - Outpatient	0	6	4	60	01 - General Hospital	79 - Outpatient	0	15	12	166	593	7559
					-						-	0	0	76	793
					-						-	0	0	1	16
					-						-	3	26	117	1547
					-	1	2	01 - General Hospital	79 - Outpatient	0	2	1	2	61	1258
					-						-	0	0	1	8
					-						-	0	0	15	416
					-						-	0	0	239	5637
					-						-	0	0	1	20
					-						-	0	0	10	10
					-						-	0	0	23	238
					-						-	0	0	1	1
					-						-	0	0	52	1909
					-						-	0	0	539	19056

-	-	0	0		24	682
-	-	0	0		145	3829
-	-	0	0		1	10
-	-	0	0		127	6681
-	-	0	0		212	6469
-	-	0	0		9	72
-	-	0	0		10	155
-	-	1	1		51	51
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-	-	0	0		32	238

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-	-	0	0		1	1
-	-	0	0		4	38

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-						-	0	0		1	4
-						-	0	0		1	0
-						-	1	4		53	596
-						-	1	4		32	290
-	1	1	50 - Community Clinic	68 - Rehabilitation Clinic	0	1	1	1		9	55
-						-	0	0		11	124
-						-	2	48		11	234
-						-	1	4		2	5
-						-	0	0		186	2457
-						-	0	0		23	380
-						-	0	0		19	241
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-						-	0	0		177	2682
-						-	0	0		6	110
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-						-	0	0		51	607
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-						-	2	48		20	289
-						-	0	0		179	2597
-						-	0	0		1	24
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-						-	0	0		1	12

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-	-	1	4		2	28
-	-	0	0		2	15
-	-	0	0		1	12
-	-	0	0		1	19
-	-	1	4		97	1506
-	-	0	0		1	12
-	-	0	0		53	710
-	-	1	4		103	1498
-	-	0	0		1	24
-	-	0	0		4	54
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-	-	0	0		2	13
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-	-	3	52		19	257
-	-	0	0		247	3477
-	-	0	0		1	24
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-	-	2	48		22	345
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-	-	0	0		1	12
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-	-	0	0		5	38
-	-	0	0		3	54

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					-						-	1	1		11	11
					-						-	0	0		4	4
					-						-	0	0		4	3
					-						-	0	0		1	1
					-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	1	1		183	181
					-						-	0	0		16	16
					-						-	1	1		23	23
					-						-	0	0		1	1
6	6	21 - Physician, MD - Group	11 - Internal Medicine,	0	1						-	12	10		540	532

-						-	0	0		163	171
-						-	0	0		31	31
-						-	0	0		1	1
-						-	0	0		1	1
-	1	1	21 - Physician, MD - Group	11 - Internal Medicine, Sub-Specialty/Emergency	0	1	2	2		93	90
-						-	0	0		140	135
-						-	0	0		45	45
-						-	0	0		4	4
-						-	0	0		2	1
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-						-	0	0		2	2
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-						-	0	0		1	1
-						-	0	0		6	6
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-						-	0	0		1	0
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-						-	0	0		10	10
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-	-	0	0		18	17
-	-	0	0		1	1
-	-	0	0		2	2

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					-						-	0	0		6	6
					-						-	0	0		1	1
					-						-	1	0		3	0
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					-						-	0	0		1	1
					-						-	0	0		174	996
					-						-	0	0		2	0
					-	1	1	80 - Medical Transportation	80 - Ambulance	0	1	5	6		217	308
36	51	80 - Medical Transportation	80 - Ambulance	0	1	18	28	80 - Medical Transportation	80 - Ambulance	0	2	214	306		6504	10248
					-						-	0	0		1	0
					-						-	0	0		2	0
					-						-	0	0		4	0
					-						-	0	0		2	0
					-						-	0	0		3	0
					-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	-	1	0		4	0
					-						-	0	0		1	0
					-						-	0	0		1	0
					-						-	2	0		10	0
					-						-	1	0		7	0
					-						-	0	0		27	0
					-						-	0	0		3	20

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-						-	0	0		8	5
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-						-	0	0		1	0
-						-	0	0		2	0
-						-	1	0		2	5
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-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	7	5		10	8
-						-	0	0		2	6

					-						-	1	1		22	21
					-						-	0	0		13	18
					-						-	0	0		2	3
					-						-	0	0		1	3
					-						-	0	0		1	1
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	1260.48	-						-	1	0		3	0
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					-						-	0	0		1	14
					-						-	0	0		1	13
					-						-	0	0		1	5
					-						-	0	0		3	0
					-						-	0	0		1	21
					-						-	0	0		1926	1926
					-						-	0	0		1	52
19	19	01 - General Hospital	78 - Inpatient		1	32	32	01 - General Hospital	78 - Inpatient	0	1	149	149		1217	1217
					-						-	36	36		7183	7183
					-						-	0	0		1	1
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-	-	0	0		21	21
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-	-	0	0		1	1
-	-	0	0		18	13
-	-	0	0		31	28
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-	-	0	0		7	6
-	-	0	0		1	1
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-	-	0	0		2	2
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-	-	0	0		9	12
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-	-	0	0		1	0

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					-						-	0	0		12	12
					-						-	0	0		1	0
1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	5	5		16	15
					-						-	0	0		1	0
					-						-	0	0		1	0
					-						-	0	0		2	1
					-						-	0	0		2	3
					-						-	0	0		5	11
					-						-	0	0		69	119
					-						-	0	0		7	14
					-						-	0	0		16	28
					-						-	0	0		5	10
					-						-	0	0		1	3
2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	3	9	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	17	26		214	391
					-						-	1	0		26	46
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1	0	62 - Medical Equipment	54 - Medical Supply	0	-						-	3	3		22	27
					-						-	1	3		4	6
					-						-	0	0		1	3
					-	2	6	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	4	9		26	40
					-						-	0	0		3	4
1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3						-	1	3		6	8

-						-	0	0		5	2
-	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	2	3		31	44
-						-	6	14		66	121
-						-	0	0		10	10
-						-	0	0		1	0
-						-	0	0		1	3
-						-	0	0		1	3
-						-	1	1		3	4
-						-	0	0		17	24
-						-	1	3		5	7
-						-	0	0		1	0
-						-	0	0		2	4
-						-	0	0		6	11
-						-	0	0		16	65
-						-	0	0		1	12
-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	5		25	71
-						-	0	0		2	1
-						-	0	0		1	3
-						-	2	24		25	118
-						-	0	0		1	3
-						-	1	12		47	131

					-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	3	2		85	136
					-						-	0	0		2	3
					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	3	4		35	66
					-						-	0	0		8	7
					-						-	0	0		3	2
					-						-	1	1		8	13
					-						-	0	0		5	7
					-						-	2	1		5	7
					-						-	0	0		1	3
					-						-	1	12		1	12
					-						-	2	4		71	120
					-						-	0	0		8	19
					-						-	0	0		120	197
					-						-	0	0		1	3
1	1	62 - Medical Equipment	54 - Medical Supply	0	1	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	15	25		641	964
					-						-	0	0		10	12
					-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	2	4		106	158
					-						-	0	0		6	6
					-						-	0	0		7	12
					-						-	0	0		9	12

					-						-	0	0		1	3
					-	3	4	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	4	7		203	318
					-						-	1	0		26	45
					-						-	0	0		1	0
					-						-	0	0		1	3
					-						-	0	0		78	120
1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	9	21		564	809
					-						-	0	0		3	2
					-						-	0	0		1	1
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					-						-	2	1		4	2
					-						-	0	0		2	1
					-						-	1	0		1	0
					-						-	0	0		1	1
2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	14	16		60	78
					-						-	0	0		12	18
					-						-	2	1		3	4
					-						-	0	0		5	5
					-						-	0	0		1	3
1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1						-	1	1		13	9
					-						-	4	4		21	15

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	1	1	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	1	5	3	16	11
					-						-	0	0	1	0
					-						-	0	0	1	3
					-						-	0	0	8	12
					-						-	1	3	1	3
					-						-	0	0	7	15
					-						-	1	6	2	12
					-						-	0	0	1	1
					-						-	0	0	38	61
					-						-	0	0	2	3
					-						-	0	0	10	10
					-						-	1	1	37	45
					-						-	0	0	1	3
					-						-	0	0	11	8
2	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	2						-	3	3	6	6
					-						-	0	0	2	6
					-						-	0	0	10	15
					-						-	2	0	17	26
					-						-	0	0	50	88
					-						-	0	0	8	14
					-						-	0	0	2	4

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-	-	0	0		6	8
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-	-	0	0		5	1
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-	-	0	0		5	7
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-	-	0	0		6	3

					-	-	0	0		15	3
					-	-	0	0		1	0
					-	-	1	2		14	10
					-	-	0	0		1	0
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	-	1	0		3	0
					-	-	1	1		3	4
					-	-	0	0		1	0
					-	-	1	0		12	0
					-	-	0	0		5	0
					-	-	0	0		1	1
					-	-	0	0		15	17
					-	-	0	0		1	0
					-	-	0	0		1	3
					-	-	0	0		1	1
					-	-	0	0		2	4
					-	-	0	0		1	0
					-	-	0	0		3	1

					-						-	0	0		1	3
					-						-	0	0		5	13
					-						-	0	0		1	0
					-						-	1	0		2	0
					-						-	1	0		2	0
					-	1	3	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	3	1	3		21	35
					-						-	0	0		3	5
					-						-	0	0		1	0
					-						-	1	3		14	21
					-						-	0	0		3	7
					-						-	0	0		11	15
					-						-	0	0		31	46
					-						-	0	0		33	7
					-						-	0	0		1	0
					-						-	1	0		1	0
4	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	24246.78	-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	4158.45	-	23	0		325	0
					-	1	0	62 - Medical Equipment Supplier	52 - Durable Medical Goods	5981.31	-	2	0		11	0
					-						-	0	0		4	7
					-						-	1	1		4	7
					-						-	0	0		1	0

					-	-	0	0		1	3
					-	-	0	0		6	4
					-	-	0	0		2	0
					-	-	0	0		2	6
					-	-	0	0		3	3
					-	-	1	3		10	22
					-	-	0	0		1	3
					-	-	0	0		2	4
					-	-	0	0		5	12
					-	-	0	0		1	0
					-	-	0	0		11	19
					-	-	0	0		14	0
2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	1888.7	-	-	11	0		124	5
					-	-	1	0		89	12
					-	-	0	0		12	0
					-	-	0	0		3	3
					-	-	0	0		6	8
					-	-	0	0		4	3
					-	-	0	0		2	0
					-	-	0	0		18	7
					-	-	0	0		1	0
					-	-	0	0		1	0

					-					-	0	0		2	1
					-					-	0	0		7	2
					-					-	0	0		16	4
					-					-	1	2		21	14
					-					-	0	0		2	0
					-					-	0	0		1	0
					-					-	0	0		7	2
					-					-	0	0		1	0
					-					-	0	0		1	0
1	3	62 - Medical Equipment	54 - Medical Supply	0	3	1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	2	6		25	49
					-					-	0	0		13	29
					-					-	0	0		3	2
					-					-	0	0		9	6
					-					-	0	0		1	0
					-					-	0	0		4	1
					-					-	0	0		2	0
					-					-	0	0		5	3
					-					-	0	0		1	0
					-					-	0	0		2	1
					-					-	0	0		1	0
					-					-	0	0		4	3
					-					-	0	0		0	0
					-					-	0	0		3	0
					-					-	0	0		1	0

					-						-	0	0	1	0
					-						-	0	0	2	1
					-						-	1	0	5	0
					-						-	0	0	2	0
					-						-	0	0	455	11484
					-						-	0	0	3	90
					-						-	0	0	8	361
					-						-	0	0	105	4158
					-						-	0	0	1	65
					-						-	0	0	368	16430
					-						-	0	0	12	27
1	3	62 - Medical Equipment	54 - Medical Supply	0	3	2	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	13	15	68	108
					-						-	3	7	146	228
					-						-	1	1	7	9
1	3	62 - Medical Equipment Supplier	52 - Durable Medical Goods	0	3	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1	3	5	27	41
					-						-	0	0	19	26
					-						-	0	0	2	4
					-						-	0	0	20	27
					-						-	0	0	2	3
					-						-	0	0	4	5
					-						-	0	0	5	9
					-	1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	3	6	7	7
					-						-	0	0	29	36
					-						-	0	0	2	0

					-	-	0	0		20	23
					-	-	0	0		17	16
					-	-	0	0		0	0
					-	-	0	0		1	0
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	-	2	0		2	0
					-	-	1	0		2	0
					-	-	0	0		1	0
					-	-	0	0		1	0
					-	-	0	0		0	0
					-	-	0	0		1	2
3	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	-	3	0		7	1
					-	-	0	0		19	0
					-	-	0	0		9	2
					-	-	0	0		5	0
					-	-	0	0		2	0
					-	-	0	0		2	1
					-	-	0	0		1	1
1	0	62 - Medical Equipment Supplier	54 - Medical Supply Company	0	-	-	1	0		10	0
					-	-	0	0		12	8
					-	-	0	0		1	1
					-	-	0	0		1	1
					-	-	0	0		16	5
					-	-	0	0		1	0
					-	-	0	0		3	0
					-	-	0	0		6	5
					-	-	1	1		29	19

-						-	0	0		9	6
-						-	1	1		2	2
-						-	0	0		1	0
-						-	0	0		6	4
-						-	0	0		3	3
-						-	0	0		1	1
-						-	0	0		1	1
-						-	0	0		1	1
-						-	0	0		1	1
-						-	0	0		1	6
-						-	0	0		1	0
-						-	0	0		2	0
-						-	0	0		1	5
-	1	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	0	1	1	1		3	3
-						-	0	0		1	1
-						-	0	0		1	1
-	2	1	62 - Medical Equipment Supplier	53 - Orthotic and Prosthetic Devices	3145	1	2	1		3	2
-						-	0	0		3	2
-						-	0	0		3	1
-						-	0	0		1	0

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

					-						-	0	0	70	1001
29	412	80 - Medical Transportati	80 - Ambulance	0	14	15	201	80 - Medical Transportation	80 - Ambulance	0	13	181	2948	3692	67205
					-						-	0	0	1	2
					-						-	0	0	1	36
					-						-	1	24	11	420
					-						-	0	0	220	14516
10	109	58 - Home Health Agency	67 - Home Health	0	11	8	499	58 - Home Health Agency	67 - Home Health Agency	0	62	72	10137	2074	90902
					-						-	0	0	3	10
					-						-	0	0	1	1
2	2	58 - Home Health Agency	67 - Home Health	0	1	3	596	58 - Home Health Agency	67 - Home Health Agency	0	199	16	13298	514	79896
					-						-	0	0	17	565
					-						-	0	0	2	0
					-						-	0	0	1	9
					-						-	0	0	272	8397
					-						-	0	0	24	729
					-						-	0	0	2	488
					-						-	0	0	1	6
2	7884	58 - Home Health Agency	67 - Home Health Agency	0	3942	6	30580	58 - Home Health Agency	67 - Home Health Agency	0	5097	30	120035	482	1486475
					-						-	7	33058	8	33282
5	935	58 - Home Health Agency	67 - Home Health Agency	0	187	6	1576	58 - Home Health Agency	67 - Home Health Agency	0	263	37	7056	1056	239098
					-						-	0	0	2	2
					-						-	0	0	1	0
					-						-	0	0	1	0
					-						-	0	0	1	4
					-						-	0	0	1	4
					-						-	0	0	1	2

APPENDIX XVIII
CMP AUTHORIZATION VOLUME

						-				-	0	0		1	2
						-				-	0	0		1	2
						-				-	0	0		2	2
143	9491					66.37	135	33706		249.67	1075	188360		41169	2204211

Addendum 2

State of Connecticut Department of Social Services
Request for Qualifications Bid CMP_RFQ_122009

The State of Connecticut Department of Social Services is issuing Addendum 2 to the Care Management Program (CMP) Request for Qualifications (RFQ).

Addendum 2 contains the following Sections:

Section 1 - Amendment to APPENDIX IX, Scope of Services
10.07 Contract Management and Administration
Security and Confidentiality
a. Compliance with State and Federal Law

Amendment to APPENDIX X, CMP Authorization File Layout v1.0

Section 2 - APPENDIX XVI - CMP Units Used File Layout v1.0
APPENDIX XVII - Recipients October 2009

Section 3 - Responses to Questions submitted regarding the RFQ
Questions submitted by interested respondents and the Department's official responses follow. These responses shall clarify the requirements of the RFQ. In the event of an inconsistency between information provided in the RFQ and information in these responses, the information in these responses shall control.

Date Issued: January 27, 2010

Approved: *Marcia McDonough*
Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.

_____	_____
Authorized Signer	Name of Company

<u>Section 1</u> – The following information amends the contents of the original Addendum 1, Appendix IX, Scope of Services issued on 01-19-2010:

10.07 Contract Management and Administration

Security and Confidentiality

a. Compliance with State and Federal Law

1. The Department is required by state and federal law to protect the privacy of applicant and client information. The Department is "covered entities," as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, E, and D. Accordingly, the Contractor shall be required to comply with these and all other state and federal laws concerning privacy and security of all client information provided to the Contractor by the Department or acquired by the Contractor in performance of the Contract Amendment. This includes all client information whether maintained or transmitted verbally, in writing, by recording, by magnetic tape, or electronically. Compliance with privacy laws includes compliance with the HIPAA Privacy Rule and also compliance with other federal and state confidentiality statutes and regulations that apply to the Department. The Department also requires the Contractor to continually update and improve its privacy and security measures as client data becomes more vulnerable to external technological developments.

   This requirement includes "**Breach Notification for Unsecured Protected Health Information"** requirements that specify *Technologies and Methodologies that Render Protected Health Information Unusable, Unreadable, or Indecipherable to Unauthorized Individuals.*

Section 1 - Appendix X

The following information amends the contents of the original Addendum 1, Appendix X, issued on 01-19-2010:

CMP Authorization File Layout v1.0

Field Name	Data Type (Length)	Field Description
Contractor Identifier	X(06)	Contractor Identifier • MCO
PA Number	X(10)	Unique Prior Authorization Number.
Client Medicaid ID	X(12)	Recipient's identification number.
Provider NPI/MCD ID	X(10)	Provider ID value.
Provider Taxonomy	X(10)	Provider Taxonomy
Provider Location Zip	X(9)	Mailing address zip code.
PA Assignment	X(2)	This represents the Prior Authorization assignment code used to batch PA requests.
Diagnosis Code	X(7)	Diagnosis Code – ICD9
DME Delivery Date	X(8)	This represents the DME delivery date agreed upon with the supplier.
Total number of line items	X(99)	This represents the total number of line items for the PA.
Line item number	X(2)	This represents the Prior Authorization line item number for the PA record.
Procedure Code	X(6)	Code used to identify a medical, dental, or DME procedure.
Procedure Thru Code	X(6)	Code used to identify a medical, dental, or DME procedure.
Procedure Mod 1	X(2)	This is the first procedure code modifier of the Prior Authorization.
Procedure Mod 2	X(2)	This is the second procedure code modifier of the Prior Authorization.
Procedure Mod 3	X(2)	This is the third procedure code modifier of the Prior Authorization.
Procedure Mod 4	X(2)	This is the fourth procedure code modifier of the Prior Authorization.
Revenue Code	X(4)	This identifies a specific accommodation or ancillary service. Revenue codes are determined by CMS.
From Date of Service	X(8)	Authorized From Date of Service **CCYYMMDD**
Through Date of Service	X(8)	Authorized To Date of Service **CCYYMMDD**
PA Status	X(01)	Prior Authorization status indicates if the line item is approved, denied, pending, or modified. Values: A – Approved, D – Denied, P – pending, M - Modified
PA Requested Amount	X(9)	This is the dollar amount authorized for the Prior Authorization line-item service.
PA Requested Units	X(10)	Quantity of unit of service authorized.

CMP Units Used File Layout v1.0

DRAFT Layout

Field Name PA Master	Data Type (Length)	Field Description
05 Master Key		
10 Master Recipient ID	X(12)	Client Medicaid ID Number
10 Master PA Number	X(10)	Prior Authorization Number
05 Header CMP ID	X(06)	CMP ID Unique ID assigned the each CMP
05 PA Assignment Type	X(02)	The PA Assignment Type associated with the PA Record.
05 Update Center	9(01)	Update control - a flag to determine if PA is a 'test pa' or 'production pa'
05 Master Provider ID	X(15)	The Provider Medicaid ID
05 Provider Taxonomy	X(10)	The Provider taxonomy code provided on the PA add transaction
05 Provider Zip Code	X(09)	The Provider zip code provided on the PA add transaction.
05 Diagnosis Code	X(07)	The Diagnosis code associated with the authorized service
05 DME Delivery Date	X(08)	The DME delivery date associated to the authorized service. CCYYMMDD
05 Add Date	9(08)	The date the Prior Authorization was added to the MMIS CCYYMMDD
05 Header Change Date	9(08)	Applies to change transactions CCYYMMDD
05 Header Auth agent Review Date	9(08)	This field contains the Authorization ID associated to online review. ZEROES
05 Header Status	X(02)	The Prior Authorization Header Status provides information regarding the status of the details. SPACES
05 Filler	X(16)	Reserved for future use
05 Remarks	X(49)	Prior Authorization comments
05 Number of Details	9(02)	Number of details on the Prior Authorization
05 PA Details	Occurs 99 Times	

Field Name PA Master	Data Type (Length)	Field Description
10 Detail Number	9(02)	Prior Authorization detail number
10 RCC Code	X(04)	Revenue Center Code
10 Procedure Code and Modifiers		Procedure and Modifiers Authorized
15 Procedure Code	X(05)	Procedure Authorized
15 Modifiers (1-4)		
20 Modifier 1	X(02)	Modifier 1
20 Modifier 2	X(02)	Modifier 2
20 Modifier 3	X(02)	Modifier 3
20 Modifier 4	X(02)	Modifier 4
10 Procedure Description	X(34)	Procedure Code Description
10 Status	X(02)	The Prior Authorization Detail Status provides information regarding the status of the detail.
10 Start Date	9(08)	Prior Authorization start date CCYYMMDD
10 Stop Date	9(08)	Prior Authorization end date CCYYMMDD
10 Units Dollars Indicator	X(01)	Units/Dollars Indicator
10 Units Authorized	9(10)	Units Authorized
10 Units Used	9(10)	Units Used
10 Dollars Authorized	9(07).99	Dollars Authorized
10 Dollars Used	9(07).99	Dollars Used
10 Filler	X(06)	Reserved for future use
10 Denial Reason Code 1	9(03)	Reason Code for denied Prior Authorizations SPACES
10 Denial Reason Code 2	9(03)	Reason Code for denied Prior Authorizations SPACES
10 Denial Reason Code 3	9(03)	Reason Code for denied Prior Authorizations SPACES
10 Detail Last Changed Date	9(08)	Date of the last change to the detail CCYYMMDD
10 Detail Clerk ID	X(04)	If there is an online change, the clerk ID is populated.

CMP Master File Trailer Record

Field Name Trailer Record	Data Type(Length)	Field Description
01 PA-TRAILER-RECORD		
05 PA-TRAILER-ID	X(04)	Value: 'TRLR'
05 FILLER	X(01)	
05 PA-RECORD-COUNT	9(09)	Total number of PA records. The Record Count does not include the trailer record.
05 FILLER	X(01)	
05 PA-FILE-DATE	9(08)	The date the file was created CCYYMMDD

Section 2 - APPENDIX XVII
Recipients October 2009

MEDICAL ELIGIBILITY DESCRIPTION	COUNT OF MEDICAL ELIGIBILITY CODE
A1 - State Supp MA - Aged	450
A2 - State Supp Elig Non Recip-Aged	192
A3 - State Supp Non-MA-Aged	2188
A4 - 1619 A-B Aged	2
A5 - CN LTC - Aged	356
A6 - CN HCB Waiver Aged	172
AX - MN Aged	185
AY - MN LTC Aged	41
B1 - State Supp MA - Blind	41
B2 - State Supp Elig Non Recip - Blind	4
B3 - State Supp Non - MA - Blind	70
B5 - CN LTC - Blind	5
B6 - CN HCB Waiver - Blind	8
BX - MN - Blind	5
D1 - State Supp MA - Disabled	5394
D2 - State Supp Elig Non Recip - Disabled	1571
D3 - State Supp Non - MA - Disabled	16422
D4 - 1619 - A - B Disabled	16
D5 - CN LTC - Disabled	1139
D6 - CN HCB Waiver - Disabled	701
DA - WD - Blind Tkt Work	4
DC - WD - Dsbld Tkt Work	896
DD - WD - Disabled - MI	1
DE - WD - Aged BBA	9
DX - MN - Disabled	1798
DY - MN LTC Disabled	29
TOTAL	**31699**

Section 3 - Responses to Questions submitted regarding the RFQ

Question 1:

In the documents it states that the "Scope of Services" as Appendix 9", would be available for public access on January 7, 2010. Do you know if this has been published and if so where I can get to the document?

Response: Appendix 9 (IX) was posted to the Department of Administrative Services (DAS) portal on January 12, 2010, and to the Department of Social Services (DSS) portal on January 13, 2010.

Question 2:

Who currently provides the care management and administrative services for the Medicaid Care Management Plan? Or, who currently provides the services requested in the RFQ?

Response: The Care Management Program is a new initiative to serve the medical needs of a select group of individuals who are currently served under the Department's Fee-for Service Program.

Question 3:

Who are the vendors that currently hold a contract for Charter Oak managed care programs?

Response:

Community Health Network of Connecticut; Aetna Better Health; AmeriChoice of Connecticut, Inc.

Question 4:

Checking to see if this Addendum 1 has been posted. I am looking on the DSS portal and have not seen any updates. Please advise.

Response: Please refer to Response 1.

Question 5:

I still have not noticed this addendum on the website. Can you please let me know when we may see this on the portal.

Response: Please refer to Response 1.

Question 6:

Section IV: Qualifications, Experience, Scope of Services & Cost

A.1.e: Client References Page19

Is the Department looking for letters of reference or just reference names and contact information?

Response:

A responsive proposal will include the names, addresses, phone numbers, and e-mail addresses for all references.

Letters of reference are not required.

Question 7:

Section IV: Qualifications, Experience, Scope of Services & Cost

A.1.e: Client References Page 19

If a Respondent only has a contract in one state, the Respondent will provide one reference from that state agency. Can the reference from the state agency be a former state employee? Can the respondent also provide an additional reference letter from a business partner?

Response:

Yes, the reference can be from a former state employee and yes, the respondent may provide an additional reference from a business partner.

Question 8:

Section V: Appendices

Appendix VIII: Budget Template Page 41

How do you want start-up costs distinguished from operating costs in the budget template?

Response:

Per the CMP RFQ-Section IV - Qualifications, Experience, Scope of Services & Cost:
C. BUSINESS COST SECTION - THE RESPONDENT SHALL provide a line item budget that presents total costs for the first year of operations for the proposed CMP Program using the Budget Template in (Appendix VIII).

It is the Department's intent that successful Contractor(s) will amortize their start-up costs over time. The Department is not requesting a separate line item for the amortization of start - up costs.

Question 9:

Section V: Appendices

Appendix IX- Scope of Services: 10.02- Provider Relations (d) Page 12

Does DSS currently collect e-mail addresses from providers in the Medicaid FFS network? If so, will DSS provide the Contractors with these e-mail addresses in the provider file?

Response:

The Department does not currently collect e-mail addresses from providers.

Question 10:

Section V: Appendices

Appendix IX- Scope of Services: 10.02- Provider Network (d) Page 14

Regarding single case agreements, is DSS expecting the Contractor to direct providers to the Department in order to enroll or will the Contractor be enrolling these providers?

Response:

HP Enterprise Services is the Department's fiscal agent contractor for provider enrollment and fee for service claims processing. The enrollment process conducted by HP is a standardized process involving a provider application, agreement; and validation of required credentials. Applications are also reviewed and approved by the Department's Quality Assurance Division. Once enrolled, providers bill the Department via HP and are reimbursed via established methods and with rates under the fee for service program. The Department expects the contractor to encourage all providers not already enrolled to pursue the standardized enrollment process and receive reimbursement under fee for service (Connecticut Medical Assistance Program) provisions, and to assist with the process by referring the provider to enrollment information on the HP web site (www.ctdssmap) so that the provider can self-initiate the enrollment process. The contractor is also expected to coordinate with the Department to expedite the process when necessary, and also to follow up to ensure that all necessary enrollment steps are followed by the provider.

With respect to single case agreements described under 10.02 (d), such agreements should only be pursued when access to care is critical but the provider is not willing or able to enroll and/or accept reimbursement under standard methodologies, even with the assistance of the Contractor as described above. A provider involved in a single case agreement must still enter into a provider agreement with the Department, as indicated above. However, the Contractor may designate the single case agreement provider as "not taking referrals" and exclude the single case agreement provider from its WEB based provider referral search engine.

Question 11:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- System Requirements (c) Page 15

Are the Department's standards for exchange of data different than those used for the HUSKY/ Charter Oak programs?

Response:

It is not clear what the Respondent is asking with respect to standards. However, there will be 1) a new authorization transaction that has no analog in the HUSKY/Charter Oak programs, 2) a units used transaction that also has no analog in the HUSKY/Charter Oak programs, 3) a provider file transaction that may be a modification of the current provider file exchange for encounter data reporting purposes (i.e., more frequent, adds/deletes only, and possibly additional elements), 4) a claims file transaction that is expected to be similar to what is used for HUSKY/Charter Oak except that it will be expanded to include denied claims, and 5) an eligibility transaction that we expect will be somewhat expanded to include two or three additional data elements.

Question 12:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- Eligibility (a) Page 16

Will the Department integrate the ABD eligibility file into the other membership files (HUSKY, Charter Oak)?

Response:

No. The Department will send the Contractor separate files for CMP enrollees.

Question 13:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- Eligibility (b) Page 16

The Contractor is required to add a missing member to the Contractor's eligibility database as a "temporary" member if the individual is not listed on the monthly eligibility file but is listed on AEVS. Does the Department want these members identified as "temporary" for reporting purposes or can the Contractor manually load such members as we would any other member?

Response:

The Department will send the Contractor a monthly list of enrollees and daily updates. With daily updates, it is not likely that the Contractor would need to utilize a “temporary identification” for reporting purposes. The Department anticipates that the Contractor will be permitted to handle these individuals in the same manner that they currently do for the HUSKY population. However, the Department is receptive to alternative methods, which may be considered during contract negotiation.

Question 14:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- Eligibility (c) Page 17

The Contractor is required to obtain third party coverage information pertaining to an eligible Member if eligibility is verified. Is the Department expecting the Contractor to contract with a TPL vendor such as HMS in order to accomplish this? If not, how would a Contractor obtain TPL information since we are not processing claims?

Response:

No, the Department is not expecting the contractor to subcontract with a TPL vendor for the CMP population. The Department expects the Contractor to inform HMS of those members that have third party coverage when the Contractor becomes aware of any third party coverage, such as through the utilization management process.

Question 15:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- Eligibility (c) Page 17

Would the requirements in # 4 (c and d) be satisfied if the Contractor posted this information generically on its website and/or Provider Handbook?

Response:

Yes

Question 16:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- Provider File (a) Page 17

The RFQ states the Contractor may obtain from providers additional information to supplement the provider file. What is the "additional information" that the Department will not be providing, that is required? If the initial provider file from the Department does not contain all provider data elements, will the Contractors be given additional time to collect the data?

Response:

The collection of additional information is not a requirement. However, the Contractor is encouraged to obtain additional information to support customer service. Such information may include such items as provider hours of service including weekend or holiday service, languages spoken, open or closed panel, email address, etc.

Question 17:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- Provider File (b) Page 17

The Contractor is required to utilize the provider's NPI, assignment type, provider type and specialty in the authorization or denial of services. Is the Contractor required to use the Department's provider type and specialty? Please also define assignment type.

Response:

Yes, the Contractor is required to confer authorization and transmit authorization data based on the Department's provider type and specialty. The Contractor's authorization system must be able to conduct transactions with iC to assure the reliable and accurate payment of claims.

Assignment type represents the type of prior authorization. This value is used to narrow down a search for a specific type of prior authorization. Assignment type is referred to as "PA Assignment" in Appendix X. The PA Assignment code values are below.

PA Assignment Type

CODE	DESCRIPTION
C	DME - Customized Wheelchair
E	Home Care Program for Elders
F	Home Health
G	Medical/Surgical Supplies
H	Hearing Aids
HA	Hospice
I	Orthotic & Prosthetic Devices
M	Professional/Surgical Services
N	Durable Medical Equipment (DME)
O	Occupational Therapy
P	Physical Therapy
Q	Inpatient Hospital – (Currently Qualidigm)
Q2	CDH
R	DME - Special Consideration
S	Speech /Audiology Therapy
V	Vision Care Services
X	Oxygen

Question 18:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- Provider File (d) Page 18

What information is the Contractor required to track in its Inquiry Tracking module?

Response:

The intent of this requirement is for the Contractor to have a mechanism to ensure that Provider concerns are addressed in a timely and complete manner. The Contractor must retain basic information related to the caller and the nature of the inquiry and response in addition to information concerning the time/date of

inquiry and the time and date of the response. The information must be no less than what is collected for the purpose of managing inquiries for the HUSKY program.

Question 19:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- Authorization File (d) Page 18

What specific data elements will be included in the "units used" file from the Department (for example, authorization number)?

Response:

Please refer to Appendix XVI – Draft CMP Units Used File Layout v1.0 for specific data elements. The units used file will be passed to the Contractor after each claims payment cycle. The final layout will be finalized during detail design.

Question 20:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- Other Requirements (c) Page 19

What data will be in the DSS Data Warehouse that would not be provided to the Contractors? Currently, the Department provides carve-out claims data for HUSKY/ Charter Oak and hospital data for SAGA.

Response:

At the current time, the Department is not requiring the Contractor to access the Department's Data Warehouse. The data elements in the Data Warehouse may be expanded in the future to include data that is not currently in the claims files, such as information from the eligibility system. If, in the future, the Department chooses to grant the Contractor access to its Data Warehouse for a specific purpose, it will at that time review the specific requirements with the Contractor.

Question 21:

Section V: Appendices

Appendix IX- Scope of Services: 10.03- Other Requirements (e) Page 20

What are the requirements for backup power in the Contractor's Disaster Recovery or IT Business Continuity plan?

Response:

The Contractor shall, by May 5, 2010, provide to the Department a Disaster Recovery and Business Continuity plan. The Disaster Recovery or "IT Business Continuity" plan shall include several components as described in the RFQ, including a proposal for back-up power.

Question 22:

Section V: Appendices

Appendix IX- Scope of Services: 10.04- Data Reporting Requirements (c) Page 23

Does the Department have any anticipated volume for ad-hoc reporting?

Response:

No. In its response, the respondent may propose limits or programming hours or simply limit ad hoc requests to available programmer time.

Question 23:

Section V: Appendices

Appendix IX- Scope of Services: 10.05- Care Coordination and Case Management Program Requirements Page 24

The RFQ states that pharmacy services will be managed by the Department or its MMIS contractor. Is the Department expecting the Contractors to do medical management for specialty pharmacy?

Response:

The Department does not currently prior authorize any specialty pharmacy services provided by physician's offices or home infusion providers for adult clients. The Department is considering the introduction of prior authorization for specialty pharmacy in the future. At that time, the Department will determine whether such prior authorization will be administered by the Department or by the Contractors.

The Department expects the Contractor to coordinate care with home infusion providers as necessary to support cost-effective treatment and favorable clinical outcomes.

Question 24:

Section V: Appendices

Appendix IX- Scope of Services: 10.05- Utilization Management Program Requirements (b) Page 24

The processes used in the Contractor's UM program are required to utilize state of the art technologies including automated telephone and web-based applications. Please confirm if the Contractors need to have both IVR and web-based capabilities for authorization requests.

Response:

Web-based alone is sufficient; however, IVR alone is not sufficient.

Question 25:

Section V: Appendices

Appendix IX- Scope of Services: 10.05- Utilization Management Program Requirements (b) Page 25

The Contractor is required to conduct retroactive medical necessity reviews resulting in a retroactive authorization or denial of service for retroactive eligibility. The provider is responsible for initiating such a review to enable authorization and payment for services. How will a provider know to initiate a retroactive medical necessity review with the Contractor?

Response:

Providers agree as a condition of enrollment as Medicaid providers that they will not bill clients for services and will reimburse those clients who have received and paid for service prior to having been granted retroactive eligibility. Providers are able to identify clients and their respective Plans by checking the Department's Automated Eligibility Verification System (AEVS). Providers must have an authorization to receive payment for claims. Typically, providers render a service to an ineligible client, then check AEVS subsequent to the visit or admission. They understand that a client may have temporarily lost eligibility and that this may be reinstated, or they are aware that an application is pending. In any case, if they wish to receive payment for services rendered and the service requires authorization, it is their responsibility to contact the Contractor when they become aware of retroactive eligibility. The Contractor should provide information regarding obtaining authorization in the case of retroactive eligibility on its website and in its provider handbook.

Question 26:

Section V: Appendices

Appendix IX- Scope of Services: 10.05- Utilization Management Program Requirements (c) Page 25

The Contractor is required to allow an out-of-state provider who is not enrolled to submit an authorization request when an eligible member is temporarily out-of-state. Please define "temporarily out-of-state."

Response:

A legal resident of Connecticut, but not currently living or domiciled in the state. This includes students and individuals who are traveling out of state. The Contractor must offer information or assistance to enable the provider to enroll (through HP) in CMAP. This process is described in question 10.

Out-of-state providers are defined as those providers outside the state of Connecticut, not including border hospitals. An out-of-state provider is a provider that furnishes medical services or goods to the same extent as an in-state provider. Only duly-enrolled providers may receive payment from the Connecticut Medical Assistance Program.

Payment for Medical Assistance Program goods or services furnished to clients while they are out-of-state shall be made by the Department to the same extent as payment is made to in-state providers under the following conditions:

- **Medical Assistance Program goods or services are needed by a client because a medical emergency occurred while the client was outside of the state.**
- **Medical Assistance Program goods or services are needed because a client's health would be endangered if required to travel to Connecticut.**
- **The Department determines that the Medical Assistance Program goods or services are available only in another state and prior authorization was granted to the provider.**
- **It is general practice for clients in a particular locality of Connecticut to use the medical resources in a bordering state. The Department shall allow providers, who are designated by the Department to be border providers, to be treated in the same manner as in-state providers.**
- **Enrollment Application is for the consideration of Medicare Co-payment or Deductible Claims Reimbursement.**
- **A child for whom the Department makes adoption assistance or foster care maintenance payment resides outside of Connecticut, or an individual approved to attend school out-of-state who resides in Connecticut.**

The enrollment of all other out-of-state providers will be reviewed on a case-by-case basis

Question 27:

Section V: Appendices

Appendix IX- Scope of Services: 10.05- Quality Management (a) Page 29

The RFQ states that the number of performance improvement projects shall be no fewer than the minimum required under the Section 1932 state plan amendment. How many performance improvement projects are currently required under the Section 1932 state plan amendment?

Response:

The third sentence of Appendix IX- Scope of Services: 10.05- Quality Management subsection a1 on pages 29 – 30 "The number of performance improvement projects shall be no fewer than the minimum required under the Section 1932 state plan amendment." is deleted and replaced with the following "The Contractor shall propose a Quality Management Plan that shall include no less than two performance improvement projects."

Question 28:

Section V: Appendices

Appendix IX- Scope of Services: 10.06- Miscellaneous (all sections) Page 31-36

The RFQ does not have a "Respondent shall" requirement pertaining to the sections under 10.06 (Miscellaneous). Does the Respondent need to acknowledge generally in its proposal that it will perform the requirements in section 10.06?

Response:

Yes. Per CMP RFQ Addendum 1 Section 2 - Care Management Program Scope of Services:

"The following Appendices are provided in Addendum 1 to comply with the qualification submission requirements as stated in Section IV B. SCOPE OF SERVICES of the Care Management Program Request for Qualifications. To provide a responsive submission, THE RESPONDENT SHALL describe its method to implement the following specific services as described in Appendix IX, CMP Scope of Services." In the case of section 10.06, the respondent can simply acknowledge that it will adhere to the requirements of 10.06 by the same methods and procedures that it utilizes for the HUSKY population.

Question 29:

Section V: Appendices

Appendix IX- Scope of Services: 10.06- Marketing Page 32

The Contractor is required to comply with provisions of section 3.30 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members. Are the Contractors expected to do marketing with this population?

Response:

HUSKY program contractors are currently prohibited from using capitation funds to engage in marketing. These same restrictions shall apply to marketing in relation to the CMP population. When these marketing restrictions are lifted for HUSKY, they may also be lifted for the CMP program. Marketing will be permitted, but will not be required.

Question 30:

Section V: Appendices

Appendix IX- Scope of Services: 10.07- Key Personnel and Contract Administration (a) Page 36

Can a Contractor identify its "key person" as its CEO and a separate person as its "project manager?"

Response:

The Department expects the Contractor to clearly identify key personnel who will be responsible for the key functions described in this RFQ. With regard to the above question, the answer is yes. If the Contractor wishes to assign different CMP functions to its CEO and its Project Manager, the Contractor should clearly delineate those different functions for each.

Question 31:

Section V: Appendices

Appendix IX- Scope of Services: 10.07- Security and Confidentiality (b) Page 41

The Contractor is required to designate its MIS Director to serve as the local Security and Privacy Officer in Connecticut. Can a Contractor designate its Security Officer as the Security Officer and its Compliance executive as the Privacy Officer?

Response:

The Department expects the Contractor to clearly identify key personnel who will be responsible for the key functions described in this RFQ. With regard to the above question, the answer is yes. If the Contractor wishes to assign different individuals or positions to its Security and Privacy CMP functions, the Contractor should clearly delineate those different functions for each.

Question 32:

Section V: Appendices

Appendix IX- Scope of Services: 10.07- Performance Bond or Statutory Deposit (3) Page 47

The Contractor is required to provide a performance bond by an insurer, which has been previously approved by the Department. Does the Department already have a list of approved insurers? If so, please identify the insurers.

Response:

This question will be answered in a separate addendum.

Question 33:

Section V: Appendices

Appendix XV- CMP Coverage Groups

How many recipients are in each coverage group?

Response:

Please see Appendix XVII for a count of recipients in October 2009. While the coverage group specific counts may change, it is expected that the average monthly counts will, during the first year, be similar to those provided in Appendix XVII.

Question 34:

Appendix IX 10.01

Definitions Page 6

Please confirm that definitions in the HUSKY and Charter Oak base contracts apply to the CMP RFQ unless other wise specified.

Response:

Yes

Question 35:

Appendix IX 10.02 d.2.

10.02 d.2. Page 15

What will the Contractor be required to do to assist DSS with the enrollment of the providers?

Response:

Please see response to Question 10.

Question 36:

Appendix IX 10.03

Authorization File Page 18

Will the PA (prior authorization) file be used for claims processing/adjudication, or just for reporting/tracking purposes?

Response:

The PA file will primarily be used for claims processing/adjudication. The CMP may use authorization data for reporting and management purposes. Authorization data provides more timely information regarding monthly changes in utilization.

Question 37:

Appendix IX 10.3.b.6

Eligibility Data Page 16

"Provide authorized staff with secure on-line access to the Contractor's comprehensive eligibility database to serve members and providers." Please describe information to which DSS staff would desire access.

Response:

This requirement has been eliminated.

Question 38:

Appendix IX 10.03

Operations- Authorization File Page 19

There is a $3,200 one-time set up fee for access to the Department's interchange to look up authorizations. In order to appropriately forecast costs, please clarify if this cost is a one-time fee for the organization or by user and if there are any additional applicable costs.

Response:

The $3,200 fee is a one-time set up fee per organization (not by user). The annual user fee is per individual user. The table will be amended in the contract amendment to reflect this clarification. Please refer to the chart on page 18 and 19 reproduced below with the proposed amended language:

e. The Department shall grant Contractor access to interchange to look up authorizations resident in the interChange (iC) system, whether authorized by the Contractor, the Department or a previous CMP. The table below provides the fees for setup and weekday usage.

Fee Type	Occurrence	Services	Amount
Set-up	**One-time, per organization fee at startup**	• **Network line configuration and setup** • **Technical support getting organization connected and tested** • **Initial end-user Training on navigation and use of interChange application** • **Security Setup** • **Technical and contract documentation**	• **$3,200**
User Fee	**Annual per individual user/log-on ID**	• **Access to the system from 7 am - 6 pm eastern time Monday - Friday** • **On-going technical/business support** • **Refresher Training (up to 3 hours annually)** • **Administrative fees**	• **$750**

Question 39:

Appendix IX 10.07

Contract Mgmt & Admin Page 44

Given that the contract allows for a withhold on the 10% administrative fees based on readiness review and implementation for the first six months of the contract, please describe the actual timeframe for this withhold.

Response:

The withhold for the initial period will be returned within 90 days following the close of the period contingent on successful performance.

Question 40:

Appendix IX 10.08

Performance Bond Page 47

What are the terms for releasing the $1 million performance bond?

Response:

This question will be addressed in a subsequent addendum.

Question 41:

General - What is the length of the contract (1 year, 3 years, etc.)?

Response:

Per the CMP RFQ- M. RESULTANT CONTRACT AMENDMENT PERIOD AND NUMBER OF AWARDS:

The resultant contract amendment period to provide care management and related administrative services for individuals enrolled in the Department's Medicaid fee for service program resulting from this RFQ shall run concurrently with the existing contract. The current base period for the MCO contracts end on 6/30/11. There are 3 additional one-year options that may be exercised subject to successful negotiation.

Question 42:

General - For the Cost Proposal, should MCO assume full membership or a % of membership?

Response:

To complete the cost proposal, the Respondent should assume 10,000 covered lives enrolled with the Respondent.

Question 43:

RFQ I A. 4th para Purpose Page 5

DSS will enter into a contract amendment to implement the CMP. Will the amendment and the Scope of Services, Appendix IX, contain exclusionary language to ensure that MCOs are not bound to terms and conditions in the contract which are contrary or in addition to those terms as set forth in the RFQ?

Response:

The actual amendment that will bind the selected Contractor(s) to the requirements for the implementation of the CMP will be based on the Scope of Services, Appendix IX and the terms of the RFQ. Once the terms of the amendment are finalized and executed those are the prevailing terms. In the event of a conflict between the terms of the RFQ and the final contract amendment, the terms of the contract amendment shall control.

Question 44:

RFQ I.A. 6th para Purpose Page 6

Recipients will be given a free look of 60-90 days and then locked into their choice of CMP for 12 months. Please clarify whether the lock-in occurs at 90 days from the date of each enrollee's enrollment, on a rolling basis.

Response:

The initial free look period begins on the date of the enrollee's initial enrollment in the CMP. Thereafter, on an annual basis, the client will have a period of 60 days (last 60 days of each year on a rolling basis) to examine the available CMPs and to select a new CMP if desired.

Question 45:

Does the Department's contracts with providers, hospital and ancillary providers as described in the RFQ permit the Department to assign the rights, coverage determination and responsibilities to the Contractor(s) as described herein?

Response:

The Department's legal relationship with physicians, hospitals, ancillary and other providers is set forth in the provider enrollment agreements with those providers. The services to be performed by the Contractor are administrative functions that will not overlap or replace services currently being performed by enrolled providers. The provider enrollment agreement allows providers to participate in Medicaid by providing Medicaid-covered services to fee-for-service clients, as long as the provider complies with all state and federal requirements. Enrolled providers do not have responsibilities for the types of care coordination, utilization management and other administrative services that will be performed by the Contractor. Therefore, no assignment of rights or responsibilities is required.

Question 46:

Section 1-A

RFQ page 6

Recipients will be given a notice to choose a CMP approximately 30 days prior to the start of the initiative. New applicants will be given a choice at the time that they are determined eligible for Medicaid.

Does the state's new requirement, effective 1/1/2010, prohibiting all HUSKY MCO's from any marketing activities, apply to the contracted CMPs? If not, should we expect to follow the guidelines as set forth in Section 3.30? If so, would the state consider temporarily lifting the requirement for a 90 to 150 day time period, to cover open enrollment and the free look period, for the contracted CMPs to market to potential members? We would expect to follow all guidelines in section 3.30.

Response:

Please refer to the response for question 29. The marketing requirements will be the same as those established for HUSKY A as amended.

Question 47:

Addendum 1, 10.01 Page 7

Level of Care (LOC) Guidelines: Guidelines that are used by the Contractor to conduct utilization management and which, in conjunction with the Department's Medical Necessity Definition, help to determine whether a service is medically necessary and medically appropriate.

Please provide DSS' definitions for Medical Necessity and Medical Appropriateness.

Response:

The Department may amend its definition of Medical Necessity prior to implementation of the CMP initiative, in accordance with Public Act 09-5. The current definitions for Medical Necessity and Medical Appropriateness are as follows.

Medically Necessary/Medical Necessity:

Health care provided to correct or diminish the adverse effects of a medical condition or mental illness; to assist an individual in attaining or maintaining an optimal level of health, to diagnose a condition or prevent a medical condition from occurring.

Medical Appropriateness or Medically Appropriate:

Health care that is provided in a timely manner and meets professionally recognized standards of acceptable medical care; is delivered in the appropriate medical setting; and is the least costly of multiple, equally-effective alternative treatments or diagnostic modalities.

Question 48:

Addendum 1, 10.01 Page 9

Refers to the Contractor's process for approving payment for covered services after the delivery of the service or initiation of the plan of care based on a determination by the Contractor as to whether the requested service is medically necessary and medically appropriate. Such reviews typically apply when a service is rendered to an individual who is retroactively granted eligibility, when the effective date of eligibility spans the date of service and the service requires authorization.

How will the department pay for services when members are added retroactively and extensive prior service review is required? Is the 10% withhold at risk for these services?

Response:

It is unlikely that extensive prior service review will be required. Retroactive eligibility will typically occur when Medicaid eligibility lapses for less than 60 days and then is restored. In these instances, the member will be assigned to the same CMP for the lapsed period. The basis for return of the 10% withhold for CY2011 will be determined during the negotiations to be held during the latter part of CY2010.

Question 49:

Addendum 1, 10.02 (Provider Relations).f.4; 10.03 (Eligibility).b.7 and b.8 Page 13&16

f. Web-based Communication Solution
4. Throughout the term of this Contract Amendment the Contractor shall provide Web-enabled transactional capabilities through the website. Such capabilities shall include but may not be limited to…

b. Eligibility Data
7. Verify the eligibility of persons not yet showing in the monthly eligibility file utilizing the MMIS secure web site to query the DSS Automated Eligibility Verification System (AEVS).
8. Add a missing member to the Contractor's eligibility database as a "temporary" member if services are requested by or for an individual who is not listed on the monthly eligibility file but who is listed on AEVS.

is it the Department's intent for the health plan to verify eligibility? If yes, will the state hold us harmless in the event that the information we received from the state is inadvertently incorrect?

Response:

Yes, the Department expects the Contractor to verify eligibility based on its eligibility file and, for members who do not appear on its eligibility file, to check eligibility using the AEVS. The Contractor will be held harmless in the event that the information on the AEVS is incorrect.

Please also refer to the response for question 13.

Question 50:

Addendum 1, 10.02 (Member Services).a Page 11

Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.02, 3.07, 3.27, 3.28, and 3.29 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

How will updates to the FFS provider network be communicated to the Contractor?

Would an online provider directory on the Contractor's member website (that is updated at whatever frequency the Department suggests) be acceptable?

Response:

The Department will provide the Contractor a provider file on a monthly basis. The monthly provider file will reflect changes received by HP. The Contractor may list its provider directory on its website. The Contractor's provider file may include the Department's data in addition to supplemental information that the Contractor believes will add customer service value.

Question 51:

Addendum 1, 10.02 (Member Services).a Page 11

Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.02, 3.07, 3.27, 3.28, and 3.29 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

What information is expected to be on the membership card vs. the information included on the State CONNECT card?

Response:

The CMP member card should contain the same information (or type of information) that the Contractor includes on the HUSKY member card.

Question 52:

Addendum 1, 10.02 (Member Services).a Page 11

Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.02, 3.07, 3.27, 3.28, and 3.29 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Would the MCOs be required to send out a notice of terminating providers or would the State perform that function?

Response:

The Department will be responsible for notifying providers of termination.

Question 53:

Addendum 1, 10.02 (Member Services).b Page 11

The Contractor shall by May 1, 2010 produce a Member Handbook in accordance with Section 3.28 for the Department's review and approval prior to distribution

Please specify the content requirements for the Member Handbook. Is it the State's expectation that a separate and distinct member handbook will be produced for this program (apart from Charter Oak/Husky A/B)?

Response:

The Department would prefer that the Contractor produce a separate Member Handbook for CMP members. However, the Department will consider approval of an integrated HUSKY/CMP handbook with a section dedicated to CMP members if this would be more cost-effective and if the resulting handbook were clear and user friendly for both HUSKY and CMP members.

Question 54:

Addendum 1, 10.02 (Provider Relations).b.6 Page 12

To the greatest extent possible, notify Providers of policy or procedural changes that may directly or indirectly impact the Contractor's obligations under this Contract Amendment at least 45 days prior to the proposed implementation

Is it the State's intent that the CMP will provide a 45-day notice to providers of any policy or procedural change or will the State issue a provider bulletin notifying providers of any change?

Response:

The State will continue to issue provider bulletins and policy transmittals in all or nearly all of the areas for which it currently issues such. The Contractor may issue other notices, e.g., pertaining to changes in its care coordination program or its procedures for obtaining prior authorization. The Department will revise the proposed 45 day notice to 30 days in the contract amendment.

Question 55:

Addendum 1,10.02 (Provider Relations).c Page 12

c. Provider Handbook
The Contractor shall by July 1, 2010 produce for the Department's review and approval prior to distribution, a Provider Handbook and shall make this handbook available on the website.

Can the MCO's current provider manual include sections specific to CMP program or must it be a separate and distinct manual for CMP?

Response:

See response to question 53.

Question 56:

Addendum 1, 10.02 (Provider Relations).d.1 Page 12

Request and obtain from providers an e-mail address, so they can be alerted to access the Contractor's website to download updates to the provider handbook and provider requirements.

The notification section indicates a requirement to request and obtain providers e-mail addresses. This has been a challenge for the current Husky/Charter Oak provider networks. As these will be State FFS providers will this existing data be passed to us on the proposed provider files coming from the State?

Response:

See response to question 9.

Question 57:

Addendum 1, 10.02 (Provider Relations).f.1 Page 13

f. Web-based Communication Solution
1. By 1/1/11 the Contractor shall develop and implement a website specifically to serve its providers and members.

Can the MCO's current website include sections specific to the care management program instead of being a separate website?

Response:

The Department will consider approval of an integrated HUSKY/CMP website with a section dedicated to CMP members if this would be more cost-effective and if the resulting website were clear and user friendly for both HUSKY and CMP members.

Question 58:

Addendum 1, 10.03 (Eligibility).3.a&b Page 16

On a monthly basis produce and supply to the Contractor the following eligibility files (in HIPAA compliant X12N format), which shall be used to inform the Contractor of each member's eligibility and by the Contractor for the authorization of requested health services. The format of such files shall be the same as the files currently produced for the HUSKY program except that such files shall contain additional fields pertaining to HCBS waiver participation:
a). One eligibility roster file generated by the eligibility management system (EMS) at the end of each month that lists all Medicaid FFS recipients (enrolled with the Contractor), who are eligible for services for the following month.
b). Daily file updates (adds/deletes) for Medicaid FFS recipients.

Will the proposed daily and monthly eligibility files be separate and unique from the existing Husky and Charter Oak files?

Response:

Yes

Question 59:

Addendum 1, 10.02 (Provider Relations).c Page 12

The Contractor shall by July 1, 2010 produce for the Department's review and approval prior to distribution, a Provider Handbook and shall make this handbook available on the website. The Provider Handbook shall, at a minimum, include…

Please clarify whether the CMP will use its own or the DSS's rules to manage questions/payment policy/PA/UM, etc. Since the State will pay claims, will the CMP have access to the DSS claims system in order to respond to these types of inquiries?

Response:

The Department's rules regarding claims payment and authorization requirements shall apply. These rules are published in the provider manuals at www.ctdssmap.com. It may be necessary for the Contractor to refer some questions regarding payment rules to the Department. The Contractor will not be able to modify the Department's claims payment or authorization rules. However, the Department will consider modifying rules through policy or regulatory change if this is necessary to achieve the goals of the program.

The Contractor will be granted access to the interChange system provided the Contractor pays the associated fees as discussed in the Department's response to question 38.

Question 60:

Addendum 1, 10.02 (Provider Relations).e.1 Page 13

1. Track and manage all provider inquiries and complaints related to clinical and administrative services covered under this Contract Amendment and direct all complaints related to behavioral health, pharmacy, dental and transportation services to the responsible DSS vendor.

Please clarify the timeline that the Contractor would have to follow in reporting these matters to DSS.

Response:

The timeline for resolution of provider complaints and inquiries will be the same as those under the HUSKY program.

Question 61:

Addendum 1, 10.02 (Provider Relations).f.4 Page 13

Throughout the term of this Contract Amendment the Contractor shall provide Web-enabled transactional capabilities through the website. Such capabilities shall include but may not be limited to…

Please clarify the Department's requirements for this interactive website. Is it the Department's intent to have the Contractor create and manage an interactive website, or for the Contractor to assist the Department with it's existing interactive website?

Response:

The Contractor must create and manage an interactive website. The nature and scope of such interactive capabilities shall be based on the Respondent's overall proposed program. If the Respondent does not feel that such interactive website is necessary to achieve the goals of the program or that the cost would far exceed the value to the program, this should be discussed in the response.

Question 62:

Addendum 1, 10.02 (Provider Network).a.1 Page 14

Provider Network
a. Introduction
1. Throughout the term of the Contract Amendment the Contractor shall provide limited network management and development functions including the development of a provider file, network adequacy analysis, and network development assistance. The Department expects the Contractor to facilitate expansion of the CMAP provider network.

Please clarify the meaning of the term "facilitate" as used in this context. What role would the Contractor play in expanding the CMAP provider network?

Response:

See the response to question 10.

Question 63:

Addendum 1, 10.02 (Provider Network).d.1 & 2 Page 14&15

d. Single Case Agreements
1. The Contractor may on a case-by-case basis, enter into a special service agreement with a specific Provider to address critical access issues. The terms of such agreements shall be negotiated by the Contractor with the participation of the Department. The final terms of the agreement shall be subject to approval by the Department and shall not be complete unless and until the provider has executed a provider agreement with the Department. Such agreements shall be entered into to address access issues including:
a. Provision of a covered service that is unavailable in a particular local area;
b. Provision of a service to eligible members who are temporarily out-of-state and in need of services;
c. Provision of a service that is not in the network, but is covered underMedicaid EPSDT;
d. Provision of a support service that is necessary for the success of a member with complex health service needs.
2. The Contractor shall coordinate with DSS and the DSS MMIS contractor to enroll providers with whom a service has been negotiated that will be payable fee-for-service.

Please advise whether the Contractor would be held harmless in the event that such an agreement experiences complications.

Response:

The Department cannot make the blanket statement that it would hold the Contractor harmless if a single case agreement "experiences complications" as that is overly broad. The Department shall, however, during contract negotiations discuss with the Contractor the potential risks associated with Single Case Agreements, the corresponding potential liability and the assignment of responsibility for such liability.

Question 64:

Addendum 1, 10.02 (Provider Relations).f.4.e AND 10.03 (Provider File).a.3

Page 14 & 17

f. Web-based Communication Solution
4. Throughout the term of this Contract Amendment the Contractor shall provide Web-enabled transactional capabilities through the website. Such capabilities shall include but may not be limited to:
e). The ability to allow Providers to securely initiate updates of the provider's information in the searchable database.
a. Initial Provider File Information and Updates
3. The Contractor may obtain from providers additional information to supplement the provider file.

If a provider changes information in our system how will that change be transmitted to the State and other health plans so that the provider information is consistent?

Response:

Providers should only be permitted to change or update additional information collected by the Contractor beyond what is included in the provider file transactions between the Department and the Contractor. These updates and changes do not need to be communicated to the Department or other Contractors.

Question 65:

Addendum 1, 10.02 (Provider Network).e.2 Page 15

e. Payment Related Troubleshooting and Technical Assistance
The Contractor shall facilitate the identification and resolution of provider payment problems. The Contractor shall:
2. Participate in a rapid response team consisting of DSS and Contractor personnel to resolve issues related to timely and accurate authorization processing and claims processing. The Contractor shall work with the Department to prepare a plan for coordinating problem assessment and intervention. The plan shall include provisions for on-site assistance by a rapid response team when problems persist for more than 60 days.

Please provide clarification and specifics on the "rapid response team" mentioned in this section.

Response:

The intent of this requirement is to assure collaboration between the Department and the Contractor with regard to identifying and correcting provider specific and systemic payment problems in a timely manner. The Rapid Response Team will also be responsible for overseeing the conduct of larger claims projects that are submitted by providers for resolution. This team was instrumental in the early identification of issues and the rapid resolution of issues and during the first year of the CT BHP and during periods of major system change (e.g., interChange implementation). When the authorization and claims interface is functioning well, the level of activity should be substantially less.

Question 66:

Addendum 1, 10.03 (Eligibility).c.4.a Page 17

c. Eligibility Verification
The Contractor shall
4. Obtain third party coverage information pertaining to the eligible Member if eligibility is verified and shall:
a). Notify HMS within seven (7) business days of any inconsistencies between the third party information obtained by the Contractor and the information reflected in **the** eligibility files or AEVS (See page 38 of https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=ch5_iC_claims_submission_v1.4.pdf&URI=Manuals/ch5_iC_claims_submission_v1.4.pdf .)

Please advise the liability of the Contractor in this respect.

Response:

The Contractor will not be liable for claims costs related to the failure to transmit such third party coverage information, but may be subject to sanction related to failure to comply with the terms of the contract.

Question 67:

Addendum 1, 10.03 (Provider File).d.1 Page 18

Provider File
d. Other Requirements
The Contractor shall ensure that
1. The Contractor's provider database can identify where services reside by location, provider type and specialty.

Please provide clarification in reference to this statement.

Response:

See the response to Question 16.

Question 68:

Addendum 1, 10.03 (Authorization File).d Page 18

d. The Department shall produce a “units used” file at a frequency to be determined. The Contractor shall receive and upload the units used file thus retaining a complete record in its care management system of units used against total units authorized.

Please provide a definition for the term "units used" and "total units authorized" as used in this section. Please clarify the "frequency to be determined.”

Response:

See the response to Question 19. Units used is the number of units that were billed and paid for under a given authorization. Total units authorized is the number of units authorized by the Contractor. Total units authorized minus units used equals unit remaining, assuming the authorization has not expired. The units used file will be provided to the Contractor after each claims cycle. Claims cycles are scheduled to occur twice a month.

Question 69:

Addendum 1, 10.03 (Authorization File).e Page 18&19

Authorization File
e. The Department shall grant Contractor access to interchange to look up authorizations resident in the interChange (iC) system, whether authorized by the Contractor, the Department or a previous CMP. The table below provides the fees for setup and weekday usage.

Is the contractor expected to pay these fees?

Response:

Yes.

Question 70:

Addendum 1, 10.03 (Other Requirements).4 Page 19

Other Requirements
b. Data Extracts from Contractor to the Department
...The authorized services will be passed to the Department’s Data Warehouse (DW) from iC. The denied authorization requests would be the only data to be forwarded to the DW. A change order would need to be written for DW acceptance of this data as well as record layout.

Please define "iC" in the first sentence.

The second sentence beginning "The denied authorization…" seems to be in conflict with the first sentence of this section that reads: "The Contractor shall, at the Department's request, submit records of all requested, authorized, and denied services for eligible individuals regardless of age, including all data fields listed in the UM subsection and any other information about the authorization specified by the Department to the DSS data warehouse, in a mutually agreeable electronic format and means and frequency of transmission." Who is to prepare the "change order" described in the 3rd sentence? What form will this change order take?

Response:

iC = interChange, the Department's MMIS operated by HP. The last sentence is an internal reminder mistakenly included in the RFQ. Any change order related to the Department's data warehouse would be prepared by the Department.

Question 71:

Addendum 1, 10.03 (Other Requirements).e.2 Page 20

Other Requirements
e. Disaster Recovery and Business Continuity
2. During such period as the disaster recovery plan is in effect, the Contractor shall be responsible for all costs and expenses related to provision of the alternate services under its normal Administration fee. The Contractor shall notify the Contract Administrator prior to the initiation of alternate services as to the extent of the disaster and/or emergency and the expected duration of the alternate services within twenty-four (24) hours of onset of the problem.

Please describe the intent of this sentence, specifically what costs and expenses are you referring to?

Response:

"Responsible for all costs…" refers to the cost of any back-up or alternative services the Contractor must acquire to perform its contracted services.

Question 72:

Addendum 1, 10.03 (Other Requirements).e.4.b Page 20

e. Disaster Recovery and Business Continuity
4. The Contractor shall maintain and execute the Disaster Recovery and Business Continuity plan to ensure compliance with the Department's IT requirements even if a disaster interrupts normal business and IT operations. The Disaster Recovery or "IT Business Continuity" plan shall include:
b). Backup Power - TBD

Please clarify this TBD.

Response:

Please see the response to Question 21.

Question 73:

IV.C.1 Page 21

It is the department intent that successful contractors will amortize their start up costs over the life of this contract amendment.

When completing the Budget Template, is it the department's intent to have us blend the first year's amortization of start-up costs into each line item, or should that be included as a separate line item?

Response:

Please see the response to Question 8.

Question 74:

Addendum 1, 10.04 (Proposed Data Analytic Activities) Page 21

The Contractor's proposed scope of data analytic activities related to population health management, health risk stratification, provider and recipient profiling, and disease management will be inserted here, upon negotiation and acceptance by the Department.

Please clarify the intent of this statement. Specifically, how are we to determine the price for these services unless you specify the requirements?

Response:

The RFQ requires the respondent to propose a data analytics component. The respondent should propose the full scope of data analytics necessary to achieve the program goals (substantial improvement in health care quality and outcomes and corresponding reduction in cost) in a population of this type. We are relying primarily on the expertise of the respondent in this area. We are interested in the best proposed scope of data analytics and care management methods available in the health care management market today.

Question 75:

Addendum 1, 10.04 (Data Reporting Requirements) b.1.c Page 21&22

Data Reporting Requirements
b. Report Production, Integrity and Timeliness
1. Throughout the term of the Contract Amendment the Contractor shall:
c). Comply with requests from the Department to modify or add to the reporting requirements set forth herein. The Contractor must notify the Department when meeting such requirements if there was a modification to the functional design of the information systems or staffing which will result in increased/decreased costs to the Contractor.

Are these costs to be specified prior to any work beginning? What form should these specifications take?

Response:

It is anticipated that most reporting changes will be handled within available resources. When substantial costs are unavoidable, the cost should be specified prior to any work beginning. The respondent is welcome to propose the form for such cost specifications. Changes to report requirements that have additional cost implications must be addressed through a written change order process.

Question 76:

Addendum 1, 10.04 (Data Reporting Requirements) b.3 Page 22

The Contractor shall be responsible for the production of all HEDIS designated reports listed in Appendix XI - CMP Reporting Matrix including the use of HEDIS certified software and independent audit requirements.

Please advise the data exchange requirements and costs associated with this provision.

Response:

Per CPM RFQ- Addendum 1, Appendix 10.03 Operations, Other Requirements a.3. states:
The CMP will receive the claims data, as they do now for claims paid by the Department. The CMP is expected to use this data to produce the HEDIS reports. Any cost to produce the reports is the responsibility of the CMP. If the current claims extract does not contain the necessary data elements, the respondent should specify what additional data elements are necessary for the purpose of producing the reports.

Question 77:

Addendum 1, 10.05 (Care Coordination and Case Management Program Requirements) Page 24

The Contractor's proposed scope of clinical management program activities related to utilization management care coordination, case management, care planning, health risk assessment and consumer health information shall be inserted here, upon negotiation and acceptance by the Department. Utilization management (UM) shall include all categories of services, provider types and specialties, and CPT or Revenue Center Codes summarized in the Appendix XIII - CMP Authorization Matrix. Behavioral Health services will be managed by the Department or a separate behavioral health services management administrative services organization under Contract Amendment with the Departments of Social Services and Mental Health and Addiction Services. Behavioral health services that will be the responsibility of the Department are summarized in the behavioral health covered services matrix in Appendix XIV. Dental services will be managed by the Department's dental services administrative services organization except as provided for in Section 3.18. Pharmacy services will be managed by the Department or its MMIS contractor.

When will the Contractor be required to submit its clinical management program activities and how long will it take you to review them prior to starting negotiations?

Response:

The proposed scope of clinical management program activities related to utilization management care coordination, case management, care planning, health risk assessment and consumer health information must be provided in the response to this RFQ. The proposed scope will be reviewed as part of the response evaluation and the review will be completed before the successful applicants have been notified.

Question 78:

Addendum 1, 10.05 (Utilization Management Program Requirements).b.1.c Page 24

Utilization Management Program Requirements
b. Design and Conduct of the Utilization Management Program
1. The Contractor shall design and conduct a UM Program that shall be cost-efficient and quality based and compliant with the requirements of Section 3.35 (b), (d), (e), (f), (i), and (j). The processes utilized in the UM programs shall:
c). Utilize state of the art technologies including automated telephone and web based applications.

Can the Department please clarify what is meant by "state of the art technologies" as it relates to this section?

Response:

The Department is relying on the respondent to make the case for its proposed methods and technologies, and how such methods and technologies are among the most up-to-date available or are otherwise state of the art.

Question 79:

Addendum 1, 10.05 (Utilization Management Program Requirements).b.2.c Page 25

b. Design and Conduct of the Utilization Management Program
2. The Contractor shall
c). Conduct retroactive medical necessity reviews resulting in a retroactive authorization or denial of service for individuals who are retroactively granted eligibility, when the effective date of eligibility spans the date of service and the service requires authorization. The provider shall be responsible for initiating this retroactive medical necessity review to enable authorization and payment for services.

Please describe the review guidelines and rules the Contractor is to apply when making retroactive eligibility decisions.

Response:

The Department will determine eligibility and may grant eligibility retroactively. Retroactive enrollment in the CMP would most likely be for the purpose of

continuing CMP eligibility during a lapse in Medicaid eligibility. The Contractor should apply the same authorization criteria for services provided to individuals who have been granted eligibility retroactively as it would otherwise apply.

Question 80:

c. Out-of-State Providers Page 25
The Contractor shall
1. Allow an out-of-state provider who is not enrolled in the Connecticut Medical Assistance Program Provider Network to submit an authorization request to the Contractor when an eligible member is temporarily out-of-state and requires health services. This allowance shall apply to providers who are out of state and does not apply to in-state providers (including providers who are classified as "border" providers). This allowance shall not apply to providers who serve members located within ten (10) miles outside of the state line as these members can access services from a provider already enrolled in the Connecticut Medical Assistance Program ("CMAP") Provider Network.
2. For authorization requests meeting these parameters, the Contractor shall:
a). Review the provider's credentials to determine whether the provider is eligible to enroll.
b). Review the request for health services for medical necessity.
c). If deemed medically necessary, provide an authorization number to the nonenrolled out-of-state provider seeking to authorize services to an eligible member. This authorization cannot be included in the transmission of authorizations to the DSS MMIS contractor until the provider is enrolled.
d). Provide provider enrollment instructions to non-enrolled out-of-state providers

Addendum 1, 10.05 (Utilization Management Program Requirements).c

Please advise whether there is a time limit as to how long a member would be permitted to receive care from an out of state provider. Is this provision meant for emergent situations only, or for any/all medical care?

Response:

This provision applies to any and all medical care provided out-of-state to a Connecticut resident. Emergency services are a typical example; however, the Contractor may also make arrangements for out state services for certain special procedures (e.g., certain transplants) or for more routine care for individuals temporarily residing out of state. The Department and the Contractor will collaborate on exceptional care requirements for individuals found out-of-state and receiving medical services on a case-by-case basis.

Question 81:

Addendum 1, 10.05 (Coordination of Physical and Behavioral Health Care).f

Page 28

f. Freestanding Primary Care Clinics
The CMP shall be responsible for primary care and other services provided by primary

care and medical clinics not affiliated with a hospital, regardless of diagnosis. The only exception is that the CMP shall not be responsible for managing behavioral health evaluation and treatment services billed under CPT codes 90801-90806, 90853, 90846, 90847 and 90862, when the Member has a primary behavioral health diagnosis and the services are provided by a licensed behavioral health professional.

Please clarify whether this statement is meant to be interpreted as the CMP being fiscally responsible for these services, or responsible for the management of these services.

Response:

The Contractor will be responsible for the management of these services. The Department will be financially responsible.

Question 82:

Addendum 1, 10.05 (Coordination of Physical and Behavioral Health Care).

Page 28&29

j. Primary Care Behavioral Health Services
1. The CMP shall be responsible for management of all primary care services and all associated charges, regardless of diagnosis.

Please clarify whether this statement is meant to be interpreted as the CMP being fiscally responsible for these services, or responsible for the management of these services.

Response:

The Contractor will be responsible for the management of these services. The Department will be financially responsible.

Question 83:

Addendum 1, 10.05 (Coordination with Home and Community Based Waiver Programs)

Page 29

The Contractor shall develop coordination agreements with the Department of Developmental Disabilities and the Department of Mental Health and Addiction Services with respect to the management of services for individuals participating in DDS or DMHAS administered Home and Community Based Waiver (HCBW) programs. The Contractor shall also be required to coordinate with HCBW programs administered by the Department including the Acquired Brain Injury waiver program, the Connecticut Home Care Program for Elders, the Personal Care Assistance waiver, the Money Follows the Person project, and any other HCBW waiver programs that may be established by the Department during the period of this Contract Amendment. Program specific coordination requirements will be determined at a later date.

Does the Department have an approved form or model agreement for the coordination agreements with Department of Developmental Disabilities and the Department of

Mental Health and Addiction Services? What if the contractor is unable to reach agreement with these entities?

Response:

The Department does not have an approved form or model agreement. It is likely that the Departments of Developmental Disabilities and Mental Health and Addiction Services will be motivated to enter into an agreement because it will serve their clients' best interests. We understand that the Contractor cannot guarantee success, but the Department would expect to see ample evidence of good faith negotiations.

Question 84:

Addendum 1, 10.05 (Coordination with Home and Community Based Waiver Programs) Page 29

The Contractor shall develop coordination agreements with the Department of Developmental Disabilities and the Department of Mental Health and Addiction Services with respect to the management of services for individuals participating in DDS or DMHAS administered Home and Community Based Waiver (HCBW) programs. The Contractor shall also be required to coordinate with HCBW programs administered by the Department including the Acquired Brain Injury waiver program, the Connecticut Home Care Program for Elders, the Personal Care Assistance waiver, the Money Follows the Person project, and any other HCBW waiver programs that may be established by the Department during the period of this Contract Amendment. Program specific coordination requirements will be determined at a later date.

Please provide additional information regarding the Department's intent for "Program specific coordination requirements will be determined at a later date." These services are often complex to coordinate, especially if we have to determine a plan of care for each member. Does each member in a waiver program have a case manager? What incentives does the case manager have in working with the Contractor?

Response:

The Department expects that coordination agreements would follow from a comprehensive review of the waiver services and activities and the Contractor's clinical management program. The waiver programs have covered services that are specific to each waiver and these services are not under the authority of the Contractor. Moreover, each waiver participant has a waiver case manager who is responsibility for developing a comprehensive community based care plan that details all of the waiver services that will be received by the waiver participant. Case managers and waiver care plans will remain in place. The Contractor will be responsible for managing the non-waiver services and for coordinating with the waiver care manager and the waiver service providers when such coordination is necessary to support quality health care, adherence to prescribed treatments and favorable health outcomes. For example, it is anticipated that discharge from a hospital setting would typically be coordinated with a waiver case manager. The waiver case managers are typically focused on their clients best interests and it is

our belief that no special incentives will be necessary for them to coordinate or collaborate with the Contractor.

Question 85:

Addendum 1, 10.06 (Provision of Services).a Page 31

Provision of Services
a. The Contractor shall arrange for CMP Members to receive necessary services described in Appendix A (HUSKY A Covered Services).

Please define the Contractor's responsibility to "arrange" services as described in this section.

Response:

The term "arrange" as used in this section refers to the Contractor's implementation of its Clinical Management Program model. For example, the CMP's care manager or case manager may help arrange for access to needed covered services that the member has been unable to access.

Question 86:

Addendum 1, 10.06 (Populations Eligible to Enroll). Page 36

Populations Eligible to Enroll
a. Appendix XV, CMP Medicaid Coverage Groups contains a list of the Medicaid groups eligible for CMP enrollment. The Department may add additional eligibility groups to the managed care population. The Department will notify the CMP of any changes in the eligibility categories. The CMP may at its own option serve such additional groups as may be proposed by the Department.

In the event that additional eligibility groups are added, will there also be rate adjustments?

Response:

The Department will review cost implications in the event that additional eligibility groups are added. The administrative PMPM may be the same as established under this contract amendment or it may be lower if the population has a lower rate of service use and lower overall health risk.

Question 87:

Addendum 1, 10.07 (Key Personnel and Contract Administration) Page 37

b. Key Positions and Personnel
1. Key Positions shall mean any management level positions involved in the administration of the CMP program. Key Personnel shall mean the person in the Key Position.

Is there a specific list of Key Positions and Personnel that the Department is able to provide?

Response:

No

Question 88:

Addendum 1, 10.07 (Key Personnel and Contract Administration) Page 38

c. Staffing Levels
5. The Contractor shall ensure that the Contractor's staff performing care coordination and case management on average meet minimum productivity and efficiency standards at the Connecticut Service Center. It is the Department's intent to specify such minimum productivity requirements in the Contract Amendment, based in part on the Contractor's response to the RFQ.

How is the Contractor to determine staffing levels if we are not aware of the Department's minimum productivity requirements for its personnel?

Response:

The respondent should propose productivity requirements consistent with the Contractor's experience when offering similar products. These productivity assumptions should be the basis for its staffing levels; in other words, the productivity assumptions provide a *justification* for the proposed staffing levels. Productivity requirements will be established in the resulting negotiated contract amendment based in part on the response to the RFQ; however, these requirements may or may not be identical to those proposed in the response.

Question 89:

Addendum 1, 10.07 (Key Personnel and Contract Administration) Page 38

d. Service Center Location
1. The Contractor agrees to locate and maintain its Connecticut Service Center including staff and infrastructure used to carry out the utilization management, case management, care coordination and call center requirements under this Contract Amendment within the State of Connecticut.

Please clarify whether the Contractor would be permitted to utilize support from facilities outside the State of Connecticut (e.g., after hours support).

Response:

Yes

Question 90:

Addendum 1, 10.07 (Key Personnel and Contract Administration) Page 39

g. Committee Structure
1. Throughout the term of this contract, the Contractor shall establish committees with consumer and provider representation to provide advice and guidance to the Contractor regarding the full scope of clinical management services undertaken in association with this Contract Amendment. The Contractor shall submit a plan for the establishment or use of such committees to the Department for approval August 1, 2010.

Please clarify whether we would be permitted to add providers to out existing committee structures or would we be required to create a new committee?

Response:

Yes, the Contractor may propose to add providers to its existing committee structures.

Question 91:

Addendum 1, 10.07 (Key Personnel and Contract Administration) Page 40

j. Policy Manual
1. The Contractor shall produce a single integrated manual of all of the policies and procedures pertaining to services provided under this Contract. The manual shall include, but is not limited to the specific policies and procedures provided for in subsequent sections of this contract, and which may require review and approval of the Department. The Contractor shall post the manual on a website accessible to staff of the Department by October 1, 2010. The website shall include the current version of the manual and all archived versions of the manual that contain policies in effect at any time following implementation. Certain policies and procedures may be exempt from this requirement with the approval of the Department.

Please clarify whether the policies and procedures mentioned in this section pertain to the Contractor's or the Department's. Would the Contractor be required to keep a hard copy of the manual as well?

Response:

The requirement refers to the Contractor's policies and procedures. The Contractor may retain its policies and procedures in any other format it chooses; however, for the purposes of policy implementation and interpretation, the documents available to the Department from the website must be the current and applicable versions of the policies and procedures.

Question 92:

Appendix VIII Page 41

Term: 7/1/2010-6/30/2011

Please confirm that we only fill out a budget template for year one of the contract.

Response:

Yes, confirmed, a one year budget is required. Start-up costs, however, should be amortized over time.

Question 93:

Appendix VIII Page 41

Budget Template

Please provide a membership assumption to assist in the forecasting of staffing and expense dollars.

Response:

Please see response to question 42.

Question 94:

Addendum 1, 10.07 (Performance Targets and Withhold Allocation) Page 45

Performance Targets and Withhold Allocation
d. The established Performance Targets shall be tied to objectives such as access, quality, utilization, or cost. Each Performance Target shall have a separate value and, in some cases, separate values shall be established for domains within each Performance Target. The Contractor shall have the opportunity to separately earn the amount associated with each Performance Target and each domain within each Performance Target, as applicable. The established Performance Targets shall be negotiated on an annual basis.

Please describe the process by which the Contractor will "earn the amount associated with each performance target"?

Response:

The Department and the Contractor will negotiate the specific terms with respect to performance targets and requirements for return of the withhold. The performance targets will typically specify how performance will be measured and what level of performance will be required for return of all or part of the withhold. The withhold amount will be allocated to each target and the amounts may very based on the value of the target. The Department and the Contractor may negotiate cost targets that also require some minimum level of quality performance or visa versa. The negotiation of such targets will be a major focus of the first six months post-implementation. The intent is to describe targets in sufficient detail to satisfy both parties.

Addendum 1

State of Connecticut Department of Social Services
Care Management Program
Request for Proposals CMP _RFQ_123009

The State of Connecticut Department of Social Services is issuing **Addendum 1** to the Care Management Program Request for Qualifications.

Addendum 1 contains the following Sections:

Section 1 - Revised Procurement Schedule

Section 2 - Care Management Program Scope of Services

Section 1 - Revised Procurement Schedule

Deadline for mandatory Letter of Intent (no later than 3:00 p.m. Eastern Standard Time)	**01-19- 2010**
Deadline for the submission of written questions (no later than 3:00 p.m. Eastern Standard Time)	**01-19- 2010**
Posting/release of the Department's official responses to questions (Questions/Answers Addendum)	**01-26- 2010**

Section 2 - Care Management Program (CMP) Scope of Services

The following Appendices are provided in Addendum 1 to comply with the qualification submission requirements as stated in **Section IV B. SCOPE OF SERVICES** of the Care Management Program Request for Qualifications, To provide a responsive submission, **THE RESPONDENT SHALL** describe its method to implement the following specific services as described in **Appendix IX**, **CMP Scope of Services**.

Appendices X, XI, Xll, XIII, XIV, and XV are included in Addendum 1 as these Appendices are referenced in the CMP Scope of Services, Appendix IX.

Appendix IX - CMP Scope of Services
Appendix X - CMP Authorization File Layout
Appendix XI - CMP Reporting Matrix
Appendix Xll - CMP Deliverables
Appendix XIII - CMP Authorization Matrix
Appendix XIV - CMP Behavioral Health Management Responsibility Table
Appendix XV - CMP Medicaid Coverage Groups

Addendum 1

State of Connecticut Department of Social Services
Care Management Program
Request for Proposals CMP _RFQ_123009

Date Issued: January 12, 2010

Approved: *Marcia McDonough*
Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.	
_____	_____
Authorized Signer	Name of Company

Appendix IX – Care Management Program Scope of Services

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10. PROVISIONS APPLICABLE TO MEDICAID FEE-FOR-SERVICE ONLY

10.01 SUPPLEMENTAL DEFINITIONS

Acute Services:
Medical or behavioral health services needed for an illness, episode, or injury that requires intense care, and hospitalization.

Ad-hoc Report:
A report that has not been previously produced and which may require specifications to be written, development and testing prior to production to complete.

Administrative Hearing:
Also called Fair Hearing. A formal review by the Department of Social Services (DSS) that occurs after the Contractor and a Medicaid member have failed to find mutual satisfaction concerning treatment issues such as denials, reductions, suspensions, terminations or appropriate levels.

Adult:
Person 18 years of age or older.

Advance Practice Registered Nurse (APRN):
A masters level registered nurse with a certification that allows for the prescribing of medications.

Automatic Eligibility Verification System (AEVS):
The sole comprehensive source of the Department of Social Services' client eligibility information. The following electronic methods can be used to verify client eligibility: Automated Voice Response System (AVRS), OMNI Point of Sale (POS) Device, EDS Provider Electronic Solutions (PES) software, vendor software utilizing the ASC X12N 270/271: Health Care Eligibility/Benefit Inquiry and Information Response transaction, and mainframe computer to mainframe computer.

Behavioral Health Services:
Services that are necessary to diagnose, correct or diminish the adverse effects of a psychiatric or substance use disorder.

Care Coordination:
Care coordinators are responsible for working collaboratively with the recipient's PCP to ensure that identified needs are being met while at the same time eliminating duplication of diagnostic testing, pharmacological therapies and other service overlaps that contribute to costs but do not improve patient care.

Care Management Program (CMP):
The organizations that provide care management services under a contract with DSS for individuals enrolled in Medicaid FFS.

Case Management:
Services whose primary aim is assessment, evaluation, planning, linkage, support and advocacy to assist individuals in gaining access to needed medical, social, educational or other services. An assigned nurse, social worker or behavioral health professional. works to ensure adherence to a plan of care, coordinate the delivery of services, educate beneficiaries about their condition(s) and familiarize them with the symptoms

they should expect, and serve as contact if they experience any problems or have questions or concerns about their health.

Care Planning:
Care managers work with the recipient, the recipient's family/caregiver, primary and specialty physicians and other stakeholders to develop a mutually agreed upon, recipient-centric plan of care, including care plan goals and benchmarks.

Children:
Individuals under eighteen (18) years of age.

Children with Special Health Care Needs (CSHCN):
Children up to age nineteen (19) who have, or are at elevated risk for, chronic physical, developmental, behavioral or emotional conditions, whether biologic or acquired. They require health and related services (not educational or recreational) of a type and amount not usually required by children of the same age. CSHCN also includes children who are blind or disabled (eligible for Supplemental Security Income (SSI) under Title XVI of the Social Security Act; in foster or other out-of-home placement; are receiving foster care or adoption assistance; or are receiving services funded through Section 501(a)(1)(d) of Title V of the Social Security Act.

Clinical Management:
The process of evaluating and determining the appropriateness of the utilization of health services as well as providing assistance to clinicians or members to ensure appropriate use of resources. It may include, but is not limited to, prior authorization, concurrent authorization, and retroactive medical necessity review; care management, care coordination review; retrospective utilization review; quality management; provider certification; and provider performance enhancements.

Complaint:
A written or oral communication to the Contractor from an individual expressing dissatisfaction with some aspect of the Contractor's services.

Concurrent Review:
Review of the medical necessity and appropriateness of health services on a periodic basis during the course of treatment.

Consultant:
A corporation, company, organization or person or their affiliates retained by the Department to provide assistance in this project or any other project; not the Contractor or subcontractor.

Consumer Health Information:
Products and services including patient education materials tailored to the Medicaid population.

Contractor:
An Administrative Services Organization, providing a single source for clinical management, benefit information, member services, quality management, and other administrative services outlined in this contract within a centralized information system framework.

Critical Incident/Significant Event:
Any incident that results in serious injury, or risk thereof, serious adverse treatment response, death of a service user, or serious impact on service delivery as defined by the Department's policies and procedures.

Customer and Provider Call Center:
Comprehensive call services including member information, benefit information, referral assistance, appointment scheduling, and grievance resolution.

Data Warehouse:
A data storage system or systems constructed by consolidating information currently being tracked on different systems by different contractors of the Departments.

Date of Application:
The date on which a completed Medical Assistance application or a HUSKY Application is received by the Department of Social Services, or its agent, containing the applicant's signature.

DCF Identifier:
An identifier on the EMS file that, for those individuals with DCF involvement, specifies the nature of that involvement.

Denial of Authorization:
Any rejection, in whole or in part, of a request for authorization from a provider on behalf of a member.

Discharge Review:
A review by the Contractor of the discharge plan prior to a recipient's discharge from service.

Discharge Planning:
The evaluation of a member's need for aftercare services developed in order to arrange for appropriate care after discharge or upon transferring from one level of care to another level of care.

Disease Management (DM):
A formal, evidence-based program to address specific chronic and/or co-morbid conditions (e.g., diabetes, asthma, congestive heart failure, chronic obstructive pulmonary disease, depression, hypertension).

Eligibility Management System (EMS):
An automated mainframe system operated by the Department of Social Services (DSS) for maintaining eligibility information regarding Medicaid (including HUSKY A), State Administered General Assistance, or Voluntary Services members. It also provides fully integrated data processing support for benefit calculation and issuance, financial accounting, and management reporting.

Evidenced Based Programs:
Treatment services that have met strict scientific standards of effectiveness, and that require intensive training and supervision to ensure fidelity to the model.

Explanation of Benefits (EOB):
The remittance advice received by the provider, which details how the service was adjudicated.

Extranet:
An extranet is a secure private computer network that uses the Internet protocol and the public telecommunication system to securely share part of a business's information or operations with suppliers, contractors, partners, customers, or other businesses.

FQHC-Sponsored Contractor:
A Contractor that is more than fifty (50) percent owned by Connecticut Federally Qualified Health Centers, certified by the Department of Social Services as a qualified entity to enroll Medicaid recipients.

Healthcare Common Procedure Coding System (HCPCS):
A system of national health care codes that includes the following: Level I is the American Medical Association Physician's Common Procedural Terminology (CPT codes). Level II covers services and supplies not covered in CPT. Level III includes local codes used by state Medicare carriers.

Health Risk Assessments:

A formal process for determining a recipient's health condition, complications, co-morbidities and health care needs by type and level of service.

Hewlett Packard:
The Department of Social Service's fiscal agent contracted to process and adjudicate claims to support the Connecticut Medical Assistance Program.

Home Health Care Services:
Services provided by a home health care agency (as defined in Subsection d of section 19A-4890 of Connecticut General Statutes) that is licensed by the Department of Public Health, meets the requirements for participation in Medicare, and meets all DSS enrollment requirements.

HUSKY, Part A or HUSKY A:
Connecticut implementation of managed care health insurance under the federal Medicaid program (Title XIX) for children and their relative caretakers. Eligibility is for children of families earning below 185% and relative caretakers of families earning below 150% of the federal poverty level groups pursuant to Section 17b-266 of the Connecticut General Statutes.

HUSKY, Part B or HUSKY B:
The health insurance plan for children established pursuant to Title XXI (SCHIP) of the Social Security Act, the provisions of Sections 17b-289 to 17b-303, inclusive, of the Connecticut General Statutes, and Section 16 of Public Act 97-1 of the October special session. This program provides federally subsidized health insurance for uninsured children in families earning from 185% to 300% of the federal poverty level. Unsubsidized coverage is available under HUSKY B for families earning more than 300% of the federal poverty level.

Implementation:
The date on which the Contractor assumes responsibility for the management of Medicaid benefits for assigned recipients.

Implementation Review:
An on-site review the purpose of which is to determine whether the Contractor has achieved sufficient implementation progress to operate its administrative services by such time as indicated in the Contractor's approved Implementation Plan.

Inpatient:
Inpatient refers to a level of care provided in a 24-hour medically managed setting to an individual in need of acute care.

Interactive Voice Response System (IVRS):

A telephone system that will allow providers to determine authorization, eligibility or claims status without human intervention.

Level of Care (LOC) Guidelines:
Guidelines that are used by the Contractor to conduct utilization management and which, in conjunction with the Department's Medical Necessity Definition, help to determine whether a service is medically necessary and medically appropriate.

Medicaid Management Information System (MMIS):
DSS' automated claims processing and information retrieval system certified by CMS. It is organized into six function areas--Member, Provider, Claims, Reference, Management and Administrative Reporting subsystem (MAR) and Surveillance and Utilization Review subsystem (SUR).

Member:

For the purposes of CMP, an individual eligible for coverage under Medicaid FFS and enrolled with a CMP.

Operational:
Performance by the Contractor of all of the major functions and requirements of this contract for all enrolled members.

Outlier Management:
Utilization management protocols geared toward client- or provider-based utilization levels that fall below or exceed established thresholds.

Peer Desk Review:
A review of available clinical documentation conducted by an appropriate peer advisor when a request for authorization was not approved during the initial clinical review conducted by a care manager.

Peer Review:
A telephonic conversation between the Contractor's peer advisor and a provider requesting authorization when the request does not appear to meet the medical necessity guidelines and either the provider or the peer advisor believes that additional information needs to be presented in order to make an appropriate medical necessity determination. Peer review also includes a review of available clinical documentation.

Peer Review Organization (PRO):
(See Quality Improvement Organization.)

Performance Review:
An on-site review by the Department the purpose of which is to determine whether and to what extent the Contractor is operating its administrative services in accordance with the terms of this contract.

Pharmacy Benefit Manager (PBM):
A company under contract with managed care organizations, or government programs to manage pharmacy networks, review drug utilization, and manage health outcomes through effective disease management strategies.

Predictive Modeling: Analysis of claims-based data to prospectively identify recipients who could potentially benefit from care management interventions.

Predictive Analytics:
A type of data analysis that focuses on application of statistical or structural models for predictive forecasting or classification, while text analytics applies statistical, linguistic,

and structural techniques to extract and classify information from textual sources, a species of unstructured data.

Preferred Practice:
Designation given by the Department to recommended clinical/intervention practices.

Presumptive Eligibility:
Presumptive Eligibility for children is a method of determining temporary Medicaid eligibility for children under the age of nineteen (19). The determination is made by organizations authorized under federal and State law and approved by DSS to make presumptive eligibility determinations. These organizations are called Qualified Entities. Children who are given presumptive eligibility become entitled to Medicaid benefits on the date the Qualified Entity makes the determination.

Procedure Codes:
A broad term to identify systematic numeric or alphanumeric designations used by healthcare providers and medical suppliers to report professional services, procedures and supplies. Among the procedure codes used in this document are HCPCS (which include CPT codes) and Revenue Center Codes (RCCs).

Professional:
A medical practitioner licensed or certified by DPH, DCF, or DMHAS.

Provider:
A person or entity under an agreement with DSS to provide services to Medicaid services to members.

Provider Profiles:
A process for tracking and trending provider practice patterns at the individual level as well as in the aggregate.

Qualified Entity:
An entity that is permitted under federal and state law to determine presumptive eligibility for Medicaid

Quality Improvement Organization (QIO) or QIO-like entity:
An organization designated by CMS as a QIO or QIO-like entity (formerly PRO or PRO-like entity), with which a state can contract to perform medical and utilization review functions required by law.

Quality Management (QM):
The process of reviewing, measuring and continually improving the processes and outcomes of care delivered.

Random Retrospective Audit:
Audits conducted for the purpose of determining a provider's continued qualification as a high performing provider for the purpose of the bypass program.

Recipient Profiles:
A process for tracking and trending service utilization both individually and in the aggregate to alert medical management staff about potential gaps in the delivery of services.

Registration:
The process of notifying the department or its agent of the initiation of a medical service, to include information regarding the evaluation findings and plan of treatment, which may

serve in lieu of authorization if a service is designated by the Department as requiring notification only.

Requestor:
The provider that is requesting authorization of a service on behalf of a member.

Retroactive Medical Necessity Review:
Refers to the Contractor's process for approving payment for covered services after the delivery of the service or initiation of the plan of care based on a determination by the Contractor as to whether the requested service is medically necessary and medically appropriate. Such reviews typically apply when a service is rendered to an individual who is retroactively granted eligibility, when the effective date of eligibility spans the date of service and the service requires authorization.

Retrospective Chart Review:
A retrospective chart review is a review of provider's charts to ensure that the provider's chart documentation supports the utilization management practices, for example, that the documentation is consistent with the provider's verbal report and corresponding authorization decision. The charts selected for review may be random or targeted based on information available secondary to the utilization management process.

Retrospective Utilization Review:
A retrospective review is a component of utilization management that involves the analysis of historical utilization data and patterns of utilization in order to inform the ongoing development of the utilization management program.

Standard Report:
A report that once developed and approved will be placed into production on a routine basis as defined in the contract.

State Fiscal Year (SFY):
July 1st through June 30th of the following year.

Tax identification number (TIN):
The federal identification number, either social security number or employer identification number, that is used by a provider for tax filing, billing and reporting purposes.

Unique Client Identifier (UCI):
A single number or code assigned to each person in a data system and used to individually identify that person.

Unique Provider Identifier (UPI):
A single number or code assigned to each provider in a data system and used to individually identify that provider.

Utilization Management:

a. Concurrent Review and Discharge Planning: An evaluation of the medical necessity of an inpatient admission and the clinical appropriateness of the services, setting and level of care.

b. Prior authorization and concurrent review: An evaluation of the medical necessity of outpatient and community services.

Utilization Management (UM) Protocol:
Guidelines approved by the Department and used by the Contractor in performing UM responsibilities.

Vendor:
Any party with which the Contractor has contracted to provide services to support its business, other than the clinical and administrative services that are required under this Contract.

Warm transfer:
A warm transfer allows the Contractor to transfer the caller directly to the individual who can assist the caller and, when such individual is available, to introduce the call in advance of executing the transfer and remain on the call as a participant. For example, if a CMP member calls the Contractor regarding pharmacy, it would be expected that the Contractor would contact the PBM and transfer the caller directly to the PBM.

10.02 MEMBER AND PROVIDERS SERVICES AND CALL CENTER

Member Services

a. General Requirements

Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.02, 3.07, 3.27, 3.28, and 3.29 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members. References to CT BHP ASO shall be to the Department or the Department's behavioral health ASO.

b. The Contractor shall by May 1, 2010 produce a Member Handbook in accordance with Section 3.28 for the Department's review and approval prior to distribution

c. The Contractor shall by July 1, 2010 produce a Member Website in accordance with Section 3.29 for the Department's review and approval prior to distribution.

d. Transportation

Throughout the term of the Contract Amendment the Contractor, through its member services staff shall facilitate and coordinate access to transportation services by referring members to the Department's transportation services broker(s). The Contractor shall:

1. Provide a warm transfer to the appropriate transportation broker as applicable.
2. Ask the caller to call the Contractor back if problems are encountered in accessing transportation that cannot be resolved by the Department's transportation broker.

Provider Relations

a. Introduction

Throughout the term of the Contract Amendment the Contractor shall develop and maintain positive Contractor-Provider Relations; communicate with all providers in a professional and respectful manner; promote positive provider practices through communication and mutual education and provide administrative services in the most efficient manner possible in an effort to pose minimal burden on providers.

b. General Requirements - The Contractor shall:

1. Promote on-going and seamless communication between Providers and the Contractor;
2. Include Providers in the Contractor's committee structure, to allow Providers to have a direct voice in developing and monitoring clinical policies;
3. Upon the request of a Provider, supply encryption software to allow for the exchange of member data between the Contractor and the Provider via e-mail;
4. As directed by the Department, post on the Contractor's website, policies and procedures, handbooks and other material, produced as a requirement under this Contract Amendment with links to other programs and services as deemed by the Department to be relevant to this CMP;

5. As directed by the Department, make policies and procedures, handbooks and other material, produced as a requirement under this Contract Amendment, available in written hard copy, upon request;
6. To the greatest extent possible, notify Providers of policy or procedural changes that may directly or indirectly impact the Contractor's obligations under this Contract Amendment at least 45 days prior to the proposed implementation;
7. Monitor Provider complaints and if, in the opinion of the Contractor, the complaints are of sufficient severity or frequency to warrant consideration for disenrollment from the Medicaid Fee-for-Service network, notify the Department of the Contractor's opinion.

c. Provider Handbook

The Contractor shall by July 1, 2010 produce for the Department's review and approval prior to distribution, a Provider Handbook and shall make this handbook available on the website. The Provider Handbook shall, at a minimum, include:

1. Contractor corporate information,
2. Summary of service and benefit structure,
3. Special features of the Contractor's clinical management program,
4. Procedures for submitting complaints and appeals,
5. Procedures for submitting service authorization,
6. Procedures for using WEB-based provider services,
7. Confidentiality provisions,
8. Names and contact information of Provider Relations staff,
9. Information on how to access pharmacy, behavioral health and dental services, and
10. How to obtain any other benefits that are available to the Member but are not covered under this Contract Amendment.

d. Provider Notification

Throughout the term of this Contract Amendment the Contractor shall be required to notify Providers to modifications in the Provider Handbook and to changes in provider requirements that are not otherwise communicated by the Department. To accomplish this task the Contractor shall:

1. Request and obtain from providers an e-mail address, so they can be alerted to access the Contractor's website to download updates to the provider handbook and provider requirements;
2. E-mail to providers and publish on the Contractor's website any clarification or direction on matters not otherwise communicated by the Department; and
3. Post notification of policy changes on the Contractor's CMP Web site.

e. Provider Inquiries and Complaints

Throughout the term of the Contract Amendment the Contractor shall:

1. Track and manage all provider inquiries and complaints related to clinical and administrative services covered under this Contract Amendment and direct all complaints related to behavioral health, pharmacy, dental and transportation services to the responsible DSS vendor.
2. Ensure that all Provider inquiries and complaints are addressed and resolved in compliance with the Contractor's approved QM Plan and no later than 30 days from receipt.
3. Inform the Department immediately when inquires and complaints are of an urgent nature and require an immediate response from the Department.
4. Provide the Department with a report outlining the Contractor's compliance with required timeframes and notifications related to Provider inquiries and complaints. The Department and the Contractor shall agree to the form, content and frequency of the report in advance.
5. Utilize the Contractor's management information system(s) (MIS) to track complaint related information including complaint resolution and provide this data to the Department upon request.

f. Web-based Communication Solution

1. By 1/1/11 the Contractor shall develop and implement a website specifically to serve its providers and members.
2. The Contractor shall ensure that the Website provides information about the Contractor's services, a link to the Department's primary websites and related websites (e.g., www.ctdssmap.com) and a link to the Contractor's corporate website.
3. The Contractor shall, in consultation with the Department, determine what program content is to be published on the Website.
4. Throughout the term of this Contract Amendment the Contractor shall provide Web-enabled transactional capabilities through the website. Such capabilities shall include but may not be limited to:

   a). Provider inquiries.

   b). Submission of initial authorization and registration.

   c). A Provider Services application that shall allow Providers to request authorization for services, register care, verify eligibility and to submit requests for continued care beyond the initially authorized/registered services.

   d). A Web-based referral search system that will allow Contractor's and Department's staff, CMAP providers, CMP members and any other interested persons to locate network providers through a searchable database. The searchable database shall include network providers and facilities with information regarding areas of clinical specialization, race/ethnicity, languages spoken, disciplines, and program types. The system shall permit searches using any combination of the following criteria: provider category; service type; zip code; population served; languages spoken; sex of provider; ethnicity of provider; clinical specialty; last name; and first name. Persons accessing the referral search system shall be able to sort provider search results by driving distance, list the details available on each provider (e.g.,

specialties and languages), and access a map showing locations of provider offices in relation to a specified location.

e). The ability to allow Providers to securely initiate updates of the provider's information in the searchable database.

Provider Network

a. Introduction

1. Throughout the term of the Contract Amendment the Contractor shall provide limited network management and development functions including the development of a provider file, network adequacy analysis, and network development assistance. The Department expects the Contractor to facilitate expansion of the CMAP provider network.
2. The Contractor shall interact with the providers as an administrative agent on behalf of the Department. In this capacity, the Contractor shall assist the Department in developing and maintaining the provider network that will ensure the delivery of all covered services to all members.
3. The Contractor shall obtain provider network data from DSS and shall build and maintain a provider file as specified in the "Information Systems" Section.

b. Access to Provider Files

Throughout the term of the Contract Amendment the Contractor shall:

1. Ensure that Contractor's staff has immediate access to all provider files through the integrated management information system to allow staff to search for a provider appropriate to a member's needs, preferences, and location.

c. Network Assessment

1. Throughout the term of the Contract Amendment the Contractor shall identify service gaps using a variety of data sources including:
   a. Tracking and trending information on services requested but not available;
   b. Requesting that the Contractor's advisory committees identify services that are needed but unavailable; and
   c. Monitoring services for which authorization is continued for administrative reasons (e.g., lack of essential aftercare services).

d. Single Case Agreements

1. The Contractor may on a case-by-case basis, enter into a special service agreement with a specific Provider to address critical access issues. The terms of such agreements shall be negotiated by the Contractor with the participation of the Department. The final terms of the agreement shall be subject to approval by the Department and shall not be complete unless and until the provider has executed a provider agreement with the Department. Such agreements shall be entered into to address access issues including:
   a. Provision of a covered service that is unavailable in a particular local area;
   b. Provision of a service to eligible members who are temporarily out-of-state and in need of services;

c. Provision of a service that is not in the network, but is covered under Medicaid EPSDT;

d. Provision of a support service that is necessary for the success of a member with complex health service needs.

2. The Contractor shall coordinate with DSS and the DSS MMIS contractor to enroll providers with whom a service has been negotiated that will be payable fee-for-service.

e. Payment Related Troubleshooting and Technical Assistance

The Contractor shall facilitate the identification and resolution of provider payment problems. The Contractor shall:

1. Attend regular meetings hosted by the Department and attended by the Department's fiscal agent to address operational issues that currently or may impact providers.

2. Participate in a rapid response team consisting of DSS and Contractor personnel to resolve issues related to timely and accurate authorization processing and claims processing. The Contractor shall work with the Department to prepare a plan for coordinating problem assessment and intervention. The plan shall include provisions for on-site assistance by a rapid response team when problems persist for more than 60 days.

10.03 OPERATIONS

System Requirements

Throughout the term of the Contract Amendment the Contractor shall:

a. Transmit authorization data to the DSS MMIS contractor.

b. Establish and maintain a HIPAA compliant computer system to accommodate all operational and reporting functions set forth herein.

c. Establish and maintain connectivity between the Contractor's information system and the Department's systems and contractors to support the required data exchanges in compliance with the Department's standards for the exchange of data.

Eligibility

a. Eligibility Determination and File Production and Transmission

The Department shall

1. In accordance with the Department's individual eligibility policies, determine the initial and ongoing eligibility for individuals to be enrolled in a Care Management Program.

2. In accordance with the Department's eligibility policies, determine the continuation of eligibility for each Member enrolled in the Contractor's Care Management Plan.

3. On a monthly basis produce and supply to the Contractor the following eligibility files (in HIPAA compliant X12N format), which shall be used to inform the Contractor of each member's eligibility and by the Contractor for the authorization of requested health services. The format of such files shall be the same as the files currently produced for the HUSKY program except that such files shall contain additional fields pertaining to HCBS waiver participation:

   a). One eligibility roster file generated by the eligibility management system (EMS) at the end of each month that lists all Medicaid FFS recipients (enrolled with the Contractor), who are eligible for services for the following month.

   b). Daily file updates (adds/deletes) for Medicaid FFS recipients.

4. Train Contractor staff to use the data fields within EMS.

5. Place the Medicaid FFS file on a secured FTP server from which the Contractor will download the file.

b. Eligibility Data

The Contractor shall

1. Accept eligibility, membership and enrollment data (eligibility data) from the Department through electronic communications.

2. Conduct a quality assurance or data integrity check upon receipt of the eligibility data from the Department. Any eligibility audit report that results in an error rate below two percent shall be loaded into the Contractor's information system within two business days of receipt.

3. Notify DSS, in a format specified by DSS, of any eligibility record that errors out due to missing or incorrect data.

4. Generate an update report that includes the number of eligibility records that have been read and the percentage of records loaded.

5. Assemble a single comprehensive secure eligibility database incorporating member eligibility information including but not limited to demographic, third party liability (TPL) and limitations within forty-eight (48) hours from the time at which DSS makes available such extracts.

6. Provide authorized staff with secure on-line access to the Contractor's comprehensive eligibility database to serve members and providers.

7. Verify the eligibility of persons not yet showing in the monthly eligibility file utilizing the MMIS secure web site to query the DSS Automated Eligibility Verification System (AEVS).

8. Add a missing member to the Contractor's eligibility database as a "temporary" member if services are requested by or for an individual who is not listed on the monthly eligibility file but who is listed on AEVS.

c. Eligibility Verification

The Contractor shall

1. Verify Member eligibility for the purpose of performing service authorization requests for its Members.

2. Receive requests for the authorization of services and for each authorization request received, determine whether the intended Member of the requested services is eligible for coverage of the service using the most recent eligibility file supplied by the Department.
3. Validate eligibility through the web-based interface with DSS' Automated Eligibility Verification System (AEVS) when the Contractor is unable to validate eligibility by accessing the file,
4. Obtain third party coverage information pertaining to the eligible Member if eligibility is verified and shall:
   a). Notify HMS within seven (7) business days of any inconsistencies between the third party information obtained by the Contractor and the information reflected in the eligibility files or AEVS (See page 38 of https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=ch5_iC_claims_submission_v1.4.pdf&URI=Manuals/ch5_iC_claims_submission_v1.4.pdf .)
   b). Follow the appropriate protocol for determining service authorization, which is further described in the Utilization Management Section of this Contract Amendment.
   c). Inform the provider that the Department is the payor of last resort and require the requestor to bill other known carriers first before billing the Department,
   d). Inform the provider that the provider must submit a claim to the DSS MMIS contractor only after the other insurance carrier(s) has processed the claim and to include the other insurance information as instructed in the CT Medical Program Manual, Chapter 8 provider billing instructions.
5. Use the Unique Client Identification Number assigned by EMS (Eligibility Management System) to identify each eligible person. EMS will assign a unique identification number for all individuals covered by this Contract Amendment.

Provider File

a. Initial Provider File Information and Updates
   1. The Contractor currently receives a provider extract from the DSS MMIS contractor in the file layout and media specified in the Encounter Data provider file;
   2. The Contractor shall accept from the DSS MMIS contractor provider adds and changes at a frequency agreeable to the Contractor and the Department and update the Contractor's MIS provider file accordingly within three business days of receipt; and
   3. The Contractor may obtain from providers additional information to supplement the provider file.

b. Provider Identification

   The Contractor shall utilize the provider's NPI, assignment type, provider type and specialty in the authorization or denial of services. This will enable reporting and external provider searches by service location (address) regardless of provider type.

See Appendix XIII, CMP Authorization Matrix for a complete list of service categories that require prior authorization.

c. Data Elements

The Contractor shall store the minimum provider data elements as displayed in Appendix X CMP Authorization File Layout v1.0 in the Contractor's MIS provider file.

d. Other Requirements

The Contractor shall ensure that

1. The Contractor's provider database can identify where services reside by location, provider type and specialty.
2. Provider searches can also be conducted in the Provider Subsystem, Claims Subsystem, Case Management module, and the Inquiry Tracking module.
3. The provider subsystem supports processes involving provider entry, reports, inquiry, and other fields to meet the requirements of a managed health care organization.

Authorization File

a. The Contractor shall provide to the DSS MMIS contractor a daily Prior Authorization (PA) Transaction batch file of all authorized services and authorization updates indicating service member ID, CMAP ID, procedure/revenue code, units, span dates, diagnosis, and any other information specified by the DSS MMIS contractor. The batch file layout will be in a custom (i.e., non-HIPAA compliant) format specified by the DSS MMIS contractor. See Appendix X, CMP Authorization File Layout v1.0 for authorization file data element specifications.

b. DSS shall require that its MMIS contractor provide a Daily Error file to the Contractor in response to each PA Transaction file that is received from the Contractor. The Daily Error file will be sent to the Contractor on the same day that the corresponding PA Transaction file is received.

c. The PA Transaction file from the Contractor and the Daily Error file to the Contractor from the DSS MMIS contractor shall be transferred electronically via FTP or other mutually agreeable and secure means of transmission.

d. The Department shall produce a "units used" file at a frequency to be determined. The Contractor shall receive and upload the units used file thus retaining a complete record in its care management system of units used against total units authorized.

e. The Department shall grant Contractor access to interchange to look up authorizations resident in the interChange (iC) system, whether authorized by the Contractor, the Department or a previous CMP. The table below provides the fees for setup and weekday usage.

Fee Type	Occurrence	Services	Amount

Set-up	Once at start-up	• Network line configuration and setup • Technical support getting organization connected and tested • Initial end-user Training on navigation and use of interChange application • Security Setup • Technical and contract documentation	$3,200
User Fee	Annual per user/log-on ID	• Access to the system from 7:00 am – 6 pm eastern time Monday - Friday • On-going technical/business support • Refresher Training (up to 3 hours annually) • Administrative fees	$750

Other Requirements

a. Data Extracts from the Department to the Contractor

1. The Contractor shall receive paid and denied claims extract files for their member population from the DSS MMIS contractor. These claims will be added to the existing claim files currently received by the MCOs.
2. DSS shall provide the Contractor with claims extracts from its MMIS contractor on a bi-monthly basis.
3. The claims extracts shall be used to produce claims based reports outlined in Appendix XI - CMP Reporting Matrix including the full complement of HEDIS Medicaid measures.

b. Data Extracts from Contractor to the Department

The Contractor shall, at the Department's request, submit records of all requested, authorized, and denied services for eligible individuals regardless of age, including all data fields listed in the UM subsection and any other information about the authorization specified by the Department to the DSS data warehouse, in a mutually agreeable electronic format and means and frequency of transmission. The authorized services will be passed to the Department's Data Warehouse (DW) from iC. The denied authorization requests would be the only data to be forwarded to the DW. A change order would need to be written for DW acceptance of this data as well as record layout.

c. Access by the Contractor to DSS's Data Warehouse

If required by DSS, the DSS shall train Contractor staff to use the DW for inquiry and reporting. If requested by DSS the Contractor shall use data from the DW to

generate ad-hoc reports for completion of the scope of work of this Contract Amendment as directed by DSS.

d. Telecommunications and IT Systems Outage

1. The Contractor shall notify the Department when the Contractor experiences a telecommunications outage during normal business hours that exceeds 15 minutes.

2. The Contractor shall track all outages including date, outage duration, and outage reason of any mission critical part of its IT or telecommunications system and make this report available to the Department upon request.

e. Disaster Recovery and Business Continuity

1. The Contractor shall, by May 5, 2010, provide to the Department a Disaster Recovery and Business Continuity plan that will, at a minimum, prevent the loss of historical data and ensure continuous operations, meaning no break in member and provider telecommunications and authorization services of more than thirty (30) minutes in the event of a system failure and no more than five (5) business days for all other administrative functions. The plan shall include a backup schedule and the Contractor's plan for responding to phone calls seamlessly in the event of local power failures, phone system failures or other emergencies.

2. During such period as the disaster recovery plan is in effect, the Contractor shall be responsible for all costs and expenses related to provision of the alternate services under its normal Administration fee. The Contractor shall notify the Contract Administrator prior to the initiation of alternate services as to the extent of the disaster and/or emergency and the expected duration of the alternate services within twenty-four (24) hours of onset of the problem.

3. The Department shall review and approve the Disaster Recovery Plan or provide the Contractor with comments and changes. Throughout the term of the Contract the Contractor is required to advise the Department, in writing of any anticipated changes to those sections of the Contractor's Disaster Recovery Plan that have been approved by the Department.

4. The Contractor shall maintain and execute the Disaster Recovery and Business Continuity plan to ensure compliance with the Department's IT requirements even if a disaster interrupts normal business and IT operations. The Disaster Recovery or "IT Business Continuity" plan shall include:

a). Daily Backups. Traditional daily system backups shall be done on all servers to ensure that the content of all of both host and local area network systems can be recovered in the event of a disaster. Software and production data files are copied to digital tape or other suitable media. A verification and audit program shall be used to confirm that the system backup tapes are complete and accurate and can be properly restored. Copies of the tapes shall be created and stored in a secure off-site location to be used to reload the production systems. System backup tapes shall be rotated regularly to ensure physical integrity of the tapes and to minimize tape parity error problems.

b). Backup Power - TBD

c). Recovery. The Contractor shall be able to have the Contractor's IT system back online within 15 to 30 minutes and operating in a secure environment.

d). Testing. Testing of the disaster recovery process, at a minimum, shall be provided for annually with preparation and delivery of a report to the Department within one month of the test.

10.04 DATA ANALYTICS

Proposed Data Analytic Activities

The Contractor's proposed scope of data analytic activities related to population health management, health risk stratification, provider and recipient profiling, and disease management will be inserted here, upon negotiation and acceptance by the Department.

Data Reporting Requirements

a. General Requirements

Throughout the term of the Contract Amendment the Contractor shall:

1. Store all operational data collected in an information system that is compliant with Open Database Connectivity Standards (ODBC) and allow for easy data capture.
2. Ensure that the information system's reporting capacity is flexible and able to use data elements from different functions or processes as required to meet the program reporting specifications described in this Contract Amendment.
3. Provide the Department with a mutually agreeable electronic or WEB-based file format of the MIS data dictionary of all data elements in all databases maintained in association with this Contract Amendment.
4. Ensure that any database used in association with this Contract Amendment can execute ANSI SQL.
5. Respond to questions or issues presented to the Contractor within five (5) business days unless otherwise specified.
6. Provide access to detailed and summary information that the Contractor maintains regarding authorization and registration decisions, UM staff coverage, appeals and complaints, and related data in conjunction with the authorization process.

b. Report Production, Integrity and Timeliness

1. Throughout the term of the Contract Amendment the Contractor shall:

a). Establish and notify the Department of the "Key Person" responsible for the coordination of the transmission of reports, correction of errors associated with the reports, as well as the resolution of any follow up questions.

b). Track report requests and work hours expended to satisfy the request.

c). Comply with requests from the Department to modify or add to the reporting requirements set forth herein. The Contractor must notify the Department

when meeting such requirements if there was a modification to the functional design of the information systems or staffing which will result in increased/decreased costs to the Contractor.

d). Provide the Department on or before October 1, 2010, for its review and approval, the processes and controls implemented by the Contractor to ensure “data integrity”, defined as the ability to ensure data presented in reports are accurate (e.g. “reporting accuracy”).

e). Be required to submit to the Department certain reports regarding the Contractor's activities under this Contract Amendment.

2. The Contractor and the Department agree that as of the drafting and execution of this Contract Amendment, the required reports, including due dates and prescribed format and medium, are memorialized in Appendix XI - CMP Reporting Matrix.

3. The Contractor shall be responsible for the production of all HEDIS designated reports listed in Appendix XI - CMP Reporting Matrix including the use of HEDIS certified software and independent audit requirements.

4. Whenever the due date for any report required by this Contract Amendment to be submitted by the Contractor fall(s) on a day other than a Business Day, such due date shall be the first Business Day following such day.

5. The Contractor and the Department agree that as this Contract Amendment progresses the parties may desire to change Appendix XI - CMP Reporting Matrix. Such changes may include the addition of new reports, the deletion of existing reports and/or changes to due dates, prescribed formats and medium.

6. The Contractor and the Department may agree to change Appendix XI - CMP Reporting Matrix; however, such change shall only be effective as of the date that the Department and the Contractor agree, in writing, to the change.

7. The Contractor shall not be held liable for the failure to comply with a reporting requirement set forth in Appendix XI - CMP Reporting Matrix, as changed by agreement of the parties from time to time, in the event that the Contractor's failure is a result of the Department’s failure to provide the necessary data and/or data extracts.

8. The Contractor shall

a). Produce all reports accurately with minimal revisions following submission.

b). Advise the Department, within one (1) business day, when the Contractor identifies an error in a line item of a report and submit a corrected report within five (5) business days of becoming aware of the error.

c). Specify on the corrected report the element that changed, the cause of the error and the guidelines that the Contractor shall implement to prevent future occurrences.

d). If it is apparent that the submission date for a report will not be met, request in writing an extension for submission. Such request must be received by the Department no later than one business day before the scheduled due date of the report.

c. Standard and Ad-hoc Reports

1. The Contractor shall produce for the Department Standard and Ad-hoc reports including those that may be required of the Department (e.g., by the legislature).
2. The Contractor shall produce Standard reports on a regularly scheduled basis as defined by the Department on all activities and measures in the format outlined in the Data Reporting Requirements section and Appendix XI - CMP Reporting Matrix. The Department may modify the format and specifications of these Standard reports during the term of this Contract.
3. The Contractor shall produce Ad-hoc reports upon request of the Department. Ad-hoc reports may require data from any or all of the Contractor's databases associated with this Contract Amendment including but not limited to the provider database, authorization database and credentialing database. The Contractor shall provide a request form that structures the Ad-hoc report request process such as by identifying report criteria, data necessary, priority, resources, and turnaround time. If the requested report exceeds staff resources, the Contractor shall work with the Department to prioritize requests in order to accommodate requested reports within available resources. If requested reports cannot be so accommodated, the Contractor and the Department shall negotiate the cost and other factors to accommodate the request.
4. The Contractor shall produce and deliver such Ad-hoc reports to the Department within five (5) business days of the Contractor's receipt of the Department's written request. If the Contractor will not be able to make the Ad-hoc report available within the requisite five (5) business days, then the Contractor shall, within three (3) business days from its receipt of the initial request, notify the Department's that the production cannot meet the five day deadline. The Contractor's response shall include reporting specifications, report development and resource requirements, and the expected delivery date of the information.

10.05 CLINICAL MANAGEMENT

Approval of the Contractor's Clinical Management Program

a. The Contractor shall develop a comprehensive Clinical Management Program plan that describes all elements of its clinical management program other than quality management. Quality management shall be submitted as a separate plan in accordance with Section 10.05, Quality Management subsection.
b. The Department shall review for approval the Contractor's Clinical Management Program.
c. The Contractor shall provide the Department, for its review and approval, the proposed Clinical Management Program by May 1, 2010.
d. The Department shall provide comments to reject or approve the proposed Clinical Management Program within 30 days of the Department's receipt of the Clinical Management Program.
e. After the Clinical Management Program is approved by the Department, the Contractor shall implement and follow the approved Clinical Management Program unless and until such approved program is revised with the approval of the Department.

f. The Contractor shall revise and resubmit the Clinical Management Program to the Department for review and approval at least annually and no later than October 1st of each year.

Care Coordination and Case Management Program Requirements

The Contractor's proposed scope of clinical management program activities related to utilization management care coordination, case management, care planning, health risk assessment and consumer health information shall be inserted here, upon negotiation and acceptance by the Department. Utilization management (UM) shall include all categories of services, provider types and specialties, and CPT or Revenue Center Codes summarized in the Appendix XIII - CMP Authorization Matrix. Behavioral Health services will be managed by the Department or a separate behavioral health services management administrative services organization under Contract Amendment with the Departments of Social Services and Mental Health and Addiction Services. Behavioral health services that will be the responsibility of the Department are summarized in the behavioral health covered services matrix in Appendix XIV. Dental services will be managed by the Department's dental services administrative services organization except as provided for in Section 3.18. Pharmacy services will be managed by the Department or its MMIS contractor.

Utilization Management Program Requirements

a. Medical Necessity and Medical Appropriateness

1. All decisions made by the Contractor to authorize health services shall conform to the Department's definition of medical necessity.
2. If the medical necessity and medical appropriateness definitions should conflict with the level of care guidelines utilized by the Contractor, the medical necessity definition shall prevail and the Contractor shall notify the Department of such conflicts.

b. Design and Conduct of the Utilization Management Program

1. The Contractor shall design and conduct a UM Program that shall be cost-efficient and quality based and compliant with the requirements of Section 3.35 (b), (d), (e), (f), (i), and (j). The processes utilized in the UM programs shall:

   a). Be minimally burdensome to the provider.

   b). Effectively monitor and manage the utilization of specified treatment services.

   c). Utilize state of the art technologies including automated telephone and web-based applications.

2. The Contractor shall

   a). Conduct periodic reviews of authorized services for timely and coordinated discharge planning.

   b). Verify that the services to be authorized and the provider to whom payment would be made are covered under the program from which the provider/member is seeking coverage, prior to completing an authorization for service.

c). Conduct retroactive medical necessity reviews resulting in a retroactive authorization or denial of service for individuals who are retroactively granted eligibility, when the effective date of eligibility spans the date of service and the service requires authorization. The provider shall be responsible for initiating this retroactive medical necessity review to enable authorization and payment for services.

c. Out-of-State Providers

The Contractor shall

1. Allow an out-of-state provider who is not enrolled in the Connecticut Medical Assistance Program Provider Network to submit an authorization request to the Contractor when an eligible member is temporarily out-of-state and requires health services. This allowance shall apply to providers who are out of state and does not apply to in-state providers (including providers who are classified as "border" providers). This allowance shall not apply to providers who serve members located within ten (10) miles outside of the state line as these members can access services from a provider already enrolled in the Connecticut Medical Assistance Program ("CMAP") Provider Network.

2. For authorization requests meeting these parameters, the Contractor shall:

   a). Review the provider's credentials to determine whether the provider is eligible to enroll.

   b). Review the request for health services for medical necessity.

   c). If deemed medically necessary, provide an authorization number to the non-enrolled out-of-state provider seeking to authorize services to an eligible member. This authorization cannot be included in the transmission of authorizations to the DSS MMIS contractor until the provider is enrolled.

   d). Provide provider enrollment instructions to non-enrolled out-of-state providers.

d. Retrospective Chart Review

The Contractor shall

1. Conduct retrospective chart reviews on an annual basis to ensure that documentation supports the utilization management practices. For example, retrospective chart reviews will verify that the documentation is consistent with the provider's verbal report and corresponding authorization decision of the Contractor.

2. Conduct such reviews on at least one half (½) of 1% of cases subject to authorization and clinical review. Reviews shall be completed either on-site at a specific provider location or by having the provider send a copy of the relevant medical record. At least 33% of the reviews shall be conducted at the provider location. The UM Program shall include a proposed methodology for identifying provider and recipient outliers that might be the subject of such reviews.

3. Use standard reports and its decision support tools to formulate its sampling strategy. Analysis shall include, but may not limited be to: average length of stay for each level of care by diagnosis by provider type; number and percentage of providers outside the average, and by what variance; variance in services that require authorization compared to those that can be registered; frequency with

which providers do not comply with prior authorization requirements; treatment outcomes of recipients treated in each level of care; and use of inpatient services while being treated in a clinic or program.

4. Conduct an on-site review of a significantly expanded selection of records when the Contractor identifies, through the random chart reviews, a provider who does not appear compliant with documentation standards, or who appears to have quality of care issues. The Contractor shall, in consultation with the Department, decide whether the provider would be given prior notice of this follow-up retrospective review.

e. Web-Based Automation

The Contractor shall

1. If the Contractor proposes "registration" rather than "authorization" for services, then establish a secure automated, web- based system to receive, screen, and respond to service registration requests. The web-based system must:

   a). Verify the eligibility of the intended Member.

   b). Issue an immediate on-screen notice that informs the requesting provider that a clinical review and authorization are required and that the provider must contact the provider line to complete the review with a clinician if any of the following are true:

      1). The provider is registering a level of care for which an authorization already exists;

      2). The provider is registering a member for a level of care that cannot be simultaneously authorized with an existing service without a clinical review; or

      3). The provider is registering a member for a service that otherwise requires clinical review.

   c). Provide a real-time electronic authorization response including provider number, location number, authorization number, units authorized, begin and end dates, service class and billable codes.

   d). Utilize authorized forms as necessary and available at: https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=pharmacy_PA_nondrug.pdf&URI=Forms/pharmacy_PA_nondrug.pdf

Coordination of Physical and Behavioral Health Care

a. The Contractor shall promote coordination of physical health and behavioral health care with the Department or the Department's behavioral health ASO. For individuals who access behavioral health services but who do not have special physical health care needs, the Contractor shall promote communication between behavioral health providers and the CMP primary care providers and to support primary care based management of psychiatric medications as medically appropriate. For individuals who access behavioral health services and who also have special physical health care needs, the Contractor shall help ensure that services are coordinated, that duplication is eliminated, and that lead management is

established in cases where medical and behavioral needs are serious or complex. Coordination of physical and behavioral health care shall be included in the Contractor's clinical management program.

b. Except as otherwise identified in this section and this contract, behavioral health (BH) services for CMP Members will be managed by the Department or the Department's BH administrative services organization (ASO). The CMP shall coordinate services covered under this Contract Amendment with the Department or the Department's BH ASO.

c. If there is a conflict between the CMP and the Department or the Department's BH ASO regarding whether a Member's medical or behavioral health condition is primary, the CMP's medical director shall work with the Department and the Department's BH ASO to reach a timely and mutually agreeable resolution. If the CMP and the Department's BH ASO are not able to reach a resolution, the Department will make a binding determination. Issues related to whether a Member's medical or behavioral health condition is primary must not delay timely medical necessity determinations. In these circumstances, the CMP shall render a determination within the standard timeframe required under this Contract Amendment and its policies and procedures.

d. Ancillary Services

    1. The CMP shall retain management responsibility for all ancillary services such as laboratory, radiology, and medical equipment, devices and supplies regardless of diagnosis.

e. Co-Occurring Medical and Behavioral Health Conditions

    1. The Contractor shall communicate and coordinate with the Department's behavioral health ASO as necessary to ensure the effective coordination of medical and behavioral health benefits.

    2. The Contractor shall support the provision of behavioral health services in primary care settings and psychiatric medication management by primary care providers for persons with behavioral disorders, when it is safe and appropriate to do so.

    3. The Contractor shall collaborate with the Department's behavioral health ASO to coordinate hospital inpatient services, ED services, laboratory services, and other services as administered under CMP contracts with DSS.

    4. The Contractor shall provide for all necessary aspects of coordination between the Contractor and the Department's behavioral health ASO. Specifically the Contractor shall:

        a). Contact the Department's behavioral health ASO when co-management of a member is indicated, such as for persons with special physical health and behavioral health care needs,

        b). Respond to inquiries by the Department's behavioral health ASO regarding the presence of behavioral co-morbidities,

        c). Coordinate management activities and services with the Department's behavioral health ASO when requested by the Department's behavioral health ASO,

d). Promote and support coordination between medical providers and the Department's contracted behavioral health providers as appropriate, and

5. The Contractor shall participate with the Department's behavioral health ASO and the Department in the development of policies pertaining to coordination between the Contractor and the Department's behavioral health ASO and shall adhere to such policies as approved by all parties, and as they may be revised from time to time.

f. Freestanding Primary Care Clinics

The CMP shall be responsible for primary care and other services provided by primary care and medical clinics not affiliated with a hospital, regardless of diagnosis. The only exception is that the CMP shall not be responsible for managing behavioral health evaluation and treatment services billed under CPT codes 90801-90806, 90853, 90846, 90847 and 90862, when the Member has a primary behavioral health diagnosis and the services are provided by a licensed behavioral health professional.

g. Home Health Services

1. The CMP shall be responsible for management when home health services are required for the treatment of medical diagnoses alone and when home health services are required to treat both medical and behavioral diagnoses, but the medical diagnosis is primary.

2. The CMP shall also be responsible for authorization of the medical component of claims if a Member has both medical and behavioral diagnoses and the Member's medical treatment needs cannot be safely and effectively managed by the psychiatric nurse or aide.

3. The CMP shall manage home health, physical therapy, occupational therapy, and speech therapy, regardless of diagnosis; to the extent such services are otherwise covered under this contract.

4. The CMP shall be responsible for the management of home health services for Members with mental retardation when the Member does not also have a diagnosis of autism.

h. Hospital Inpatient Services.

1. The CMP will share responsibility for management of inpatient general hospital services with the Department or the Department's BH ASO.

2. The CMP shall be responsible for management of inpatient general hospital services when the medical diagnosis is primary. The medical diagnosis is primary if both the Revenue Center Code and primary diagnosis are medical.

3. The CMP shall also be responsible for management of professional services associated with primary medical diagnoses during a behavioral stay.

i. Hospital Outpatient Clinic Services

The CMP shall be responsible for managing all primary care and other medical services provided by hospital outpatient clinics, regardless of diagnosis, including all medical specialty services and all ancillary services.

j. Primary Care Behavioral Health Services

1. The CMP shall be responsible for management of all primary care services and all associated charges, regardless of diagnosis. Such responsibilities include:
   a). Behavioral health related prevention and anticipatory guidance;
   b). Screening for behavioral health disorders;
   c). Treatment of behavioral health disorders that the PCP concludes can be safely and appropriately treated in a primary care setting;
   d). Management of psychotropic medications in conjunction with treatment by a CT BHP non-medical behavioral health specialist when necessary; and
2. The Department or the Department's BH ASO will develop education and guidance for PCPs related to the provision of behavioral health services in primary care settings. The CMP may participate with the Department or the Department's BH ASO in the development of education and guidance or it will be provided the opportunity for review and comment. The education and guidance will address PCP prescribing with support and guidance from the Department or the Department's BH ASO or referring clinic. The Department or the Department's BH ASO will make telephonic psychiatric consultation services available to primary care providers. Any PCP that is seeking guidance on psychotropic prescribing for a Member may initiate consultation.
3. The CMP may sponsor opportunities for joint training to promote effective coordination and collaboration. CMP policies, procedures and provider contracts must support the provision of behavioral health services by PCPs and entry into coordination agreements with Enhanced Care Clinics established by the Department.

Coordination with Home and Community Based Waiver Programs

The Contractor shall develop coordination agreements with the Department of Developmental Disabilities and the Department of Mental Health and Addiction Services with respect to the management of services for individuals participating in DDS or DMHAS administered Home and Community Based Waiver (HCBW) programs.

The Contractor shall also be required to coordinate with HCBW programs administered by the Department including the Acquired Brain Injury waiver program, the Connecticut Home Care Program for Elders, the Personal Care Assistance waiver, the Money Follows the Person project, and any other HCBW waiver programs that may be established by the Department during the period of this Contract Amendment. Program specific coordination requirements will be determined at a later date.

Quality Management

a. General Provisions

1. The Contractor shall prepare and submit a comprehensive Quality Management Program Plan for the population covered by this Contract Amendment. Such plan shall be prepared in accordance with Section 3.32 Internal and External Quality Assurance, with certain exceptions. The performance improvement activities shall be developed in relation to the DSS CMAP network rather than the MCO's contracted network and the number of performance improvement projects shall be negotiated with the Department on an annual basis. The number of

performance improvement projects shall be no fewer than the minimum required under the Section 1932 state plan amendment. The performance improvement projects detailed in the Quality Management Program Plan shall include all of the quality related initiatives negotiated as performance targets in accordance with Section 10.07, Performance Targets and Withhold Allocation subsection. The Contractor shall include one or more quality improvement initiatives, or medical initiatives that address the identification and/or management of individuals with behavioral and medical co-morbidities.

2. The initial Quality Management Program Plan shall be submitted to the Department for review and approval on or before November 1, 2010.

b. Quality Management Program Evaluation

1. The Contractor shall submit to the Department annually beginning April 1, 2012. a comprehensive Quality Management Program Evaluation Report utilizing the performance measures detailed in the Contractor's Quality Management Program Plan. The evaluation components shall correspond to the components and to the schedule outlined in the approved Clinical Management Program. At a minimum, the evaluation report shall include the following:

   a). A description of completed and ongoing quality management activities and annual initiatives,

   b). Summary of improvements (or lack thereof) in access, quality of care, coordination of healthcare, and other areas as identified in the program plan,

   c). Summary of other trends in access, utilization, and quality of care (including but not limited to measures contained in Appendix XI - CMP Reporting Matrix) that provide an overall illustration of the health system's performance,

   d). Assessment of utilization and other indicators that suggest patterns of potential inappropriate utilization and other types of utilization problems,

   e). Assessment of provider network adequacy including instances of delayed service and transfers to higher or lower levels of care due to network inadequacy, adequacy of linguistic capacity, and cultural capacity of specialized outpatient services,

   f). Evaluation of the Contractor's performance with respect to Contract Amendment targets and standards with proposed interventions to improve performance (corrective action plans) and proposed intervention measures,

   g). Proposed QM initiatives and corrective actions including proactive action to improve member clinical functioning, sustain recovery, minimize crises and avert adverse outcomes and to remediate utilization problems, and

   h). Overall impression of the system operations and functioning with recommendations for remediation.

c. Critical Incidents

The Contractor shall report to the Department:

1. Any critical incident or significant event within one (1) hour of becoming aware of the incident.

2. On a quarterly and annual basis, critical incidents and significant events in the aggregate. Reports shall be submitted in accordance with timeframes outlined in the Appendix XI - CMP Reporting Matrix.

d. The Contractor may investigate and address quality of care issues. On-site reviews of quality of care issues conducted by the Contractor will take place during normal business with at least 24 hours advance notice. On behalf of the Department, the Contractor may:

1. Review the quality of care rendered by the provider, including, but not limited to, chart audits;
2. Conduct visits at the provider's service site;
3. Require corrective action plans of the provider;
4. Suspend referrals, registration, or authorization; and
5. Report to the departments if issues are of a serious nature or remain unresolved.

10.06 MISCELLANEOUS

Provision of Services

a. The Contractor shall arrange for CMP Members to receive necessary services described in Appendix A (HUSKY A Covered Services).

b. The Contractor shall ensure that the services provided to Members are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the service is provided. The Contractor shall not arbitrarily deny or reduce the amount, duration or scope of a required service solely because of the Member's diagnosis, type of illness or medical condition.

c. The Contractor shall ensure that utilization management/review and coverage decisions concerning acute or chronic care services to each Member are made on an individualized basis in accordance with the contractual definitions for Medically Necessary at Section 1, Contract Definitions. As required by 42 CFR § 438.236 and as more fully described in Section E below, the Contractor shall adopt practice guidelines as part of its quality improvement program. The Contractor shall disseminate the guidelines to affected Providers and to Members, upon request. The Contractor's utilization management decisions shall be consistent with any applicable practice guidelines adopted by the Contractor. In order to operationalize the Medically Necessary definition, the Contractor may use utilization management criteria or guidelines developed by the Contractor or a by a Subcontractor or a third party. The Contractor shall only use such criteria or guidelines in conjunction with the Department's Medically Necessary definitions. The Department's definitions take precedence over any guidelines or criteria and are mandatory and binding on all Contractor utilization management decisions.

Pre-Existing Conditions

a. The Contractor shall assume responsibility consistent with the provisions of this Contract Amendment for management of all services as outlined in Appendix A (HUSKY A Covered Services) for each CMP Member as of the effective date of

enrollment under the Contract Amendment regardless of the new Member's health status. There is no exclusion for pre-existing conditions.

Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) Services

a. Throughout the term of the Contract Amendment, the Contractor shall comply with all EPSDT related requirements contained in 3.04(f) with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Dental

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.18(a) and (b) with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Other Access Features

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.21 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Continuous Enrollment

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.24(a) and (b) with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Linguistic Access

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.26 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Marketing

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.30 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Health Education

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.31 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Provider Appeals

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Section 3.36 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Subcontracting

a. The MCO may subcontract for any function, excluding Member Services, covered by this contract, subject to the prior approval of the Department, and in accordance with the subcontracting provisions contained in Section 3.38.

Fraud and Abuse

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Section 3.40 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members and notwithstanding provisions pertaining to claims payment.

Changes Due to a Section 1932 State Plan Amendment

a. The conditions of enrollment described in the contract, including but not limited to enrollment and the right to disenrollment, are subject to change as provided for in a state plan amendment under Section 1932 of the Social Security Act (as amended) obtained by the Department.

Passive Billing

a. Throughout the term of the Contract Amendment, the provisions of Section 3.44 with respect to passive billing shall apply to the administrative capitation.

Insurance

a. Throughout the term of the Contract Amendment, the provisions of Section 3.50 (a) and (b) with respect to insurance shall apply.

Inspection of Facilities

a. Throughout the term of the Contract Amendment, the provisions of Section 3.51 with respect to inspection of facilities shall apply.

Examination of Records

a. Throughout the term of the Contract Amendment, the provisions of Section 3.52 with respect to examination of records shall apply.

Confidentiality

a. Throughout the term of the Contract Amendment, the provisions of Section 3.54 with respect to confidentiality shall apply.

Compliance with Applicable Laws, Rules, Policies, and Bulletins

a. Throughout the term of the Contract Amendment, the provisions of Section 3.55 with respect to compliance with applicable laws, rules, policies, and bulletins shall apply.

Advance Directives

a. Throughout the term of the Contract Amendment, the provisions of Section 3.57 with respect to advance directives shall apply.

Freedom of Information and Performance of a Governmental Function

The Bidder acknowledges that Resultant Contractors selected through this competitive procurement to provide services under the Care Management Programs will execute a Contract Amendment with the Department that will address the rights and responsibilities of each of the parties to the Contract Amendment. While some terms may be negotiated by and between the Department and the Resultant Contractor the following provisions regarding the Resultant Contractor's performance of a governmental function and the applicability of section 1 - 218 of the Connecticut General Statutes are non-negotiable. Through the submission of a Transmittal Letter as required through the response to this RFQ the Bidder certifies its acceptance of the following language in any Contract Amendment that may result from this procurement.

a. In performing any acts required or described by this Contract Amendment, the Contractor shall be considered to be performing a governmental function for the Department, as that term is defined in section 1-200(11) of the Connecticut General Statutes. Pursuant to section 1-218 of the Connecticut General Statutes, therefore, the Department is entitled to receive a copy of records and files related to the performance of the governmental function, as set forth in this Contract Amendment. Such records and files are subject to the Freedom of Information Act and may be disclosed by the Department pursuant to the Freedom of Information Act. Requests to inspect or copy such records or files shall be made to the DSS in accordance with the Freedom of Information Act. Accordingly, if the Contractor is in receipt of a request made pursuant to the Freedom of Information Act to inspect or copy such records or files, the Contractor shall forward that request to DSS.

b. Upon receipt of a Freedom of Information Act request by the Department that seeks records or files related to the performance of the governmental function performed by the Contractor for the Department, the Department shall send such request to the Contractor. The Contractor shall review the request and, with reasonable promptness, search its records and files for documents that are responsive to the request. The Contractor shall promptly notify the Department if any clarification of the request is needed in order to proceed with the search for responsive records or files. The Contractor shall send to the Department a copy of those documents that are responsive to the request or otherwise notify the Department that it has no documents responsive to the request. Upon the completion of the Contractor's search for responsive documents, the Contractor shall notify the Department in writing that the search and production of documents is complete. If, upon review of the request, the Contractor determines that it will require more than fourteen (14) days to search for and provide copies of responsive documents to the Department,

the Contractor shall contact the Department within seven (7) days of the receipt of the request from the Department.

c. If the Contractor concludes that any of the responsive documents fits within any of the subdivisions of subsection (b) of section 1-210 of the Connecticut General Statutes, and that the Department should not disclose such documents, the Contractor shall mark said documents accordingly prior to sending them to the Department and shall explain the basis for its conclusion. The Department shall review the Contractor's conclusion and explanation and, as necessary, discuss said conclusion with the Contractor. If the Department agrees that any of the marked documents should not be disclosed, the Department shall not release those documents in its response to the Freedom of Information request If, however, the Department disagrees in good faith, with the conclusion by the Contractor that said documents should not be disclosed, the Department shall notify the Contractor, in writing, that it intends to release the documents fourteen (14) days from the date of the notice. The Contractor shall notify the Department of its intention to file any legal action in response to the Department's notification that it will release said documents, at least 24 hours in advance of filing such action.

d. If the Contractor concludes that a document is protected by attorney-client or work product privilege, the Contractor may decline to produce the documents and must specifically assert the privilege by identifying the nature of the document and claiming the privilege, the date of the document, the author of the document and to whom it was written.

e. If the Contractor asserts an exemption under Section c or a privilege under Section d of this Contract Amendment, and the Department honors said claim, the Contractor shall seek to intervene in order to defend the claim for an exemption or privilege in any subsequent Freedom of Information Commission proceeding challenging the Department's refusal to disclose said documents.

Nonsegregated Facilities

a. Throughout the term of the Contract Amendment, the provisions of Section 3.59 with respect to nonsegregated facilities shall apply.

Civil Rights

a. Throughout the term of the Contract Amendment, the provisions of Section 3.60 with respect to civil rights shall apply.

Notices of Action, Appeals and Administrative Hearings

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of the sections listed below with respect to CMP members to the extent that such provisions are applicable to HUSKY A members:

4.03 Grievances
4.04 Notices of Action and Continuation of Benefits
4.05 Appeals and Administrative Hearing Processes
4.06 Expedited Review and Administrative Hearings

Corrective Action and Contract Termination

a. Throughout the term of the Contract Amendment, the provisions of Section 6 shall apply in their entirety.

Populations Eligible to Enroll

a. Appendix XV, CMP Medicaid Coverage Groups contains a list of the Medicaid groups eligible for CMP enrollment. The Department may add additional eligibility groups to the managed care population. The Department will notify the CMP of any changes in the eligibility categories. The CMP may at its own option serve such additional groups as may be proposed by the Department.

Functions and Duties of the Department

a. Throughout the term of the Contract Amendment, the provisions of Section 7.01, 7.03, 7.07, and 7.09 shall apply in their entirety. Section 7.04 shall apply, with the exception of (g). Section 7.05 shall apply, with the exception of subsections (b)1a-d, and (b)2b. The Department may elect to undertake the activities provided for in Section 7.10, to the extent that such provisions apply to the activities provided for under the Contract Amendment.

10.07 CONTRACT MANAGEMENT AND ADMINISTRATION

Key Personnel and Contract Administration

a. Key Person

1. The Contractor shall designate a key person to be responsible for all aspects of this Contract Amendment and the Contractor's performance with respect to said Contract component. This key person shall be responsible solely for all Connecticut-based operations for this Contract Amendment, with authority to reallocate staff and resources to ensure contract compliance. The Contractor's corporate resources shall also be provided to assist the Contractor in complying with requirements associated with this amendment.

2. The Contractor's key person must be approved by the Department. Such designation shall be made in writing to the Contract Administrator within five (5) working days of execution of this Contract or March 1, 2010, whichever is sooner, and notification of any subsequent change of the key person shall be made in writing to the Contract Administrator for approval prior to such change.

3. From the time of the Department's approval of the Contractor's key person and throughout the term of Contract Amendment, the Contractor's key person shall serve as the Project Manager and will be responsible for the implementation and management of the project, for ensuring the performance of duties and obligations under the contract, the day to day oversight of the project and be available to attend all project meetings at the request of the Department. The Project Manager shall be permanently located in the Contractor's Connecticut office and shall respond to requests by the Department for status updates and ad hoc and interim reports.

4. The Contractor's key person or designee shall be the first contact for the Department regarding any questions, problems, and any other issues that arise during implementation and operation of this Contract Amendment.

b. Key Positions and Personnel

1. Key Positions shall mean any management level positions involved in the administration of the CMP program. Key Personnel shall mean the person in the Key Position.

2. Key positions and key personnel designations shall be made in writing to the Contract Administrator by June 1, 2010 with a functional organization chart of the organization detailing how the staffing for activities related to this Contract Amendment fits within the entire structure of the organization. No changes, substitutions, additions or deletions, whether temporary or permanent shall be made to key positions or key personnel unless approved in advance by the Department, which approval shall not be unreasonably withheld.

3. During the course of this Contract Amendment the Department reserve the right to require the removal or reassignment of any Contractor personnel or subcontractor personnel assigned to this Contract found unacceptable by the Department. Such removal shall be based on grounds which are specified in writing to the Contractor and which are not discriminatory.

4. The Contractor shall notify the Department in the event of any unplanned absences longer than seven days of key personnel and provide a coverage plan.

5. In the event of resignation, death or approved substitution of personnel filling the key positions, substitute personnel shall be named by the Contractor on a permanent or interim basis and approved by the Department. The Contractor shall, upon request, provide the Department with a resume for any member of its personnel or of a subcontractor's personnel assigned to or proposed to be assigned to fill a key position under the Contract. Substitutions shall be made within ten (10) Business Days of the resignation or death of personnel filling a key position, unless otherwise agreed to in writing by the Department and the Contractor.

6. During the course of the Contract, the Department reserve the right to approve or reject the Contractor's or any subcontractor's personnel assigned to the Contract, to approve or reject any proposed changes in personnel, or to require the removal or reassignment of any Contractor personnel or subcontractor personnel assigned to this Contract found unacceptable by the Departments.

7. The Contractor's key person shall immediately notify the Department's Contract Manager of the discharge of any key personnel assigned to this Contract and such personnel shall be immediately relieved of any further work under this Contract.

c. Staffing Levels

1. The functional organizational chart for the Connecticut Service Center shall identify the number and type of personnel in each department and personnel category. The Contractor shall provide the Department with an updated organizational chart each time changes are made to the number, type and/or category of personnel.

2. The Contractor certifies that it shall sufficiently staff the Connecticut Service Center to perform UM services designated by the Department in Appendix XIII, CMP Authorization Matrix.
3. For the first year of operation the Contractor's budget, approved by the Department, includes UM staffing necessary to comply with the scope of work under this Contract. The number of prior authorizations, concurrent reviews and associated level of staffing shall be reviewed by the Contractor and the Department and, if necessary, adjusted in subsequent years to account for changes to the scope of services that require authorization under this Contract Amendment .
4. The Contractor shall ensure that the Contractor's staff performing UM on average meet minimum productivity and efficiency standards at the Connecticut Service Center. It is the Department's intent to specify such minimum productivity requirements in the Contract Amendment, based in part on the Contractor's response to the RFQ.
5. The Contractor shall ensure that the Contractor's staff performing care coordination and case management on average meet minimum productivity and efficiency standards at the Connecticut Service Center. It is the Department's intent to specify such minimum productivity requirements in the Contract Amendment, based in part on the Contractor's response to the RFQ.
6. The Contractor certifies that throughout the term of this Contract Amendment the Contractor shall maintain minimum staffing levels to meet the requirements of this Contract Amendment.
7. The Contractor shall ensure that the Contractor's staff performing telephone call management on average meet minimum productivity and efficiency standards (i.e., calls per hour) at the Connecticut Service Center. It is the Department's intent to specify such minimum productivity requirements in Amendment, based in part on the Contractor's response to the RFQ. The Contractor shall provide for hiring and training temporary staff, or temporary diversion of staff at another service center, as necessary to meet the increased demand during the early weeks of the program. Telephone Call Center staff shall not be responsible for responding to inquiries related to claims issues that are outside of the scope of their obligations under this Contract Amendment but shall transfer those calls to the Department's fiscal agent.

d. Service Center Location

1. The Contractor agrees to locate and maintain its Connecticut Service Center including staff and infrastructure used to carry out the utilization management, case management, care coordination and call center requirements under this Contract Amendment within the State of Connecticut.

e. Contract Administration

1. The Contractor shall raise technical matters associated with the administration of this Contract Amendment including matters of Contract Amendment interpretation and the performance of the Department and Contractor in meeting the obligations and requirements of the Contract Amendment with the Department's Contract Manager.

2. When responding to written correspondence by the Department or when otherwise requested by the Department, the Contractor shall provide written response.
3. The Contractor shall address all written correspondence regarding the administration of the Contract Amendment and the Contractor's performance according to the terms and conditions of the Contract Amendment to the Department's Contract Manager.

f. Deliverables – Submission and Acceptance Process

1. Throughout the term of this Contract Amendment, the Contractor is required to submit to the Department certain materials for review and approval. For purposes of this section, any and all materials required to be submitted to the Department for review and approval shall be considered a "Deliverable."
2. The Contractor shall submit each Deliverable to the Department's Contract Manager. As soon as possible, but in no event later than 30 Business Days or such other date as agreed to by the parties in writing, after receipt (not counting the date of receipt) of a Deliverable, the Department's Contract Manager shall give written notice of the Department's unconditional approval, conditional approval or outright disapproval. Notice of conditional approval shall state the conditions necessary to be met to qualify the Deliverable for approval.
3. As soon as possible, but in no event later than 10 Business Days or such other date as agreed to by the parties in writing, after receipt (not counting the date of receipt) of a Notice of conditional approval or outright disapproval, the Contractor shall make the corrections and resubmit the corrected Deliverable.
4. As soon as possible, but in no event later than 10 Business Days or such other date as agreed to by the parties in writing, following resubmission of any Deliverable conditionally approved or outright disapproved, the Department's Contract Manager shall give written notice of the Department's unconditional approval, conditional approval or outright disapproval.
5. In the event that the Department's Contract Manager fails to respond to a Deliverable (such as, to give notice of unconditional approval, conditional approval or outright disapproval) within the applicable time period, the Deliverable shall be deemed unconditionally approved.
6. Whenever the due date for any Deliverable, or the final day on which an act is permitted or required by this Contract to be performed by either party fall(s) on a day other than a Business Day, such due date shall be the first Business Day following such day.

g. Committee Structure

1. Throughout the term of this contract, the Contractor shall establish committees with consumer and provider representation to provide advice and guidance to the Contractor regarding the full scope of clinical management services undertaken in association with this Contract Amendment. The Contractor shall submit a plan for the establishment or use of such committees to the Department for approval August 1, 2010.

h. Participation at Public Meetings

1. The Contractor shall ensure that the Contractor's key person attends, unless excused by the Department, the meetings of any body established to provide legislative oversight of this initiative.
2. The Contractor shall make available, as directed by the Department, the appropriate members of the Contractor's Key Personnel to attend meetings of other bodies established to provide input into this initiative or related services, including legislative and other public committees with responsibility for monitoring the budget of the Department.

i. Cooperation with External Evaluations

1. The Contractor shall cooperate with any external evaluations or studies as required by the Department to include providing data, reports, and making Contractor staff and records available to the outside evaluators.

j. Policy Manual

1. The Contractor shall produce a single integrated manual of all of the policies and procedures pertaining to services provided under this Contract. The manual shall include, but is not limited to the specific policies and procedures provided for in subsequent sections of this contract, and which may require review and approval of the Department. The Contractor shall post the manual on a website accessible to staff of the Department by October 1, 2010. The website shall include the current version of the manual and all archived versions of the manual that contain policies in effect at any time following implementation. Certain policies and procedures may be exempt from this requirement with the approval of the Department.

Security and Confidentiality

a. Compliance with State and Federal Law

1. The Department is required by state and federal law to protect the privacy of applicant and client information. The Department is "covered entities," as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E. Accordingly, the Contractor shall be required to comply with these and all other state and federal laws concerning privacy and security of all client information provided to the Contractor by the Department or acquired by the Contractor in performance of the Contract Amendment. This includes all client information whether maintained or transmitted verbally, in writing, by recording, by magnetic tape, or electronically. Compliance with privacy laws includes compliance with the HIPAA Privacy Rule and also compliance with other federal and state confidentiality statutes and regulations that apply to the Department. The Department also requires the Contractor to continually update and improve its privacy and security measures as client data becomes more vulnerable to external technological developments.
2. The Contractor shall comply with state and federal privacy law as an agent of the Department and comply with the HIPAA Privacy Rule (federal regulations) as a "business associate" of the Department.

3. The Contractor shall comply with state security laws as an agent of the Department and comply with the HIPAA Security Rule (compliance date April 20, 2005) as a “business associate” of the Department.
4. The Contractor shall maintain and store information and records in accordance with state and federal laws and record retention schedules.

b. Staff Designation

1. The Contractor shall designate the Contractor’s MIS Director to serve as the local Security and Privacy Officer at the Connecticut Service Center, responsible for implementation and monitoring of compliance with privacy and security policies and procedures and for reporting any security or privacy breaches.
2. The Department shall designate and notify the Contractor of the specific staff authorized by the Department to access and request client information from the Contractor in order to maintain the security and confidentiality of applicant and client information.
3. The Department shall review and approve all Contractor staff that will have access to the DSS data warehouse or interChange system on either a routine, periodic, or ad hoc basis.

c. Security and Privacy Plan

1. The Contractor shall develop a local Security and Privacy Plan with policies and procedures that comply with state and federal law concerning the use, disclosure, and security of client data in order to maintain the security and confidentiality of applicant and client information.
2. The Contractor shall submit the Security and Privacy Plan to the Department for review and approval by November 1, 2010.
3. The Contractor’s Security and Privacy Plan shall be consistent with state and federal laws that pertain to the Department and shall prevent privacy and security breaches, at a minimum, by:

   a). Implementing steps to prevent the improper use or disclosure of information about clients Contractor and subcontractors.

   b). Training all employees, director, and officers concerning state and federal privacy and security laws.

   c). Requiring that each employee or any other person to whom the Contractor grants access to client information under this Contract Amendment sign a statement indicating that he or she is informed of, understands, and will abide by state and federal statutes and regulations concerning confidentiality, privacy and security.

   d). Limiting access to client information held in its possession to those individuals who need client information for the performance of their job functions and ensuring that those individuals have access to only that information that is the minimum necessary for performance of their job functions.

   e). Implementing steps to ensure the physical safety of data under its control by using appropriate devices and methods, including, but not limited to, alarm systems, locked files, guards or other devices reasonably expected to prevent loss or unauthorized removal of data.

f). Implementing security provisions to prevent unauthorized changes to client eligibility files.

g). Implementing steps to prevent unauthorized use of passwords, access logs, badges or other methods designed to prevent loss of, or unauthorized access to, electronically or mechanically held data. Methods used shall include, but not be limited to, restricting system and/or terminal access at various levels; assigning personal IDs and passwords that are tied to pre-assigned access rights to enter the system; restricting access to input and output documents, including a “view-only” access and other restrictions designed to protect data.

h). Complying with all security and use requirements established by the Department for parties using EMS, AEVS, and ACS, including the signing of confidentiality forms by all employees and personnel working for subcontractors who have access to client eligibility data.

i). Complying with the requirement of the HIPAA privacy and security regulations that apply to business associates of the Department, including, but not limited to, returning or destroying all client information created or received by the Contractor on behalf of the Department, as directed by the Department.

j). Monitoring privacy and security practices to determine whether breaches have occurred.

k). Developing systems for managing the occurrence of a breach, including but not limited to:

1). Review of breaches in privacy and security that have been reported to them by the Contractor.

2). A system of sanctions for any employee, subcontractor, officer, or director who violates the privacy and security policies.

3). A system to ensure that corrective action occurs and mechanisms are established to avoid the reoccurrence of a breach.

4). Practices established to recover data that has been released without authorization.

d. Security or Privacy Breaches

The Contractor shall notify the Department, in writing by the next business day upon receipt of knowledge, that an employee, director, officer or subcontractor has:

1. Improperly disclosed client information or improperly used, copied or removed client data; or

2. Misused or used without proper authorization, an operator password or authorization numbers, whether or not such use has resulted in fraud or abuse.

e. Requests for Personal Healthcare Information

The Contractor shall notify the Department, in writing, and consult with the Department by the next business day, of the existence of:

1. A subpoena that has been served on the Contractor related to the Contract Amendment; or

2. A request made pursuant to the state Freedom of Information Act (Conn. Gen. Stat. 1-200, et seq.) received by the Contractor concerning material held by the Contractor related to the Contract Amendment.

Contract Amendment Compliance, Performance Standards, and Sanctions

a. General Requirements

1. In an effort to ensure continued quality service, the Department has established specific Performance Standards that shall be met by the Contractor throughout the term of this Contract Amendment. All provisions for Performance Standards described under this section shall also constitute independent requirements under this Contract Amendment in addition to operating as standards for the purpose of determining whether the Contractor may be subject to penalties.
2. Failure to meet these Performance Standards will result in a sanction against the Contractor for each occurrence per Performance Standard not met. If the Contractor's Performance Reports or Audits by the Department indicate that the Contractor failed to meet these Standards within the specifications under consideration, the Department shall adjust the Contractor's payment by a predetermined dollar amount set for each Performance Standard.
3. Failure to meet a performance standard as determined by the Department shall result in a sanction of $5,000 per quarter, per occurrence.
4. Failure to submit required deliverables as of the due dates established in Appendix XII – CMP Contract Amendment Deliverables or reports as established in Appendix XI – CMP Reporting Matrix shall result in a sanction for each deliverable or report delayed (i.e., occurrence) in the amount of $1,000 per calendar day, unless the Department provides written authorization for a delay in the submission of a deliverable. The Contractor shall not be penalized for deliverable or reporting delays that are a consequence of delays that are the fault of the Department or its agent and shall document such delays when submitting a delayed deliverable or report.
5. The foregoing application of performance sanctions shall not preclude the application of corrective actions and sanctions as provided for in other sections of the Contract Amendment when such are necessary to respond to a pattern of violations or delays.

b. Responsibilities of the Department

1. Throughout the term of the Contract Amendment the Department shall regularly review the Contractor's performance to determine if the Contractor is meeting the Performance Standards and issue a written sanction notification for each occurrence in which the Contractor fails to meet a Performance Standard. The Department shall have the sole authority to determine whether the Contractor has met, exceeded or fallen below any or all of the Performance Standards.
2. The Department shall adjust the Contractor's payment for each sanction to be paid within thirty (30) business days of the postmark date of the written sanction notification from the Department to the Contractor.

3. The Department shall review and approve the development of, modification to and implementation of corrective action plans.

c. Responsibilities of the Contractor

1. The Contractor shall provide the required reports as indicated in Appendix XI - CMP Reporting Matrix. Failure to provide the Department with these reports may, at the Department's discretion, be considered a failure to meet the corresponding standard.
2. Within fifteen (15) business days of the date of the Department's written sanction notification to the Contractor for failure to meet a specified standard, the Contractor shall submit to the Department a corrective action plan to avoid the reoccurrence of non-compliance and possible additional penalties and a timetable for implementation of the corrective action plan to the Department for review.
3. In determining the Contractor's compliance and achievement against the Performance Standards, performance measures shall not be rounded. For example, if the Contractor is required to achieve a performance level of 95%, the target will not be achieved if the performance is 94.9%. Where applicable all times are measured as of Contractor's receipt of complete, legible, and accurate information.
4. Implementation of any sanction provision or the decision of the Department to refrain from implementation shall not be construed as anything other than as a means of further encouraging the Contractor to perform in accordance with the terms of the Contract Amendment.
5. Implementation of a sanction provision is not to be construed as the Department's sole remedy or as an alternative remedy to the specific performance of the Contract Amendment requirement and/or injunctive relief.

Performance Targets and Withhold Allocation

a. The Department shall withhold 10% of each monthly administrative PMPM payment.

b. The first six months of such payment withholds shall be returned contingent on the following:

Percentage	Requirement
30%	Satisfactory completion of the Readiness Review (May 15, 2010)
40%	Timely implementation (July 1, 2010)
30%	Successful performance and overall operation during the first quarter as determined by the Department's Post-Implementation Review (October 2010)

c. Subsequent withholds shall accrue on an annual basis and shall be paid to the Contractor, in whole or in part, at the end of each Contract Amendment year contingent upon the Contractor's success in meeting established Performance Targets as negotiated by the Department and the Contractor.

d. The established Performance Targets shall be tied to objectives such as access, quality, utilization, or cost. Each Performance Target shall have a separate value and, in some cases, separate values shall be established for domains within each Performance Target. The Contractor shall have the opportunity to separately earn the amount associated with each Performance Target and each domain within each Performance Target, as applicable. The established Performance Targets shall be negotiated on an annual basis.

e. The Department shall measure the Contractor's success in meeting the Performance Targets. The Department shall establish specifications for measurement of the Contractor's performance and shall calculate the Contractor's performance or base its calculation on reports and/or data submitted by the Contractor.

f. The Contractor's failure to provide the Department with the requisite data or reports in accordance with the reporting frequency identified in Appendix XI - CMP Reporting Matrix shall result in the Contractor's forfeiting of the specified percentage of withhold attached to the corresponding Performance Target(s), if any.

g. The Department shall determine whether the Contractor has met, exceeded or fallen below any or all of the required Performance Targets set forth in this subsection. The decision of the Department shall be final.

h. In determining the Contractor's success in meeting the agreed upon Performance Targets, performance measures will not be rounded. For example, if the Contractor is required to achieve a performance level of 95%, the target will not be achieved if the performance is 94.9%.

i. When a Performance Target includes the performance of a random sample, the sample size will be mutually agreed upon by the Department and the Contractor and will be based on the size of the population relevant to the Performance Target. The measure will be calculated and planned to enable statistically valid survey results at a 95% confidence interval unless otherwise mutually agreed upon by the Department and the Contractor.

j. The reporting period for purpose of calculation of Contractor's success in meeting the Performance Targets shall be by calendar year unless otherwise negotiated. Claim based reports will not be completed until nine (9) months following the close of the performance period to allow for claims run out.

k. The Department shall notify the Contractor of its success or failure in meeting the Performance Targets.

l. If the Contractor has failed to meet a Performance Target the Contractor shall, within fifteen (15) business days of the date of the Department's notification of the Contractor's failure to meet a specified Performance Target(s), submit a written report to the Department that shall explain why specific Performance Targets were not met and describe a plan of action to be implemented in an effort to meet these Performance Targets.

m. If the Contractor has met or exceeded the Performance Targets the Department shall return the specified portion of the withhold within 90 days of the Department's determination.

10.08 IMPLEMENTATION

Transition Requirements

a. General Provisions

1. The start-up phase begins at Contract Amendment execution and ends at 12:01 AM on July 1, 2010, at which time the Contractor will assume responsibility for managing of services for all of its enrolled members.

b. Department Responsibilities

The Department shall

1. Describe client notice and enrollment process;
2. Provide a complete claims file extract for SFY 09 and 10 of services paid for by the Department for enrolled members;
3. Pay for all medically necessary services authorized prior to implementation, whether provided prior to implementation or post-implementation.

c. Contractor Responsibilities

The Contractor shall

1. Conduct UM for all services listed in Appendix X, CMP Authorization File Layout regardless of date of admission or intake, as of the date of implementation.
2. Facilitate safe and appropriate transition for members that no longer meet criteria for a given level of care, but do require continued treatment at a lower level of care.
3. Propose a plan for authorizing services that providers failed to prior authorize and to educate those providers about the UM procedures during a grace period of a duration to be determined by mutual agreement of the Department and the Contractor.
4. Create a provider file as described in the subsection pertaining to Provider Network.

Implementation Plan

1. The Department shall engage in good faith negotiations to execute a Contract Amendment by April 1, 2010.
2. The Contractor shall develop and provide to the Department for review and approval an Implementation Plan prior to the execution of the Contract Amendment using software such as Microsoft Project, GANTT chart, or equivalent, which shall at a minimum include the designated individuals responsible for the execution of the Implementation Plan, the date by which the Contractor will begin operation of its administrative services and be responsible for coordinating health services for members.
3. The Department shall, within 15 days, review the Contractor's Implementation Plan and periodic updates and not unreasonably withhold approval of the Plan and updates.

4. The Contractor shall perform administrative services and become operational as defined in the detailed and negotiated Implementation Plan by the date indicated in the Contractor's approved Implementation Plan, or on such other date as the Contractor and the Department may agree in writing.
5. The Department requires a fully operational care management program as of 12:01 am on July 1, 2010 and for each day of the Contract Amendment period thereafter. The failure of the Contractor to pass the Readiness Review or the failure of the Contractor to provide an operational system as of 12:01 am on July 1, 2010, as agreed to by the Department, in accordance with the Contractor's Implementation Plan, or the failure of the Contractor to maintain a fully operational system thereafter will cause considerable harm to the Department and their eligible members.
6. The Department requires the timely completion of key deliverables summarized in Appendix XII, CMP Contract Amendment Deliverables and elsewhere in the Contract Amendment. Failure by the Contractor to deliver each deliverable to the Department by the required due date shall result in a $1,000 sanction per late deliverable per calendar day.

Performance Bond or Statutory Deposit

1. The Contractor shall be liable to the Department for resulting harm if the Contractor is not operational by the date specified in the Contractor's approved Implementation Plan. The Contractor shall not be liable for such harm if the Department has failed to meet its obligations under this Contract Amendment and that failure of the Department was a material cause of a delay of the Contractor's ability to perform its administrative services by the date specified in the Contractor's approved Implementation Plan.
2. To mitigate such harm the Department requires the Contractor to obtain either a Performance Bond or a Statutory Deposit as further described below.
3. The Contractor shall obtain a Performance Bond or Statutory Deposit Account in the amount of $1,000,000 on or before the execution of the Contract Amendment in accordance with the following:
    a. The purpose of the bond or Statutory Deposit amount is to mitigate harm caused by any failure of the Contractor to perform services required in the resultant Contract Amendment.
    b. The bond shall be provided by an insurer, which has been previously approved by the Departments.
    c. The bond shall name the State of Connecticut as the Obligee.
    d. The bond or Statutory Deposit amount shall remain in effect until the latter of:
4. The duration of the Contract Amendment and any extensions to the Contract Amendment.
5. The work to be performed under the Contract Amendment has been fully completed to the satisfaction of the Department.

Performance Reviews

a. Readiness Review

1. The Department shall conduct a Readiness Review the purpose of which will be to determine whether the Contractor has achieved sufficient implementation progress to operate its administrative services by such time as indicated in the Contractor's approved Implementation Plan.
2. Contingent on the Contractor's successful completion of eligibility file testing and full cycle authorization to claims testing, the Department shall conduct the Readiness Review prior to the date by which the Contractor will begin to operate its administrative services as indicated in the Contractor's approved Implementation Plan.
3. The Department shall notify the Contractor in writing of the results of its review within five (5) business days of the review. The Department may approve the Contractor's progress without comment, conditionally approve the Contractor's progress with additional requirements, or may determine that the Contractor has not made sufficient progress to operate its administrative services by the date indicated in the Contractor's approved Implementation Plan.
4. If the Department determines that the Contractor has failed to make sufficient progress to become operational and to perform administrative services by the date indicated in the Contractor's approved Implementation Plan, the Contractor shall have five (5) business days from the date of such notice to propose a corrective action plan to the Department's satisfaction.
5. In addition and irrespective of the Contractor's corrective action, the Department at its option may take such additional steps as it deems necessary to provide seamless delivery of health administrative services for its clients including, but not limited to, calling for execution of the Performance Bond and terminating the Contract Amendment for the Contractor's failure to pass the Readiness Review.

b. Post-Implementation Review

1. The Department shall conduct a Post-Implementation Review the purpose of which will be to determine whether the Contractor has successfully met the requirements of the Contract Amendment during the first 90 days after implementation.
2. The Department shall conduct the Post-Implementation Review 90 to 120 days following the date by which the Contractor began to operate its administrative services in accordance with the Contract Amendment.
3. The Department shall notify the Contractor in writing of the results of its review within twenty (20) business days of the review. The Department may approve the Contractor's implementation and performance without comment, conditionally approve the Contractor's implementation and performance with additional requirements, or may determine that the Contractor has not satisfactorily achieved the implementation and performance requirements.
4. If the Department determines that the Contractor has failed to satisfactorily achieve the implementation and performance requirements the Contractor shall have five (5) business days from the date of such notice to propose a corrective action plan to the Department's satisfaction.

5. In addition and irrespective of the Contractor's corrective action, the Department at its option may take such additional steps as it deems necessary to provide seamless delivery of health administrative services for its clients including, but not limited to, calling for execution of the Performance Bond and terminating the Contract Amendment for the Contractor's failure to pass the Post-Implementation Review.

Appendix X - CMP Authorization File Layout v1.0

Field Name	Data Type (Length)	Field Description
Contractor Identifier	X(03)	Contractor Identifier • CMP
PA Number	X(10)	Unique Prior Authorization Number.
Client Medicaid ID	X(12)	Recipient's identification number.
Provider NPI/MCD ID	X(15)	Provider ID value.
Provider Taxonomy	X(2)	Provider Taxonomy
Provider Location Zip	X(9)	Mailing address zip code.
PA Assignment	X(2)	This represents the Prior Authorization assignment code used to batch PA requests.
Diagnosis Code	X(7)	Diagnosis Code – ICD9
DME Delivery Date	X(8)	This represents the DME delivery date agreed upon with the supplier.
Total number of line items	X(99)	This represents the total number of line items for the PA.
Line item number	X(2)	This represents the Prior Authorization line item number for the PA record.
Procedure Code	X(6)	Code used to identify a medical, dental, or DME procedure.
Procedure Thru Code	X(6)	Code used to identify a medical, dental, or DME procedure.
Procedure Mod 1	X(2)	This is the first procedure code modifier of the Prior Authorization.
Procedure Mod 2	X(2)	This is the second procedure code modifier of the Prior Authorization.
Procedure Mod 3	X(2)	This is the third procedure code modifier of the Prior Authorization.
Procedure Mod 4	X(2)	This is the fourth procedure code modifier of the Prior Authorization.
Revenue Code	X(4)	This identifies a specific accommodation or ancillary service. Revenue codes are determined by CMS.
From Date of Service	X(8)	Authorized From Date of Service **CCYYMMDD**
Through Date of Service	X(8)	Authorized To Date of Service **CCYYMMDD**
PA Status	X(01)	Prior Authorization status indicates if the line item is approved, denied, pending, or modified. Values: A – Approved, D – Denied, P – pending, M - Modified
PA Requested Amount	X(9)	This is the dollar amount authorized for the Prior Authorization line-item service.
PA Requested Units	X(10)	Quantity of unit of service authorized.

Appendix XI -Care Management Program

#	Name of Report	Description	Frequency	Due date	HEDIS	hybrid
	Effectiveness of Care					
1	Asthma medications	% of members 5-56 yrs. having persistent asthma & who were appropriately prescribed meds. (4 age stratifications)	Annual (CY)	6/15	ASM	n
2	Breast Cancer Screens	% of women 40-69 who had a mammogram to screen for breast cancer. (2 age stratifications)	Annual (CY)	6/15	BCS	n
3	Cervical Cancer Screens	% of women 21-64 yrs. Who received Pap test to screen for cancer.	Annual (CY)	6/15	CCS	n
4	Chlamydia - FEMALE	% of women 16-24 identified as sexually active, and who had a test for Chlamydia (2 age stratifications)	Annual (CY)	6/15	CHL	n
5	Chlamydia - MALE	There is no HEDIS measure - propose following ages of HEDIS measure for women	Annual (CY)	6/15		
6	Diabetic retinal exams	% of members 18-75 yrs. with diabetes who had retinal eye exam performed (part of CDC HEDIS measure)	Annual (CY)	6/15	CDC	y
7	Comprehensive Diabetes Care (without Blood Pressure measure)	% of members 18-75 yrs. with diabetes; included retinal exams, HbA1C, LDL-C & medical attention for nephropathy	Annual (CY)	6/15	CDC	y
8	Gonorrhea	Follow specs for Chlamydia	Annual (CY)	6/15		
9	Adults with acute bronchitis	% of 18-64 yr olds diagnosed with acute bronchitis and not dispensed an antibiotic	Annual (CY)	6/15	AAB	n
10	Pharmacotherapy of COPD exacerbation	% of COPD exacerbations for 40 yr olds or older, with acute inpatient discharge or ED 1/1 to 11/30 and were dispensed appropriate meds.	Annual (CY)	6/15	PCE	n
11	Beta-blocker treatment	% members 18 yrs and older who were hospitalized and discharged alive 7/1 of yr prior to 6/30 of measurement yr with diagnosis of AMI and received persistent beta-blocker treatment	Annual (CY)	6/15	PBH	n
12	Anti-rheumatic drug therapy	% of 18 yr olds and older diagnosed with rheumatoid arthritis & dispensed at least 1 ambulatory script for disease-modifying anti-rheumatic drug therapy	Annual (CY)	6/15	ART	n
13	Low back pain	% of members (18 - 50 yrs.) with primary diagnosis of low back pain who did not have an imaging study within 28 days of diagnosis	Annual (CY)	6/15	LBP	n
14	Persistent medications	% of 18yrs and older rec'd at least 180 treatment days of ambulatory medication therapy for select agents during yr & at least 1 therapeutic monitoring event (ARB< digoxin, diuretics, anticonvulsants)	Annual (CY)	6/15	MPM	n

	Access/Availability of Care					
15	Adult Preventive Care	% members 20 yrs or older who had an ambulatory or prev. care visit (3 age stratifications)	Annual (CY)	6/15	AAP	n
	Satisfaction with the Experience of Care					
16	CAHPS	Customer satisfaction survey (includes questions for adult, child and chronic child)	Annual	NCQA schedule	CPA & CPC	
	Use of Services					
17	Ambulatory Care	Utilization of outpatient visits, ED visits, ambulatory surgery/ procedures, and observation room stays per 1,000MM	Annual (CY)	6/15	AMB	n
18	Inpatient Utilization	Utilization of acute inpatient services: total inpatient, medicine, surgery, & maternity - discharges per 1,000 MM, ALOS, days per 1,000MM	Annual (CY)	6/15	IPU	n
19	Frequency of selected procedures	utilization of freq. performed procedures PMPM: CABG tonsillectomy, back surgery, mastectomy, knee or hip replacement, carotid endarterectomy etc.	Annual (CY)	6/15	FSP	n
20	Inpatient utilization - non acute	Utilization of nonacute inpatient care in hospice, nursing home, rehabilitation, SNF, transitional care and respite	Annual (CY)	6/15	NON	n
21	Identification of alcohol & other drug services	number and % of members with alcohol & drug claims who rec'd chemical dependency services: any, inpatient, intensive outpatient or partial hosp., outpatient or ED	Annual (CY)	6/15	IAD	n
22	Antibiotic utilization	outpt. utilization of antibiotic prescriptions by age, gender, total days, total scripts	Annual (CY)	6/15	ABX	n
23	Outpatient drug utilization	Outpt. utilization of drug prescriptions by age, total scripts, cost PMPM, total, avg. # scripts	Annual (CY)	6/15	ORX	n
	Capacity/Access					
24	Out of Network	Number of OON requests, approvals, denials by category	Quarterly	1 month after close of quarter		
	Authorizations, Denials, Appeals, and Hearings					
25	Prior Authorization Report - inpatient & OP surg, DME, home care, PT/OT/ST/Chiro, pharmacy	By category and adult/child, the number of requests for PA, # denied, and reason for denial	Quarterly	1/1, 4/1, 7/1,10/1 (3 month lag)		
26	Medical Necessity Report	Individual record of every medical necessity denial coded by type and by reason	Monthly for six months, then Quarterly	Jan - June 2010 monthly (21 days end of month)		
27	PA to Hearings Report	Report reflects the # of PAs requested, # denied, # proceeding to hearing and the outcome of the internal review & the hearing	Semi-annual	3 month lag		

	Administrative Performance					
28	Case Management Clinical Report	Report of case management activity - reason, start & stop dates, reason for stop; SUSPENDED - UNDER REVIEW	Pending			
29	Grievance Report	Report to reflect grievances received by each MCO, by category, and outcomes.	Quarterly	1/15, 4/15, 7/15, 10/15 one quarter lag		
30	Call center activity	Summary report of call center activity. Includes # calls by category (total, member, referral/appt assistance, provider), calls /1000MM, average call duration, speed of answer, abandonment rate, average call duration, call holds (require 90% within 60 sec., 97% within 120 sec, 5% max abandonment rate)	Quarterly	due 1 month after close of the quarter		
	Cost of Care					
31	Relative resource use for people with diabetes	Relative Resource Use (RRU) measures are a standardized approach to measuring relative resource use. When evaluated with the corresponding quality of care measures, they provide more information about the *efficiency* or *value* of services rendered by an organization. RRU measures have the following features. • They focus on high-cost conditions that have corresponding HEDIS Effectiveness of Care measures • They differentiate between unit price and utilization variation • They rely on a transparent risk-adjustment method similar to a proprietary risk-adjustment system	Annual (CY)	6/15	RDI	
32	Relative resource use for people with asthma		Annual (CY)	6/15	RAS	
33	Relative resource use for people with low back pain		Annual (CY)	6/15	RLB	
34	Relative resource use for people with cardiovascular conditions		Annual (CY)	6/15	RCA	
35	Relative resource use for people with hypertension		Annual (CY)	6/15	RHY	
36	Relative resource use for people with COPD		Annual (CY)	6/15	RCO	
	Health Plan Descriptive Information					
37	Enrollment by product line	total number of members enrolled by age/gender	Annual (CY)	6/15	ENP	n
38	Language diversity of membership	# and % members enrolled at any time in yr. by demand for language interpreter services and spoken language	Annual (CY)	6/15	LDM	n
39	Race/ethnicity diversity of membership	# and % of members enrolled at any time in the year, by race and ethnicity	Annual (CY)	6/15	RDM	n

Appendix XII
CMP Contract Amendment Deliverables

Page	*Description of Deliverable*	*One-Time*	*Recurring*
36	Designation of Key Person	3/1/2010	On-going
46	Implementation Plan	On or before Contract Execution Date	
47	Performance Bond	On or before Contract Execution Date	On-going
46	Contract Execution Date	4/1/2010	On-going
23	Clinical Management Program	5/1/2010	On-going
11	Member Handbook	5/1/2010	On-going
20	Disaster Recovery and Business Continuity Plan	5/1/2010	On-going
47	Readiness Review	5/15/2010	On-going
36	Designation of Key Personnel	6/1/2010	On-going
	Organizational Chart of CT Service Center	6/1/2010	On-going
45-46	Care Management Program Fully Operational Date	7/1/2010	On-going
12	Provider Handbook (Electronic)	7/1/2010	On-going
11	Member Website	7/1/2010	On-going
15	Payment Related Troubleshooting and Technical Assistance – Rapid Response	8/1/2010	On-going
39	Plan for Consumer and Provider Advisory Committees	8/1/2010	On-going
40	Policies and Procedures manual	10/1/2010	On-going
22	Data Integrity Processes	10/1/2010	On-going
48	Post-Implementation Review and Annual Performance Review	10 to 11/1/2010	10/1
30	Quality Management Program Plan	11/1/2010	11/1
41	Security and Privacy Plan	11/1/2010	
44	Annual Performance Targets	11/1/2010	11/1
13	Provider Web-based Communication	1/1/2011	On-going
14	Network Gap Assessment	10/1/2010	On-going
30	Quality Management Program Evaluation	4/1/2012	4/1

Service Type	Provider Category	Provider Types/Specialties	Codes	Description	PA Required	CMP Responsibility?	DSS/Adult BHP Responsibility? (ICD Dx: 291-316)	
Behavioral Health Outpatient	General Hospital, Psychiatric Hospital, State Institution, Freestanding Clinic, Physician and other independent practitioner	**01/007 Hospital Outpatient; 01/008 Hospital (Psychiatric-Outpatient); 33/112 Psychology; 86/112 Psychology Group; 31/339 Physician (Psychiatry); 72/339 Physician Group (Psychiatry) 09/339 Advanced Practice Registered Nurse (Psychiatry); 70/339 Advanced Practice Registered Nurse Group (Psychiatry); 08/525 Mental Health Clinic; 08/522 Mental Health FQHC; 08/521 Medical FQHC; 90/008 State Institution (Psychiatric Outpatient); 90/111 State Institution (Community Mental Health Center)**		PA reviews	yes	no	yes	
Behavioral Health Residential	DMHAS certified mental health group homes	**12/511 Mental Health Group Homes**		PA reviews	yes	no	yes	
Chronic Disease Hospital**	Chronic Disease Hospital/Rehab Facility	**03/005 Extended Care Facility: Chronic Inpatient**		Admission	yes	yes	yes	
				Readmission from acute care hospital stay	yes	yes	yes	
				Continued Stay	yes	yes	yes	
DME Individual Considerations		**25/249 Durable Medical Goods; 25/250 DME/Medical Supply Dealer; 25/248 DME Medical Supply Dealer/ Medical & Surgical Supplies; 25/277 DME Medical Supply Dealer/ Orthotic & Prosthetic Devices; 25/220 Hearing Aid Dealer**	see attached spreadsheet	PA reviews	yes	yes	no	
DME Priority		**25/249 Durable Medical Goods; 25/250 DME/Medical Supply Dealer; 25/248 DME Medical Supply Dealer/ Medical & Surgical Supplies; 25/277 DME Medical Supply Dealer/ Orthotic & Prosthetic Devices; 25/220 Hearing Aid Dealer**	see attached spreadsheet	PA reviews	yes	yes	no	
Durable Medical Equipment		**25/249 Durable Medical Goods 25/250 DME/Medical Supply Dealer**	see attached spreadsheet	PA reviews	yes	yes	no	
			see attached spreadsheet	Custom wheelchair requests	yes	yes	no	

Home Health Care		**05/050 Home Health Agency**	RCC 580 with HCPCS S9123, 9124 and with and without modifiers TT, TG, TE and TH;580 T1502 and 1503 with and without mod.TT; 570 T1004, 424,421, 434, 431, 444,441 without HCPCS or modifiers	PA reviews	yes	yes	yes	
Hospice*		**79/060 Hospice**	RCC 656	Hospital stay past 5 days	yes	yes	no	
				Pre-existing or new condition vs terminal condition	possibly	yes	no	
General Hospital Inpatient Admission		**01/001 Hospital Inpatient**	See attachment**	Admission review (date span)	yes	yes	yes	
Medical/Surgical Supplies		**25/248 DME Medical Supply Dealer/ Medical & Surgical Supplies**	see attached spreadsheet	PA reviews	yes	yes	no	
Orthotics and Prosthetics		**25/277 DME Medical Supply Dealer/ Orthotic & Prosthetic Devices; 25/220 Hearing Aid Dealer**	see attached spreadsheet	PA reviews	yes	yes	no	
Out-of-State services		**N/A**	many depending upon service	PA reviews	yes	yes	yes	
Outpatient Surgery* **		**01/007 Hospital Outpatient; 08/020 Ambulatory Surgical Center; ****31/000 - Physician; ****72/000 - Physician Grp; 14/140 Podiatrist; 73/140 Podiatry Grp**	CPT 11900, 11901, 15830, 15847, 17106, 17107, 17108, 19300, 19328, 19330, 36468, 36469, 36470, 36471. 64612, 64650, 64653, 69310, 69320, 69321, 69322***	PA reviews and research	yes	yes	no	
Professional and surgical authorizations		******31/000 - Physician; ****72/000 - Physician Grp; ***** 09/XXX APRN; *****70/XXX APRN Grp; 14/140 Podiatrist; 18/180 Optometrist; 73/140 Podiatry Grp; 74/180 Optometry Grp; 71/095 Nurse Midwife Grp; 32/095 Nurse Midwife**	see attached spreadsheet	Authorization reviews for group practices	yes	yes	no	
Psychiatric Hospital Inpatient (IMD)		**01/002 (Hospital < 21); 01/003 (Hospital 21-64); 01/004 (Hospital 65+); 90/002 (State Institute <21); 90/003 (State Institute 21-64); 90/004 (State Institute 65+)**		PA reviews for clients under 21	yes - initial admission and continued stay	no	yes	
Psychiatric Residential Treatment Facility		**12/033 Psychiatric Residential Treatment Facilities**		PA reviews	yes	no	yes	

Therapies (ST, OT, PT)		**17/173 Audiologist; 17/176 Speech Therapist; 17/170 Physical Therapist; 17/171 Occupational Therapist; 87/176 Speech Group; 87/170 Physical Therapy Group; 87/171 Occupational Therapy Group**	RCC 420, 430, 440, CPT 97001-97546	PA reviews for hospital, clinics, individual providers, physicians	yes	yes	no	
*** new benefits/regulations effective 1/1/10, therefore no claims information available**								
**** PAs for hospital inpatient PAs granted without revenue center billing codes; attachment contains inpatient hospital revenue centerbilling codes**								
***** procedures listed are for PA added 1/1/09 please see attachment for previously PA'd codes**								
****** Physician Specialties Include: 272 Oral Surgery; 310 Allergy; 311 Anesthesiology; 312 Cardiology;314 Dermatology; 316 Family Practitioner; 318 General Practitioner;319 General Surgery; 320 Geriatric Practitioner; 322 Internal Medicine; 322 Internal Medicine; 326 Neurology; 328 Obstetrics/Gynecology; 330 Ophthalmology; 331 Orthopedic Surgery; 332 Otology, Laryngology, Rhinology; 333 Pathology; 336 Physical Medicine and Rehabilitation Practitioner; 337 Plastic Surgery; 338 Proctology; 339 Psychiatry; 341 Radiology; 342 Thoracic Surgery; 343 Urology; 345 General Pediatrician; 352 Osteopath; 353 Homeopath**								
******* XXX Nurse Practitioner Specialties Include: 094 Certified Registered Nurse Anesthetist (CRNA); 272 Oral Surgery; 310 Allergy; 312 Cardiology; 314 Dermatology; 319 General Surgery; 320 Geriatric Practitioner; 322 Internal Medicine; 322 Internal Medicine; 326 Neurology; 330 Ophthalmology; 331 Orthopedic Surgery; 332 Otology, Laryngology, Rhinology; 333 Pathology; 336 Physical Medicine and Rehabilitation Practitioner; 337 Plastic Surgery; 338 Proctology; 339 Psychiatry; 342 Thoracic Surgery; 343 Urology; 347 Radiation Therapy; 352 Osteopath; 353 Homeopath**								

MEDS - DME and Oxygen

Procedure Code	Modifier	PA	Oxygen codes marked with *
E0140		Y	
E0140	RR	Y	
E0144		Y	
E0144	RR	Y	
E0147		Y	
E0147	RR	Y	
E0149		Y	
E0149	RR	Y	
E0170		Y	
E0170	RR	Y	
E0171		Y	
E0171	RR	Y	
E0193		Y	
E0193	RR	Y	
E0194		Y	
E0194	RR	Y	
E0203		Y	
E0203	RR	Y	
E0217		Y	
E0217	RR	Y	
E0240		Y	
E0240	RR	Y	
E0250		Y	
E0250	RR	Y	
E0251		Y	
E0251	RR	Y	
E0255		Y	
E0255	RR	Y	
E0256		Y	
E0256	RR	Y	
E0260		Y	
E0260	RR	Y	
E0261		Y	
E0261	RR	Y	
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E0265	RR	Y	
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E0266	RR	Y	
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E0300	RR	Y	
E0301		Y	
E0301	RR	Y	
E0302		Y	
E0302	RR	Y	
E0303		Y	
E0303	RR	Y	

E0304		Y	
E0304	RR	Y	
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E0316	RR	Y	
E0328		Y	
E0328	RB	Y	
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E0329		Y	
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E0372		Y	
E0372	RR	Y	
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E0373	RR	Y	
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E0431	RR	Y	*
E0434	RR	Y	*
E0439	RR	Y	*
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E2294	RR	Y
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E2617	RP	Y
E2618		Y
E2618	RR	Y
E8000		Y
E8000	RP	Y
E8000	RR	Y
E8000	RB	Y
E8001		Y
E8001	RP	Y
E8001	RR	Y
E8001	RB	Y
E8002		Y
E8002	RP	Y
E8002	RR	Y
E8002	RB	Y
K0001		Y
K0001	RR	Y
K0002		Y
K0002	RR	Y
K0003		Y
K0003	RR	Y
K0004		Y

K0004	RR	Y
K0005		Y
K0005	RR	Y
K0006		Y
K0006	RR	Y
K0007		Y
K0007	RR	Y
K0010		Y
K0010	RR	Y
K0011		Y
K0011	RR	Y
K0012		Y
K0012	RR	Y
K0015		Y
K0015	RR	Y
K0108		Y
K0108	RB	Y
K0606		Y
K0606	RR	Y
K0669		Y
K0669	RB	Y
K0800		Y
K0800	RR	Y
K0801		Y
K0801	RR	Y
K0802		Y
K0802	RR	Y
K0806		Y
K0806	RR	Y
K0807		Y
K0807	RR	Y
K0808		Y
K0808	RR	Y
K0812		Y
K0812	RR	Y
K0813		Y
K0813	RR	Y
K0814		Y
K0814	RR	Y
K0815		Y
K0815	RR	Y
K0816		Y
K0816	RR	Y
K0820		Y
K0820	RR	Y
K0821		Y
K0821	RR	Y
K0822		Y
K0822	RR	Y
K0823		Y
K0823	RR	Y

K0824		Y
K0824	RR	Y
K0825		Y
K0825	RR	Y
K0826		Y
K0826	RR	Y
K0827		Y
K0827	RR	Y
K0828		Y
K0828	RR	Y
K0829		Y
K0829	RR	Y
K0830		Y
K0830	RR	Y
K0831		Y
K0831	RR	Y
K0835		Y
K0835	RR	Y
K0836		Y
K0836	RR	Y
K0837		Y
K0837	RR	Y
K0838		Y
K0838	RR	Y
K0839		Y
K0839	RR	Y
K0840		Y
K0840	RR	Y
K0841		Y
K0841	RR	Y
K0842		Y
K0842	RR	Y
K0843		Y
K0843	RR	Y
K0848		Y
K0848	RR	Y
K0849		Y
K0849	RR	Y
K0850		Y
K0850	RR	Y
K0851		Y
K0851	RR	Y
K0852		Y
K0852	RR	Y
K0853		Y
K0853	RR	Y
K0854		Y
K0854	RR	Y
K0855		Y
K0855	RR	Y
K0856		Y

K0856	RR	Y
K0857		Y
K0857	RR	Y
K0858		Y
K0858	RR	Y
K0859		Y
K0859	RR	Y
K0860		Y
K0860	RR	Y
K0861		Y
K0861	RR	Y
K0862		Y
K0862	RR	Y
K0863		Y
K0863	RR	Y
K0864		Y
K0864	RR	Y
K0868		Y
K0868	RR	Y
K0869		Y
K0869	RR	Y
K0870		Y
K0870	RR	Y
K0871		Y
K0871	RR	Y
K0877		Y
K0877	RR	Y
K0878		Y
K0878	RR	Y
K0879		Y
K0879	RR	Y
K0880		Y
K0880	RR	Y
K0884		Y
K0884	RR	Y
K0885		Y
K0885	RR	Y
K0886		Y
K0886	RR	Y
K0890		Y
K0890	RR	Y
K0891		Y
K0891	RR	Y
K0898		Y
K0898	RR	Y
K0899		Y
K0899	KA	Y
K0899	RB	Y

MEDS-Prosthetic/Orthotic

Procedure Code	Modifier	PA
L0113		Y
L0113	RB	Y
L0999		Y
L0999	RB	Y
L1001	RB	Y
L1001		Y
L1001	RP	Y
L2232		Y
L2232	RB	Y
L2232		Y
L2232	RP	Y
L2999		Y
L2999	RB	Y
L3649		Y
L3649	RB	Y
L3677		Y
L3677	RB	Y
L3956	RB	Y
L3956		Y
L3956	RP	Y
L3999		Y
L3999	RB	Y
L4002	RB	Y
L4002		Y
L4002	RP	Y
L5856		Y
L5993		Y
L5993	RP	Y
L5994		Y
L5994	RP	Y
L5995		Y
L5995	RP	Y
L5999		Y
L5999	RB	Y
L6611		Y
L6694		Y
L6694	RB	Y
L6694		Y
L6694	RP	Y
L6695		Y
L6695	RB	Y
L6695		Y
L6695	RP	Y
L6696		Y
L6696	RB	Y
L6696		Y
L6696	RP	Y
L6697		Y

L6697	RB	Y
L6697		Y
L6697	RP	Y
L6698		Y
L6698	RB	Y
L6698		Y
L6698	RP	Y
L7180		Y
L7181		Y
L7181	RB	Y
L7181		Y
L7181	RP	Y
L7499		Y
L7499	RB	Y
L8499		Y
L8499	RB	Y
L9900		Y
L9900	RB	Y

MEDS-Parenteral-Enteral

Procedure Cod	Modifier	PA
B9000		Y
B9000	RR	Y
B9002		Y
B9002	RR	Y
B9004		Y
B9004	RR	Y
B9006		Y
B9006	RR	Y
B9999		Y

MEDS-Medical/Surgical Supplies

Procedure Code	Modifier	PA
A4223		Y
A4421		Y
A4465		Y
A4649		Y
A6023		Y
A6501		Y
A6502		Y
A6503		Y
A6504		Y
A6505		Y
A6506		Y
A6507		Y
A6508		Y
A6509		Y
A6510		Y
A6511		Y
A6512		Y
A6513		Y
A6545		Y
A6545	RB	Y
A6549		Y
A7025		Y
A8002	RB	Y
A8002		Y
A8002	RP	Y
A8003	RB	Y
A8003		Y
A8003	RP	Y
A9900		Y
A9900	RB	Y
A9999		Y
A9999	RB	Y
S1040		Y
S1040	RB	Y

Rvenue center ID	Revenue Code Description	PA
0001	Total Charge	Y
0022	HIPPS	Y
0023	HIPPS	Y
0024	HIPPS	Y
0100	All Inclusive Rate	Y
0101	All Inclusive Rate	Y
0110	Room & Board (Private)	Y
0111	Medical/Surgical/Gyn	Y
0112	OB	Y
0113	Pediatric	Y
0114	Psychiatric	Y
0115	Hospice	Y
0116	Detoxification	Y
0117	Oncology	Y
0118	Rehab	Y
0119	Other	Y
0120	Room & Board (Semi-Private	Y
0121	Medical/Surgical/Gyn	Y
0122	OB	Y
0123	Pediatric	Y
0124	Psychiatric	Y
0125	Hospice	Y
0126	Detoxification	Y
0127	Oncology	Y
0128	Rehab	Y
0129	Other	Y
0130	Room&Board (Semi private 3	Y
0131	Medical/Surgical/Gyn	Y
0132	OB	Y
0133	Pediatric	Y
0134	Psychiatric	Y
0135	Hospice	Y
0136	Detoxification	Y
0137	Oncology	Y
0138	Rehab	Y
0139	Other	Y
0140	Room & Board (Private Delu	Y
0141	Medical/Surgical/Gyn	Y
0142	OB	Y
0143	Pediatric	Y
0144	Psychiatric	Y
0145	Hospice	Y
0146	Detoxification	Y
0147	Oncology	Y
0148	Rehab	Y
0149	Other	Y
0150	Room & Board (Ward)	Y
0151	Medical/Surgical/Gyn	Y
0152	OB	Y

0153	Pediatric	Y
0154	Psychiatric	Y
0155	Hospice	Y
0156	Detoxification	Y
0157	Oncology	Y
0158	Rehab	Y
0159	Other	Y
0160	Room & Board (other)	Y
0164	Sterile Environment	Y
0167	Self care	Y
0169	Other	Y
0170	Nursery	Y
0171	Newborn-Level I	Y
0172	Newborn-Level II	Y
0173	Newborn-Level III	Y
0174	Newborn-Level IV	Y
0179	Other Nursery	Y
0180	Leave of Absence	Y
0182	Patient Convenience	Y
0183	Therapeutic Leave	Y
0185	Hospitalization	Y
0189	Other leave of absence	Y
0190	Subacute care	Y
0191	Subacute care-Level I	Y
0192	Subacute care-Level II	Y
0193	Subacute care-Level III	Y
0194	Subacute care-Level IV	Y
0199	Other subacute care	Y
0200	Intensive care	Y
0201	Surgical	Y
0202	Medical	Y
0203	Pediatric	Y
0204	Psychiatric	Y
0206	Intermediate ICU	Y
0207	Burn care	Y
0208	Trauma	Y
0209	Other intensive care	Y
0210	Coronary care	Y
0211	Myocardial Infarction	Y
0212	Pulmonary Care	Y
0213	Heart Transplant	Y
0214	Intermediate CCU	Y
0219	Other Coronary Care	Y
0220	Special charges	Y
0221	Admission charge	Y
0222	Technical support charge	Y
0223	U.R. service charge	Y
0224	Late discharge, medically ne	Y
0229	Other special charges	Y
0230	Incremental nursing charge r	Y
0231	Nursery	Y

0232	OB	Y
0233	ICU	Y
0234	CCU	Y
0235	Hospice	Y
0239	Other	Y
0240	All inclusive Ancillary	Y
0241	Basic	Y
0242	Comprehensive	Y
0243	Specialty	Y
0249	Other all inclusive ancillary	Y

		Outpatient surgical procedures		
Procedure Code		PA		
11920		Y		
11921		Y		
11922		Y		
11950		Y		
11951		Y		
11952		Y		
11954		Y		
11960		Y		
11970		Y		
11971		Y		
15780		Y		
15781		Y		
15782		Y		
15783		Y		
15784		Y		
15785		Y		
15786		Y		
15787		Y		
15788		Y		
15789		Y		
15792		Y		
15793		Y		
15819		Y		
15820		Y		
15921		Y		
15822		Y		
15823		Y		
15824		Y		
15825		Y		
15826		Y		
15828		Y		
15829		Y		
15832		Y		
15833		Y		
15834		Y		
15835		Y		
15836		Y		
15837		Y		
15838		Y		
15839		Y		
15876		Y		
15877		Y		
15878		Y		
15879		Y		
17340		Y		
17360		Y		
17380		Y		
19316		Y		
19318		Y		

19324		Y		
19325		Y		
19340		Y		
19341		Y		
19342		Y		
19350		Y		
19355		Y		
19357		Y		
19361		Y		
19363		Y		
19364		Y		
19366		Y		
19367		Y		
19368		Y		
19369		Y		
19370		Y		
19371		Y		
19380		Y		
19396		Y		
19399		Y		
21010		Y		
21193		Y		
21194		Y		
21195		Y		
21196		Y		
21208		Y		
21209		Y		
21230		Y		
21231		Y		
21232		Y		
21233		Y		
21234		Y		
21235		Y		
21240		Y		
21242		Y		
21243		Y		
21244		Y		
21245		Y		
21246		Y		
21247		Y		
21248		Y		
21249		Y		
21255		Y		
21256		Y		
21260		Y		
21261		Y		
21263		Y		
21267		Y		
21268		Y		
21280		Y		
21282		Y		

21295		Y		
21296		Y		
21899		Y		
30120		Y		
30124		Y		
30125		Y		
30130		Y		
30140		Y		
30150		Y		
30160		Y		
30400		Y		
30410		Y		
30420		Y		
30430		Y		
30435		Y		
30450		Y		
30460		Y		
30462		Y		
30465		Y		
30520		Y		
43644		Y		
43645		Y		
43659		Y		
43842		Y		
43843		Y		
43845		Y		
43946		Y		
43847		Y		
43848		Y		
49329		Y		
54400		Y		
54401		Y		
54405		Y		
54406		Y		
54408		Y		
54410		Y		
54411		Y		
54415		Y		
54416		Y		
54417		Y		
54699		Y		
55400		Y		
55559		Y		
58578		Y		
58579		Y		
58679		Y		
58750		Y		
58752		Y		
58760		Y		
58770		Y		
65760		Y		

65765		Y		
65767		Y		
65770		Y		
65771		Y		
65772		Y		
65775		Y		
67900		Y		
67901		Y		
67902		Y		
67903		Y		
67904		Y		
67906		Y		
67908		Y		
67809		Y		
67911		Y		
69300		Y		

Appendix XIV Behavioral Health Management Responsibility Table
January 11, 2010

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered
	Notes: PSR = Provider Specific Rate FF = Fixed Fee

Code	General Hospital Inpatient	Coverage	BHP Fee
110	Room & Board- Private	3	PSR
111	Room & Board- Private -Med/Surg/Gyn	3	PSR
112	Room & Board- Private -OB	3	PSR
114	Room & Board – Private - Psychiatric	2	PSR
115	Room & Board- Private -Hospice	3	PSR
116	Room & Board – Private - Detox	2	PSR
117	Room & Board- Private -Oncology	3	PSR
118	Room & Board- Private -Rehab	3	PSR
119	Room & Board- Private -Other	3	PSR
120	Room & Board-Semi-Private/2 Bed	3	PSR
121	Room & Board-Semi-Private/ 2 Bed- Med/Surg/Gyn	3	PSR
122	Room & Board-Semi-Private/ 2 Bed -OB	3	PSR
124	Room & Board – Semi-Private/2 Bed - Psychiatric	2	PSR
125	Room & Board-Semi-Private/ 2 Bed-Hospice	3	PSR
126	Room & Board - Semi-Private/2 Bed - Detox	2	PSR
127	Room & Board-Semi-Private/ 2 Bed-Oncology	3	PSR
128	Room & Board-Semi-Private/ 2 Bed-Rehab	3	PSR
129	Room & Board-Semi-Private/ 2 Bed-Other	3	PSR
130	Room & Board-Semi-Private/3-4 Bed	3	PSR
131	Room & Board-Semi-Private/3-4 Bed- Med/Surg/Gyn	3	PSR
132	Room & Board-Semi-Private/3-4 Bed-OB	3	PSR
134	Room & Board - Semi-Private/3-4 Bed - Psychiatric	2	PSR
135	Room & Board-Semi-Private/3-4 Bed-Hospice	3	PSR
136	Room & Board - Semi-Private/3-4 Bed - Detox	2	PSR
137	Room & Board-Semi-Private/3-4 Bed-Oncology	3	PSR
138	Room & Board-Semi-Private/3-4 Bed-Rehab	3	PSR
139	Room & Board-Semi-Private/3-4 Bed-Other	3	PSR
140	Room & Board-Private-Deluxe	3	PSR
141	Room & Board-Private-Deluxe- Med/Surg/Gyn	3	PSR
142	Room & Board-Private - Deluxe-OB	3	PSR
144	Room & Board - Private - Deluxe - Psychiatric	2	PSR
145	Room & Board-Private - Deluxe-Hospice	3	PSR
146	Room & Board – Private – Deluxe – Detox	2	PSR
147	Room & Board-Private - Deluxe-Oncology	3	PSR
148	Room & Board-Private - Deluxe-Rehab	3	PSR
149	Room & Board-Private - Deluxe-Other	3	PSR
150	Room & Board – Ward	3	PSR
151	Room & Board – Ward - Med/Surg/ Gyn	3	PSR
152	Room & Board – Ward – OB	3	PSR
154	Room & Board - Ward - Psychiatric	2	PSR
155	Room & Board – Ward – Hospice	3	PSR
156	Room & Board - Ward - Detox	2	PSR
157	Room & Board – Ward – Oncology	3	PSR
158	Room & Board – Ward – Rehab	3	PSR
159	Room & Board – Ward - Other	3	PSR
160	Other Room & Board	3	PSR
164	Other Room & Board – Sterile Environment	3	PSR
167	Other Room & Board – Self Care	3	PSR
169	Other Room & Board - Other	3	PSR
170	Room & Board- Nursery	3	PSR
171	Room & Board- Nursery – Newborn	3	PSR
172	Room & Board- Nursery – Premature	3	PSR
175	Room & Board- Nursery – Neonatal ICU	3	PSR
179	Room & Board- Nursery - Other	3	PSR
190	Subacute Care	3	PSR
200	Intensive Care	3	PSR
201	Intensive Care – Surgical	3	PSR
202	Intensive Care – Medical	3	PSR
204	Intensive Care – Psychiatric	2	PSR
205	Intensive Care – Post ICU	3	PSR
207	Intensive Care – Burn Treatment	3	PSR

Appendix XIV Behavioral Health Management Responsibility Table
January 11, 2010

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208	Intensive Care – Trauma	3	PSR
209	Intensive Care – Other	3	PSR
210	Coronary Care	3	PSR

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211	Coronary Care – Myocardial Infarction	3	PSR
212	Coronary Care – Pulmonary	3	PSR
213	Coronary Care – Heart Transplant	3	PSR
214	Coronary Care – Post CCU	3	PSR
219	Coronary Care – Other	3	PSR
224	Late discharge/Medically necessary	4	N/A
	Note: MCOs manage alcohol detoxification on a medical floor.		
Code	**General Hospital Emergency Department**	**Coverage**	**BHP Fee**
450	Emergency Room General Classification	1	N/A
451	EMTALA Emergency Medical Screening Services	1	N/A
452	Emergency Room Beyond EMTALA Screening	1	N/A
456	Urgent Care	1	N/A
459	Other Emergency Room	1	N/A
762	Observation room	3	PSR
981	Professional Fee – Emergency Department	1	N/A
Code	**General Hospital Outpatient**	**Coverage**	**BHP Fee**
490	Ambulatory Surgery	1	N/A
900	Psychiatric Services General (Evaluation)	2	FF
901	Electroconvulsive Therapy**	2	FF
905	Intensive Outpatient Services – Psychiatric	2	PSR
906	Intensive Outpatient Services – Chemical Dependency	2	PSR
913	Partial Hospital	2	PSR
513	Individual, Group, Family, Other, Therapy	2	FF
918	Psychiatric Service – Testing	3	FF
961	Professional Fees-Psychiatric	4	N/A
All others		1	N/A
Code	**Psychiatric Hospital Inpatient (includes state operated hospitals) - For Clients Under 21 Years of Age**	**Coverage**	**BHP Fee**
100	All inclusive room and board plus ancillary	4	N/A
124	Room and Board-Psychiatric	2	PSR
126	Room & Board - Semi-Private/2 Bed - Detox	2	PSR
128	Room & Board-Semi-Private/ 2 Bed-Rehab	4	N/A
190	Subacute Care	2	PSR
224	Late discharge/Medically necessary	4	N/A
Code	**Psychiatric Hospital Outpatient**	**Coverage**	**BHP Fee**
490	Ambulatory Surgery	1	N/A
762	Observation room	2	PSR
900	Psychiatric Services General (Evaluation)	2	FF
901	Electroconvulsive Therapy	2	FF
905	Intensive Outpatient Services - Psychiatric	2	PSR
906	Intensive Outpatient Services - Chemical Dependency	2	PSR
913	Partial Hospital-More Intensive	2	PSR
914	Psychiatric Service-Individual Therapy	2	FF
915	Psychiatric Service-Group Therapy	2	FF
916	Psychiatric Service-Family Therapy	2	FF
918	Psychiatric Service-Testing	2	FF
919	Other - Med Admin	2	FF
Code	**Alcohol and Drug Abuse Center (Non-hospital Inpatient Detox)**	**Coverage**	**BHP Fee**
H0011	Acute Detoxification (residential program inpatient)	2	PSR

Appendix XIV Behavioral Health Management Responsibility Table
January 11, 2010

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	Notes: PSR = Provider Specific Rate FF = Fixed Fee

Code	Alcohol and Drug Abuse Center (Ambulatory Detoxification)	Coverage	BHP Fee
H0014	Ambulatory Detoxification	2	FF

Code	PRTF	Coverage	BHP Fee
T2048	Psychiatric health facility service, per diem	2	PSR

Code	DMHAS Mental Health Group Home	Coverage	BHP Fee
N/A	DMHAS Funded mental health group home	2	FF

Code	Long Term Care Facility	Coverage	BHP Fee
100	Per diem rate	1	N/A
183	Home reserve	1	N/A
185	Inpatient hospital reserve	1	N/A
189	Non-covered reserve	4	N/A
	Note: Includes inpatient at special care hospitals.		

Code	MH Clinic	Coverage	BHP Fee
90801	Psychiatric Diagnostic Interview	2	FF
90802	Interactive Psychiatric Diagnostic Interview	2	FF
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90846	Family Psychotherapy (without the patient present)	2	FF
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	FF
90849	Multi-group family psychotherapy	2	FF
90853	Group psychotherapy	2	FF
90857	Interactive group psychotherapy	2	FF
90862	Pharmacologic management	2	FF
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	FF
96101	Psychological testing, per hour	2	FF
96110	Developmental testing and report, limited	2	FF
96111	Developmental testing and report, extended	2	FF
96118	Neuropsychological testing battery, per hour	2	FF
H0015	Intensive Outpatient-Substance Dependence*	2	PSR

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H0035	Mental health partial hospitalization, treatment, less than 24 hours (CMHC)*	2	PSR
H0037	Community psychiatric supportive treatment program, per diem	4	N/A
H2013	Partial Hospitalization (non-CMHC)*	2*	PSR
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	2	FF
J0735	INJECTION CLONIDINE HCL 1 MG/INJECTION	2	FF
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG	2	FF
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	2	FF
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	2	FF
J1630	INJECTION HALOPERIDOL UP TO 5 MG	2	FF
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	2	FF
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	2	FF
J2060	INJECTION LORAZEPAM 2 MG	2	FF
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	2	FF
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	2	FF
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	2	FF
J3310	INJECTION PERPHENAZINE UP TO 5 MG	2	FF
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	2	FF
J3411	INJECTION THIAMINE HCL 100 MG	2	FF
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	2	FF
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	FF
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A
S9480	Intensive Outpatient-Mental Health	2	PSR
T1016	Case Management - Coordination of health care services - each 15 min.	2	FF
	*Coverage restricted to providers approved by DSS to provide this service		

Code	**MH Clinic- Enhanced Care Clinic (ECC)**	**Coverage**	**BHP Fee**
90801	Psychiatric Diagnostic Interview	2	FF
90802	Interactive Psychiatric Diagnostic Interview	2	FF
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90846	Family Psychotherapy (without the patient present)	2	FF
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	FF
90849	Multi-group family psychotherapy	2	FF
90853	Group psychotherapy	2	FF
90857	Interactive group psychotherapy	2	FF
90862	Pharmacologic management	2	FF
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	FF
96101	Psychological testing, per hour	2	FF
96110	Developmental testing and report, limited	2	FF
96111	Developmental testing and report, extended	2	FF
96118	Neuropsychological testing battery, per hour	2	FF
99241	Office consult, new/established patient, approx 15 min	2	FF

Appendix XIV Behavioral Health Management Responsibility Table
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Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
99242	Office consult, new/established patient, approx 30 min	2	FF
99243	Office consult, new/established patient, approx 40 min	2	FF
99244	Office consult, new/established patient, approx 60 min	2	FF
99245	Office consult, new/established patient, approx 80 min	2	FF
H0015	Intensive Outpatient-Substance Dependence*	2	PSR
H0035	Mental health partial hospitalization, treatment, less than 24 hours (CMHC)*	2	PSR

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Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
H0037	Community psychiatric supportive treatment program, per diem	4	N/A
H2013	Partial Hospitalization (non-CMHC)*	2*	PSR
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	2	FF
J0735	INJECTION CLONIDINE HCL 1 MG/INJECTION	2	FF
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG	2	FF
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	2	FF
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	2	FF
J1630	INJECTION HALOPERIDOL UP TO 5 MG	2	FF
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	2	FF
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	2	FF
J2060	INJECTION LORAZEPAM 2 MG	2	FF
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	2	FF
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	2	FF
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	2	FF
J3310	INJECTION PERPHENAZINE UP TO 5 MG	2	FF
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	2	FF
J3411	INJECTION THIAMINE HCL 100 MG	2	FF
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	2	FF
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	FF
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A
S9480	Intensive Outpatient-Mental Health	2	PSR
T1016	Case Management - Coordination of health care services - each 15 min.	2	FF
	*Coverage restricted to providers approved by DSS to provide this service		

Code	FQHC Mental Health Clinic	Coverage	BHP Fee
90801	Psychiatric Diagnostic Interview	2	$ -
90802	Interactive Psychiatric Diagnostic Interview	2	$ -
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	$ -
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	$ -
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	$ -
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	$ -
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	$ -
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	$ -
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	$ -
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	$ -
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	$ -
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	$ -
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	$ -
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	$ -
90846	Family Psychotherapy (without the patient present)	2	$ -
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	$ -
90849	Multi-group family psychotherapy	2	$ -
90853	Group psychotherapy	2	$ -
90857	Interactive group psychotherapy	2	$ -
90862	Pharmacologic management	2	$ -
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	$ -
96101	Psychological testing, per hour	2	$ -
96110	Developmental testing and report, limited	2	$ -
96111	Developmental testing and report, extended	2	$ -
96118	Neuropsychological testing battery, per hour	2	$ -
H0015	Intensive Outpatient-Substance Dependence*	2	PSR

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Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
H0020	Methadone service; rate includes all services for which the source of service is the methadone maintenance clinic.	2	$ -
H0037	Community psychiatric supportive treatment program, per diem	4	N/A
H2013	Partial Hospitalization (non-CMHC)*	2*	PSR
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	2	$ -
J0735	INJECTION CLONIDINE HCL 1 MG/INJECTION	2	$ -
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG	2	$ -
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	2	$ -
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	2	$ -
J1630	INJECTION HALOPERIDOL UP TO 5 MG	2	$ -
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	2	$ -
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	2	$ -
J2060	INJECTION LORAZEPAM 2 MG	2	$ -
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	2	$ -
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	2	$ -
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	2	$ -
J3310	INJECTION PERPHENAZINE UP TO 5 MG	2	$ -
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	2	$ -
J3411	INJECTION THIAMINE HCL 100 MG	2	$ -

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J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	2	$ -
T1015	Clinic visit/encounter all-inclusive (For use by FQHC MH Clinics)	2	PSR
	*Coverage restricted to providers approved by DSS to provide this service *** Coverage restricted to providers certified by DCF to provide this service		
Code	**Rehabilitation Clinic**	**Coverage**	**BHP Fee**
90801	Psychiatric Diagnostic Interview	3	FF
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	3	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	3	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	3	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	3	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	3	FF
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	3	FF
90846	Family psychotherapy (without the patient present)	3	FF
90847	Family psychotherapy (conjoint)	3	FF
90853	Group psychotherapy	3	FF
90857	Interactive Group therapy	3	FF
96118	Neuropsychological testing battery, per hour	3	FF
All others		1	N/A
Code	**Freestanding Medical Clinic (including non-FQHC School-Based Health Centers)**	**Coverage**	**BHP Fee**
90782	Therapeutic or diagnostic injection; subcutaneous or intramuscular	1	N/A
90783	Therapeutic or diagnostic injection; intra-arterial	1	N/A
90784	Therapeutic or diagnostic injection; intravenous	1	N/A
90801	Psychiatric Diagnostic Interview	3	FF
90804	Individual psychotherapy (20-30 min)	3	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90846	Family psychotherapy (without the patient present)	3	FF
90847	Family psychotherapy (conjoint psychotherapy w/patient present)	3	FF
90853	Group psychotherapy (other than of a multiple-family group)	3	FF
90862	Pharmacologic management	2	FF
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (Typically 5 minutes)	1	N/A
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: problem focused history; problem focused examination; straightforward medical decision-making. (Typically 10 minutes face-to-face)	1	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. (Typically 15 minutes face-to-face)	1	N/A
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: detailed history; detailed examination; medical decision making of moderate complexity (Typically 25 minutes face-to-face)	1	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: comprehensive history; comprehensive examination; medical decision making of high complexity (Typically 40 minutes face-to-face)	1	N/A
All others		1	N/A

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Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered
	Notes: PSR = Provider Specific Rate FF = Fixed Fee

Code	FQHC Medical Clinics (including those operating as School-Based Health Centers)	Coverage	BHP Fee
90782	Therapeutic or diagnostic injection; subcutaneous or intramuscular	1	N/A
90783	Therapeutic or diagnostic injection; intra-arterial	1	N/A
90784	Therapeutic or diagnostic injection; intravenous	1	N/A
90801	Psychiatric Diagnostic Interview	3	$ -

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90804	Individual psychotherapy (20-30 min)	3	$ -
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	$ -
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	$ -
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	$ -
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	$ -
90846	Family psychotherapy (without the patient present)	3	$ -
90847	Family psychotherapy (conjoint psychotherapy w/patient present)	3	$ -
90853	Group psychotherapy (other than of a multiple-family group)	3	$ -
90862	Pharmacologic management	2	$ -
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (Typically 5 minutes)	1	N/A
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: problem focused history; problem focused examination; straightforward medical decision-making. (Typically 10 minutes face-to-face)	1	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. (Typically 15 minutes face-to-face)	1	N/A
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: detailed history; detailed examination; medical decision making of moderate complexity (Typically 25 minutes face-to-face)	1	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: comprehensive history; comprehensive examination; medical decision making of high complexity (Typically 40 minutes face-to-face)	1	N/A
T1015	Clinic visit/encounter all-inclusive (For use by FQHC Clinics)	2	PSR
All others		1	N/A
Code	**Methadone Clinic**	**Coverage**	**BHP Fee**
H0020	Methadone service; rate includes all services for which the source of service is the methadone maintenance clinic.	2	PSR
Code	**MD, DO and APRN other than Psychiatrist or Psychiatric APRN**	**Coverage**	**BHP Fee**
00104	Anesthesia for electroconvulsive therapy	1	N/A
80100	Drug screen, qualitative, chromatographic method, each procedure	1	N/A
81000	Urinalysis, by dip stick or tablet reagent, non-automated, with microscopy	1	N/A
83840	Methadone chemistry (quantitative analysis)	1	N/A
90782	Therapeutic or diagnostic injection; subcutaneous or intramuscular	1	N/A
90783	Therapeutic or diagnostic injection; intra-arterial	1	N/A
90784	Therapeutic or diagnostic injection; intravenous	1	N/A
908XX	Psychotherapy codes	4	N/A
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (Typically 5 minutes)	1	N/A

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99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: problem focused history; problem focused examination; straightforward medical decision making (Typically 10 minutes face-to-face)	1	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. (Typically 15 minutes face-to-face)	1	N/A
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: detailed history; detailed examination; medical decision making of moderate complexity (Typically 25 minutes face-to-face)	1	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: comprehensive history; comprehensive examination; medical decision making of high complexity (Typically 40 minutes face-to-face)	1	N/A
All others		1	N/A

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Code	Psychiatrist (MD or DO)	Coverage	BHP Fee
90801	Diagnostic Interview	2	FF
90802	Interactive Diagnostic Interview	2	FF
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90817	90816 with medical evaluation and management	2	FF
90818	Individual psychotherapy, insight oriented 45-50 minutes	2	FF
90819	90818 with medical evaluation and management	2	FF
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90822	Individual Psychotherapy-Facility Based (75-80 min) with med management	2	FF
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90824	Interactive Individual Psychotherapy-Facility Based (20-30 min) med management	2	FF
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	FF
90827	Interactive Individual Psychotherapy-Facility Based (45-50 min) med management	2	FF

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90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90829	Interactive Individual Psychotherapy-Facility Based (75-80 min) med management	2	FF
90846	Family Psychotherapy (without the patient present)	2	FF
90847	Family Psychotherapy (conjoint)	2	FF
90849	Multi-group family psychotherapy	2	FF
90853	Group Psychotherapy	2	FF
90857	Interactive Group psychotherapy	2	FF
90862	Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	2	FF
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic purposes	2	FF
90870	Electroconvulsive therapy (including necessary monitoring); single seizure	2	FF
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	FF
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	FF
90880	Hypnotherapy	2	FF
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	FF
96101	Psychological testing, per hour	2	FF
96110	Developmental testing with report	2	FF
96111	Developmental testing, extended	2	FF
96118	Neuropsychological testing battery, per hour	2	FF

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99201	Office or other outpatient visit, 10 minutes, new patient	2	FF
99202	Office or other outpatient visit, 20 minutes, new patient	2	FF
99203	Office or other outpatient visit, 30 minutes, new patient	2	FF
99204	Office or other outpatient visit, 45 minutes, new patient	2	FF
99205	Office or other outpatient visit, 60 minutes, new patient	2	FF
99211	Office or other outpatient visit, 5 minutes, established patient	2	FF
99212	Office or other outpatient visit, 10 minutes, established patient	2	FF
99213	Office or other outpatient visit, 15 minutes, established patient	2	FF
99214	Office or other outpatient visit, 25 minutes, established patient	2	FF
99215	Office or other outpatient visit, 40 minutes, established patient	2	FF
99217	Observation care discharge	2	FF
99218	Initial observation care, low severity	2	FF
99219	Initial observation care, moderate severity	2	FF
99220	Initial observation care, high severity	2	FF
99221	Inpatient hospital care, 30 minutes	2	FF
99222	Inpatient hospital care, 50 minutes	2	FF
99223	Inpatient hospital care, 70 minutes	2	FF
99231	Subsequent hospital care, 15 minutes	2	FF
99232	Subsequent hospital care, 25 minutes	2	FF
99233	Subsequent hospital care, 35 minutes	2	FF
99234	Observation of inpatient hospital care, low severity	2	FF
99235	Observation of inpatient hospital care, moderate severity	2	FF
99236	Observation of inpatient hospital care, high severity	2	FF
99238	Hospital discharge day management 30 minutes or less	2	FF
99239	Hospital discharge day management more than 30 minutes	2	FF
99241	Office consultation for a new or established patient, approximately 15 minutes	2	FF
99242	Office consultation for a new or established patient, approximately 30 minutes	2	FF
99243	Office consultation for a new or established patient, approximately 40 minutes	2	FF
99244	Office consultation for a new or established patient, approximately 60 minutes	2	FF
99245	Office consultation for a new or established patient, approximately 80 minutes	2	FF
99251	Initial inpatient consultation, 20 minutes	2	FF
99252	Initial inpatient consultation, 40 minutes	2	FF
99253	Initial inpatient consultation, 55 minutes	2	FF
99254	Initial inpatient consultation, 80 minutes	2	FF
99255	Initial inpatient consultation, 110 minutes	2	FF
99271	Confirmatory consultation, limited or minor	2	FF
99272	Confirmatory consultation, low severity	2	FF
99273	Confirmatory consultation, moderate severity	2	FF
99274	Confirmatory consultation, moderate to high severity	2	FF
99275	Confirmatory consultation, high severity	2	FF
99281	Emergency department visit, minor severity	2	FF
99282	Emergency department visit, low to moderate severity	2	FF
99283	Emergency department visit, moderate severity	2	FF
99284	Emergency department visit, high severity	2	FF
99285	Emergency department visit, high severity with significant threat	2	FF
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	2	FF
J0735	INJECTION CLONIDINE HCL 1 MG/INJECTION	2	FF
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG	2	FF
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	2	FF
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	2	FF
J1630	INJECTION HALOPERIDOL UP TO 5 MG	2	FF
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	2	FF
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	2	FF
J2060	INJECTION LORAZEPAM 2 MG	2	FF
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	2	FF
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	2	FF
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	2	FF
J3310	INJECTION PERPHENAZINE UP TO 5 MG	2	FF

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J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	2	FF
J3411	INJECTION THIAMINE HCL 100 MG	2	FF
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	2	FF
M0064	Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	2	FF
T1016	Case Management - Coordination of health care services - each 15 min.	2	FF
All others		4	N/A

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	Notes: PSR = Provider Specific Rate FF = Fixed Fee

Code	Psychiatric APRN	Coverage	BHP Fee
90801	Diagnostic Interview	2	FF
90802	Interactive Diagnostic Interview	2	FF
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical	2	FF
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90817	90816 with medical evaluation and management	2	FF
90818	Individual psychotherapy, insight oriented 45-50 minutes	2	FF
90819	90818 with medical evaluation and management	2	FF
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90822	Individual Psychotherapy-Facility Based (75-80 min) with med management	2	FF
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90824	Interactive Individual Psychotherapy-Facility Based (20-30 min) med management	2	FF
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	FF
90827	Interactive Individual Psychotherapy-Facility Based (45-50 min) med management	2	FF
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90829	Interactive Individual Psychotherapy-Facility Based (75-80 min) med management	2	FF
90846	Family Psychotherapy (without the patient present)	2	FF
90847	Family Psychotherapy (conjoint)	2	FF
90849	Multi-group family psychotherapy	2	FF
90853	Group Psychotherapy	2	FF
90857	Interactive Group psychotherapy	2	FF
90862	Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	2	FF
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic purposes	2	FF
90870	Electroconvulsive therapy (including necessary monitoring); single seizure	2	FF
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	FF
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	FF
90880	Hypnotherapy	2	FF
90887	Interpretation or explanation of results of psychiatric or other medical	2	FF
96101	Psychological testing, per hour	2	FF
96110	Developmental testing with report	2	FF
96111	Developmental testing, extended	2	FF
96118	Neuropsychological testing battery, per hour	2	FF
99201	Office or other outpatient visit, 10 minutes, new patient	2	FF
99202	Office or other outpatient visit, 20 minutes, new patient	2	FF

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
99203	Office or other outpatient visit, 30 minutes, new patient	2	FF
99204	Office or other outpatient visit, 45 minutes, new patient	2	FF
99205	Office or other outpatient visit, 60 minutes, new patient	2	FF
99211	Office or other outpatient visit, 5 minutes, established patient	2	FF
99212	Office or other outpatient visit, 10 minutes, established patient	2	FF
99213	Office or other outpatient visit, 15 minutes, established patient	2	FF
99214	Office or other outpatient visit, 25 minutes, established patient	2	FF
99215	Office or other outpatient visit, 40 minutes, established patient	2	FF
99217	Observation care discharge	2	FF
99218	Initial observation care, low severity	2	FF
99219	Initial observation care, moderate severity	2	FF
99220	Initial observation care, high severity	2	FF
99221	Inpatient hospital care, 30 minutes	2	FF
99222	Inpatient hospital care, 50 minutes	2	FF
99223	Inpatient hospital care, 70 minutes	2	FF
99231	Subsequent hospital care, 15 minutes	2	FF
99232	Subsequent hospital care, 25 minutes	2	FF
99233	Subsequent hospital care, 35 minutes	2	FF
99234	Observation of inpatient hospital care, low severity	2	FF
99235	Observation of inpatient hospital care, moderate severity	2	FF
99236	Observation of inpatient hospital care, high severity	2	FF
99238	Hospital discharge day management 30 minutes or less	2	FF
99239	Hospital discharge day management more than 30 minutes	2	FF
99241	Office consultation for a new or established patient, approximately 15 minutes	2	FF
99242	Office consultation for a new or established patient, approximately 30 minutes	2	FF
99243	Office consultation for a new or established patient, approximately 40 minutes	2	FF
99244	Office consultation for a new or established patient, approximately 60 minutes	2	FF
99245	Office consultation for a new or established patient, approximately 80 minutes	2	FF
99251	Initial inpatient consultation, 20 minutes	2	FF
99252	Initial inpatient consultation, 40 minutes	2	FF
99253	Initial inpatient consultation, 55 minutes	2	FF
99254	Initial inpatient consultation, 80 minutes	2	FF
99255	Initial inpatient consultation, 110 minutes	2	FF
99271	Confirmatory consultation, limited or minor	2	FF
99272	Confirmatory consultation, low severity	2	FF
99273	Confirmatory consultation, moderate severity	2	FF
99274	Confirmatory consultation, moderate to high severity	2	FF
99275	Confirmatory consultation, high severity	2	FF
99281	Emergency department visit, minor severity	2	FF
99282	Emergency department visit, low to moderate severity	2	FF
99283	Emergency department visit, moderate severity	2	FF
99284	Emergency department visit, high severity	2	FF
99285	Emergency department visit, high severity with significant threat	2	FF
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	2	FF
J0735	INJECTION CLONIDINE HCL 1 MG/INJECTION	2	FF
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG	2	FF
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	2	FF
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	2	FF
J1630	INJECTION HALOPERIDOL UP TO 5 MG	2	FF
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	2	FF
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	2	FF
J2060	INJECTION LORAZEPAM 2 MG	2	FF
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	2	FF
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	2	FF
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	2	FF
J3310	INJECTION PERPHENAZINE UP TO 5 MG	2	FF
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	2	FF
J3411	INJECTION THIAMINE HCL 100 MG	2	FF

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	2	FF
M0064	Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	2	FF
T1016	Case Management - Coordination of health care services - each 15 min.	2	FF
All others		4	N/A
Code	**Psychologist and Psychologist Group (For Clients Under 21 Years of Age)**	**Coverage**	
90801	Diagnostic Interview	2	FF
90802	Interactive Diagnostic Interview	2	FF
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90818	Individual psychotherapy, insight oriented 45-50 minutes	2	FF
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	FF
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90846	Family Psychotherapy (without the patient present)	2	FF
90847	Family Psychotherapy (conjoint)	2	FF
90849	Multi-group family psychotherapy	2	FF
90853	Group Psychotherapy	2	FF
90857	Interactive Group psychotherapy	2	FF
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	FF
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	FF
90880	Hypnotherapy	2	FF
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons. .	2	FF
96101	Psychological testing, per hour	2	FF
96110	Developmental testing with report	2	FF
96111	Developmental testing, extended	2	FF
96118	Neuropsychological testing battery, per hour	3	FF
T1016	Case Management - Coordination of health care services - each 15 min.	2	FF

Appendix XIV Behavioral Health Management Responsibility Table
January 11, 2010

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
Code	**Home Health Care Agencies***	**Coverage**	**BHP Fee**
RCC/HCPC			
421	Physical Therapy	1	N/A
424	Physical Therapy Evaluation	1	N/A
431	Occupational Therapy	1	N/A
434	Occupational Therapy Evaluation	1	N/A
441	Speech Therapy	1	N/A
444	Speech Therapy Evaluation	1	N/A
570/T1004	Services of a qualified nursing aide, up to 15 minutes	3	FF
580/S9123	Nursing care, in the home by an RN, per hour	3	FF
580/S9124	Nursing Care, in the home by an LPN, per hour	3	FF
580/T1001	Nursing Assessment/Evaluation	3	FF
580/T1002	RN Services, up to 15 minutes	3	FF
580/T1003	LPN/LVN services, up to 15 minutes	3	FF
580/T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	3	FF
	*BHP covers home health services for children with autism including when autism is co-morbid with mental retardation.		
Code	**Independent Occupational Therapist**	**Coverage**	**BHP Fee**
All codes		1	N/A
Code	**Independent Physical Therapist**	**Coverage**	**BHP Fee**
All codes		1	N/A
Code	**Medical Transportation**	**Coverage**	**BHP Fee**
All codes		1	N/A
Code	**Emergency Medical Transportation**	**Coverage**	**BHP Fee**
All codes		1	N/A
Code	**Independent Laboratory Services**	**Coverage**	**BHP Fee**
80100	Drug screen, qualitative, chromatographic method, each procedure	1	N/A
81000	Urinalysis, by dip stick or tablet reagent, non-automated, with microscopy	1	N/A
83840	Methadone chemistry (quantitative analysis)	1	N/A
All other codes		1	N/A
Code	**Pharmacy**	**Coverage**	**BHP Fee**
All codes		1	N/A

Appendix XV

CMP Coverage Groups

FFS-CMP Coordinated Care Coverage Group Codes			
EMS COVERAGE GROUP	**DESCRIPTION**	**Medicaid Category**	**Mandated To Enroll in CMP-FFS IF Member Has no Medicare**
S01	MEDICAID & CASH SUPPLEMENT FOR AGED, Blind & Disaled	AM	Y
S02	MEDICAID FOR AGED, Blind & Disabled	AM	Y
S03	MEDICAID NON-MA REQUIREMENTS-AGED, Blind & Disabled	AM	Y
S04	T-19 SEVERLY IMPAIRED-AGED, Blind & Disabled	AM	Y
S05	MEDICAID FOR WORKING DISABLED	AM	Y
S95	MEDICAID ZERO SPENDDOWN -AGED	AM	Y
L01	MEDICAID LTC -AGED, Blind & Disabled	AM	Y
L99	MEDICAID LTC SPENDDOWN -AGED, Blind & Disabled	AM	Y
W01	MEDICAID HOME CARE WAIVER -AGED	AM	Y

AM=Adult Medicaid

State of Connecticut
Department of Social Services

Care Management Program

Request For Qualifications

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

Care Management Program

Request for Qualifications

The Department of Social Services (Department) has issued this Request for Qualifications (RFQ) to obtain care management and related administrative services for individuals who qualify for Medicaid due to age, blindness or disability (ABD). Respondents must demonstrate their qualifications to serve as a Medicaid Care Management Plan including special experience and expertise in managing the care of individuals who are aged, blind or disabled or who are experiencing one or more chronic health care conditions. Respondents must currently have a contract with the Department for the HUSKY A, HUSKY B and Charter Oak managed care programs.

The Department shall amend the existing managed care contract for each entity that meets the minimum qualifications based on its responses to the RFQ. The amendment will extend care management responsibilities to the populations noted above.

Qualification submissions must be received at the Department no later than 3:00 p.m. eastern standard time on February 8, 2010. Qualification submissions received after the stated due date and time may be accepted by the Department as a clerical function but will not be evaluated. Qualifications that are not evaluated shall be retained for thirty days after the resultant contract amendments are executed, after which the submissions will be destroyed.

The Department will post the complete "Scope of Services" as Appendix 9 to this RFQ by January 7, 2010.

To download this Request for Qualifications (RFQ), access the State's Procurement/Contracting Portal at the State of Connecticut Department of Administrative Services' Procurement Services Home Page at http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp or call or write:

Marcia McDonough
Department of Social Services
Contract Administration
25 Sigourney Street
Hartford, CT 06106
Telephone: 860-424-5214
Fax: 860-424-5800
E-mail: Marcia.McDonough@ct.gov

The Department of Social Services is an Equal Opportunity/Affirmative Action Employer. Persons who are deaf or hard of hearing may use a TDD by calling 1-800-842-4524.

Questions or requests for information in alternative formats must be directed to the Contract Administration Office at 860-424-5693. The Department of Social Services reserves the right to reject any and all submissions or cancel this procurement at any time if it is deemed in the best interest of the State.

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SECTION I - OVERVIEW OF THE DEPARTMENT AND THE PROGRAM

A. PURPOSE OF THIS REQUEST FOR QUALIFICATIONS AND OVERVIEW OF THE CARE MANAGEMENT PROGRAM

The Department of Social Services ("Department") is authorized to offer care management to Medicaid fee-for-service recipients who qualify for Medicaid due to age, blindness or disability (ABD) for the purpose of improving patient care and reducing unnecessary service use. Connecticut is soliciting applications from managed care organizations who currently serve the Department's HUSKY population to provide care-management services tailored to the specific needs of our Medicaid ABD population.

Connecticut currently has approximately 26,000 Medicaid ABD recipients who are eligible for Medicaid only. These individuals will be covered in the contract amendment(s) resulting from this RFQ. Connecticut also has approximately 75,000 Medicaid ABD recipients who are also eligible for Medicare. These so called "dual eligible" individuals are not included in this Care Management Program initiative at this time. However, the Department reserves the right to expand the initiative to include dual eligibles or other populations in the future.

Medicaid covered services for these recipients are currently administered by the Department. Select services are subject to prior authorization by the Department's Medical and Clinical Review Team. These services include but are not limited to medical equipment devices and supplies; physical and occupational therapies; Intermediate Care Facilities for Mental Retardation (ICF-MR); home health, psychiatric hospitalization, and mental health group home services. General hospital and chronic disease hospital services are subject to prior authorization by an independent PRO-like contractor. As of February 1, 2010, a new contractor will assume responsibility for Pre-Admission Screening Resident Review and authorization of nursing home admissions.

Under the proposed care management initiative the Department will enter into non-risk contract amendments with two or three care management plans (CMPs) to perform certain administrative functions for recipients who qualify for Medicaid on the basis of age or disability status. This includes individuals who are aged, blind, disabled including those who reside in the community or in a skilled nursing facility or other long term care facility. The CMPs will be responsible for providing a range of management services such as call center services (i.e., referral assistance, benefit information), predictive modeling, health risk assessment, utilization management, care coordination, care management and provider profiling and other administrative services (refer to the Scope of Services Appendix 9 for a more complete listing of the CMP responsibilities. The Scope of Services will be posted at a later date no later than January 7, 2010). The CMPs will not be responsible for establishing a provider network or paying claims. Instead, recipients will continue, without limitation, to use the existing Medicaid fee-for-service network. Claims will be processed by the Medicaid Management Information System (MMIS) at rates established in the Connecticut Medicaid State Plan.

Recipients will choose a primary care provider (PCP) or one will be assigned by their CMP. However, recipients will not be restricted to the assigned provider if they choose to go elsewhere. The primary care provider will not serve as a gatekeeper to specialty services.

Recipients will be given a notice to choose a CMP approximately 30 days prior to the start of the initiative. New applicants will be given a choice at the time that they are determined eligible for Medicaid. Those who do not select a CMP will be default enrolled in a CMP on a rotating basis. Recipients will be given a free look of 60-90 days and then locked into their choice of CMP for 12 months. Recipients will be permitted to change CMPs during the 12-month period for reasonable cause as determined by the Department. The Department will retain the ability to conduct utilization review internally for newly enrolled individuals who use services that require prior authorization, but who have not yet enrolled in a CMP.

The Department of Social Services and its sister agencies, the Department of Developmental Disabilities (DDS) and the Department of Mental Health and Addiction Services (DMHAS) also administer a number of home and community based waiver (HCBW) programs. Medicaid ABD individuals may be enrolled in an HCBW program. The CMPs will be required to coordinate with HCBW programs. HCBW programs will retain management authority with respect to waiver services, such as home-maker, companion, personal care assistance, and rehabilitation services. The CMP will be required to authorize and manage acute care and other medical services that are used by these waiver enrolled individuals and that typically are not part of the individuals care plan under the HCBW waiver program.

The Department recently conducted an open procurement for the HUSKY A Medicaid managed care program and the HUSKY B SCHIP program. The procurement process included questions and information on the possibility of expanding managed care to include Medicaid ABD recipients. Three managed care organizations were selected; Aetna Better Health, AmeriChoice, and Community Health Network of Connecticut. These entities began operation as fully capitated HUSKY managed care organizations in the fall of 2008.

This Request for Qualifications (RFQ) will provide each of these entities with the opportunity to serve as a CMP in the new managed Medicaid ABD initiative. The Department will amend the existing managed care agreement for each entity that meets the minimum qualifications based on its response to this RFQ. The amendment will extend their care management responsibilities to the above noted populations.

The resultant contract will be non-risk for the services that result from this RFQ, however, the risk arrangement for the existing contract will remain (HUSKY A, HUSKY B and Charter Oak). The CMPs will not pay claims nor will they be at-risk for the cost of services. The payment for services under this amendment will be an all-inclusive administrative per member per month (PMPM) fee. To ensure that the CMPs are effective in their role as care managers, the Department will subject the administrative PMPM fee to a 10% withhold that will be returned based on the CMPs' ability to meet certain performance targets in areas such as quality, utilization

and cost. The withhold is not an incentive fee; it represents a reduction to the CMPs' base administrative payment that can be earned back as the CMPs demonstrate their ability to meet and exceed the contracted performance standard requirements.

B. OVERVIEW OF THE DEPARTMENT OF SOCIAL SERVICES

The Department provides a broad range of services to older adults, persons with disabilities, families, and persons who need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living. It administers more than ninety legislatively authorized programs and about one-third of the State budget. By statute, it is the State agency responsible for administering human service programs sponsored by Federal legislation including the Rehabilitation Act, the Food, Conservation and Energy Act of 2008, the Older Americans Act, and the Social Security Act. The Department is also designated as a public housing agency for administering the Section 8 Program under the Federal Housing Act.

The Commissioner of Social Services heads the Department and there are Deputy Commissioners for Administration and Programs. There is a Regional Administrator responsible for each of the Department's three geographic service regions. By statute, there is a Statewide Advisory Council to the Commissioner of Social Services and each geographic service region must have a Regional Advisory Council.

The Department administers most of its programs at offices located throughout the State. Within the Department, the Bureau of Rehabilitation Services provides vocational rehabilitation services for eligible persons with physical and mental disabilities throughout the State. For the other programs, services are available at offices located in the three geographic service regions, with central office support located in Hartford. In addition, many services funded by the Department are available through community-based agencies. The Department has out-stationed employees at participating hospitals and nursing facilities to expedite Medicaid applications and funds Healthy Start sites, which can accept applications for Medicaid for pregnant women and young children. Many of the services provided by the Department are available via mail or telephone.

There are three entities attached to the Department for administrative purposes only. They are the Commission on Deaf and Hearing-impaired, the Board of Education and Services for the Blind, and the Child Day Care Council.

SECTION II - OVERVIEW OF THE PROCUREMENT PROCESS

A. ISSUING OFFICE AND CONTRACT ADMINISTRATION

The Department is issuing this RFQ through its Office of Contract Administration - Procurement Unit. The Contract Administration - Procurement Unit is the Issuing Office for this procurement and is the only contact in the State of Connecticut for this procurement. The integrity of the procurement process is based in part on ensuring that all potential and intended respondents be afforded the same information and opportunities regarding the terms of the procurement. Therefore, it is incumbent on the Issuing Office to monitor, control, and release information pertaining to this procurement. Potential and intended respondents are advised that they must refrain from contacting any other office within the State of Connecticut or any other State employee with questions or comments related to this procurement. Potential and intended respondents who contact others within the State of Connecticut with questions or issues pertaining to this procurement may risk disqualification from consideration. The Department's Contract Administrator within the Issuing Office will make decisions regarding such disqualification, after consultation with the Office of the Commissioner. The contact information for the Issuing Office is:

Marcia McDonough
State of Connecticut Department of Social Services
Contract Administration – Procurement Unit
25 Sigourney Street
Hartford, CT 06106
Telephone: 860-424-5214
Fax: 860-424-5800
E-mail: Marcia.McDonough@ct.gov

All questions, comments, submissions, and other communications with the Issuing Office regarding this RFQ must be submitted in writing directed to the Issuing Office and must be clearly identified as pertaining to the Care Management Plan Request for Qualifications (CMP RFQ)

Any material received that does not so state its RFQ-related contents shall be opened as general mail.

B. PROCUREMENT SCHEDULE AND IMPLEMENTATION TIMELINE

The schedule for this procurement is as follows. The Department reserves the right to adjust this schedule, as needed.

Contract Amendment Implementation Key Dates Timeline

DSS	RFQ Release	December 30, 2009
DSS	Posting/release of the Department's Appendix 9 – Scope of Services	January 7, 2010
DSS	Submission of written questions and Letter of Intent	January 14, 2010
DSS	Posting/release of the Department's official responses to questions (Questions/Answers Addendum)	January 21, 2010
Bidders	RFQ Response Due	February 8, 2010
DSS	Contractor Evaluation and Selection	February 19, 2010
DSS	Contract Amendment Award	February 26, 2010
DSS	Authorization File Specifications Provided to Contractors	March 1, 2010
DSS and Recipients	Pre-Notification Mailing to Eligible Recipients	April 1, 2010
DSS	Eligibility Test File Provided to Contractors	April 9, 2010
Contractors	Eligibility Test File Uploaded and Run	April 14, 2010
DSS and Contractors	Full Cycle Authorization File Testing Begins	April 15, 2010
DSS and Contractors	Eligibility Test File Issues Addressed	April 28, 2010
DSS and Contractors	Full Cycle Authorization File Testing Ends	April 29, 2010
DSS and Contractors	Readiness Review On-Site	May 3-5, 2010
DSS and Contractors	Readiness Review Cure Period	May 10-17, 2010
DSS	Contractor Readiness GO/NO-GO Date	May 17, 2010
DSS and Recipients	Choice Period Opens with Notification of Enrollment Change to Eligible Recipients	May 18, 2010

DSS and Recipients	Choice Period Closes	June 22, 2010
DSS	Initial Recipient Roster Provided	June 22, 2010
DSS	Final Recipient Roster Provided	June 25, 2010
Contractors and Recipients	CMP Begins	July 1, 2010
DSS	Provide Prior Authorization File and Claims History for Enrolled Recipients	July 7, 2010

C. RESPONDENT QUESTIONS and MANDATORY LETTER OF INTENT

Interested respondents may submit questions regarding this RFQ to the Issuing Office by fax or e-mail directed to the Issuing Office. Questions must be submitted by January 14, 2010. It is solely the respondent's responsibility to ensure and verify the Department's receipt of questions.

Official responses to all questions shall be in a Questions/Answers Addendum to this RFQ posted on the State Procurement/Contracting Portal at http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp.

The Department's Questions /Answers Addendum shall be posted to the DAS and the Department's Portal by January 21, 2010.

Interested Respondents **SHALL** submit a mandatory nonbinding Letter of Intent (LOI) to the Issuing Office to advise the Department of Social Services of their intent to submit an RFQ response. The LOI must be received by the Issuing Office no later than 3:00 p.m. eastern standard time on January 14, 2010.

Please choose one way to submit the LOI to the Issuing Office via e-mail, fax, or postal mail. Do not submit duplicate copies. The LOI must clearly identify the contact person including name, telephone number, fax number, and e-mail address. It is the bidder's responsibility to confirm the Issuing Office's receipt of an LOI.

Failure to submit an LOI in accordance with the requirements set forth herein shall disqualify a bidder from further consideration.

Interested Respondents must submit a letter of intent to be considered

D. EVALUATION AND SELECTION

It is the Department's intent to conduct a comprehensive, fair, and impartial evaluation of submissions received in response to this RFQ. Only submissions found to be responsive to this RFQ will be evaluated. A responsive submission must comply with all instructions listed in this RFQ. The evaluation will be based on the following criteria:

Qualifications of Respondent
Experience of Respondent with Similar Populations
References
Scope of Services
Cost

E. CONTRACT AMENDMENT EXECUTION

The resultant contract amendment is subject to State contracting procedures. Note that the resultant contract amendment becomes executed upon the signature of the Commissioner of the Department of Social Services. No financial commitments can be made unless and until the resultant contract amendment has been fully executed.

F. RESPONDENT DEBRIEFING

The State will notify all respondents of any award issued by it as a result of this RFQ. Unsuccessful respondents may request a meeting for debriefing and discussion of their submission by writing the Issuing Office at the address provided above. Debriefing will not include any comparisons of submissions with other submissions.

G. RIGHTS RESERVED

Upon determination that its best interests would be served, the Department shall have the right to do the following:

1. Cancellation - Cancel this procurement at any time before the contract amendment award.

2. Amendment of procurement - Amend this procurement at any time before contract amendment award.

3. Refusal to accept - Refuse to accept or return accepted submissions that do not comply with procurement requirements.

4. Rejection of incomplete submission - Reject any submission in which any part of the submission is incomplete or in which there are significant inconsistencies or inaccuracies (the State reserves the right to reject all submissions).

5. Prior contract default - Reject the submission of any respondent in default of any prior contract or for the misrepresentation of material presented.

6. Receipt of submissions after stated due date - Reject or refuse to evaluate any submission that is received after the stated due date.

7. Written clarification - Require respondents, at their own expense, to submit written clarification of submissions in a manner or format that the Department may require.

8. Oral clarification - Require respondents, at their own expense, to make oral presentations at a time selected and in a place provided by the Department.

   The Department may invite respondents, but not necessarily all, to make an oral presentation to assist the Department in its determination of award. The Department further reserves the right to limit the number of respondents invited to make such a presentation and the number of attendees per respondent.

9. Onsite visits - Make onsite visits to the operational facilities of respondents to further evaluate the respondent's capability to perform the duties required in this RFQ.

10. Allowance of submission changes - Except as may be authorized by the Department, allow no additions or changes to the original submission after the stated due date.

11. Property of the State - Own all submissions submitted in response to this procurement upon receipt by the Department.

12. Separate service negotiation - Negotiate separately any services in any manner needed to serve the best interest of the State.

13. All or any portion - Contract for all or any portion of the Scope of Services or tasks contained in this RFQ.

14. One or more respondents - Contract with one or more respondents.

15. Submission most advantageous - Consider cost and all factors in determining the most advantageous submission for the Department when awarding a respondent the right to negotiate a contract with the Department (while cost is a factor in determining the respondent to be awarded the right to negotiate a contract with the Department, price alone shall not determine the successful respondents).

16. Technical defects - Waive technical defects, irregularities, and omissions, if in its judgment the best interest of the Department shall be served.

17. Privileged and confidential information - Share the contents of any submission with any of its designees for purpose of evaluating submissions to make an award (the contents of all meetings including the first, second, and any subsequent meetings and all communications in the course of negotiating and arriving at the contract periods shall be privileged and confidential).

18. Best and Final Offers - Seek Best and Final Offers (BFO) on price from respondents upon review of the scored criteria (in addition, the Department reserves the right to set parameters on any BFOs it receives).

19. Unacceptable submissions - Reopen the bidding process if advantageous to the Department.

H. SUBMISSION PRESENTATION EXPENSES

The State of Connecticut and the Department assume no liability for payment of expenses incurred by respondents in preparing and submitting submissions in response to this procurement.

I. SUBMISSION DUE DATE AND TIME

The Issuing Office must receive submissions no later than 3:00 p.m. eastern time on February 8, 2010 Respondents must address all RFQ communications to the Issuing Office. The Issuing Office will accept Qualification Submissions in **one of the following methods:**

Postal mail - The Department will not consider a postmark date as the basis for meeting the submission due date and time. Respondents shall not interpret or otherwise construe receipt of a submission after the stated due date and time as acceptance of the submission, since the actual receipt of the document is a clerical function. The Department suggests the respondent use certified or registered mail to deliver the submission when the respondent is not able to deliver the submission by courier or in person.

Hand delivery - Respondents that are hand-delivering submissions will not be granted access to the building without photo identification and must allow extra time for security procedures.

J. ACCEPTANCE OF SUBMISSION CONTENTS

Contingent upon successful award, the contents of this RFQ and the submission of the successful bidder will form the basis of contractual obligations in the final contract. The resulting contract amendment shall be attached to the Respondents existing Purchase of Service (POS) contract. Appendix I includes additional provisions to existing Standard Terms and Conditions. The respondent's submission must include a "Signatory Acceptance" (Appendix II), without qualification, the additional terms and conditions as included in Appendix I. A successful respondent may not suggest alternate language after having accepted without qualification the Terms and Conditions as specified in the POS. Any submission that fails to comply in any way with this requirement may be disqualified as non-responsive. The Department is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

K. DECLARATION AND PROTECTION OF PROPRIETARY INFORMATION

Due regard shall be given to the protection of proprietary information contained in all submissions received; however, respondents must be aware that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations, and interpretations resulting there from. The respondent must provide convincing explanation and rationale to justify each exception from release consistent with C.G.S. §1-210 to claim proprietary exemption.

It will not be adequate for respondents to merely state generally that the submission is proprietary in nature and therefore not subject to release to third parties to claim an exemption. Price and cost alone do not meet exemption requirements. The particular pages or sections of the submission that a respondent believes are proprietary must be specifically identified as such. The rationale and explanation must be stated in terms of the prospective harm to the respondent's competitive position that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited statute. The Proprietary Declaration must be located immediately following the Table of Contents.

While respondents may claim proprietary exemptions, the final administrative authority to release or exempt any or all material so identified rests with the State.

L. AFFIRMATIVE ACTION

Regulations of Connecticut State Agencies §46a68j-3(10) requires agencies to consider the following factors when awarding a contract that is subject to contract compliance requirements:

1. The respondent's success in implementing an affirmative action plan.

2. The respondent's success in developing an apprenticeship program complying with C.G.S. §46a-68-1 to 46a-68-17, inclusive.

3. The respondent's promise to develop and implement a successful affirmative action plan.

4. The respondent's submission of EEO-1 data indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area.

5. The respondent's promise to set aside a portion of the resultant contract for legitimate small contractors and minority business enterprises (See C.G.S. §4a-60).

M. RESULTANT CONTRACT AMENDMENT PERIOD AND NUMBER OF AWARDS

The resultant contract amendment period to provide care management and related administrative services for individuals enrolled in the Department's Medicaid fee for service program resulting from this RFQ shall run concurrently with the existing contract.

The Department reserves the right to award more than one contract amendment.

N. FREEDOM OF INFORMATION

Due regard will be given to the protection of proprietary information contained in all submissions received; however, respondent's shall be aware that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations, and interpretations resulting there from. The respondent must provide convincing explanation and rationale to justify each exception from release consistent with CGS §1-210 to claim proprietary exemption.

It will not be sufficient for respondents to merely state generally that the submission is proprietary in nature and therefore not subject to release to third parties to claim an exemption. Price and cost alone do not meet exemption requirements. The particular pages or sections of the submission that a respondent believes are proprietary must be specifically identified as such. The rationale and explanation must be stated in terms of the prospective harm to the respondent's competitive position that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited statute.

In any case, the narrative portion of the submission may not be exempt from release. Between the respondent and the State, the final administrative authority to release or exempt any or all material so identified rests with the State.

SECTION III – SUBMISSION CONTENT REQUIREMENTS

To be considered as qualified, a responsive submission must include a response to each content requirement that begins with To provide a responsive submission, **THE RESPONDENT SHALL**.

A. DELIVERY CONDITION

1. To provide a responsive submission, **THE RESPONDENT SHALL** submit an original (clearly marked) and three exact, legible copies of the submission in clearly identified ("Care Management Program RFQ") sealed envelopes or sealed boxes. In addition, one exact electronic copy (compact disk) of the entire submission in a non-PDF format must be submitted, except for those required documents that cannot be converted into electronic format.

2. To provide a responsive submission, **THE RESPONDENT SHALL** construct submissions that will enable the Department to easily evaluate the respondent's qualifications without the need to search for information. Submissions must be submitted in loose leaf or spiral-bound notebooks that allow updated pages to be easily incorporated into the original submission. Each page of the submission must be consecutively numbered. Each submission must incorporate a Table of Contents, and each section of the submission must cross-reference the appropriate section of this RFQ that is being addressed. This will allow the Department to determine uniform compliance with specific RFQ requirements.

B. TRANSMITTAL COMMUNICATION, FORMS, AND ACCEPTANCES

1. Transmittal Letter - To provide a responsive submission, **THE RESPONDENT SHALL** include in the original submission (clearly marked) and in each of the three (3) copies, a Transmittal Letter. The Transmittal Letter must be limited to one (1) page, and must include the organization's Federal Employer Identification Number. The Transmittal Letter shall identify the respondent's contract with the Department for HUSKY A, HUSKY B and Charter Oak managed care programs In addition, the Transmittal Letter must include the name, title, telephone number, fax number, and e-mail address of the individual with authority to bind the respondent to sign a resultant contract amendment with the Department of Social Services.

2. Executive Summary - To provide a responsive submission, **THE RESPONDENT SHALL** include a high-level summary limited to two (2) pages that summarizes the content of the submission. The Executive Summary shall identify the respondent's demonstrated experience providing data analytics, administrative structures and care management including special experience and expertise in managing the care of individuals who are aged, blind or disabled and individuals who are experiencing one or more chronic health care conditions.

3. Addendum Acknowledgements - To provide a responsive submission, **THE RESPONDENT SHALL** include the signed acknowledgement of its receipt of any and all Addendums issued for this RFQ.

4. **Appendix I (Additions to Mandatory Terms and Conditions) & II -** Procurement and Contractual Agreements Signatory Acceptance - To provide a responsive submission, **THE RESPONDENT SHALL** provide a signed Acceptance Statement, without qualification additions to Mandatory Terms and Conditions as identified in Appendix I.

5. **Appendix III** - Certification Regarding Lobbying - To provide a responsive submission, **THE RESPONDENT SHALL** include a signed statement to the effect that no funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

6. **Appendix IV** - Contract Affidavits/Certifications - Connecticut General Statutes (CGS) §§4-250 through 4-252 require that State contracts

with a value of $50,000 or more be accompanied by a Gift and Campaign Contribution Certification and a Consulting Agreement Affidavit. To provide a responsive submission, **THE RESPONDENT SHALL** include a completed Gift and Campaign Contribution Certification.

7. **Appendix V** - To provide a responsive submission, **THE RESPONDENT SHALL** include a completed Consulting Agreement Affidavit.

   If a respondent is exempt from the Contract Affidavit/Certification Requirements, the respondent must indicate this fact on the appendices and return the forms with the submission.

8. **Appendix VI** - Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Ban - With regard to a State contract, as defined in Public Act 07-1, having a value in a calendar year of $50,000 or more or a combination or series of such agreements or contracts having a value of $100,000 or more, the authorized signatory to this submission in response to the State's solicitation expressly acknowledges receipt of the State Elections Enforcement Commission's notice advising prospective State contractors of State campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice. To provide a responsive submission, **THE RESPONDENT SHALL** include a signed statement acknowledging of receipt

8. **Appendix VII** - To provide a responsive submission, **THE RESPONDENT SHALL** include a completed AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS.

9. **Appendix VIII** - Budget Template

10. **Appendix IX –** Scope of Services (Contract Amendment) requirements. Appendix IX will be posted on the Department's and the DAS portal no later than January 7, 2010.

SECTION IV - QUALIFICATIONS, EXPERIENCE, SCOPE OF SERVICES & COST

General - The submission narrative must clearly describe the respondent's ability and competence to perform the requirements under this RFQ. A responsive submission shall describe the respondent's experience providing administrative structures and operations, data analytics, and care management.

A. OVERALL QUALIFICATIONS - Maximum page limit: 20 pages

1. To provide a responsive submission, **THE RESPONDENT SHALL** summarize its overall qualifications to manage, implement and operate a CMP Program. At a minimum, the summary must include descriptions of the following:

   a) Member and Provider Services and Call Center: Experience in providing member and provider services including the operation of a locally based call center to individuals who are aged, blind or disabled or who are experiencing one or more chronic health care conditions,

   b) Operations: Experience in the development and maintenance of an authorization interface with a state administered Medicaid Management Information System for the payment of claims; eligibility file management; and provider file management,

   c) Data Analytics: Experience in providing data analytics for population health management, health risk stratification, provider and recipient profiling, and disease management,

   d) Clinical Management: Experience with providing clinical management services such as health risk assessment, disease management, utilization management, consumer health information, care planning, care coordination and case management, and quality management with high risk and chronic illness populations,

   e) Client References: Not more than three (3) references from states where the Respondent has managed a Medicaid program or low-income population for recipients with chronic health care conditions.

2. Key Personnel: Names and resumes of the key person and personnel (or position descriptions if the individuals have not been selected at the

time the respondent submits a response to this RFQ) who will be providing the CMP Program services. Key personnel shall include management level personnel and above, and

3. Personnel references: A list of three (3) references for which the personnel have provided clinical management and related administrative services. Please provide the names, addresses, phone numbers, and e-mail addresses for all references.

   #2 Key Personnel and #3 References provided by the respondent are not included in section page limitation.

B. SCOPE OF SERVICES – Maximum page limit: 80 pages

1. Overview - The overall focus of the Department's CMP Program is to provide care management and administrative services as described in the Scope of Services to individuals enrolled in the Department's Medicaid fee-for-service program that are aged, blind, or disabled.

   To provide a responsive submission, **THE RESPONDENT SHALL**:

   a) Demonstrate an understanding of the Department's CMP Program functions by describing the respondent's overall plan to implement and administer the CMP program as more fully outlined in the Detailed Scope below.

2. Detailed Scope - The qualification submission must detail the respondent's ability to implement the CMP Program. The following list of Care Management Services are requirements for a successful CMP Program.

   To provide a responsive submission, **THE RESPONDENT SHALL**, describe its method to implement the following specific services as described in the Scope of Services.

   a) Member and Provider Services and Call Center: Contractor(s) will be required to extend their HUSKY member and provider services and call center services to CMP enrollees and Medicaid providers. Performance standards shall be no less than those required under the HUSKY program. The respondent shall attest its intent to adhere to this requirement and provide detailed narrative on the uniqueness of its capabilities in this area. If the respondent is unable to adhere to a particular requirement, such should be noted. Requested exceptions will be taken under consideration by the Department.

b) Operations: Contractor(s) will be required to adhere to operational provisions established in Appendix IX. The respondent shall attest its intent to adhere to these provisions and provide detailed narrative on the uniqueness of its capabilities in this area. If the respondent is unable to adhere to a particular requirement such should be noted. Requested exceptions will be taken under consideration by the Department.

c) Data Analytics: The respondent shall provide a detailed description of proposed data analytics for population health management, health risk stratification, provider and recipient profiling, and disease management. Due to the chronic nature of the targeted populations' health care needs, the successful Contractor(s) will demonstrate unique and innovative analytic capabilities to ensure the success of its care management program. The detailed narrative should communicate the uniqueness of its capabilities in this area.

d) Clinical Management: The respondent shall provide a detailed description of its proposal to provide clinical management services such as health risk assessment, disease management, utilization management, consumer health information, care planning, care coordination, case management, and quality management with high risk and chronic illness populations.

C. BUSINESS COST SECTION – Maximum page limit: 20 pages

No cost information or other financial information may be included in any other portion of the submission. Any submission that fails to adhere to this requirement may be disqualified as non-responsive. Each submission must include cost information and other financial information in the following order:

1. Business Cost Section - **THE RESPONDENT SHALL** provide a line item budget that presents total costs for the first year of operations for the proposed CMP Program using the Budget Template in (Appendix VIII)**.** It is the Department intent that successful Contractor(s) will amortize their start-up costs over the life of this contract amendment. A non-PDF version of the Budget Template is available upon request by emailing Marcia.McDonough@ct.gov

2. Business Cost Narrative - **THE RESPONDENT SHALL** provide a written explanation of the expected resultant contract costs including a rationale for each line item included in the budget. The narrative shall describe each budget line item in detail.

3. The payment for services under this amendment will be an all-inclusive administrative PMPM fee. The Contractor(s) payment will be subject to a 10% withhold. For the first six months of the program, the withhold will be returned based on a successful readiness review, timely implementation, and satisfactory post implementation review. Future years' withholds will be returned based on satisfactory completion of performance targets. The Department intends to negotiate the performance targets prior to the start of each contract year.

SECTION V – APPENDICES

Appendix I: Additions to Mandatory Terms and Conditions

The Contractor agrees to comply with the following mandatory terms and conditions.

Non-Discrimination

(a) The following subsections are set forth here as required by section 4a-60 of the Connecticut General Statutes:

(1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the commission; (3) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the commission advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to sections 46a-56, 46a-68e and 46a-68f; (5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this section and section 46a-56.

(b) If the Contract is a public works contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works project.

(c) "Minority business enterprise" means any small contractor or supplier of materials fifty-one per cent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) Who are active in the daily affairs of the enterprise, (2) who have the power to direct the management and policies of the enterprise and (3) who are members of a minority, as such term is defined in subsection (a) of section 32-9n; and "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations. "Good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or

regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements.

(d) Determination of the Contractor's good faith efforts shall include but shall not be limited to the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.

(e) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the commission, of its good faith efforts.

(f) The Contractor shall include the provisions of sections (a) and (b) above in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

(g) The following subsections are set forth here as required by section 4a-60a of the Connecticut General Statutes:

> (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the state of Connecticut, and that employees are treated when employed without regard to their sexual orientation; (2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to section 46a-56; and (4) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this section and section 46a-56.

(h) The Contractor shall include the provisions of section (g) above in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the

state may so enter.

(i) For the purposes of this entire Non-Discrimination section, "Contract" or "contract" includes any extension or modification of the Contract or contract, "Contractor" or "contractor" includes any successors or assigns of the Contractor or contractor, "marital status" means being single, married as recognized by the state of Connecticut, widowed, separated or divorced, and "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders. For the purposes of this section, "Contract" does not include a contract where each contractor is (1) a political subdivision of the state, including, but not limited to, a municipality, (2) a quasi-public agency, as defined in Conn. Gen. Stat. Section 1-120, (3) any other state, including but not limited to any federally recognized Indian tribal governments, as defined in Conn. Gen. Stat. Section 1-267, (4) the federal government, (5) a foreign government, or (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

(a) If the Contactor is a Business Associate under the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Contractor must comply with all terms and conditions of this Section of the Contract. If the Contractor is not a Business Associate under HIPAA, this Section of the Contract does not apply to the Contractor for this Contract.

(b) The Contractor is required to safeguard the use, publication and disclosure of information on all applicants for, and all clients who receive, services under the Contract in accordance with all applicable federal and state law regarding confidentiality, which includes but is not limited to HIPAA, more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E; and

(c) The State of Connecticut Agency named on page 1 of this Contract (hereinafter the "Department") is a "covered entity" as that term is defined in 45 C.F.R. § 160.103; and

(d) The Contractor, on behalf of the Department, performs functions that involve the use or disclosure of "individually identifiable health information," as that term is defined in 45 C.F.R. § 160.103; and

(e) The Contractor is a "business associate" of the Department, as that term is defined in 45 C.F.R. § 160.103; and

(f) The Contractor and the Department agree to the following in order to secure compliance with the HIPAA, the requirements of Subtitle D of the Health Information Technology for Economic and Clinical Health Act (hereinafter the HITECH Act), (Pub. L. 111-5, sections 13400 to 13423), and more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E.

(g) Definitions

(1) "Breach shall have the same meaning as the term is defined in section 13400 of the HITECH Act (42 U.S.C. §17921(1))

(2) "Business Associate" shall mean the Contractor.

(3) "Covered Entity" shall mean the Department of the State of Connecticut named on page 1 of this Contract.

(4) "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 C.F.R. § 164.501.

(5) "Electronic Health Record" shall have the same meaning as the term is defined in section 13400 of the HITECH Act (42 U.S.C. §17921(5))

(6) "Individual" shall have the same meaning as the term "individual"' in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative as defined in 45 C.F.R. § 164.502(g).

(7) "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and parts 164, subparts A and E.

(8) "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, limited to information created or received by the Business Associate from or on behalf of the Covered Entity.

(9) "Required by Law"' shall have the same meaning as the term "required by law" in 45 C.F.R. § 164.103.

(10) "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

(11) "More stringent" shall have the same meaning as the term "more stringent" in 45 C.F.R. § 160.202.

(12) "This Section of the Contract" refers to the HIPAA Provisions stated herein, in their entirety.

(13) "Security Incident" shall have the same meaning as the term "security incident" in 45 C.F.R.§ 164.304.

(14) "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. part 160 and parts 164, subpart A and C.

(15) "Unsecured protected health information" shall have the same meaning as the term as defined in section 13402(h)(1)(A) of HITECH. Act. (42 U.S.C. §17932(h)(1)(A)).

(h) Obligations and Activities of Business Associates.

(1) Business Associate agrees not to use or disclose PHI other than as permitted or required by this Section of the Contract or as Required by Law.

(2) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of PHI other than as provided for in this Section of the Contract.

(3) Business Associate agrees to use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information that it creates, receives, maintains, or transmits on behalf of the Covered Entity.

(4) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by Business Associate in violation of this Section of the Contract.

(5) Business Associate agrees to report to Covered Entity any use or disclosure of PHI not provided for by this Section of the Contract or any security incident of which it becomes aware.

(6) Business Associate agrees to insure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate, on behalf of the Covered Entity, agrees to the same restrictions and conditions that apply through this Section of the Contract to Business Associate with respect to such information.

(7) Business Associate agrees to provide access, at the request of the Covered Entity, and in the time and manner agreed to by the parties, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524.

(8) Business Associate agrees to make any amendments to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of the Covered Entity, and in the time and manner agreed to by the parties.

(9) Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by, Business Associate on behalf of Covered Entity, available to Covered Entity or to the Secretary in a time and manner agreed to by the parties or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

(10) Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.

(11) Business Associate agrees to provide to Covered Entity, in a time and manner agreed to by the parties, information collected in accordance with clause h. (10) of this Section of the Contract, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder. Business Associate agrees at the Covered Entity's direction to provide an accounting of disclosures of PHI directly to an individual in accordance with 45 C.F.R. §

164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.

(12)Business Associate agrees to comply with any state or federal law that is more stringent than the Privacy Rule.

(13) Business Associate agrees to comply with the requirements of the HITECH Act relating to privacy and security that are applicable to the Covered Entity and with the requirements of 45 C.F.R. sections 164.504(e), 164.308, 164.310, 164.312, and 164.316.

(14) In the event that an individual requests that the Business Associate (a) restrict disclosures of PHI; (b) provide an accounting of disclosures of the individual's PHI; or (c) provide a copy of the individual's PHI in an electronic health record, the Business Associate agrees to notify the covered entity, in writing, within two business days of the request.

(15) Business Associate agrees that it shall not, directly or indirectly, receive any remuneration in exchange for PHI of an individual without (1) the written approval of the covered entity, unless receipt of remuneration in exchange for PHI is expressly authorized by this Contract and (2) the valid authorization of the individual, except for the purposes provided under section 13405(d)(2) of the HITECH Act,(42 U.S.C. § 17935(d)(2)) and in any accompanying regulations

(16) Obligations in the Event of a Breach

A. The Business Associate agrees that, following the discovery of a breach of unsecured protected health information, it shall notify the Covered Entity of such breach in accordance with the requirements of section 13402 of HITECH (42 U.S.C. 17932(b) and the provisions of this Section of the Contract.
B. Such notification shall be provided by the Business Associate to the Covered Entity without unreasonable delay, and in no case later than 30 days after the breach is discovered by the Business Associate, except as otherwise instructed in writing by a law enforcement official pursuant to section 13402 (g) of HITECH (42 U.S.C. 17932(g)) . A breach is considered discovered as of the first day on which it is, or reasonably should have been, known to the Business Associate. The notification shall include the identification and last known address, phone number and email address of each individual (or the next of kin of the individual if the individual is deceased) whose unsecured protected health information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during such breach.
C. The Business Associate agrees to include in the notification to the Covered Entity at least the following information:
    1. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.

    2. A description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code).

    3. The steps the Business Associate recommends that individuals take to protect themselves from potential harm resulting from the breach.

4. A detailed description of what the Business Associate is doing to investigate the breach, to mitigate losses, and to protect against any further breaches.

5. Whether a law enforcement official has advised either verbally or in writing the Business Associate that he or she has determined that notification or notice to individuals or the posting required under section 13402 of the HITECH Act would impede a criminal investigation or cause damage to national security and; if so, include contact information for said official.

D. Business Associate agrees to provide appropriate staffing and have established procedures to ensure that individuals informed by the Covered Entity of a breach by the Business Associate have the opportunity to ask questions and contact the Business Associate for additional information regarding the breach. Such procedures shall include a toll-free telephone number, an e-mail address, a posting on its Web site and a postal address. Business Associate agrees to include in the notification of a breach by the Business Associate to the Covered Entity, a written description of the procedures that have been established to meet these requirements. Costs of such contact procedures will be borne by the Contractor.

E. Business Associate agrees that, in the event of a breach, it has the burden to demonstrate that it has complied with all notifications requirements set forth above, including evidence demonstrating the necessity of a delay in notification to the Covered Entity.

(i) Permitted Uses and Disclosure by Business Associate.

(1) General Use and Disclosure Provisions Except as otherwise limited in this Section of the Contract, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Contract, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

(2) Specific Use and Disclosure Provisions

(A) Except as otherwise limited in this Section of the Contract, Business Associate may use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

(B) Except as otherwise limited in this Section of the Contract, Business Associate may disclose PHI for the proper management and administration of Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(C) Except as otherwise limited in this Section of the Contract, Business Associate may use PHI to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).

(j) Obligations of Covered Entity.

(1) Covered Entity shall notify Business Associate of any limitations in its notice of privacy practices of Covered Entity, in accordance with 45 C.F.R. § 164.520, or to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

(2) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.

(3) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(k) Permissible Requests by Covered Entity. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by the Covered Entity, except that Business Associate may use and disclose PHI for data aggregation, and management and administrative activities of Business Associate, as permitted under this Section of the Contract.

(l) Term and Termination.

(1) Term. The Term of this Section of the Contract shall be effective as of the date the Contract is effective and shall terminate when the information collected in accordance with clause h. (10) of this Section of the Contract is provided to the Covered Entity and all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

(2) Termination for Cause Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

(A) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Contract if Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity; or

(B) Immediately terminate the Contract if Business Associate has breached a material term of this Section of the Contract and cure is not possible; or

(C) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(3) Effect of Termination

(A) Except as provided in (l)(2) of this Section of the Contract, upon termination of this Contract, for any reason, Business Associate shall return or destroy all PHI received

from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. Business Associate shall also provide the information collected in accordance with clause h. (10) of this Section of the Contract to the Covered Entity within ten business days of the notice of termination. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

(B) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon documentation by Business Associate that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Section of the Contract to such PHI and limit further uses and disclosures of PHI to those purposes that make return or destruction infeasible, for as long as Business Associate maintains such PHI. Infeasibility of the return or destruction of PHI includes, but is not limited to, requirements under state or federal law that the Business Associate maintains or preserves the PHI or copies thereof.

(m) Miscellaneous Provisions.

(1) Regulatory References. A reference in this Section of the Contract to a section in the Privacy Rule means the section as in effect or as amended.

(2) Amendment. The Parties agree to take such action as in necessary to amend this Section of the Contract from time to time as is necessary for Covered Entity to comply with requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

(3) Survival. The respective rights and obligations of Business Associate shall survive the termination of this Contract.

(4) Effect on Contract. Except as specifically required to implement the purposes of this Section of the Contract, all other terms of the Contract shall remain in force and effect.

(5) Construction. This Section of the Contract shall be construed as broadly as necessary to implement and comply with the Privacy Standard. Any ambiguity in this Section of the Contract shall be resolved in favor of a meaning that complies, and is consistent with, the Privacy Standard.

(6) Disclaimer. Covered Entity makes no warranty or representation that compliance with this Section of the Contract will be adequate or satisfactory for Business Associate's own purposes. Covered Entity shall not be liable to Business Associate for any claim, civil or criminal penalty, loss or damage related to or arising from the unauthorized use or disclosure of PHI by Business Associate or any of its officers, directors, employees, contractors or agents, or any third party to whom Business Associate has disclosed PHI contrary to the provisions of this Contract or applicable law. Business Associate is solely responsible for all decisions made, and actions taken, by Business Associate regarding the safeguarding, use and disclosure of PHI within its possession, custody or control.

(7) Indemnification. The Business Associate shall indemnify and hold the Covered Entity harmless from and against any and all claims, liabilities, judgments, fines, assessments,

penalties, awards and any statutory damages that may be imposed or assessed pursuant to HIPAA, as amended or the HITECH Act, including, without limitation, attorney's fees, expert witness fees, costs of investigation, litigation or dispute resolution, and costs awarded thereunder, relating to or arising out of any violation by the Business Associate and its agents, including subcontractors, of any obligation of Business Associate and its agents, including subcontractors, under this section of the contract, under HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

Appendix II

PROCUREMENT AND CONTRACTUAL AGREEMENTS SIGNATORY ACCEPTANCE

Statement of Acceptance

The terms and conditions contained in this Request for Qualifications constitute a basis for this procurement. These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract. The Department is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

Acceptance Statement

On behalf of _____ I,

_____, agree to accept the Mandatory Terms and

Conditions as set forth in the Department of Social Services/Bureau of Rehabilitation Services' Request for Qualifications.

Signature

_____

_____ _____

Title Date

Appendix III

Certification Regarding Lobbying

Contractor:_____

Period:_____

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federally-appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by §352, Title 31, USC. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more that $100,000 for each such failure.

_____	_____
Signature	Typed Name and Title
_____	_____
Firm/organization	Date

Appendix IV

Gift and Campaign Contribution Certification

OPM Ethics Form 1 Rev. 10-31-07

APPENDIX IV - GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Certification to accompany a State contract with a value of $50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2), as amended by Public Act 07-1

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution (and on each anniversary date of a multi-year contract, if applicable).

CHECK ONE: ☐ Initial Certification ☐ Annual Update (Multi-year contracts only.)

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

1) "Contract" means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is an Annual Update, "Execution Date" means the date this certification is signed by the Contractor;
3) "Contractor" means the person, firm or corporation named as the contactor below;
4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
5) **"Gift"** has the same meaning given that term in C.G.S. §4-250(1);
6) "Planning Start Date" is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
7) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other principals, key personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable

Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. §9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. §9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. §9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Contribution Date	Name of Contributor	Recipient	Value	Description

Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date	Name of Contributor	Recipient	Value	Description

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____ _____

Printed Contractor Name **Signature of Authorized Official**

Subscribed and acknowledged before me this _____ day of _____, 200__.

_____

Commissioner of the Superior Court (or Notary Public)

For State Agency Use Only

_____ _____

Awarding State Agency Planning Start Date

_____

Contract Number or Description

Appendix V: Consulting Agreement Affidavit

OPM Ethics Form 5 *Rev. 10-31-07*

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§4a-81(a) and 4a-81(b)

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes §4a-81(b)(1): Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes §4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes §4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below**:

_____ _____
Consultant's Name and Title Name of Firm (if applicable)

_____ _____ _____
Start Date End Date Cost

Description of Services Provided: _____

_____

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES: _____ _____
Name of Former State Agency Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____ _____ _____
Printed Name of Bidder or Vendor **Signature of Chief Official or Individual** **Date**

_____ _____
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 200__.

_____
Commissioner of the Superior Court - or Notary Public

Appendix VI

NOTICE TO EXECUTIVE BRANCH STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS OF CAMPAIGN CONTRIBUTION AND SOLICITATION BAN

SEEC FORM 11

This notice is provided under the authority of Connecticut General Statutes 9-612(g)(2), as amended by P.A. 07-1, and is for informing state contractors and prospective state contractors of the following law (italicized words are defined below):

Campaign Contribution and Solicitation Ban

No state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a State agency in the Executive Branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

Duty to Inform

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

Penalties for Violations

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties

$2,000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor, which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences

of their violations, may also be subject to civil penalties of $2,000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties
Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than five years, or $5,000 in fines, or both.

Contract Consequences
Contributions made or solicited in violation of the above prohibitions may result, in the case of a state contractor, in the contract being voided.

Contributions made or solicited in violation of the above prohibitions, in the case of a prospective state contractor, shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The State will not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Additional information and the entire text of P.A. 07-1 may be found on the Web site of the State Elections
Enforcement Commission, www.ct.gov/seec. Click on the link to “State Contractor Contribution Ban.”

STATE OF CONNECTICUT
AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY

Affirmation to accompany a large State construction or procurement contract, having a cost of more than $500,000, pursuant to General Statutes of Connecticut §§1-101mm and 1-101qq

INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

☐ I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]

☐ I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]

☐ I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.

IMPORTANT NOTE:

Contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to General Statutes of Connecticut §1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website at http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf.

_____ _____
Signature Date

_____ _____
Printed Name Title

_____
Firm or Corporation (if applicable)

_____ _____ ____ _____
Street Address City State Zip

_____
Awarding State Agency

Appendix VIII – Budget Template

Respondent Name: _____ **Term: 7/1/10-6/30/11**

Connecticut Care Management Plan (CMP) Program Budget Template

Personnel Expenses	CT Operations $	CT Operations FTE	CT Operations %	Corporate Allocation $	Corporate Allocation %
Administration					
Project Manager					
Other Management(specify)					
Other Administration Staff					
Fringe Benefits					
Bonuses and Commissions paid to Administration					
Subtotal Administration	0				
Member and Provider Services and Call Center					
Management (specify type)					
Staff (specify type)					
Fringe Benefits					
Bonuses and Commissions paid to M/P Services and Call Center					
Subtotal M/P and Call Center	0				
Clinical Management					
Management (specify type)					
Staff (specify type)					
Fringe Benefits					
Bonuses and Commissions paid to Clinical Management					
Subtotal Clinical Mgmt	0				

Operations and Data Systems / IT Support / Reporting					
Management (specify type)					
Staff (specify type)					
Fringe Benefits					
Bonuses and Commissions paid to Operations/Data/IT					
Subtotal Operations, Data/IT Support	0				
Other Personnel (Other)					
Management (specify type)					
Staff (specify type)					
Fringe Benefits					
Bonuses and Commissions paid to Other Personnel					
Subtotal Other Personnel	0				
Total Personnel	0				
Management					
Staff	0				
Fringe Benefits	0				
Bonuses and Commissions paid to Personnel					
Fringe Benefits % of Salaries					
Other Direct Costs					
Connecticut Occupancy Cost					
Lease or Rental					
Facility					
Fixtures and Furniture					
Utility					
Maintenance and Repair					
Janitorial					
Subtotal Occupancy Expenses	0				

Office Support Expenses					
Office Supplies					
Office Equipment					
Printing					
Postage/Freight					
Other: Adjustment for Office					
Subtotal Office Support	0				
Processing Expenses					
Telephone/Telecommunications					
Consulting Fees					
Accounting Services					
Offsite Tape Vaulting					
Other (specify)					
Subtotal Processing	0				
Equipment					
Computer/IT Equipment					
Computer/IT Equip. Repair/Main.					
Copy Equipment					
Copy Equip. Repair/Main.					
Telecom Equipment					
Telecom Usage					
Telecom Repair/Main.					
Other Equipment (specify)					
Other Equip. Repair/Main.					
Equipment Rental					
Subtotal Equipment	0				
Software Expenses					
Software Expenses					
Software Maintenance					
Subtotal Software	0				

Administrative Expenses					
Management Fees					
Travel and Related Costs					
Business Meetings					
Staff Training					
Professional Fees					
Consulting and Outside Services					
Legal					
Audit/Accounting					
Advertising					
Insurance					
Taxes					
Licenses					
Other (specify)					
Subtotal Administrative	0				
Total Other Direct Expense	0				
Total Personnel and Other Direct Expenses	0				
Corporate Allocation					
(additional allocation not otherwise reflected above)					
Profit					
Grand Total Expenses	0				

Instructions:

The payment for services under this amendment will be an all-inclusive administrative PMPM fee. Please provide a quote for the administrative PMPM fee necessary to perform the complete scope of services as proposed in Section IV.B of this RFQ.

Expenses:

Include only expenses that are directly or indirectly in support of the services requested of the Contractor. For expenses that need to be allocated, please do the following:

- Corporate Affiliation Expenses/Allocations: Bidder must explicitly identify any corporate allocations, either percentage or dollar-based, that are included within the above cost template. Enter that portion of any affiliated company management fees and/or other allocations/charges incurred by the affiliate on behalf of the Contractor that are charged to the Administrative Services Contract Amendment, which are not specifically allocable to other costs.

  A Contractor paying any management fees to an affiliated company must allocate the costs to the appropriate administrative expense classifications as if the costs had been paid in that category directly by the Contractor. The Contractor may estimate these expense allocations based on a formula or other reasonable basis and should use the method consistently from year to year, as applicable.

- Management Fees: Include management and/or other similar fees, paid or payable to non-affiliates for the management and/or administration of all or part of the Contractor's operations. Allocation of affiliate management fees or actual affiliate management fees should be identified in the Corporate Affiliation/Allocation expenses and not here.

- Other Expenses: Include all other expenses not specifically identified in any of the above administrative expense classifications.

Addendum 1

State of Connecticut Department of Social Services
Care Management Program
Request for Proposals CMP _RFQ_123009

The State of Connecticut Department of Social Services is issuing **Addendum 1** to the Care Management Program Request for Qualifications.

Addendum 1 contains the following Sections:

Section 1 - Revised Procurement Schedule

Section 2 - Care Management Program Scope of Services

Section 1 - Revised Procurement Schedule

Deadline for mandatory Letter of Intent (no later than 3:00 p.m. Eastern Standard Time)	**01-19- 2010**
Deadline for the submission of written questions (no later than 3:00 p.m. Eastern Standard Time)	**01-19- 2010**
Posting/release of the Department's official responses to questions (Questions/Answers Addendum)	**01-26- 2010**

Section 2 - Care Management Program (CMP) Scope of Services

The following Appendices are provided in Addendum 1 to comply with the qualification submission requirements as stated in **Section IV B. SCOPE OF SERVICES** of the Care Management Program Request for Qualifications, To provide a responsive submission, **THE RESPONDENT SHALL** describe its method to implement the following specific services as described in **Appendix IX**, **CMP Scope of Services**.

Appendices X, XI, Xll, XIII, XIV, and XV are included in Addendum 1 as these Appendices are referenced in the CMP Scope of Services, Appendix IX.

Appendix IX - CMP Scope of Services
Appendix X - CMP Authorization File Layout
Appendix XI - CMP Reporting Matrix
Appendix Xll - CMP Deliverables
Appendix XIII - CMP Authorization Matrix
Appendix XIV - CMP Behavioral Health Management Responsibility Table
Appendix XV - CMP Medicaid Coverage Groups

Addendum 1

State of Connecticut Department of Social Services
Care Management Program
Request for Proposals CMP _RFQ_123009

Date Issued: January 12, 2010

Approved: *Marcia McDonough*
Marcia McDonough

State of Connecticut Department of Social Services
(Original signature on document in procurement file)

This Addendum must be signed and returned with your submission.	
_____	_____
Authorized Signer	Name of Company

Appendix IX – Care Management Program Scope of Services

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10. PROVISIONS APPLICABLE TO MEDICAID FEE-FOR-SERVICE ONLY

10.01 SUPPLEMENTAL DEFINITIONS

Acute Services:
Medical or behavioral health services needed for an illness, episode, or injury that requires intense care, and hospitalization.

Ad-hoc Report:
A report that has not been previously produced and which may require specifications to be written, development and testing prior to production to complete.

Administrative Hearing:
Also called Fair Hearing. A formal review by the Department of Social Services (DSS) that occurs after the Contractor and a Medicaid member have failed to find mutual satisfaction concerning treatment issues such as denials, reductions, suspensions, terminations or appropriate levels.

Adult:
Person 18 years of age or older.

Advance Practice Registered Nurse (APRN):
A masters level registered nurse with a certification that allows for the prescribing of medications.

Automatic Eligibility Verification System (AEVS):
The sole comprehensive source of the Department of Social Services' client eligibility information. The following electronic methods can be used to verify client eligibility: Automated Voice Response System (AVRS), OMNI Point of Sale (POS) Device, EDS Provider Electronic Solutions (PES) software, vendor software utilizing the ASC X12N 270/271: Health Care Eligibility/Benefit Inquiry and Information Response transaction, and mainframe computer to mainframe computer.

Behavioral Health Services:
Services that are necessary to diagnose, correct or diminish the adverse effects of a psychiatric or substance use disorder.

Care Coordination:
Care coordinators are responsible for working collaboratively with the recipient's PCP to ensure that identified needs are being met while at the same time eliminating duplication of diagnostic testing, pharmacological therapies and other service overlaps that contribute to costs but do not improve patient care.

Care Management Program (CMP):
The organizations that provide care management services under a contract with DSS for individuals enrolled in Medicaid FFS.

Case Management:
Services whose primary aim is assessment, evaluation, planning, linkage, support and advocacy to assist individuals in gaining access to needed medical, social, educational or other services. An assigned nurse, social worker or behavioral health professional. works to ensure adherence to a plan of care, coordinate the delivery of services, educate beneficiaries about their condition(s) and familiarize them with the symptoms

they should expect, and serve as contact if they experience any problems or have questions or concerns about their health.

Care Planning:
Care managers work with the recipient, the recipient's family/caregiver, primary and specialty physicians and other stakeholders to develop a mutually agreed upon, recipient-centric plan of care, including care plan goals and benchmarks.

Children:
Individuals under eighteen (18) years of age.

Children with Special Health Care Needs (CSHCN):
Children up to age nineteen (19) who have, or are at elevated risk for, chronic physical, developmental, behavioral or emotional conditions, whether biologic or acquired. They require health and related services (not educational or recreational) of a type and amount not usually required by children of the same age. CSHCN also includes children who are blind or disabled (eligible for Supplemental Security Income (SSI) under Title XVI of the Social Security Act; in foster or other out-of-home placement; are receiving foster care or adoption assistance; or are receiving services funded through Section 501(a)(1)(d) of Title V of the Social Security Act.

Clinical Management:
The process of evaluating and determining the appropriateness of the utilization of health services as well as providing assistance to clinicians or members to ensure appropriate use of resources. It may include, but is not limited to, prior authorization, concurrent authorization, and retroactive medical necessity review; care management, care coordination review; retrospective utilization review; quality management; provider certification; and provider performance enhancements.

Complaint:
A written or oral communication to the Contractor from an individual expressing dissatisfaction with some aspect of the Contractor's services.

Concurrent Review:
Review of the medical necessity and appropriateness of health services on a periodic basis during the course of treatment.

Consultant:
A corporation, company, organization or person or their affiliates retained by the Department to provide assistance in this project or any other project; not the Contractor or subcontractor.

Consumer Health Information:
Products and services including patient education materials tailored to the Medicaid population.

Contractor:
An Administrative Services Organization, providing a single source for clinical management, benefit information, member services, quality management, and other administrative services outlined in this contract within a centralized information system framework.

Critical Incident/Significant Event:
Any incident that results in serious injury, or risk thereof, serious adverse treatment response, death of a service user, or serious impact on service delivery as defined by the Department's policies and procedures.

Customer and Provider Call Center:
Comprehensive call services including member information, benefit information, referral assistance, appointment scheduling, and grievance resolution.

Data Warehouse:
A data storage system or systems constructed by consolidating information currently being tracked on different systems by different contractors of the Departments.

Date of Application:
The date on which a completed Medical Assistance application or a HUSKY Application is received by the Department of Social Services, or its agent, containing the applicant's signature.

DCF Identifier:
An identifier on the EMS file that, for those individuals with DCF involvement, specifies the nature of that involvement.

Denial of Authorization:
Any rejection, in whole or in part, of a request for authorization from a provider on behalf of a member.

Discharge Review:
A review by the Contractor of the discharge plan prior to a recipient's discharge from service.

Discharge Planning:
The evaluation of a member's need for aftercare services developed in order to arrange for appropriate care after discharge or upon transferring from one level of care to another level of care.

Disease Management (DM):
A formal, evidence-based program to address specific chronic and/or co-morbid conditions (e.g., diabetes, asthma, congestive heart failure, chronic obstructive pulmonary disease, depression, hypertension).

Eligibility Management System (EMS):
An automated mainframe system operated by the Department of Social Services (DSS) for maintaining eligibility information regarding Medicaid (including HUSKY A), State Administered General Assistance, or Voluntary Services members. It also provides fully integrated data processing support for benefit calculation and issuance, financial accounting, and management reporting.

Evidenced Based Programs:
Treatment services that have met strict scientific standards of effectiveness, and that require intensive training and supervision to ensure fidelity to the model.

Explanation of Benefits (EOB):
The remittance advice received by the provider, which details how the service was adjudicated.

Extranet:
An extranet is a secure private computer network that uses the Internet protocol and the public telecommunication system to securely share part of a business's information or operations with suppliers, contractors, partners, customers, or other businesses.

FQHC-Sponsored Contractor:
A Contractor that is more than fifty (50) percent owned by Connecticut Federally Qualified Health Centers, certified by the Department of Social Services as a qualified entity to enroll Medicaid recipients.

Healthcare Common Procedure Coding System (HCPCS):
A system of national health care codes that includes the following: Level I is the American Medical Association Physician's Common Procedural Terminology (CPT codes). Level II covers services and supplies not covered in CPT. Level III includes local codes used by state Medicare carriers.

Health Risk Assessments:

A formal process for determining a recipient's health condition, complications, co-morbidities and health care needs by type and level of service.

Hewlett Packard:
The Department of Social Service's fiscal agent contracted to process and adjudicate claims to support the Connecticut Medical Assistance Program.

Home Health Care Services:
Services provided by a home health care agency (as defined in Subsection d of section 19A-4890 of Connecticut General Statutes) that is licensed by the Department of Public Health, meets the requirements for participation in Medicare, and meets all DSS enrollment requirements.

HUSKY, Part A or HUSKY A:
Connecticut implementation of managed care health insurance under the federal Medicaid program (Title XIX) for children and their relative caretakers. Eligibility is for children of families earning below 185% and relative caretakers of families earning below 150% of the federal poverty level groups pursuant to Section 17b-266 of the Connecticut General Statutes.

HUSKY, Part B or HUSKY B:
The health insurance plan for children established pursuant to Title XXI (SCHIP) of the Social Security Act, the provisions of Sections 17b-289 to 17b-303, inclusive, of the Connecticut General Statutes, and Section 16 of Public Act 97-1 of the October special session. This program provides federally subsidized health insurance for uninsured children in families earning from 185% to 300% of the federal poverty level. Unsubsidized coverage is available under HUSKY B for families earning more than 300% of the federal poverty level.

Implementation:
The date on which the Contractor assumes responsibility for the management of Medicaid benefits for assigned recipients.

Implementation Review:
An on-site review the purpose of which is to determine whether the Contractor has achieved sufficient implementation progress to operate its administrative services by such time as indicated in the Contractor's approved Implementation Plan.

Inpatient:
Inpatient refers to a level of care provided in a 24-hour medically managed setting to an individual in need of acute care.

Interactive Voice Response System (IVRS):

A telephone system that will allow providers to determine authorization, eligibility or claims status without human intervention.

Level of Care (LOC) Guidelines:
Guidelines that are used by the Contractor to conduct utilization management and which, in conjunction with the Department's Medical Necessity Definition, help to determine whether a service is medically necessary and medically appropriate.

Medicaid Management Information System (MMIS):
DSS' automated claims processing and information retrieval system certified by CMS. It is organized into six function areas--Member, Provider, Claims, Reference, Management and Administrative Reporting subsystem (MAR) and Surveillance and Utilization Review subsystem (SUR).

Member:

For the purposes of CMP, an individual eligible for coverage under Medicaid FFS and enrolled with a CMP.

Operational:
Performance by the Contractor of all of the major functions and requirements of this contract for all enrolled members.

Outlier Management:
Utilization management protocols geared toward client- or provider-based utilization levels that fall below or exceed established thresholds.

Peer Desk Review:
A review of available clinical documentation conducted by an appropriate peer advisor when a request for authorization was not approved during the initial clinical review conducted by a care manager.

Peer Review:
A telephonic conversation between the Contractor's peer advisor and a provider requesting authorization when the request does not appear to meet the medical necessity guidelines and either the provider or the peer advisor believes that additional information needs to be presented in order to make an appropriate medical necessity determination. Peer review also includes a review of available clinical documentation.

Peer Review Organization (PRO):
(See Quality Improvement Organization.)

Performance Review:
An on-site review by the Department the purpose of which is to determine whether and to what extent the Contractor is operating its administrative services in accordance with the terms of this contract.

Pharmacy Benefit Manager (PBM):
A company under contract with managed care organizations, or government programs to manage pharmacy networks, review drug utilization, and manage health outcomes through effective disease management strategies.

Predictive Modeling: Analysis of claims-based data to prospectively identify recipients who could potentially benefit from care management interventions.

Predictive Analytics:
A type of data analysis that focuses on application of statistical or structural models for predictive forecasting or classification, while text analytics applies statistical, linguistic,

and structural techniques to extract and classify information from textual sources, a species of unstructured data.

Preferred Practice:
Designation given by the Department to recommended clinical/intervention practices.

Presumptive Eligibility:
Presumptive Eligibility for children is a method of determining temporary Medicaid eligibility for children under the age of nineteen (19). The determination is made by organizations authorized under federal and State law and approved by DSS to make presumptive eligibility determinations. These organizations are called Qualified Entities. Children who are given presumptive eligibility become entitled to Medicaid benefits on the date the Qualified Entity makes the determination.

Procedure Codes:
A broad term to identify systematic numeric or alphanumeric designations used by healthcare providers and medical suppliers to report professional services, procedures and supplies. Among the procedure codes used in this document are HCPCS (which include CPT codes) and Revenue Center Codes (RCCs).

Professional:
A medical practitioner licensed or certified by DPH, DCF, or DMHAS.

Provider:
A person or entity under an agreement with DSS to provide services to Medicaid services to members.

Provider Profiles:
A process for tracking and trending provider practice patterns at the individual level as well as in the aggregate.

Qualified Entity:
An entity that is permitted under federal and state law to determine presumptive eligibility for Medicaid

Quality Improvement Organization (QIO) or QIO-like entity:
An organization designated by CMS as a QIO or QIO-like entity (formerly PRO or PRO-like entity), with which a state can contract to perform medical and utilization review functions required by law.

Quality Management (QM):
The process of reviewing, measuring and continually improving the processes and outcomes of care delivered.

Random Retrospective Audit:
Audits conducted for the purpose of determining a provider's continued qualification as a high performing provider for the purpose of the bypass program.

Recipient Profiles:
A process for tracking and trending service utilization both individually and in the aggregate to alert medical management staff about potential gaps in the delivery of services.

Registration:
The process of notifying the department or its agent of the initiation of a medical service, to include information regarding the evaluation findings and plan of treatment, which may

serve in lieu of authorization if a service is designated by the Department as requiring notification only.

Requestor:
The provider that is requesting authorization of a service on behalf of a member.

Retroactive Medical Necessity Review:
Refers to the Contractor's process for approving payment for covered services after the delivery of the service or initiation of the plan of care based on a determination by the Contractor as to whether the requested service is medically necessary and medically appropriate. Such reviews typically apply when a service is rendered to an individual who is retroactively granted eligibility, when the effective date of eligibility spans the date of service and the service requires authorization.

Retrospective Chart Review:
A retrospective chart review is a review of provider's charts to ensure that the provider's chart documentation supports the utilization management practices, for example, that the documentation is consistent with the provider's verbal report and corresponding authorization decision. The charts selected for review may be random or targeted based on information available secondary to the utilization management process.

Retrospective Utilization Review:
A retrospective review is a component of utilization management that involves the analysis of historical utilization data and patterns of utilization in order to inform the ongoing development of the utilization management program.

Standard Report:
A report that once developed and approved will be placed into production on a routine basis as defined in the contract.

State Fiscal Year (SFY):
July 1st through June 30th of the following year.

Tax identification number (TIN):
The federal identification number, either social security number or employer identification number, that is used by a provider for tax filing, billing and reporting purposes.

Unique Client Identifier (UCI):
A single number or code assigned to each person in a data system and used to individually identify that person.

Unique Provider Identifier (UPI):
A single number or code assigned to each provider in a data system and used to individually identify that provider.

Utilization Management:

a. Concurrent Review and Discharge Planning: An evaluation of the medical necessity of an inpatient admission and the clinical appropriateness of the services, setting and level of care.

b. Prior authorization and concurrent review: An evaluation of the medical necessity of outpatient and community services.

Utilization Management (UM) Protocol:
Guidelines approved by the Department and used by the Contractor in performing UM responsibilities.

Vendor:
Any party with which the Contractor has contracted to provide services to support its business, other than the clinical and administrative services that are required under this Contract.

Warm transfer:
A warm transfer allows the Contractor to transfer the caller directly to the individual who can assist the caller and, when such individual is available, to introduce the call in advance of executing the transfer and remain on the call as a participant. For example, if a CMP member calls the Contractor regarding pharmacy, it would be expected that the Contractor would contact the PBM and transfer the caller directly to the PBM.

10.02 MEMBER AND PROVIDERS SERVICES AND CALL CENTER

Member Services

a. General Requirements

Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.02, 3.07, 3.27, 3.28, and 3.29 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members. References to CT BHP ASO shall be to the Department or the Department's behavioral health ASO.

b. The Contractor shall by May 1, 2010 produce a Member Handbook in accordance with Section 3.28 for the Department's review and approval prior to distribution

c. The Contractor shall by July 1, 2010 produce a Member Website in accordance with Section 3.29 for the Department's review and approval prior to distribution.

d. Transportation

Throughout the term of the Contract Amendment the Contractor, through its member services staff shall facilitate and coordinate access to transportation services by referring members to the Department's transportation services broker(s). The Contractor shall:

1. Provide a warm transfer to the appropriate transportation broker as applicable.
2. Ask the caller to call the Contractor back if problems are encountered in accessing transportation that cannot be resolved by the Department's transportation broker.

Provider Relations

a. Introduction

Throughout the term of the Contract Amendment the Contractor shall develop and maintain positive Contractor-Provider Relations; communicate with all providers in a professional and respectful manner; promote positive provider practices through communication and mutual education and provide administrative services in the most efficient manner possible in an effort to pose minimal burden on providers.

b. General Requirements - The Contractor shall:

1. Promote on-going and seamless communication between Providers and the Contractor;
2. Include Providers in the Contractor's committee structure, to allow Providers to have a direct voice in developing and monitoring clinical policies;
3. Upon the request of a Provider, supply encryption software to allow for the exchange of member data between the Contractor and the Provider via e-mail;
4. As directed by the Department, post on the Contractor's website, policies and procedures, handbooks and other material, produced as a requirement under this Contract Amendment with links to other programs and services as deemed by the Department to be relevant to this CMP;

5. As directed by the Department, make policies and procedures, handbooks and other material, produced as a requirement under this Contract Amendment, available in written hard copy, upon request;
6. To the greatest extent possible, notify Providers of policy or procedural changes that may directly or indirectly impact the Contractor's obligations under this Contract Amendment at least 45 days prior to the proposed implementation;
7. Monitor Provider complaints and if, in the opinion of the Contractor, the complaints are of sufficient severity or frequency to warrant consideration for disenrollment from the Medicaid Fee-for-Service network, notify the Department of the Contractor's opinion.

c. Provider Handbook

The Contractor shall by July 1, 2010 produce for the Department's review and approval prior to distribution, a Provider Handbook and shall make this handbook available on the website. The Provider Handbook shall, at a minimum, include:

1. Contractor corporate information,
2. Summary of service and benefit structure,
3. Special features of the Contractor's clinical management program,
4. Procedures for submitting complaints and appeals,
5. Procedures for submitting service authorization,
6. Procedures for using WEB-based provider services,
7. Confidentiality provisions,
8. Names and contact information of Provider Relations staff,
9. Information on how to access pharmacy, behavioral health and dental services, and
10. How to obtain any other benefits that are available to the Member but are not covered under this Contract Amendment.

d. Provider Notification

Throughout the term of this Contract Amendment the Contractor shall be required to notify Providers to modifications in the Provider Handbook and to changes in provider requirements that are not otherwise communicated by the Department. To accomplish this task the Contractor shall:

1. Request and obtain from providers an e-mail address, so they can be alerted to access the Contractor's website to download updates to the provider handbook and provider requirements;
2. E-mail to providers and publish on the Contractor's website any clarification or direction on matters not otherwise communicated by the Department; and
3. Post notification of policy changes on the Contractor's CMP Web site.

e. Provider Inquiries and Complaints

Throughout the term of the Contract Amendment the Contractor shall:

1. Track and manage all provider inquiries and complaints related to clinical and administrative services covered under this Contract Amendment and direct all complaints related to behavioral health, pharmacy, dental and transportation services to the responsible DSS vendor.
2. Ensure that all Provider inquiries and complaints are addressed and resolved in compliance with the Contractor's approved QM Plan and no later than 30 days from receipt.
3. Inform the Department immediately when inquires and complaints are of an urgent nature and require an immediate response from the Department.
4. Provide the Department with a report outlining the Contractor's compliance with required timeframes and notifications related to Provider inquiries and complaints. The Department and the Contractor shall agree to the form, content and frequency of the report in advance.
5. Utilize the Contractor's management information system(s) (MIS) to track complaint related information including complaint resolution and provide this data to the Department upon request.

f. Web-based Communication Solution

1. By 1/1/11 the Contractor shall develop and implement a website specifically to serve its providers and members.
2. The Contractor shall ensure that the Website provides information about the Contractor's services, a link to the Department's primary websites and related websites (e.g., www.ctdssmap.com) and a link to the Contractor's corporate website.
3. The Contractor shall, in consultation with the Department, determine what program content is to be published on the Website.
4. Throughout the term of this Contract Amendment the Contractor shall provide Web-enabled transactional capabilities through the website. Such capabilities shall include but may not be limited to:

   a). Provider inquiries.

   b). Submission of initial authorization and registration.

   c). A Provider Services application that shall allow Providers to request authorization for services, register care, verify eligibility and to submit requests for continued care beyond the initially authorized/registered services.

   d). A Web-based referral search system that will allow Contractor's and Department's staff, CMAP providers, CMP members and any other interested persons to locate network providers through a searchable database. The searchable database shall include network providers and facilities with information regarding areas of clinical specialization, race/ethnicity, languages spoken, disciplines, and program types. The system shall permit searches using any combination of the following criteria: provider category; service type; zip code; population served; languages spoken; sex of provider; ethnicity of provider; clinical specialty; last name; and first name. Persons accessing the referral search system shall be able to sort provider search results by driving distance, list the details available on each provider (e.g.,

specialties and languages), and access a map showing locations of provider offices in relation to a specified location.

e). The ability to allow Providers to securely initiate updates of the provider's information in the searchable database.

Provider Network

a. Introduction

1. Throughout the term of the Contract Amendment the Contractor shall provide limited network management and development functions including the development of a provider file, network adequacy analysis, and network development assistance. The Department expects the Contractor to facilitate expansion of the CMAP provider network.
2. The Contractor shall interact with the providers as an administrative agent on behalf of the Department. In this capacity, the Contractor shall assist the Department in developing and maintaining the provider network that will ensure the delivery of all covered services to all members.
3. The Contractor shall obtain provider network data from DSS and shall build and maintain a provider file as specified in the "Information Systems" Section.

b. Access to Provider Files

Throughout the term of the Contract Amendment the Contractor shall:

1. Ensure that Contractor's staff has immediate access to all provider files through the integrated management information system to allow staff to search for a provider appropriate to a member's needs, preferences, and location.

c. Network Assessment

1. Throughout the term of the Contract Amendment the Contractor shall identify service gaps using a variety of data sources including:
   a. Tracking and trending information on services requested but not available;
   b. Requesting that the Contractor's advisory committees identify services that are needed but unavailable; and
   c. Monitoring services for which authorization is continued for administrative reasons (e.g., lack of essential aftercare services).

d. Single Case Agreements

1. The Contractor may on a case-by-case basis, enter into a special service agreement with a specific Provider to address critical access issues. The terms of such agreements shall be negotiated by the Contractor with the participation of the Department. The final terms of the agreement shall be subject to approval by the Department and shall not be complete unless and until the provider has executed a provider agreement with the Department. Such agreements shall be entered into to address access issues including:
   a. Provision of a covered service that is unavailable in a particular local area;
   b. Provision of a service to eligible members who are temporarily out-of-state and in need of services;

c. Provision of a service that is not in the network, but is covered under Medicaid EPSDT;

d. Provision of a support service that is necessary for the success of a member with complex health service needs.

2. The Contractor shall coordinate with DSS and the DSS MMIS contractor to enroll providers with whom a service has been negotiated that will be payable fee-for-service.

e. Payment Related Troubleshooting and Technical Assistance

The Contractor shall facilitate the identification and resolution of provider payment problems. The Contractor shall:

1. Attend regular meetings hosted by the Department and attended by the Department's fiscal agent to address operational issues that currently or may impact providers.

2. Participate in a rapid response team consisting of DSS and Contractor personnel to resolve issues related to timely and accurate authorization processing and claims processing. The Contractor shall work with the Department to prepare a plan for coordinating problem assessment and intervention. The plan shall include provisions for on-site assistance by a rapid response team when problems persist for more than 60 days.

10.03 OPERATIONS

System Requirements

Throughout the term of the Contract Amendment the Contractor shall:

a. Transmit authorization data to the DSS MMIS contractor.

b. Establish and maintain a HIPAA compliant computer system to accommodate all operational and reporting functions set forth herein.

c. Establish and maintain connectivity between the Contractor's information system and the Department's systems and contractors to support the required data exchanges in compliance with the Department's standards for the exchange of data.

Eligibility

a. Eligibility Determination and File Production and Transmission

The Department shall

1. In accordance with the Department's individual eligibility policies, determine the initial and ongoing eligibility for individuals to be enrolled in a Care Management Program.

2. In accordance with the Department's eligibility policies, determine the continuation of eligibility for each Member enrolled in the Contractor's Care Management Plan.

3. On a monthly basis produce and supply to the Contractor the following eligibility files (in HIPAA compliant X12N format), which shall be used to inform the Contractor of each member's eligibility and by the Contractor for the authorization of requested health services. The format of such files shall be the same as the files currently produced for the HUSKY program except that such files shall contain additional fields pertaining to HCBS waiver participation:

   a). One eligibility roster file generated by the eligibility management system (EMS) at the end of each month that lists all Medicaid FFS recipients (enrolled with the Contractor), who are eligible for services for the following month.

   b). Daily file updates (adds/deletes) for Medicaid FFS recipients.

4. Train Contractor staff to use the data fields within EMS.

5. Place the Medicaid FFS file on a secured FTP server from which the Contractor will download the file.

b. Eligibility Data

The Contractor shall

1. Accept eligibility, membership and enrollment data (eligibility data) from the Department through electronic communications.

2. Conduct a quality assurance or data integrity check upon receipt of the eligibility data from the Department. Any eligibility audit report that results in an error rate below two percent shall be loaded into the Contractor's information system within two business days of receipt.

3. Notify DSS, in a format specified by DSS, of any eligibility record that errors out due to missing or incorrect data.

4. Generate an update report that includes the number of eligibility records that have been read and the percentage of records loaded.

5. Assemble a single comprehensive secure eligibility database incorporating member eligibility information including but not limited to demographic, third party liability (TPL) and limitations within forty-eight (48) hours from the time at which DSS makes available such extracts.

6. Provide authorized staff with secure on-line access to the Contractor's comprehensive eligibility database to serve members and providers.

7. Verify the eligibility of persons not yet showing in the monthly eligibility file utilizing the MMIS secure web site to query the DSS Automated Eligibility Verification System (AEVS).

8. Add a missing member to the Contractor's eligibility database as a "temporary" member if services are requested by or for an individual who is not listed on the monthly eligibility file but who is listed on AEVS.

c. Eligibility Verification

The Contractor shall

1. Verify Member eligibility for the purpose of performing service authorization requests for its Members.

2. Receive requests for the authorization of services and for each authorization request received, determine whether the intended Member of the requested services is eligible for coverage of the service using the most recent eligibility file supplied by the Department.
3. Validate eligibility through the web-based interface with DSS' Automated Eligibility Verification System (AEVS) when the Contractor is unable to validate eligibility by accessing the file,
4. Obtain third party coverage information pertaining to the eligible Member if eligibility is verified and shall:
   a). Notify HMS within seven (7) business days of any inconsistencies between the third party information obtained by the Contractor and the information reflected in the eligibility files or AEVS (See page 38 of https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=ch5_iC_claims_submission_v1.4.pdf&URI=Manuals/ch5_iC_claims_submission_v1.4.pdf .)
   b). Follow the appropriate protocol for determining service authorization, which is further described in the Utilization Management Section of this Contract Amendment.
   c). Inform the provider that the Department is the payor of last resort and require the requestor to bill other known carriers first before billing the Department,
   d). Inform the provider that the provider must submit a claim to the DSS MMIS contractor only after the other insurance carrier(s) has processed the claim and to include the other insurance information as instructed in the CT Medical Program Manual, Chapter 8 provider billing instructions.
5. Use the Unique Client Identification Number assigned by EMS (Eligibility Management System) to identify each eligible person. EMS will assign a unique identification number for all individuals covered by this Contract Amendment.

Provider File

a. Initial Provider File Information and Updates
   1. The Contractor currently receives a provider extract from the DSS MMIS contractor in the file layout and media specified in the Encounter Data provider file;
   2. The Contractor shall accept from the DSS MMIS contractor provider adds and changes at a frequency agreeable to the Contractor and the Department and update the Contractor's MIS provider file accordingly within three business days of receipt; and
   3. The Contractor may obtain from providers additional information to supplement the provider file.

b. Provider Identification

   The Contractor shall utilize the provider's NPI, assignment type, provider type and specialty in the authorization or denial of services. This will enable reporting and external provider searches by service location (address) regardless of provider type.

See Appendix XIII, CMP Authorization Matrix for a complete list of service categories that require prior authorization.

c. Data Elements

The Contractor shall store the minimum provider data elements as displayed in Appendix X CMP Authorization File Layout v1.0 in the Contractor's MIS provider file.

d. Other Requirements

The Contractor shall ensure that

1. The Contractor's provider database can identify where services reside by location, provider type and specialty.
2. Provider searches can also be conducted in the Provider Subsystem, Claims Subsystem, Case Management module, and the Inquiry Tracking module.
3. The provider subsystem supports processes involving provider entry, reports, inquiry, and other fields to meet the requirements of a managed health care organization.

Authorization File

a. The Contractor shall provide to the DSS MMIS contractor a daily Prior Authorization (PA) Transaction batch file of all authorized services and authorization updates indicating service member ID, CMAP ID, procedure/revenue code, units, span dates, diagnosis, and any other information specified by the DSS MMIS contractor. The batch file layout will be in a custom (i.e., non-HIPAA compliant) format specified by the DSS MMIS contractor. See Appendix X, CMP Authorization File Layout v1.0 for authorization file data element specifications.

b. DSS shall require that its MMIS contractor provide a Daily Error file to the Contractor in response to each PA Transaction file that is received from the Contractor. The Daily Error file will be sent to the Contractor on the same day that the corresponding PA Transaction file is received.

c. The PA Transaction file from the Contractor and the Daily Error file to the Contractor from the DSS MMIS contractor shall be transferred electronically via FTP or other mutually agreeable and secure means of transmission.

d. The Department shall produce a "units used" file at a frequency to be determined. The Contractor shall receive and upload the units used file thus retaining a complete record in its care management system of units used against total units authorized.

e. The Department shall grant Contractor access to interchange to look up authorizations resident in the interChange (iC) system, whether authorized by the Contractor, the Department or a previous CMP. The table below provides the fees for setup and weekday usage.

Fee Type	Occurrence	Services	Amount

Set-up	Once at start-up	• Network line configuration and setup • Technical support getting organization connected and tested • Initial end-user Training on navigation and use of interChange application • Security Setup • Technical and contract documentation	$3,200
User Fee	Annual per user/log-on ID	• Access to the system from 7:00 am – 6 pm eastern time Monday - Friday • On-going technical/business support • Refresher Training (up to 3 hours annually) • Administrative fees	$750

Other Requirements

a. Data Extracts from the Department to the Contractor

1. The Contractor shall receive paid and denied claims extract files for their member population from the DSS MMIS contractor. These claims will be added to the existing claim files currently received by the MCOs.
2. DSS shall provide the Contractor with claims extracts from its MMIS contractor on a bi-monthly basis.
3. The claims extracts shall be used to produce claims based reports outlined in Appendix XI - CMP Reporting Matrix including the full complement of HEDIS Medicaid measures.

b. Data Extracts from Contractor to the Department

The Contractor shall, at the Department's request, submit records of all requested, authorized, and denied services for eligible individuals regardless of age, including all data fields listed in the UM subsection and any other information about the authorization specified by the Department to the DSS data warehouse, in a mutually agreeable electronic format and means and frequency of transmission. The authorized services will be passed to the Department's Data Warehouse (DW) from iC. The denied authorization requests would be the only data to be forwarded to the DW. A change order would need to be written for DW acceptance of this data as well as record layout.

c. Access by the Contractor to DSS's Data Warehouse

If required by DSS, the DSS shall train Contractor staff to use the DW for inquiry and reporting. If requested by DSS the Contractor shall use data from the DW to

generate ad-hoc reports for completion of the scope of work of this Contract Amendment as directed by DSS.

d. Telecommunications and IT Systems Outage

1. The Contractor shall notify the Department when the Contractor experiences a telecommunications outage during normal business hours that exceeds 15 minutes.

2. The Contractor shall track all outages including date, outage duration, and outage reason of any mission critical part of its IT or telecommunications system and make this report available to the Department upon request.

e. Disaster Recovery and Business Continuity

1. The Contractor shall, by May 5, 2010, provide to the Department a Disaster Recovery and Business Continuity plan that will, at a minimum, prevent the loss of historical data and ensure continuous operations, meaning no break in member and provider telecommunications and authorization services of more than thirty (30) minutes in the event of a system failure and no more than five (5) business days for all other administrative functions. The plan shall include a backup schedule and the Contractor's plan for responding to phone calls seamlessly in the event of local power failures, phone system failures or other emergencies.

2. During such period as the disaster recovery plan is in effect, the Contractor shall be responsible for all costs and expenses related to provision of the alternate services under its normal Administration fee. The Contractor shall notify the Contract Administrator prior to the initiation of alternate services as to the extent of the disaster and/or emergency and the expected duration of the alternate services within twenty-four (24) hours of onset of the problem.

3. The Department shall review and approve the Disaster Recovery Plan or provide the Contractor with comments and changes. Throughout the term of the Contract the Contractor is required to advise the Department, in writing of any anticipated changes to those sections of the Contractor's Disaster Recovery Plan that have been approved by the Department.

4. The Contractor shall maintain and execute the Disaster Recovery and Business Continuity plan to ensure compliance with the Department's IT requirements even if a disaster interrupts normal business and IT operations. The Disaster Recovery or "IT Business Continuity" plan shall include:

a). Daily Backups. Traditional daily system backups shall be done on all servers to ensure that the content of all of both host and local area network systems can be recovered in the event of a disaster. Software and production data files are copied to digital tape or other suitable media. A verification and audit program shall be used to confirm that the system backup tapes are complete and accurate and can be properly restored. Copies of the tapes shall be created and stored in a secure off-site location to be used to reload the production systems. System backup tapes shall be rotated regularly to ensure physical integrity of the tapes and to minimize tape parity error problems.

b). Backup Power - TBD

c). Recovery. The Contractor shall be able to have the Contractor's IT system back online within 15 to 30 minutes and operating in a secure environment.

d). Testing. Testing of the disaster recovery process, at a minimum, shall be provided for annually with preparation and delivery of a report to the Department within one month of the test.

10.04 DATA ANALYTICS

Proposed Data Analytic Activities

The Contractor's proposed scope of data analytic activities related to population health management, health risk stratification, provider and recipient profiling, and disease management will be inserted here, upon negotiation and acceptance by the Department.

Data Reporting Requirements

a. General Requirements

Throughout the term of the Contract Amendment the Contractor shall:

1. Store all operational data collected in an information system that is compliant with Open Database Connectivity Standards (ODBC) and allow for easy data capture.
2. Ensure that the information system's reporting capacity is flexible and able to use data elements from different functions or processes as required to meet the program reporting specifications described in this Contract Amendment.
3. Provide the Department with a mutually agreeable electronic or WEB-based file format of the MIS data dictionary of all data elements in all databases maintained in association with this Contract Amendment.
4. Ensure that any database used in association with this Contract Amendment can execute ANSI SQL.
5. Respond to questions or issues presented to the Contractor within five (5) business days unless otherwise specified.
6. Provide access to detailed and summary information that the Contractor maintains regarding authorization and registration decisions, UM staff coverage, appeals and complaints, and related data in conjunction with the authorization process.

b. Report Production, Integrity and Timeliness

1. Throughout the term of the Contract Amendment the Contractor shall:

a). Establish and notify the Department of the "Key Person" responsible for the coordination of the transmission of reports, correction of errors associated with the reports, as well as the resolution of any follow up questions.

b). Track report requests and work hours expended to satisfy the request.

c). Comply with requests from the Department to modify or add to the reporting requirements set forth herein. The Contractor must notify the Department

when meeting such requirements if there was a modification to the functional design of the information systems or staffing which will result in increased/decreased costs to the Contractor.

d). Provide the Department on or before October 1, 2010, for its review and approval, the processes and controls implemented by the Contractor to ensure “data integrity”, defined as the ability to ensure data presented in reports are accurate (e.g. “reporting accuracy”).

e). Be required to submit to the Department certain reports regarding the Contractor's activities under this Contract Amendment.

2. The Contractor and the Department agree that as of the drafting and execution of this Contract Amendment, the required reports, including due dates and prescribed format and medium, are memorialized in Appendix XI - CMP Reporting Matrix.

3. The Contractor shall be responsible for the production of all HEDIS designated reports listed in Appendix XI - CMP Reporting Matrix including the use of HEDIS certified software and independent audit requirements.

4. Whenever the due date for any report required by this Contract Amendment to be submitted by the Contractor fall(s) on a day other than a Business Day, such due date shall be the first Business Day following such day.

5. The Contractor and the Department agree that as this Contract Amendment progresses the parties may desire to change Appendix XI - CMP Reporting Matrix. Such changes may include the addition of new reports, the deletion of existing reports and/or changes to due dates, prescribed formats and medium.

6. The Contractor and the Department may agree to change Appendix XI - CMP Reporting Matrix; however, such change shall only be effective as of the date that the Department and the Contractor agree, in writing, to the change.

7. The Contractor shall not be held liable for the failure to comply with a reporting requirement set forth in Appendix XI - CMP Reporting Matrix, as changed by agreement of the parties from time to time, in the event that the Contractor's failure is a result of the Department’s failure to provide the necessary data and/or data extracts.

8. The Contractor shall

a). Produce all reports accurately with minimal revisions following submission.

b). Advise the Department, within one (1) business day, when the Contractor identifies an error in a line item of a report and submit a corrected report within five (5) business days of becoming aware of the error.

c). Specify on the corrected report the element that changed, the cause of the error and the guidelines that the Contractor shall implement to prevent future occurrences.

d). If it is apparent that the submission date for a report will not be met, request in writing an extension for submission. Such request must be received by the Department no later than one business day before the scheduled due date of the report.

c. Standard and Ad-hoc Reports

1. The Contractor shall produce for the Department Standard and Ad-hoc reports including those that may be required of the Department (e.g., by the legislature).
2. The Contractor shall produce Standard reports on a regularly scheduled basis as defined by the Department on all activities and measures in the format outlined in the Data Reporting Requirements section and Appendix XI - CMP Reporting Matrix. The Department may modify the format and specifications of these Standard reports during the term of this Contract.
3. The Contractor shall produce Ad-hoc reports upon request of the Department. Ad-hoc reports may require data from any or all of the Contractor's databases associated with this Contract Amendment including but not limited to the provider database, authorization database and credentialing database. The Contractor shall provide a request form that structures the Ad-hoc report request process such as by identifying report criteria, data necessary, priority, resources, and turnaround time. If the requested report exceeds staff resources, the Contractor shall work with the Department to prioritize requests in order to accommodate requested reports within available resources. If requested reports cannot be so accommodated, the Contractor and the Department shall negotiate the cost and other factors to accommodate the request.
4. The Contractor shall produce and deliver such Ad-hoc reports to the Department within five (5) business days of the Contractor's receipt of the Department's written request. If the Contractor will not be able to make the Ad-hoc report available within the requisite five (5) business days, then the Contractor shall, within three (3) business days from its receipt of the initial request, notify the Department's that the production cannot meet the five day deadline. The Contractor's response shall include reporting specifications, report development and resource requirements, and the expected delivery date of the information.

10.05 CLINICAL MANAGEMENT

Approval of the Contractor's Clinical Management Program

a. The Contractor shall develop a comprehensive Clinical Management Program plan that describes all elements of its clinical management program other than quality management. Quality management shall be submitted as a separate plan in accordance with Section 10.05, Quality Management subsection.
b. The Department shall review for approval the Contractor's Clinical Management Program.
c. The Contractor shall provide the Department, for its review and approval, the proposed Clinical Management Program by May 1, 2010.
d. The Department shall provide comments to reject or approve the proposed Clinical Management Program within 30 days of the Department's receipt of the Clinical Management Program.
e. After the Clinical Management Program is approved by the Department, the Contractor shall implement and follow the approved Clinical Management Program unless and until such approved program is revised with the approval of the Department.

f. The Contractor shall revise and resubmit the Clinical Management Program to the Department for review and approval at least annually and no later than October 1st of each year.

Care Coordination and Case Management Program Requirements

The Contractor's proposed scope of clinical management program activities related to utilization management care coordination, case management, care planning, health risk assessment and consumer health information shall be inserted here, upon negotiation and acceptance by the Department. Utilization management (UM) shall include all categories of services, provider types and specialties, and CPT or Revenue Center Codes summarized in the Appendix XIII - CMP Authorization Matrix. Behavioral Health services will be managed by the Department or a separate behavioral health services management administrative services organization under Contract Amendment with the Departments of Social Services and Mental Health and Addiction Services. Behavioral health services that will be the responsibility of the Department are summarized in the behavioral health covered services matrix in Appendix XIV. Dental services will be managed by the Department's dental services administrative services organization except as provided for in Section 3.18. Pharmacy services will be managed by the Department or its MMIS contractor.

Utilization Management Program Requirements

a. Medical Necessity and Medical Appropriateness

1. All decisions made by the Contractor to authorize health services shall conform to the Department's definition of medical necessity.
2. If the medical necessity and medical appropriateness definitions should conflict with the level of care guidelines utilized by the Contractor, the medical necessity definition shall prevail and the Contractor shall notify the Department of such conflicts.

b. Design and Conduct of the Utilization Management Program

1. The Contractor shall design and conduct a UM Program that shall be cost-efficient and quality based and compliant with the requirements of Section 3.35 (b), (d), (e), (f), (i), and (j). The processes utilized in the UM programs shall:

   a). Be minimally burdensome to the provider.

   b). Effectively monitor and manage the utilization of specified treatment services.

   c). Utilize state of the art technologies including automated telephone and web-based applications.

2. The Contractor shall

   a). Conduct periodic reviews of authorized services for timely and coordinated discharge planning.

   b). Verify that the services to be authorized and the provider to whom payment would be made are covered under the program from which the provider/member is seeking coverage, prior to completing an authorization for service.

c). Conduct retroactive medical necessity reviews resulting in a retroactive authorization or denial of service for individuals who are retroactively granted eligibility, when the effective date of eligibility spans the date of service and the service requires authorization. The provider shall be responsible for initiating this retroactive medical necessity review to enable authorization and payment for services.

c. Out-of-State Providers

The Contractor shall

1. Allow an out-of-state provider who is not enrolled in the Connecticut Medical Assistance Program Provider Network to submit an authorization request to the Contractor when an eligible member is temporarily out-of-state and requires health services. This allowance shall apply to providers who are out of state and does not apply to in-state providers (including providers who are classified as "border" providers). This allowance shall not apply to providers who serve members located within ten (10) miles outside of the state line as these members can access services from a provider already enrolled in the Connecticut Medical Assistance Program ("CMAP") Provider Network.

2. For authorization requests meeting these parameters, the Contractor shall:

   a). Review the provider's credentials to determine whether the provider is eligible to enroll.

   b). Review the request for health services for medical necessity.

   c). If deemed medically necessary, provide an authorization number to the non-enrolled out-of-state provider seeking to authorize services to an eligible member. This authorization cannot be included in the transmission of authorizations to the DSS MMIS contractor until the provider is enrolled.

   d). Provide provider enrollment instructions to non-enrolled out-of-state providers.

d. Retrospective Chart Review

The Contractor shall

1. Conduct retrospective chart reviews on an annual basis to ensure that documentation supports the utilization management practices. For example, retrospective chart reviews will verify that the documentation is consistent with the provider's verbal report and corresponding authorization decision of the Contractor.

2. Conduct such reviews on at least one half (½) of 1% of cases subject to authorization and clinical review. Reviews shall be completed either on-site at a specific provider location or by having the provider send a copy of the relevant medical record. At least 33% of the reviews shall be conducted at the provider location. The UM Program shall include a proposed methodology for identifying provider and recipient outliers that might be the subject of such reviews.

3. Use standard reports and its decision support tools to formulate its sampling strategy. Analysis shall include, but may not limited be to: average length of stay for each level of care by diagnosis by provider type; number and percentage of providers outside the average, and by what variance; variance in services that require authorization compared to those that can be registered; frequency with

which providers do not comply with prior authorization requirements; treatment outcomes of recipients treated in each level of care; and use of inpatient services while being treated in a clinic or program.

4. Conduct an on-site review of a significantly expanded selection of records when the Contractor identifies, through the random chart reviews, a provider who does not appear compliant with documentation standards, or who appears to have quality of care issues. The Contractor shall, in consultation with the Department, decide whether the provider would be given prior notice of this follow-up retrospective review.

e. Web-Based Automation

The Contractor shall

1. If the Contractor proposes "registration" rather than "authorization" for services, then establish a secure automated, web- based system to receive, screen, and respond to service registration requests. The web-based system must:

   a). Verify the eligibility of the intended Member.

   b). Issue an immediate on-screen notice that informs the requesting provider that a clinical review and authorization are required and that the provider must contact the provider line to complete the review with a clinician if any of the following are true:

      1). The provider is registering a level of care for which an authorization already exists;

      2). The provider is registering a member for a level of care that cannot be simultaneously authorized with an existing service without a clinical review; or

      3). The provider is registering a member for a service that otherwise requires clinical review.

   c). Provide a real-time electronic authorization response including provider number, location number, authorization number, units authorized, begin and end dates, service class and billable codes.

   d). Utilize authorized forms as necessary and available at: https://www.ctdssmap.com/CTPortal/Information/Get%20Download%20File/tabid/44/Default.aspx?Filename=pharmacy_PA_nondrug.pdf&URI=Forms/pharmacy_PA_nondrug.pdf

Coordination of Physical and Behavioral Health Care

a. The Contractor shall promote coordination of physical health and behavioral health care with the Department or the Department's behavioral health ASO. For individuals who access behavioral health services but who do not have special physical health care needs, the Contractor shall promote communication between behavioral health providers and the CMP primary care providers and to support primary care based management of psychiatric medications as medically appropriate. For individuals who access behavioral health services and who also have special physical health care needs, the Contractor shall help ensure that services are coordinated, that duplication is eliminated, and that lead management is

established in cases where medical and behavioral needs are serious or complex. Coordination of physical and behavioral health care shall be included in the Contractor's clinical management program.

b. Except as otherwise identified in this section and this contract, behavioral health (BH) services for CMP Members will be managed by the Department or the Department's BH administrative services organization (ASO). The CMP shall coordinate services covered under this Contract Amendment with the Department or the Department's BH ASO.

c. If there is a conflict between the CMP and the Department or the Department's BH ASO regarding whether a Member's medical or behavioral health condition is primary, the CMP's medical director shall work with the Department and the Department's BH ASO to reach a timely and mutually agreeable resolution. If the CMP and the Department's BH ASO are not able to reach a resolution, the Department will make a binding determination. Issues related to whether a Member's medical or behavioral health condition is primary must not delay timely medical necessity determinations. In these circumstances, the CMP shall render a determination within the standard timeframe required under this Contract Amendment and its policies and procedures.

d. Ancillary Services

    1. The CMP shall retain management responsibility for all ancillary services such as laboratory, radiology, and medical equipment, devices and supplies regardless of diagnosis.

e. Co-Occurring Medical and Behavioral Health Conditions

    1. The Contractor shall communicate and coordinate with the Department's behavioral health ASO as necessary to ensure the effective coordination of medical and behavioral health benefits.

    2. The Contractor shall support the provision of behavioral health services in primary care settings and psychiatric medication management by primary care providers for persons with behavioral disorders, when it is safe and appropriate to do so.

    3. The Contractor shall collaborate with the Department's behavioral health ASO to coordinate hospital inpatient services, ED services, laboratory services, and other services as administered under CMP contracts with DSS.

    4. The Contractor shall provide for all necessary aspects of coordination between the Contractor and the Department's behavioral health ASO. Specifically the Contractor shall:

        a). Contact the Department's behavioral health ASO when co-management of a member is indicated, such as for persons with special physical health and behavioral health care needs,

        b). Respond to inquiries by the Department's behavioral health ASO regarding the presence of behavioral co-morbidities,

        c). Coordinate management activities and services with the Department's behavioral health ASO when requested by the Department's behavioral health ASO,

d). Promote and support coordination between medical providers and the Department's contracted behavioral health providers as appropriate, and

5. The Contractor shall participate with the Department's behavioral health ASO and the Department in the development of policies pertaining to coordination between the Contractor and the Department's behavioral health ASO and shall adhere to such policies as approved by all parties, and as they may be revised from time to time.

f. Freestanding Primary Care Clinics

The CMP shall be responsible for primary care and other services provided by primary care and medical clinics not affiliated with a hospital, regardless of diagnosis. The only exception is that the CMP shall not be responsible for managing behavioral health evaluation and treatment services billed under CPT codes 90801-90806, 90853, 90846, 90847 and 90862, when the Member has a primary behavioral health diagnosis and the services are provided by a licensed behavioral health professional.

g. Home Health Services

1. The CMP shall be responsible for management when home health services are required for the treatment of medical diagnoses alone and when home health services are required to treat both medical and behavioral diagnoses, but the medical diagnosis is primary.

2. The CMP shall also be responsible for authorization of the medical component of claims if a Member has both medical and behavioral diagnoses and the Member's medical treatment needs cannot be safely and effectively managed by the psychiatric nurse or aide.

3. The CMP shall manage home health, physical therapy, occupational therapy, and speech therapy, regardless of diagnosis; to the extent such services are otherwise covered under this contract.

4. The CMP shall be responsible for the management of home health services for Members with mental retardation when the Member does not also have a diagnosis of autism.

h. Hospital Inpatient Services.

1. The CMP will share responsibility for management of inpatient general hospital services with the Department or the Department's BH ASO.

2. The CMP shall be responsible for management of inpatient general hospital services when the medical diagnosis is primary. The medical diagnosis is primary if both the Revenue Center Code and primary diagnosis are medical.

3. The CMP shall also be responsible for management of professional services associated with primary medical diagnoses during a behavioral stay.

i. Hospital Outpatient Clinic Services

The CMP shall be responsible for managing all primary care and other medical services provided by hospital outpatient clinics, regardless of diagnosis, including all medical specialty services and all ancillary services.

j. Primary Care Behavioral Health Services

1. The CMP shall be responsible for management of all primary care services and all associated charges, regardless of diagnosis. Such responsibilities include:
   a). Behavioral health related prevention and anticipatory guidance;
   b). Screening for behavioral health disorders;
   c). Treatment of behavioral health disorders that the PCP concludes can be safely and appropriately treated in a primary care setting;
   d). Management of psychotropic medications in conjunction with treatment by a CT BHP non-medical behavioral health specialist when necessary; and
2. The Department or the Department's BH ASO will develop education and guidance for PCPs related to the provision of behavioral health services in primary care settings. The CMP may participate with the Department or the Department's BH ASO in the development of education and guidance or it will be provided the opportunity for review and comment. The education and guidance will address PCP prescribing with support and guidance from the Department or the Department's BH ASO or referring clinic. The Department or the Department's BH ASO will make telephonic psychiatric consultation services available to primary care providers. Any PCP that is seeking guidance on psychotropic prescribing for a Member may initiate consultation.
3. The CMP may sponsor opportunities for joint training to promote effective coordination and collaboration. CMP policies, procedures and provider contracts must support the provision of behavioral health services by PCPs and entry into coordination agreements with Enhanced Care Clinics established by the Department.

Coordination with Home and Community Based Waiver Programs

The Contractor shall develop coordination agreements with the Department of Developmental Disabilities and the Department of Mental Health and Addiction Services with respect to the management of services for individuals participating in DDS or DMHAS administered Home and Community Based Waiver (HCBW) programs.

The Contractor shall also be required to coordinate with HCBW programs administered by the Department including the Acquired Brain Injury waiver program, the Connecticut Home Care Program for Elders, the Personal Care Assistance waiver, the Money Follows the Person project, and any other HCBW waiver programs that may be established by the Department during the period of this Contract Amendment. Program specific coordination requirements will be determined at a later date.

Quality Management

a. General Provisions

1. The Contractor shall prepare and submit a comprehensive Quality Management Program Plan for the population covered by this Contract Amendment. Such plan shall be prepared in accordance with Section 3.32 Internal and External Quality Assurance, with certain exceptions. The performance improvement activities shall be developed in relation to the DSS CMAP network rather than the MCO's contracted network and the number of performance improvement projects shall be negotiated with the Department on an annual basis. The number of

performance improvement projects shall be no fewer than the minimum required under the Section 1932 state plan amendment. The performance improvement projects detailed in the Quality Management Program Plan shall include all of the quality related initiatives negotiated as performance targets in accordance with Section 10.07, Performance Targets and Withhold Allocation subsection. The Contractor shall include one or more quality improvement initiatives, or medical initiatives that address the identification and/or management of individuals with behavioral and medical co-morbidities.

2. The initial Quality Management Program Plan shall be submitted to the Department for review and approval on or before November 1, 2010.

b. Quality Management Program Evaluation

1. The Contractor shall submit to the Department annually beginning April 1, 2012. a comprehensive Quality Management Program Evaluation Report utilizing the performance measures detailed in the Contractor's Quality Management Program Plan. The evaluation components shall correspond to the components and to the schedule outlined in the approved Clinical Management Program. At a minimum, the evaluation report shall include the following:

   a). A description of completed and ongoing quality management activities and annual initiatives,

   b). Summary of improvements (or lack thereof) in access, quality of care, coordination of healthcare, and other areas as identified in the program plan,

   c). Summary of other trends in access, utilization, and quality of care (including but not limited to measures contained in Appendix XI - CMP Reporting Matrix) that provide an overall illustration of the health system's performance,

   d). Assessment of utilization and other indicators that suggest patterns of potential inappropriate utilization and other types of utilization problems,

   e). Assessment of provider network adequacy including instances of delayed service and transfers to higher or lower levels of care due to network inadequacy, adequacy of linguistic capacity, and cultural capacity of specialized outpatient services,

   f). Evaluation of the Contractor's performance with respect to Contract Amendment targets and standards with proposed interventions to improve performance (corrective action plans) and proposed intervention measures,

   g). Proposed QM initiatives and corrective actions including proactive action to improve member clinical functioning, sustain recovery, minimize crises and avert adverse outcomes and to remediate utilization problems, and

   h). Overall impression of the system operations and functioning with recommendations for remediation.

c. Critical Incidents

The Contractor shall report to the Department:

1. Any critical incident or significant event within one (1) hour of becoming aware of the incident.

2. On a quarterly and annual basis, critical incidents and significant events in the aggregate. Reports shall be submitted in accordance with timeframes outlined in the Appendix XI - CMP Reporting Matrix.

d. The Contractor may investigate and address quality of care issues. On-site reviews of quality of care issues conducted by the Contractor will take place during normal business with at least 24 hours advance notice. On behalf of the Department, the Contractor may:

1. Review the quality of care rendered by the provider, including, but not limited to, chart audits;
2. Conduct visits at the provider's service site;
3. Require corrective action plans of the provider;
4. Suspend referrals, registration, or authorization; and
5. Report to the departments if issues are of a serious nature or remain unresolved.

10.06 MISCELLANEOUS

Provision of Services

a. The Contractor shall arrange for CMP Members to receive necessary services described in Appendix A (HUSKY A Covered Services).

b. The Contractor shall ensure that the services provided to Members are sufficient in amount, duration and scope to reasonably be expected to achieve the purpose for which the service is provided. The Contractor shall not arbitrarily deny or reduce the amount, duration or scope of a required service solely because of the Member's diagnosis, type of illness or medical condition.

c. The Contractor shall ensure that utilization management/review and coverage decisions concerning acute or chronic care services to each Member are made on an individualized basis in accordance with the contractual definitions for Medically Necessary at Section 1, Contract Definitions. As required by 42 CFR § 438.236 and as more fully described in Section E below, the Contractor shall adopt practice guidelines as part of its quality improvement program. The Contractor shall disseminate the guidelines to affected Providers and to Members, upon request. The Contractor's utilization management decisions shall be consistent with any applicable practice guidelines adopted by the Contractor. In order to operationalize the Medically Necessary definition, the Contractor may use utilization management criteria or guidelines developed by the Contractor or a by a Subcontractor or a third party. The Contractor shall only use such criteria or guidelines in conjunction with the Department's Medically Necessary definitions. The Department's definitions take precedence over any guidelines or criteria and are mandatory and binding on all Contractor utilization management decisions.

Pre-Existing Conditions

a. The Contractor shall assume responsibility consistent with the provisions of this Contract Amendment for management of all services as outlined in Appendix A (HUSKY A Covered Services) for each CMP Member as of the effective date of

enrollment under the Contract Amendment regardless of the new Member's health status. There is no exclusion for pre-existing conditions.

Early and Periodic, Screening, Diagnostic, and Treatment (EPSDT) Services

a. Throughout the term of the Contract Amendment, the Contractor shall comply with all EPSDT related requirements contained in 3.04(f) with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Dental

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.18(a) and (b) with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Other Access Features

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.21 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Continuous Enrollment

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.24(a) and (b) with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Linguistic Access

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.26 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Marketing

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.30 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Health Education

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Sections 3.31 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Provider Appeals

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Section 3.36 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members.

Subcontracting

a. The MCO may subcontract for any function, excluding Member Services, covered by this contract, subject to the prior approval of the Department, and in accordance with the subcontracting provisions contained in Section 3.38.

Fraud and Abuse

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of Section 3.40 with respect to CMP members to the extent that such provisions are applicable to HUSKY A members and notwithstanding provisions pertaining to claims payment.

Changes Due to a Section 1932 State Plan Amendment

a. The conditions of enrollment described in the contract, including but not limited to enrollment and the right to disenrollment, are subject to change as provided for in a state plan amendment under Section 1932 of the Social Security Act (as amended) obtained by the Department.

Passive Billing

a. Throughout the term of the Contract Amendment, the provisions of Section 3.44 with respect to passive billing shall apply to the administrative capitation.

Insurance

a. Throughout the term of the Contract Amendment, the provisions of Section 3.50 (a) and (b) with respect to insurance shall apply.

Inspection of Facilities

a. Throughout the term of the Contract Amendment, the provisions of Section 3.51 with respect to inspection of facilities shall apply.

Examination of Records

a. Throughout the term of the Contract Amendment, the provisions of Section 3.52 with respect to examination of records shall apply.

Confidentiality

a. Throughout the term of the Contract Amendment, the provisions of Section 3.54 with respect to confidentiality shall apply.

Compliance with Applicable Laws, Rules, Policies, and Bulletins

a. Throughout the term of the Contract Amendment, the provisions of Section 3.55 with respect to compliance with applicable laws, rules, policies, and bulletins shall apply.

Advance Directives

a. Throughout the term of the Contract Amendment, the provisions of Section 3.57 with respect to advance directives shall apply.

Freedom of Information and Performance of a Governmental Function

The Bidder acknowledges that Resultant Contractors selected through this competitive procurement to provide services under the Care Management Programs will execute a Contract Amendment with the Department that will address the rights and responsibilities of each of the parties to the Contract Amendment. While some terms may be negotiated by and between the Department and the Resultant Contractor the following provisions regarding the Resultant Contractor's performance of a governmental function and the applicability of section 1 - 218 of the Connecticut General Statutes are non-negotiable. Through the submission of a Transmittal Letter as required through the response to this RFQ the Bidder certifies its acceptance of the following language in any Contract Amendment that may result from this procurement.

a. In performing any acts required or described by this Contract Amendment, the Contractor shall be considered to be performing a governmental function for the Department, as that term is defined in section 1-200(11) of the Connecticut General Statutes. Pursuant to section 1-218 of the Connecticut General Statutes, therefore, the Department is entitled to receive a copy of records and files related to the performance of the governmental function, as set forth in this Contract Amendment. Such records and files are subject to the Freedom of Information Act and may be disclosed by the Department pursuant to the Freedom of Information Act. Requests to inspect or copy such records or files shall be made to the DSS in accordance with the Freedom of Information Act. Accordingly, if the Contractor is in receipt of a request made pursuant to the Freedom of Information Act to inspect or copy such records or files, the Contractor shall forward that request to DSS.

b. Upon receipt of a Freedom of Information Act request by the Department that seeks records or files related to the performance of the governmental function performed by the Contractor for the Department, the Department shall send such request to the Contractor. The Contractor shall review the request and, with reasonable promptness, search its records and files for documents that are responsive to the request. The Contractor shall promptly notify the Department if any clarification of the request is needed in order to proceed with the search for responsive records or files. The Contractor shall send to the Department a copy of those documents that are responsive to the request or otherwise notify the Department that it has no documents responsive to the request. Upon the completion of the Contractor's search for responsive documents, the Contractor shall notify the Department in writing that the search and production of documents is complete. If, upon review of the request, the Contractor determines that it will require more than fourteen (14) days to search for and provide copies of responsive documents to the Department,

the Contractor shall contact the Department within seven (7) days of the receipt of the request from the Department.

c. If the Contractor concludes that any of the responsive documents fits within any of the subdivisions of subsection (b) of section 1-210 of the Connecticut General Statutes, and that the Department should not disclose such documents, the Contractor shall mark said documents accordingly prior to sending them to the Department and shall explain the basis for its conclusion. The Department shall review the Contractor's conclusion and explanation and, as necessary, discuss said conclusion with the Contractor. If the Department agrees that any of the marked documents should not be disclosed, the Department shall not release those documents in its response to the Freedom of Information request If, however, the Department disagrees in good faith, with the conclusion by the Contractor that said documents should not be disclosed, the Department shall notify the Contractor, in writing, that it intends to release the documents fourteen (14) days from the date of the notice. The Contractor shall notify the Department of its intention to file any legal action in response to the Department's notification that it will release said documents, at least 24 hours in advance of filing such action.

d. If the Contractor concludes that a document is protected by attorney-client or work product privilege, the Contractor may decline to produce the documents and must specifically assert the privilege by identifying the nature of the document and claiming the privilege, the date of the document, the author of the document and to whom it was written.

e. If the Contractor asserts an exemption under Section c or a privilege under Section d of this Contract Amendment, and the Department honors said claim, the Contractor shall seek to intervene in order to defend the claim for an exemption or privilege in any subsequent Freedom of Information Commission proceeding challenging the Department's refusal to disclose said documents.

Nonsegregated Facilities

a. Throughout the term of the Contract Amendment, the provisions of Section 3.59 with respect to nonsegregated facilities shall apply.

Civil Rights

a. Throughout the term of the Contract Amendment, the provisions of Section 3.60 with respect to civil rights shall apply.

Notices of Action, Appeals and Administrative Hearings

a. Throughout the term of the Contract Amendment, the Contractor shall comply with provisions of the sections listed below with respect to CMP members to the extent that such provisions are applicable to HUSKY A members:

4.03 Grievances
4.04 Notices of Action and Continuation of Benefits
4.05 Appeals and Administrative Hearing Processes
4.06 Expedited Review and Administrative Hearings

Corrective Action and Contract Termination

a. Throughout the term of the Contract Amendment, the provisions of Section 6 shall apply in their entirety.

Populations Eligible to Enroll

a. Appendix XV, CMP Medicaid Coverage Groups contains a list of the Medicaid groups eligible for CMP enrollment. The Department may add additional eligibility groups to the managed care population. The Department will notify the CMP of any changes in the eligibility categories. The CMP may at its own option serve such additional groups as may be proposed by the Department.

Functions and Duties of the Department

a. Throughout the term of the Contract Amendment, the provisions of Section 7.01, 7.03, 7.07, and 7.09 shall apply in their entirety. Section 7.04 shall apply, with the exception of (g). Section 7.05 shall apply, with the exception of subsections (b)1a-d, and (b)2b. The Department may elect to undertake the activities provided for in Section 7.10, to the extent that such provisions apply to the activities provided for under the Contract Amendment.

10.07 CONTRACT MANAGEMENT AND ADMINISTRATION

Key Personnel and Contract Administration

a. Key Person

1. The Contractor shall designate a key person to be responsible for all aspects of this Contract Amendment and the Contractor's performance with respect to said Contract component. This key person shall be responsible solely for all Connecticut-based operations for this Contract Amendment, with authority to reallocate staff and resources to ensure contract compliance. The Contractor's corporate resources shall also be provided to assist the Contractor in complying with requirements associated with this amendment.

2. The Contractor's key person must be approved by the Department. Such designation shall be made in writing to the Contract Administrator within five (5) working days of execution of this Contract or March 1, 2010, whichever is sooner, and notification of any subsequent change of the key person shall be made in writing to the Contract Administrator for approval prior to such change.

3. From the time of the Department's approval of the Contractor's key person and throughout the term of Contract Amendment, the Contractor's key person shall serve as the Project Manager and will be responsible for the implementation and management of the project, for ensuring the performance of duties and obligations under the contract, the day to day oversight of the project and be available to attend all project meetings at the request of the Department. The Project Manager shall be permanently located in the Contractor's Connecticut office and shall respond to requests by the Department for status updates and ad hoc and interim reports.

4. The Contractor's key person or designee shall be the first contact for the Department regarding any questions, problems, and any other issues that arise during implementation and operation of this Contract Amendment.

b. Key Positions and Personnel

1. Key Positions shall mean any management level positions involved in the administration of the CMP program. Key Personnel shall mean the person in the Key Position.

2. Key positions and key personnel designations shall be made in writing to the Contract Administrator by June 1, 2010 with a functional organization chart of the organization detailing how the staffing for activities related to this Contract Amendment fits within the entire structure of the organization. No changes, substitutions, additions or deletions, whether temporary or permanent shall be made to key positions or key personnel unless approved in advance by the Department, which approval shall not be unreasonably withheld.

3. During the course of this Contract Amendment the Department reserve the right to require the removal or reassignment of any Contractor personnel or subcontractor personnel assigned to this Contract found unacceptable by the Department. Such removal shall be based on grounds which are specified in writing to the Contractor and which are not discriminatory.

4. The Contractor shall notify the Department in the event of any unplanned absences longer than seven days of key personnel and provide a coverage plan.

5. In the event of resignation, death or approved substitution of personnel filling the key positions, substitute personnel shall be named by the Contractor on a permanent or interim basis and approved by the Department. The Contractor shall, upon request, provide the Department with a resume for any member of its personnel or of a subcontractor's personnel assigned to or proposed to be assigned to fill a key position under the Contract. Substitutions shall be made within ten (10) Business Days of the resignation or death of personnel filling a key position, unless otherwise agreed to in writing by the Department and the Contractor.

6. During the course of the Contract, the Department reserve the right to approve or reject the Contractor's or any subcontractor's personnel assigned to the Contract, to approve or reject any proposed changes in personnel, or to require the removal or reassignment of any Contractor personnel or subcontractor personnel assigned to this Contract found unacceptable by the Departments.

7. The Contractor's key person shall immediately notify the Department's Contract Manager of the discharge of any key personnel assigned to this Contract and such personnel shall be immediately relieved of any further work under this Contract.

c. Staffing Levels

1. The functional organizational chart for the Connecticut Service Center shall identify the number and type of personnel in each department and personnel category. The Contractor shall provide the Department with an updated organizational chart each time changes are made to the number, type and/or category of personnel.

2. The Contractor certifies that it shall sufficiently staff the Connecticut Service Center to perform UM services designated by the Department in Appendix XIII, CMP Authorization Matrix.
3. For the first year of operation the Contractor's budget, approved by the Department, includes UM staffing necessary to comply with the scope of work under this Contract. The number of prior authorizations, concurrent reviews and associated level of staffing shall be reviewed by the Contractor and the Department and, if necessary, adjusted in subsequent years to account for changes to the scope of services that require authorization under this Contract Amendment .
4. The Contractor shall ensure that the Contractor's staff performing UM on average meet minimum productivity and efficiency standards at the Connecticut Service Center. It is the Department's intent to specify such minimum productivity requirements in the Contract Amendment, based in part on the Contractor's response to the RFQ.
5. The Contractor shall ensure that the Contractor's staff performing care coordination and case management on average meet minimum productivity and efficiency standards at the Connecticut Service Center. It is the Department's intent to specify such minimum productivity requirements in the Contract Amendment, based in part on the Contractor's response to the RFQ.
6. The Contractor certifies that throughout the term of this Contract Amendment the Contractor shall maintain minimum staffing levels to meet the requirements of this Contract Amendment.
7. The Contractor shall ensure that the Contractor's staff performing telephone call management on average meet minimum productivity and efficiency standards (i.e., calls per hour) at the Connecticut Service Center. It is the Department's intent to specify such minimum productivity requirements in Amendment, based in part on the Contractor's response to the RFQ. The Contractor shall provide for hiring and training temporary staff, or temporary diversion of staff at another service center, as necessary to meet the increased demand during the early weeks of the program. Telephone Call Center staff shall not be responsible for responding to inquiries related to claims issues that are outside of the scope of their obligations under this Contract Amendment but shall transfer those calls to the Department's fiscal agent.

d. Service Center Location

1. The Contractor agrees to locate and maintain its Connecticut Service Center including staff and infrastructure used to carry out the utilization management, case management, care coordination and call center requirements under this Contract Amendment within the State of Connecticut.

e. Contract Administration

1. The Contractor shall raise technical matters associated with the administration of this Contract Amendment including matters of Contract Amendment interpretation and the performance of the Department and Contractor in meeting the obligations and requirements of the Contract Amendment with the Department's Contract Manager.

2. When responding to written correspondence by the Department or when otherwise requested by the Department, the Contractor shall provide written response.
3. The Contractor shall address all written correspondence regarding the administration of the Contract Amendment and the Contractor's performance according to the terms and conditions of the Contract Amendment to the Department's Contract Manager.

f. Deliverables – Submission and Acceptance Process

1. Throughout the term of this Contract Amendment, the Contractor is required to submit to the Department certain materials for review and approval. For purposes of this section, any and all materials required to be submitted to the Department for review and approval shall be considered a "Deliverable."
2. The Contractor shall submit each Deliverable to the Department's Contract Manager. As soon as possible, but in no event later than 30 Business Days or such other date as agreed to by the parties in writing, after receipt (not counting the date of receipt) of a Deliverable, the Department's Contract Manager shall give written notice of the Department's unconditional approval, conditional approval or outright disapproval. Notice of conditional approval shall state the conditions necessary to be met to qualify the Deliverable for approval.
3. As soon as possible, but in no event later than 10 Business Days or such other date as agreed to by the parties in writing, after receipt (not counting the date of receipt) of a Notice of conditional approval or outright disapproval, the Contractor shall make the corrections and resubmit the corrected Deliverable.
4. As soon as possible, but in no event later than 10 Business Days or such other date as agreed to by the parties in writing, following resubmission of any Deliverable conditionally approved or outright disapproved, the Department's Contract Manager shall give written notice of the Department's unconditional approval, conditional approval or outright disapproval.
5. In the event that the Department's Contract Manager fails to respond to a Deliverable (such as, to give notice of unconditional approval, conditional approval or outright disapproval) within the applicable time period, the Deliverable shall be deemed unconditionally approved.
6. Whenever the due date for any Deliverable, or the final day on which an act is permitted or required by this Contract to be performed by either party fall(s) on a day other than a Business Day, such due date shall be the first Business Day following such day.

g. Committee Structure

1. Throughout the term of this contract, the Contractor shall establish committees with consumer and provider representation to provide advice and guidance to the Contractor regarding the full scope of clinical management services undertaken in association with this Contract Amendment. The Contractor shall submit a plan for the establishment or use of such committees to the Department for approval August 1, 2010.

h. Participation at Public Meetings

1. The Contractor shall ensure that the Contractor's key person attends, unless excused by the Department, the meetings of any body established to provide legislative oversight of this initiative.
2. The Contractor shall make available, as directed by the Department, the appropriate members of the Contractor's Key Personnel to attend meetings of other bodies established to provide input into this initiative or related services, including legislative and other public committees with responsibility for monitoring the budget of the Department.

i. Cooperation with External Evaluations

1. The Contractor shall cooperate with any external evaluations or studies as required by the Department to include providing data, reports, and making Contractor staff and records available to the outside evaluators.

j. Policy Manual

1. The Contractor shall produce a single integrated manual of all of the policies and procedures pertaining to services provided under this Contract. The manual shall include, but is not limited to the specific policies and procedures provided for in subsequent sections of this contract, and which may require review and approval of the Department. The Contractor shall post the manual on a website accessible to staff of the Department by October 1, 2010. The website shall include the current version of the manual and all archived versions of the manual that contain policies in effect at any time following implementation. Certain policies and procedures may be exempt from this requirement with the approval of the Department.

Security and Confidentiality

a. Compliance with State and Federal Law

1. The Department is required by state and federal law to protect the privacy of applicant and client information. The Department is "covered entities," as defined in the Health Insurance Portability and Accountability Act of 1996 (HIPAA), more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E. Accordingly, the Contractor shall be required to comply with these and all other state and federal laws concerning privacy and security of all client information provided to the Contractor by the Department or acquired by the Contractor in performance of the Contract Amendment. This includes all client information whether maintained or transmitted verbally, in writing, by recording, by magnetic tape, or electronically. Compliance with privacy laws includes compliance with the HIPAA Privacy Rule and also compliance with other federal and state confidentiality statutes and regulations that apply to the Department. The Department also requires the Contractor to continually update and improve its privacy and security measures as client data becomes more vulnerable to external technological developments.
2. The Contractor shall comply with state and federal privacy law as an agent of the Department and comply with the HIPAA Privacy Rule (federal regulations) as a "business associate" of the Department.

3. The Contractor shall comply with state security laws as an agent of the Department and comply with the HIPAA Security Rule (compliance date April 20, 2005) as a “business associate” of the Department.
4. The Contractor shall maintain and store information and records in accordance with state and federal laws and record retention schedules.

b. Staff Designation

1. The Contractor shall designate the Contractor’s MIS Director to serve as the local Security and Privacy Officer at the Connecticut Service Center, responsible for implementation and monitoring of compliance with privacy and security policies and procedures and for reporting any security or privacy breaches.
2. The Department shall designate and notify the Contractor of the specific staff authorized by the Department to access and request client information from the Contractor in order to maintain the security and confidentiality of applicant and client information.
3. The Department shall review and approve all Contractor staff that will have access to the DSS data warehouse or interChange system on either a routine, periodic, or ad hoc basis.

c. Security and Privacy Plan

1. The Contractor shall develop a local Security and Privacy Plan with policies and procedures that comply with state and federal law concerning the use, disclosure, and security of client data in order to maintain the security and confidentiality of applicant and client information.
2. The Contractor shall submit the Security and Privacy Plan to the Department for review and approval by November 1, 2010.
3. The Contractor’s Security and Privacy Plan shall be consistent with state and federal laws that pertain to the Department and shall prevent privacy and security breaches, at a minimum, by:

   a). Implementing steps to prevent the improper use or disclosure of information about clients Contractor and subcontractors.

   b). Training all employees, director, and officers concerning state and federal privacy and security laws.

   c). Requiring that each employee or any other person to whom the Contractor grants access to client information under this Contract Amendment sign a statement indicating that he or she is informed of, understands, and will abide by state and federal statutes and regulations concerning confidentiality, privacy and security.

   d). Limiting access to client information held in its possession to those individuals who need client information for the performance of their job functions and ensuring that those individuals have access to only that information that is the minimum necessary for performance of their job functions.

   e). Implementing steps to ensure the physical safety of data under its control by using appropriate devices and methods, including, but not limited to, alarm systems, locked files, guards or other devices reasonably expected to prevent loss or unauthorized removal of data.

f). Implementing security provisions to prevent unauthorized changes to client eligibility files.

g). Implementing steps to prevent unauthorized use of passwords, access logs, badges or other methods designed to prevent loss of, or unauthorized access to, electronically or mechanically held data. Methods used shall include, but not be limited to, restricting system and/or terminal access at various levels; assigning personal IDs and passwords that are tied to pre-assigned access rights to enter the system; restricting access to input and output documents, including a “view-only” access and other restrictions designed to protect data.

h). Complying with all security and use requirements established by the Department for parties using EMS, AEVS, and ACS, including the signing of confidentiality forms by all employees and personnel working for subcontractors who have access to client eligibility data.

i). Complying with the requirement of the HIPAA privacy and security regulations that apply to business associates of the Department, including, but not limited to, returning or destroying all client information created or received by the Contractor on behalf of the Department, as directed by the Department.

j). Monitoring privacy and security practices to determine whether breaches have occurred.

k). Developing systems for managing the occurrence of a breach, including but not limited to:

1). Review of breaches in privacy and security that have been reported to them by the Contractor.

2). A system of sanctions for any employee, subcontractor, officer, or director who violates the privacy and security policies.

3). A system to ensure that corrective action occurs and mechanisms are established to avoid the reoccurrence of a breach.

4). Practices established to recover data that has been released without authorization.

d. Security or Privacy Breaches

The Contractor shall notify the Department, in writing by the next business day upon receipt of knowledge, that an employee, director, officer or subcontractor has:

1. Improperly disclosed client information or improperly used, copied or removed client data; or

2. Misused or used without proper authorization, an operator password or authorization numbers, whether or not such use has resulted in fraud or abuse.

e. Requests for Personal Healthcare Information

The Contractor shall notify the Department, in writing, and consult with the Department by the next business day, of the existence of:

1. A subpoena that has been served on the Contractor related to the Contract Amendment; or

2. A request made pursuant to the state Freedom of Information Act (Conn. Gen. Stat. 1-200, et seq.) received by the Contractor concerning material held by the Contractor related to the Contract Amendment.

Contract Amendment Compliance, Performance Standards, and Sanctions

a. General Requirements

1. In an effort to ensure continued quality service, the Department has established specific Performance Standards that shall be met by the Contractor throughout the term of this Contract Amendment. All provisions for Performance Standards described under this section shall also constitute independent requirements under this Contract Amendment in addition to operating as standards for the purpose of determining whether the Contractor may be subject to penalties.
2. Failure to meet these Performance Standards will result in a sanction against the Contractor for each occurrence per Performance Standard not met. If the Contractor's Performance Reports or Audits by the Department indicate that the Contractor failed to meet these Standards within the specifications under consideration, the Department shall adjust the Contractor's payment by a predetermined dollar amount set for each Performance Standard.
3. Failure to meet a performance standard as determined by the Department shall result in a sanction of $5,000 per quarter, per occurrence.
4. Failure to submit required deliverables as of the due dates established in Appendix XII – CMP Contract Amendment Deliverables or reports as established in Appendix XI – CMP Reporting Matrix shall result in a sanction for each deliverable or report delayed (i.e., occurrence) in the amount of $1,000 per calendar day, unless the Department provides written authorization for a delay in the submission of a deliverable. The Contractor shall not be penalized for deliverable or reporting delays that are a consequence of delays that are the fault of the Department or its agent and shall document such delays when submitting a delayed deliverable or report.
5. The foregoing application of performance sanctions shall not preclude the application of corrective actions and sanctions as provided for in other sections of the Contract Amendment when such are necessary to respond to a pattern of violations or delays.

b. Responsibilities of the Department

1. Throughout the term of the Contract Amendment the Department shall regularly review the Contractor's performance to determine if the Contractor is meeting the Performance Standards and issue a written sanction notification for each occurrence in which the Contractor fails to meet a Performance Standard. The Department shall have the sole authority to determine whether the Contractor has met, exceeded or fallen below any or all of the Performance Standards.
2. The Department shall adjust the Contractor's payment for each sanction to be paid within thirty (30) business days of the postmark date of the written sanction notification from the Department to the Contractor.

3. The Department shall review and approve the development of, modification to and implementation of corrective action plans.

c. Responsibilities of the Contractor

1. The Contractor shall provide the required reports as indicated in Appendix XI - CMP Reporting Matrix. Failure to provide the Department with these reports may, at the Department's discretion, be considered a failure to meet the corresponding standard.
2. Within fifteen (15) business days of the date of the Department's written sanction notification to the Contractor for failure to meet a specified standard, the Contractor shall submit to the Department a corrective action plan to avoid the reoccurrence of non-compliance and possible additional penalties and a timetable for implementation of the corrective action plan to the Department for review.
3. In determining the Contractor's compliance and achievement against the Performance Standards, performance measures shall not be rounded. For example, if the Contractor is required to achieve a performance level of 95%, the target will not be achieved if the performance is 94.9%. Where applicable all times are measured as of Contractor's receipt of complete, legible, and accurate information.
4. Implementation of any sanction provision or the decision of the Department to refrain from implementation shall not be construed as anything other than as a means of further encouraging the Contractor to perform in accordance with the terms of the Contract Amendment.
5. Implementation of a sanction provision is not to be construed as the Department's sole remedy or as an alternative remedy to the specific performance of the Contract Amendment requirement and/or injunctive relief.

Performance Targets and Withhold Allocation

a. The Department shall withhold 10% of each monthly administrative PMPM payment.

b. The first six months of such payment withholds shall be returned contingent on the following:

Percentage	Requirement
30%	Satisfactory completion of the Readiness Review (May 15, 2010)
40%	Timely implementation (July 1, 2010)
30%	Successful performance and overall operation during the first quarter as determined by the Department's Post-Implementation Review (October 2010)

c. Subsequent withholds shall accrue on an annual basis and shall be paid to the Contractor, in whole or in part, at the end of each Contract Amendment year contingent upon the Contractor's success in meeting established Performance Targets as negotiated by the Department and the Contractor.

d. The established Performance Targets shall be tied to objectives such as access, quality, utilization, or cost. Each Performance Target shall have a separate value and, in some cases, separate values shall be established for domains within each Performance Target. The Contractor shall have the opportunity to separately earn the amount associated with each Performance Target and each domain within each Performance Target, as applicable. The established Performance Targets shall be negotiated on an annual basis.

e. The Department shall measure the Contractor's success in meeting the Performance Targets. The Department shall establish specifications for measurement of the Contractor's performance and shall calculate the Contractor's performance or base its calculation on reports and/or data submitted by the Contractor.

f. The Contractor's failure to provide the Department with the requisite data or reports in accordance with the reporting frequency identified in Appendix XI - CMP Reporting Matrix shall result in the Contractor's forfeiting of the specified percentage of withhold attached to the corresponding Performance Target(s), if any.

g. The Department shall determine whether the Contractor has met, exceeded or fallen below any or all of the required Performance Targets set forth in this subsection. The decision of the Department shall be final.

h. In determining the Contractor's success in meeting the agreed upon Performance Targets, performance measures will not be rounded. For example, if the Contractor is required to achieve a performance level of 95%, the target will not be achieved if the performance is 94.9%.

i. When a Performance Target includes the performance of a random sample, the sample size will be mutually agreed upon by the Department and the Contractor and will be based on the size of the population relevant to the Performance Target. The measure will be calculated and planned to enable statistically valid survey results at a 95% confidence interval unless otherwise mutually agreed upon by the Department and the Contractor.

j. The reporting period for purpose of calculation of Contractor's success in meeting the Performance Targets shall be by calendar year unless otherwise negotiated. Claim based reports will not be completed until nine (9) months following the close of the performance period to allow for claims run out.

k. The Department shall notify the Contractor of its success or failure in meeting the Performance Targets.

l. If the Contractor has failed to meet a Performance Target the Contractor shall, within fifteen (15) business days of the date of the Department's notification of the Contractor's failure to meet a specified Performance Target(s), submit a written report to the Department that shall explain why specific Performance Targets were not met and describe a plan of action to be implemented in an effort to meet these Performance Targets.

m. If the Contractor has met or exceeded the Performance Targets the Department shall return the specified portion of the withhold within 90 days of the Department's determination.

10.08 IMPLEMENTATION

Transition Requirements

a. General Provisions

1. The start-up phase begins at Contract Amendment execution and ends at 12:01 AM on July 1, 2010, at which time the Contractor will assume responsibility for managing of services for all of its enrolled members.

b. Department Responsibilities

The Department shall

1. Describe client notice and enrollment process;
2. Provide a complete claims file extract for SFY 09 and 10 of services paid for by the Department for enrolled members;
3. Pay for all medically necessary services authorized prior to implementation, whether provided prior to implementation or post-implementation.

c. Contractor Responsibilities

The Contractor shall

1. Conduct UM for all services listed in Appendix X, CMP Authorization File Layout regardless of date of admission or intake, as of the date of implementation.
2. Facilitate safe and appropriate transition for members that no longer meet criteria for a given level of care, but do require continued treatment at a lower level of care.
3. Propose a plan for authorizing services that providers failed to prior authorize and to educate those providers about the UM procedures during a grace period of a duration to be determined by mutual agreement of the Department and the Contractor.
4. Create a provider file as described in the subsection pertaining to Provider Network.

Implementation Plan

1. The Department shall engage in good faith negotiations to execute a Contract Amendment by April 1, 2010.
2. The Contractor shall develop and provide to the Department for review and approval an Implementation Plan prior to the execution of the Contract Amendment using software such as Microsoft Project, GANTT chart, or equivalent, which shall at a minimum include the designated individuals responsible for the execution of the Implementation Plan, the date by which the Contractor will begin operation of its administrative services and be responsible for coordinating health services for members.
3. The Department shall, within 15 days, review the Contractor's Implementation Plan and periodic updates and not unreasonably withhold approval of the Plan and updates.

4. The Contractor shall perform administrative services and become operational as defined in the detailed and negotiated Implementation Plan by the date indicated in the Contractor's approved Implementation Plan, or on such other date as the Contractor and the Department may agree in writing.
5. The Department requires a fully operational care management program as of 12:01 am on July 1, 2010 and for each day of the Contract Amendment period thereafter. The failure of the Contractor to pass the Readiness Review or the failure of the Contractor to provide an operational system as of 12:01 am on July 1, 2010, as agreed to by the Department, in accordance with the Contractor's Implementation Plan, or the failure of the Contractor to maintain a fully operational system thereafter will cause considerable harm to the Department and their eligible members.
6. The Department requires the timely completion of key deliverables summarized in Appendix XII, CMP Contract Amendment Deliverables and elsewhere in the Contract Amendment. Failure by the Contractor to deliver each deliverable to the Department by the required due date shall result in a $1,000 sanction per late deliverable per calendar day.

Performance Bond or Statutory Deposit

1. The Contractor shall be liable to the Department for resulting harm if the Contractor is not operational by the date specified in the Contractor's approved Implementation Plan. The Contractor shall not be liable for such harm if the Department has failed to meet its obligations under this Contract Amendment and that failure of the Department was a material cause of a delay of the Contractor's ability to perform its administrative services by the date specified in the Contractor's approved Implementation Plan.
2. To mitigate such harm the Department requires the Contractor to obtain either a Performance Bond or a Statutory Deposit as further described below.
3. The Contractor shall obtain a Performance Bond or Statutory Deposit Account in the amount of $1,000,000 on or before the execution of the Contract Amendment in accordance with the following:
    a. The purpose of the bond or Statutory Deposit amount is to mitigate harm caused by any failure of the Contractor to perform services required in the resultant Contract Amendment.
    b. The bond shall be provided by an insurer, which has been previously approved by the Departments.
    c. The bond shall name the State of Connecticut as the Obligee.
    d. The bond or Statutory Deposit amount shall remain in effect until the latter of:
4. The duration of the Contract Amendment and any extensions to the Contract Amendment.
5. The work to be performed under the Contract Amendment has been fully completed to the satisfaction of the Department.

Performance Reviews

a. Readiness Review

1. The Department shall conduct a Readiness Review the purpose of which will be to determine whether the Contractor has achieved sufficient implementation progress to operate its administrative services by such time as indicated in the Contractor's approved Implementation Plan.
2. Contingent on the Contractor's successful completion of eligibility file testing and full cycle authorization to claims testing, the Department shall conduct the Readiness Review prior to the date by which the Contractor will begin to operate its administrative services as indicated in the Contractor's approved Implementation Plan.
3. The Department shall notify the Contractor in writing of the results of its review within five (5) business days of the review. The Department may approve the Contractor's progress without comment, conditionally approve the Contractor's progress with additional requirements, or may determine that the Contractor has not made sufficient progress to operate its administrative services by the date indicated in the Contractor's approved Implementation Plan.
4. If the Department determines that the Contractor has failed to make sufficient progress to become operational and to perform administrative services by the date indicated in the Contractor's approved Implementation Plan, the Contractor shall have five (5) business days from the date of such notice to propose a corrective action plan to the Department's satisfaction.
5. In addition and irrespective of the Contractor's corrective action, the Department at its option may take such additional steps as it deems necessary to provide seamless delivery of health administrative services for its clients including, but not limited to, calling for execution of the Performance Bond and terminating the Contract Amendment for the Contractor's failure to pass the Readiness Review.

b. Post-Implementation Review

1. The Department shall conduct a Post-Implementation Review the purpose of which will be to determine whether the Contractor has successfully met the requirements of the Contract Amendment during the first 90 days after implementation.
2. The Department shall conduct the Post-Implementation Review 90 to 120 days following the date by which the Contractor began to operate its administrative services in accordance with the Contract Amendment.
3. The Department shall notify the Contractor in writing of the results of its review within twenty (20) business days of the review. The Department may approve the Contractor's implementation and performance without comment, conditionally approve the Contractor's implementation and performance with additional requirements, or may determine that the Contractor has not satisfactorily achieved the implementation and performance requirements.
4. If the Department determines that the Contractor has failed to satisfactorily achieve the implementation and performance requirements the Contractor shall have five (5) business days from the date of such notice to propose a corrective action plan to the Department's satisfaction.

5. In addition and irrespective of the Contractor's corrective action, the Department at its option may take such additional steps as it deems necessary to provide seamless delivery of health administrative services for its clients including, but not limited to, calling for execution of the Performance Bond and terminating the Contract Amendment for the Contractor's failure to pass the Post-Implementation Review.

Appendix X - CMP Authorization File Layout v1.0

Field Name	Data Type (Length)	Field Description
Contractor Identifier	X(03)	Contractor Identifier • CMP
PA Number	X(10)	Unique Prior Authorization Number.
Client Medicaid ID	X(12)	Recipient's identification number.
Provider NPI/MCD ID	X(15)	Provider ID value.
Provider Taxonomy	X(2)	Provider Taxonomy
Provider Location Zip	X(9)	Mailing address zip code.
PA Assignment	X(2)	This represents the Prior Authorization assignment code used to batch PA requests.
Diagnosis Code	X(7)	Diagnosis Code – ICD9
DME Delivery Date	X(8)	This represents the DME delivery date agreed upon with the supplier.
Total number of line items	X(99)	This represents the total number of line items for the PA.
Line item number	X(2)	This represents the Prior Authorization line item number for the PA record.
Procedure Code	X(6)	Code used to identify a medical, dental, or DME procedure.
Procedure Thru Code	X(6)	Code used to identify a medical, dental, or DME procedure.
Procedure Mod 1	X(2)	This is the first procedure code modifier of the Prior Authorization.
Procedure Mod 2	X(2)	This is the second procedure code modifier of the Prior Authorization.
Procedure Mod 3	X(2)	This is the third procedure code modifier of the Prior Authorization.
Procedure Mod 4	X(2)	This is the fourth procedure code modifier of the Prior Authorization.
Revenue Code	X(4)	This identifies a specific accommodation or ancillary service. Revenue codes are determined by CMS.
From Date of Service	X(8)	Authorized From Date of Service **CCYYMMDD**
Through Date of Service	X(8)	Authorized To Date of Service **CCYYMMDD**
PA Status	X(01)	Prior Authorization status indicates if the line item is approved, denied, pending, or modified. Values: A – Approved, D – Denied, P – pending, M - Modified
PA Requested Amount	X(9)	This is the dollar amount authorized for the Prior Authorization line-item service.
PA Requested Units	X(10)	Quantity of unit of service authorized.

Appendix XI -Care Management Program

#	Name of Report	Description	Frequency	Due date	HEDIS	hybrid
	Effectiveness of Care					
1	Asthma medications	% of members 5-56 yrs. having persistent asthma & who were appropriately prescribed meds. (4 age stratifications)	Annual (CY)	6/15	ASM	n
2	Breast Cancer Screens	% of women 40-69 who had a mammogram to screen for breast cancer. (2 age stratifications)	Annual (CY)	6/15	BCS	n
3	Cervical Cancer Screens	% of women 21-64 yrs. Who received Pap test to screen for cancer.	Annual (CY)	6/15	CCS	n
4	Chlamydia - FEMALE	% of women 16-24 identified as sexually active, and who had a test for Chlamydia (2 age stratifications)	Annual (CY)	6/15	CHL	n
5	Chlamydia - MALE	There is no HEDIS measure - propose following ages of HEDIS measure for women	Annual (CY)	6/15		
6	Diabetic retinal exams	% of members 18-75 yrs. with diabetes who had retinal eye exam performed (part of CDC HEDIS measure)	Annual (CY)	6/15	CDC	y
7	Comprehensive Diabetes Care (without Blood Pressure measure)	% of members 18-75 yrs. with diabetes; included retinal exams, HbA1C, LDL-C & medical attention for nephropathy	Annual (CY)	6/15	CDC	y
8	Gonorrhea	Follow specs for Chlamydia	Annual (CY)	6/15		
9	Adults with acute bronchitis	% of 18-64 yr olds diagnosed with acute bronchitis and not dispensed an antibiotic	Annual (CY)	6/15	AAB	n
10	Pharmacotherapy of COPD exacerbation	% of COPD exacerbations for 40 yr olds or older, with acute inpatient discharge or ED 1/1 to 11/30 and were dispensed appropriate meds.	Annual (CY)	6/15	PCE	n
11	Beta-blocker treatment	% members 18 yrs and older who were hospitalized and discharged alive 7/1 of yr prior to 6/30 of measurement yr with diagnosis of AMI and received persistent beta-blocker treatment	Annual (CY)	6/15	PBH	n
12	Anti-rheumatic drug therapy	% of 18 yr olds and older diagnosed with rheumatoid arthritis & dispensed at least 1 ambulatory script for disease-modifying anti-rheumatic drug therapy	Annual (CY)	6/15	ART	n
13	Low back pain	% of members (18 - 50 yrs.) with primary diagnosis of low back pain who did not have an imaging study within 28 days of diagnosis	Annual (CY)	6/15	LBP	n
14	Persistent medications	% of 18yrs and older rec'd at least 180 treatment days of ambulatory medication therapy for select agents during yr & at least 1 therapeutic monitoring event (ARB< digoxin, diuretics, anticonvulsants)	Annual (CY)	6/15	MPM	n

	Access/Availability of Care					
15	Adult Preventive Care	% members 20 yrs or older who had an ambulatory or prev. care visit (3 age stratifications)	Annual (CY)	6/15	AAP	n
	Satisfaction with the Experience of Care					
16	CAHPS	Customer satisfaction survey (includes questions for adult, child and chronic child)	Annual	NCQA schedule	CPA & CPC	
	Use of Services					
17	Ambulatory Care	Utilization of outpatient visits, ED visits, ambulatory surgery/ procedures, and observation room stays per 1,000MM	Annual (CY)	6/15	AMB	n
18	Inpatient Utilization	Utilization of acute inpatient services: total inpatient, medicine, surgery, & maternity - discharges per 1,000 MM, ALOS, days per 1,000MM	Annual (CY)	6/15	IPU	n
19	Frequency of selected procedures	utilization of freq. performed procedures PMPM: CABG tonsillectomy, back surgery, mastectomy, knee or hip replacement, carotid endarterectomy etc.	Annual (CY)	6/15	FSP	n
20	Inpatient utilization - non acute	Utilization of nonacute inpatient care in hospice, nursing home, rehabilitation, SNF, transitional care and respite	Annual (CY)	6/15	NON	n
21	Identification of alcohol & other drug services	number and % of members with alcohol & drug claims who rec'd chemical dependency services: any, inpatient, intensive outpatient or partial hosp., outpatient or ED	Annual (CY)	6/15	IAD	n
22	Antibiotic utilization	outpt. utilization of antibiotic prescriptions by age, gender, total days, total scripts	Annual (CY)	6/15	ABX	n
23	Outpatient drug utilization	Outpt. utilization of drug prescriptions by age, total scripts, cost PMPM, total, avg. # scripts	Annual (CY)	6/15	ORX	n
	Capacity/Access					
24	Out of Network	Number of OON requests, approvals, denials by category	Quarterly	1 month after close of quarter		
	Authorizations, Denials, Appeals, and Hearings					
25	Prior Authorization Report - inpatient & OP surg, DME, home care, PT/OT/ST/Chiro, pharmacy	By category and adult/child, the number of requests for PA, # denied, and reason for denial	Quarterly	1/1, 4/1, 7/1,10/1 (3 month lag)		
26	Medical Necessity Report	Individual record of every medical necessity denial coded by type and by reason	Monthly for six months, then Quarterly	Jan - June 2010 monthly (21 days end of month)		
27	PA to Hearings Report	Report reflects the # of PAs requested, # denied, # proceeding to hearing and the outcome of the internal review & the hearing	Semi-annual	3 month lag		

	Administrative Performance					
28	Case Management Clinical Report	Report of case management activity - reason, start & stop dates, reason for stop; SUSPENDED - UNDER REVIEW	Pending			
29	Grievance Report	Report to reflect grievances received by each MCO, by category, and outcomes.	Quarterly	1/15, 4/15, 7/15, 10/15 one quarter lag		
30	Call center activity	Summary report of call center activity. Includes # calls by category (total, member, referral/appt assistance, provider), calls /1000MM, average call duration, speed of answer, abandonment rate, average call duration, call holds (require 90% within 60 sec., 97% within 120 sec, 5% max abandonment rate)	Quarterly	due 1 month after close of the quarter		
	Cost of Care					
31	Relative resource use for people with diabetes	Relative Resource Use (RRU) measures are a standardized approach to measuring relative resource use. When evaluated with the corresponding quality of care measures, they provide more information about the *efficiency* or *value* of services rendered by an organization. RRU measures have the following features. • They focus on high-cost conditions that have corresponding HEDIS Effectiveness of Care measures • They differentiate between unit price and utilization variation • They rely on a transparent risk-adjustment method similar to a proprietary risk-adjustment system	Annual (CY)	6/15	RDI	
32	Relative resource use for people with asthma		Annual (CY)	6/15	RAS	
33	Relative resource use for people with low back pain		Annual (CY)	6/15	RLB	
34	Relative resource use for people with cardiovascular conditions		Annual (CY)	6/15	RCA	
35	Relative resource use for people with hypertension		Annual (CY)	6/15	RHY	
36	Relative resource use for people with COPD		Annual (CY)	6/15	RCO	
	Health Plan Descriptive Information					
37	Enrollment by product line	total number of members enrolled by age/gender	Annual (CY)	6/15	ENP	n
38	Language diversity of membership	# and % members enrolled at any time in yr. by demand for language interpreter services and spoken language	Annual (CY)	6/15	LDM	n
39	Race/ethnicity diversity of membership	# and % of members enrolled at any time in the year, by race and ethnicity	Annual (CY)	6/15	RDM	n

Appendix XII
CMP Contract Amendment Deliverables

Page	*Description of Deliverable*	*One-Time*	*Recurring*
36	Designation of Key Person	3/1/2010	On-going
46	Implementation Plan	On or before Contract Execution Date	
47	Performance Bond	On or before Contract Execution Date	On-going
46	Contract Execution Date	4/1/2010	On-going
23	Clinical Management Program	5/1/2010	On-going
11	Member Handbook	5/1/2010	On-going
20	Disaster Recovery and Business Continuity Plan	5/1/2010	On-going
47	Readiness Review	5/15/2010	On-going
36	Designation of Key Personnel	6/1/2010	On-going
	Organizational Chart of CT Service Center	6/1/2010	On-going
45-46	Care Management Program Fully Operational Date	7/1/2010	On-going
12	Provider Handbook (Electronic)	7/1/2010	On-going
11	Member Website	7/1/2010	On-going
15	Payment Related Troubleshooting and Technical Assistance – Rapid Response	8/1/2010	On-going
39	Plan for Consumer and Provider Advisory Committees	8/1/2010	On-going
40	Policies and Procedures manual	10/1/2010	On-going
22	Data Integrity Processes	10/1/2010	On-going
48	Post-Implementation Review and Annual Performance Review	10 to 11/1/2010	10/1
30	Quality Management Program Plan	11/1/2010	11/1
41	Security and Privacy Plan	11/1/2010	
44	Annual Performance Targets	11/1/2010	11/1
13	Provider Web-based Communication	1/1/2011	On-going
14	Network Gap Assessment	10/1/2010	On-going
30	Quality Management Program Evaluation	4/1/2012	4/1

Service Type	Provider Category	Provider Types/Specialties	Codes	Description	PA Required	CMP Responsibility?	DSS/Adult BHP Responsibility? (ICD Dx: 291-316)	
Behavioral Health Outpatient	General Hospital, Psychiatric Hospital, State Institution, Freestanding Clinic, Physician and other independent practitioner	**01/007 Hospital Outpatient; 01/008 Hospital (Psychiatric-Outpatient); 33/112 Psychology; 86/112 Psychology Group; 31/339 Physician (Psychiatry); 72/339 Physician Group (Psychiatry) 09/339 Advanced Practice Registered Nurse (Psychiatry); 70/339 Advanced Practice Registered Nurse Group (Psychiatry); 08/525 Mental Health Clinic; 08/522 Mental Health FQHC; 08/521 Medical FQHC; 90/008 State Institution (Psychiatric Outpatient); 90/111 State Institution (Community Mental Health Center)**		PA reviews	yes	no	yes	
Behavioral Health Residential	DMHAS certified mental health group homes	**12/511 Mental Health Group Homes**		PA reviews	yes	no	yes	
Chronic Disease Hospital**	Chronic Disease Hospital/Rehab Facility	**03/005 Extended Care Facility: Chronic Inpatient**		Admission	yes	yes	yes	
				Readmission from acute care hospital stay	yes	yes	yes	
				Continued Stay	yes	yes	yes	
DME Individual Considerations		**25/249 Durable Medical Goods; 25/250 DME/Medical Supply Dealer; 25/248 DME Medical Supply Dealer/ Medical & Surgical Supplies; 25/277 DME Medical Supply Dealer/ Orthotic & Prosthetic Devices; 25/220 Hearing Aid Dealer**	see attached spreadsheet	PA reviews	yes	yes	no	
DME Priority		**25/249 Durable Medical Goods; 25/250 DME/Medical Supply Dealer; 25/248 DME Medical Supply Dealer/ Medical & Surgical Supplies; 25/277 DME Medical Supply Dealer/ Orthotic & Prosthetic Devices; 25/220 Hearing Aid Dealer**	see attached spreadsheet	PA reviews	yes	yes	no	
Durable Medical Equipment		**25/249 Durable Medical Goods 25/250 DME/Medical Supply Dealer**	see attached spreadsheet	PA reviews	yes	yes	no	
			see attached spreadsheet	Custom wheelchair requests	yes	yes	no	

Home Health Care		**05/050 Home Health Agency**	RCC 580 with HCPCS S9123, 9124 and with and without modifiers TT, TG, TE and TH;580 T1502 and 1503 with and without mod.TT; 570 T1004, 424,421, 434, 431, 444,441 without HCPCS or modifiers	PA reviews	yes	yes	yes	
Hospice*		**79/060 Hospice**	RCC 656	Hospital stay past 5 days	yes	yes	no	
				Pre-existing or new condition vs terminal condition	possibly	yes	no	
General Hospital Inpatient Admission		**01/001 Hospital Inpatient**	See attachment**	Admission review (date span)	yes	yes	yes	
Medical/Surgical Supplies		**25/248 DME Medical Supply Dealer/ Medical & Surgical Supplies**	see attached spreadsheet	PA reviews	yes	yes	no	
Orthotics and Prosthetics		**25/277 DME Medical Supply Dealer/ Orthotic & Prosthetic Devices; 25/220 Hearing Aid Dealer**	see attached spreadsheet	PA reviews	yes	yes	no	
Out-of-State services		**N/A**	many depending upon service	PA reviews	yes	yes	yes	
Outpatient Surgery* **		**01/007 Hospital Outpatient; 08/020 Ambulatory Surgical Center; ****31/000 - Physician; ****72/000 - Physician Grp; 14/140 Podiatrist; 73/140 Podiatry Grp**	CPT 11900, 11901, 15830, 15847, 17106, 17107, 17108, 19300, 19328, 19330, 36468, 36469, 36470, 36471. 64612, 64650, 64653, 69310, 69320, 69321, 69322***	PA reviews and research	yes	yes	no	
Professional and surgical authorizations		******31/000 - Physician; ****72/000 - Physician Grp; ***** 09/XXX APRN; *****70/XXX APRN Grp; 14/140 Podiatrist; 18/180 Optometrist; 73/140 Podiatry Grp; 74/180 Optometry Grp; 71/095 Nurse Midwife Grp; 32/095 Nurse Midwife**	see attached spreadsheet	Authorization reviews for group practices	yes	yes	no	
Psychiatric Hospital Inpatient (IMD)		**01/002 (Hospital < 21); 01/003 (Hospital 21-64); 01/004 (Hospital 65+); 90/002 (State Institute <21); 90/003 (State Institute 21-64); 90/004 (State Institute 65+)**		PA reviews for clients under 21	yes - initial admission and continued stay	no	yes	
Psychiatric Residential Treatment Facility		**12/033 Psychiatric Residential Treatment Facilities**		PA reviews	yes	no	yes	

Therapies (ST, OT, PT)		**17/173 Audiologist; 17/176 Speech Therapist; 17/170 Physical Therapist; 17/171 Occupational Therapist; 87/176 Speech Group; 87/170 Physical Therapy Group; 87/171 Occupational Therapy Group**	RCC 420, 430, 440, CPT 97001-97546	PA reviews for hospital, clinics, individual providers, physicians	yes	yes	no	
*** new benefits/regulations effective 1/1/10, therefore no claims information available**								
**** PAs for hospital inpatient PAs granted without revenue center billing codes; attachment contains inpatient hospital revenue centerbilling codes**								
***** procedures listed are for PA added 1/1/09 please see attachment for previously PA'd codes**								
****** Physician Specialties Include: 272 Oral Surgery; 310 Allergy; 311 Anesthesiology; 312 Cardiology;314 Dermatology; 316 Family Practitioner; 318 General Practitioner;319 General Surgery; 320 Geriatric Practitioner; 322 Internal Medicine; 322 Internal Medicine; 326 Neurology; 328 Obstetrics/Gynecology; 330 Ophthalmology; 331 Orthopedic Surgery; 332 Otology, Laryngology, Rhinology; 333 Pathology; 336 Physical Medicine and Rehabilitation Practitioner; 337 Plastic Surgery; 338 Proctology; 339 Psychiatry; 341 Radiology; 342 Thoracic Surgery; 343 Urology; 345 General Pediatrician; 352 Osteopath; 353 Homeopath**								
******* XXX Nurse Practitioner Specialties Include: 094 Certified Registered Nurse Anesthetist (CRNA); 272 Oral Surgery; 310 Allergy; 312 Cardiology; 314 Dermatology; 319 General Surgery; 320 Geriatric Practitioner; 322 Internal Medicine; 322 Internal Medicine; 326 Neurology; 330 Ophthalmology; 331 Orthopedic Surgery; 332 Otology, Laryngology, Rhinology; 333 Pathology; 336 Physical Medicine and Rehabilitation Practitioner; 337 Plastic Surgery; 338 Proctology; 339 Psychiatry; 342 Thoracic Surgery; 343 Urology; 347 Radiation Therapy; 352 Osteopath; 353 Homeopath**								

MEDS - DME and Oxygen

Procedure Code	Modifier	PA	Oxygen codes marked with *
E0140		Y	
E0140	RR	Y	
E0144		Y	
E0144	RR	Y	
E0147		Y	
E0147	RR	Y	
E0149		Y	
E0149	RR	Y	
E0170		Y	
E0170	RR	Y	
E0171		Y	
E0171	RR	Y	
E0193		Y	
E0193	RR	Y	
E0194		Y	
E0194	RR	Y	
E0203		Y	
E0203	RR	Y	
E0217		Y	
E0217	RR	Y	
E0240		Y	
E0240	RR	Y	
E0250		Y	
E0250	RR	Y	
E0251		Y	
E0251	RR	Y	
E0255		Y	
E0255	RR	Y	
E0256		Y	
E0256	RR	Y	
E0260		Y	
E0260	RR	Y	
E0261		Y	
E0261	RR	Y	
E0265		Y	
E0265	RR	Y	
E0266		Y	
E0266	RR	Y	
E0277		Y	
E0277	RR	Y	
E0300		Y	
E0300	RR	Y	
E0301		Y	
E0301	RR	Y	
E0302		Y	
E0302	RR	Y	
E0303		Y	
E0303	RR	Y	

E0304		Y	
E0304	RR	Y	
E0316		Y	
E0316	RR	Y	
E0328		Y	
E0328	RB	Y	
E0328	RR	Y	
E0329		Y	
E0329	RB	Y	
E0329	RR	Y	
E0371		Y	
E0371	RR	Y	
E0372		Y	
E0372	RR	Y	
E0373		Y	
E0373	RR	Y	
E0424	RR	Y	*
E0431	RR	Y	*
E0434	RR	Y	*
E0439	RR	Y	*
E0445		Y	
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E0450	RR	Y	
E0457		Y	
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E0459		Y	
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E0485	RB	Y	
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E0486	RB	Y	
E0487		Y	
E0487	RB	Y	
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E0500	RR	Y	
E0561		Y	

E0561	RR	Y
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E1110	RR	Y
E1130		Y
E1130	RR	Y
E1140		Y
E1140	RR	Y
E1150		Y
E1150	RR	Y
E1160		Y
E1160	RR	Y
E1161		Y
E1161	RR	Y
E1170		Y
E1170	RR	Y
E1171		Y
E1171	RR	Y
E1172		Y
E1172	RR	Y
E1180		Y
E1180	RR	Y
E1190		Y
E1190	RR	Y
E1195		Y
E1195	RR	Y
E1200		Y
E1200	RR	Y
E1220		Y
E1221		Y
E1221	RR	Y
E1221		Y
E1221	RR	Y
E1222		Y
E1222	RR	Y
E1222		Y
E1222	RR	Y
E1223		Y
E1223	RR	Y

E1223		Y
E1223	RR	Y
E1224		Y
E1224	RR	Y
E1224		Y
E1224	RR	Y
E1225		Y
E1225	RR	Y
E1226		Y
E1226	RR	Y
E1228		Y
E1228	RR	Y
E1229		Y
E1229	RR	Y
E1230		Y
E1230	RR	Y
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E1231	RR	Y
E1232		Y
E1232	RR	Y
E1233		Y
E1233	RR	Y
E1234		Y
E1234	RR	Y
E1235		Y
E1235	RR	Y
E1236		Y
E1236	RR	Y
E1237		Y
E1237	RR	Y
E1238		Y
E1238	RR	Y
E1240		Y
E1240	RR	Y
E1250		Y
E1250	RR	Y
E1260		Y
E1260	RR	Y
E1270		Y
E1270	RR	Y
E1280		Y
E1280	RR	Y
E1285	RR	Y
E1285		Y
E1290		Y
E1290	RR	Y
E1295		Y
E1295	RR	Y
E1296		Y
E1296	RR	Y
E1297		Y

E1297	RR	Y
E1298		Y
E1298	RR	Y
E1300		Y
E1300	RR	Y
E1354		Y
E1356		Y
E1357		Y
E1358		Y
E1399		Y
E1399	RP	Y
E1399	RR	Y
E1399	RB	Y
E1700		Y
E1700	RR	Y
E2000		Y
E2000	RR	Y
E2100		Y
E2100	RR	Y
E2101		Y
E2101	RR	Y
E2201		Y
E2201	RR	Y
E2202		Y
E2202	RR	Y
E2203		Y
E2203	RR	Y
E2204		Y
E2204	RR	Y
E2227		Y
E2227	RR	Y
E2228		Y
E2228	RR	Y
E2230		Y
E2230	RB	Y
E2230	RR	Y
E2291		Y
E2291	RR	Y
E2292		Y
E2292	RR	Y
E2293		Y
E2293	RR	Y
E2294		Y
E2294	RR	Y
E2295		Y
E2295	RB	Y
E2295	RR	Y
E2300		Y
E2300	RR	Y
E2301		Y
E2301	RR	Y

E2310		Y
E2310	RR	Y
E2311		Y
E2311	RR	Y
E2312		Y
E2321		Y
E2321	RR	Y
E2322		Y
E2322	RR	Y
E2325		Y
E2325	RR	Y
E2326		Y
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E2328	RR	Y
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E2375		Y
E2375	RR	Y
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E2376	RR	Y
E2377		Y
E2377	RR	Y
E2393		Y
E2397		Y
E2399	RB	Y
E2399		Y
E2399	RP	Y
E2399	RR	Y
E2402		Y

E2402	RR	Y
E2500		Y
E2500	RR	Y
E2502		Y
E2502	RR	Y
E2504		Y
E2504	RR	Y
E2504		Y
E2504	RR	Y
E2506		Y
E2506	RR	Y
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E2506	RR	Y
E2508		Y
E2508	RR	Y
E2508		Y
E2508	RR	Y
E2510		Y
E2510	RR	Y
E2510		Y
E2510	RR	Y
E2512		Y
E2512	RB	Y
E2512	RR	Y
E2599		Y
E2599	RB	Y
E2599	RR	Y
E2617	RB	Y
E2617		Y
E2617	RP	Y
E2618		Y
E2618	RR	Y
E8000		Y
E8000	RP	Y
E8000	RR	Y
E8000	RB	Y
E8001		Y
E8001	RP	Y
E8001	RR	Y
E8001	RB	Y
E8002		Y
E8002	RP	Y
E8002	RR	Y
E8002	RB	Y
K0001		Y
K0001	RR	Y
K0002		Y
K0002	RR	Y
K0003		Y
K0003	RR	Y
K0004		Y

K0004	RR	Y
K0005		Y
K0005	RR	Y
K0006		Y
K0006	RR	Y
K0007		Y
K0007	RR	Y
K0010		Y
K0010	RR	Y
K0011		Y
K0011	RR	Y
K0012		Y
K0012	RR	Y
K0015		Y
K0015	RR	Y
K0108		Y
K0108	RB	Y
K0606		Y
K0606	RR	Y
K0669		Y
K0669	RB	Y
K0800		Y
K0800	RR	Y
K0801		Y
K0801	RR	Y
K0802		Y
K0802	RR	Y
K0806		Y
K0806	RR	Y
K0807		Y
K0807	RR	Y
K0808		Y
K0808	RR	Y
K0812		Y
K0812	RR	Y
K0813		Y
K0813	RR	Y
K0814		Y
K0814	RR	Y
K0815		Y
K0815	RR	Y
K0816		Y
K0816	RR	Y
K0820		Y
K0820	RR	Y
K0821		Y
K0821	RR	Y
K0822		Y
K0822	RR	Y
K0823		Y
K0823	RR	Y

K0824		Y
K0824	RR	Y
K0825		Y
K0825	RR	Y
K0826		Y
K0826	RR	Y
K0827		Y
K0827	RR	Y
K0828		Y
K0828	RR	Y
K0829		Y
K0829	RR	Y
K0830		Y
K0830	RR	Y
K0831		Y
K0831	RR	Y
K0835		Y
K0835	RR	Y
K0836		Y
K0836	RR	Y
K0837		Y
K0837	RR	Y
K0838		Y
K0838	RR	Y
K0839		Y
K0839	RR	Y
K0840		Y
K0840	RR	Y
K0841		Y
K0841	RR	Y
K0842		Y
K0842	RR	Y
K0843		Y
K0843	RR	Y
K0848		Y
K0848	RR	Y
K0849		Y
K0849	RR	Y
K0850		Y
K0850	RR	Y
K0851		Y
K0851	RR	Y
K0852		Y
K0852	RR	Y
K0853		Y
K0853	RR	Y
K0854		Y
K0854	RR	Y
K0855		Y
K0855	RR	Y
K0856		Y

K0856	RR	Y
K0857		Y
K0857	RR	Y
K0858		Y
K0858	RR	Y
K0859		Y
K0859	RR	Y
K0860		Y
K0860	RR	Y
K0861		Y
K0861	RR	Y
K0862		Y
K0862	RR	Y
K0863		Y
K0863	RR	Y
K0864		Y
K0864	RR	Y
K0868		Y
K0868	RR	Y
K0869		Y
K0869	RR	Y
K0870		Y
K0870	RR	Y
K0871		Y
K0871	RR	Y
K0877		Y
K0877	RR	Y
K0878		Y
K0878	RR	Y
K0879		Y
K0879	RR	Y
K0880		Y
K0880	RR	Y
K0884		Y
K0884	RR	Y
K0885		Y
K0885	RR	Y
K0886		Y
K0886	RR	Y
K0890		Y
K0890	RR	Y
K0891		Y
K0891	RR	Y
K0898		Y
K0898	RR	Y
K0899		Y
K0899	KA	Y
K0899	RB	Y

MEDS-Prosthetic/Orthotic

Procedure Code	Modifier	PA
L0113		Y
L0113	RB	Y
L0999		Y
L0999	RB	Y
L1001	RB	Y
L1001		Y
L1001	RP	Y
L2232		Y
L2232	RB	Y
L2232		Y
L2232	RP	Y
L2999		Y
L2999	RB	Y
L3649		Y
L3649	RB	Y
L3677		Y
L3677	RB	Y
L3956	RB	Y
L3956		Y
L3956	RP	Y
L3999		Y
L3999	RB	Y
L4002	RB	Y
L4002		Y
L4002	RP	Y
L5856		Y
L5993		Y
L5993	RP	Y
L5994		Y
L5994	RP	Y
L5995		Y
L5995	RP	Y
L5999		Y
L5999	RB	Y
L6611		Y
L6694		Y
L6694	RB	Y
L6694		Y
L6694	RP	Y
L6695		Y
L6695	RB	Y
L6695		Y
L6695	RP	Y
L6696		Y
L6696	RB	Y
L6696		Y
L6696	RP	Y
L6697		Y

L6697	RB	Y
L6697		Y
L6697	RP	Y
L6698		Y
L6698	RB	Y
L6698		Y
L6698	RP	Y
L7180		Y
L7181		Y
L7181	RB	Y
L7181		Y
L7181	RP	Y
L7499		Y
L7499	RB	Y
L8499		Y
L8499	RB	Y
L9900		Y
L9900	RB	Y

MEDS-Parenteral-Enteral

Procedure Cod	Modifier	PA
B9000		Y
B9000	RR	Y
B9002		Y
B9002	RR	Y
B9004		Y
B9004	RR	Y
B9006		Y
B9006	RR	Y
B9999		Y

MEDS-Medical/Surgical Supplies

Procedure Code	Modifier	PA
A4223		Y
A4421		Y
A4465		Y
A4649		Y
A6023		Y
A6501		Y
A6502		Y
A6503		Y
A6504		Y
A6505		Y
A6506		Y
A6507		Y
A6508		Y
A6509		Y
A6510		Y
A6511		Y
A6512		Y
A6513		Y
A6545		Y
A6545	RB	Y
A6549		Y
A7025		Y
A8002	RB	Y
A8002		Y
A8002	RP	Y
A8003	RB	Y
A8003		Y
A8003	RP	Y
A9900		Y
A9900	RB	Y
A9999		Y
A9999	RB	Y
S1040		Y
S1040	RB	Y

Rvenue center ID	Revenue Code Description	PA
0001	Total Charge	Y
0022	HIPPS	Y
0023	HIPPS	Y
0024	HIPPS	Y
0100	All Inclusive Rate	Y
0101	All Inclusive Rate	Y
0110	Room & Board (Private)	Y
0111	Medical/Surgical/Gyn	Y
0112	OB	Y
0113	Pediatric	Y
0114	Psychiatric	Y
0115	Hospice	Y
0116	Detoxification	Y
0117	Oncology	Y
0118	Rehab	Y
0119	Other	Y
0120	Room & Board (Semi-Private	Y
0121	Medical/Surgical/Gyn	Y
0122	OB	Y
0123	Pediatric	Y
0124	Psychiatric	Y
0125	Hospice	Y
0126	Detoxification	Y
0127	Oncology	Y
0128	Rehab	Y
0129	Other	Y
0130	Room&Board (Semi private 3	Y
0131	Medical/Surgical/Gyn	Y
0132	OB	Y
0133	Pediatric	Y
0134	Psychiatric	Y
0135	Hospice	Y
0136	Detoxification	Y
0137	Oncology	Y
0138	Rehab	Y
0139	Other	Y
0140	Room & Board (Private Delu	Y
0141	Medical/Surgical/Gyn	Y
0142	OB	Y
0143	Pediatric	Y
0144	Psychiatric	Y
0145	Hospice	Y
0146	Detoxification	Y
0147	Oncology	Y
0148	Rehab	Y
0149	Other	Y
0150	Room & Board (Ward)	Y
0151	Medical/Surgical/Gyn	Y
0152	OB	Y

0153	Pediatric	Y
0154	Psychiatric	Y
0155	Hospice	Y
0156	Detoxification	Y
0157	Oncology	Y
0158	Rehab	Y
0159	Other	Y
0160	Room & Board (other)	Y
0164	Sterile Environment	Y
0167	Self care	Y
0169	Other	Y
0170	Nursery	Y
0171	Newborn-Level I	Y
0172	Newborn-Level II	Y
0173	Newborn-Level III	Y
0174	Newborn-Level IV	Y
0179	Other Nursery	Y
0180	Leave of Absence	Y
0182	Patient Convenience	Y
0183	Therapeutic Leave	Y
0185	Hospitalization	Y
0189	Other leave of absence	Y
0190	Subacute care	Y
0191	Subacute care-Level I	Y
0192	Subacute care-Level II	Y
0193	Subacute care-Level III	Y
0194	Subacute care-Level IV	Y
0199	Other subacute care	Y
0200	Intensive care	Y
0201	Surgical	Y
0202	Medical	Y
0203	Pediatric	Y
0204	Psychiatric	Y
0206	Intermediate ICU	Y
0207	Burn care	Y
0208	Trauma	Y
0209	Other intensive care	Y
0210	Coronary care	Y
0211	Myocardial Infarction	Y
0212	Pulmonary Care	Y
0213	Heart Transplant	Y
0214	Intermediate CCU	Y
0219	Other Coronary Care	Y
0220	Special charges	Y
0221	Admission charge	Y
0222	Technical support charge	Y
0223	U.R. service charge	Y
0224	Late discharge, medically ne	Y
0229	Other special charges	Y
0230	Incremental nursing charge r	Y
0231	Nursery	Y

0232	OB	Y
0233	ICU	Y
0234	CCU	Y
0235	Hospice	Y
0239	Other	Y
0240	All inclusive Ancillary	Y
0241	Basic	Y
0242	Comprehensive	Y
0243	Specialty	Y
0249	Other all inclusive ancillary	Y

		Outpatient surgical procedures		
Procedure Code		PA		
11920		Y		
11921		Y		
11922		Y		
11950		Y		
11951		Y		
11952		Y		
11954		Y		
11960		Y		
11970		Y		
11971		Y		
15780		Y		
15781		Y		
15782		Y		
15783		Y		
15784		Y		
15785		Y		
15786		Y		
15787		Y		
15788		Y		
15789		Y		
15792		Y		
15793		Y		
15819		Y		
15820		Y		
15921		Y		
15822		Y		
15823		Y		
15824		Y		
15825		Y		
15826		Y		
15828		Y		
15829		Y		
15832		Y		
15833		Y		
15834		Y		
15835		Y		
15836		Y		
15837		Y		
15838		Y		
15839		Y		
15876		Y		
15877		Y		
15878		Y		
15879		Y		
17340		Y		
17360		Y		
17380		Y		
19316		Y		
19318		Y		

19324		Y		
19325		Y		
19340		Y		
19341		Y		
19342		Y		
19350		Y		
19355		Y		
19357		Y		
19361		Y		
19363		Y		
19364		Y		
19366		Y		
19367		Y		
19368		Y		
19369		Y		
19370		Y		
19371		Y		
19380		Y		
19396		Y		
19399		Y		
21010		Y		
21193		Y		
21194		Y		
21195		Y		
21196		Y		
21208		Y		
21209		Y		
21230		Y		
21231		Y		
21232		Y		
21233		Y		
21234		Y		
21235		Y		
21240		Y		
21242		Y		
21243		Y		
21244		Y		
21245		Y		
21246		Y		
21247		Y		
21248		Y		
21249		Y		
21255		Y		
21256		Y		
21260		Y		
21261		Y		
21263		Y		
21267		Y		
21268		Y		
21280		Y		
21282		Y		

21295		Y		
21296		Y		
21899		Y		
30120		Y		
30124		Y		
30125		Y		
30130		Y		
30140		Y		
30150		Y		
30160		Y		
30400		Y		
30410		Y		
30420		Y		
30430		Y		
30435		Y		
30450		Y		
30460		Y		
30462		Y		
30465		Y		
30520		Y		
43644		Y		
43645		Y		
43659		Y		
43842		Y		
43843		Y		
43845		Y		
43946		Y		
43847		Y		
43848		Y		
49329		Y		
54400		Y		
54401		Y		
54405		Y		
54406		Y		
54408		Y		
54410		Y		
54411		Y		
54415		Y		
54416		Y		
54417		Y		
54699		Y		
55400		Y		
55559		Y		
58578		Y		
58579		Y		
58679		Y		
58750		Y		
58752		Y		
58760		Y		
58770		Y		
65760		Y		

65765		Y		
65767		Y		
65770		Y		
65771		Y		
65772		Y		
65775		Y		
67900		Y		
67901		Y		
67902		Y		
67903		Y		
67904		Y		
67906		Y		
67908		Y		
67809		Y		
67911		Y		
69300		Y		

Appendix XIV Behavioral Health Management Responsibility Table
January 11, 2010

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered
	Notes: PSR = Provider Specific Rate FF = Fixed Fee

Code	General Hospital Inpatient	Coverage	BHP Fee
110	Room & Board- Private	3	PSR
111	Room & Board- Private -Med/Surg/Gyn	3	PSR
112	Room & Board- Private -OB	3	PSR
114	Room & Board – Private - Psychiatric	2	PSR
115	Room & Board- Private -Hospice	3	PSR
116	Room & Board – Private - Detox	2	PSR
117	Room & Board- Private -Oncology	3	PSR
118	Room & Board- Private -Rehab	3	PSR
119	Room & Board- Private -Other	3	PSR
120	Room & Board-Semi-Private/2 Bed	3	PSR
121	Room & Board-Semi-Private/ 2 Bed- Med/Surg/Gyn	3	PSR
122	Room & Board-Semi-Private/ 2 Bed -OB	3	PSR
124	Room & Board – Semi-Private/2 Bed - Psychiatric	2	PSR
125	Room & Board-Semi-Private/ 2 Bed-Hospice	3	PSR
126	Room & Board - Semi-Private/2 Bed - Detox	2	PSR
127	Room & Board-Semi-Private/ 2 Bed-Oncology	3	PSR
128	Room & Board-Semi-Private/ 2 Bed-Rehab	3	PSR
129	Room & Board-Semi-Private/ 2 Bed-Other	3	PSR
130	Room & Board-Semi-Private/3-4 Bed	3	PSR
131	Room & Board-Semi-Private/3-4 Bed- Med/Surg/Gyn	3	PSR
132	Room & Board-Semi-Private/3-4 Bed-OB	3	PSR
134	Room & Board - Semi-Private/3-4 Bed - Psychiatric	2	PSR
135	Room & Board-Semi-Private/3-4 Bed-Hospice	3	PSR
136	Room & Board - Semi-Private/3-4 Bed - Detox	2	PSR
137	Room & Board-Semi-Private/3-4 Bed-Oncology	3	PSR
138	Room & Board-Semi-Private/3-4 Bed-Rehab	3	PSR
139	Room & Board-Semi-Private/3-4 Bed-Other	3	PSR
140	Room & Board-Private-Deluxe	3	PSR
141	Room & Board-Private-Deluxe- Med/Surg/Gyn	3	PSR
142	Room & Board-Private - Deluxe-OB	3	PSR
144	Room & Board - Private - Deluxe - Psychiatric	2	PSR
145	Room & Board-Private - Deluxe-Hospice	3	PSR
146	Room & Board – Private – Deluxe – Detox	2	PSR
147	Room & Board-Private - Deluxe-Oncology	3	PSR
148	Room & Board-Private - Deluxe-Rehab	3	PSR
149	Room & Board-Private - Deluxe-Other	3	PSR
150	Room & Board – Ward	3	PSR
151	Room & Board – Ward - Med/Surg/ Gyn	3	PSR
152	Room & Board – Ward – OB	3	PSR
154	Room & Board - Ward - Psychiatric	2	PSR
155	Room & Board – Ward – Hospice	3	PSR
156	Room & Board - Ward - Detox	2	PSR
157	Room & Board – Ward – Oncology	3	PSR
158	Room & Board – Ward – Rehab	3	PSR
159	Room & Board – Ward - Other	3	PSR
160	Other Room & Board	3	PSR
164	Other Room & Board – Sterile Environment	3	PSR
167	Other Room & Board – Self Care	3	PSR
169	Other Room & Board - Other	3	PSR
170	Room & Board- Nursery	3	PSR
171	Room & Board- Nursery – Newborn	3	PSR
172	Room & Board- Nursery – Premature	3	PSR
175	Room & Board- Nursery – Neonatal ICU	3	PSR
179	Room & Board- Nursery - Other	3	PSR
190	Subacute Care	3	PSR
200	Intensive Care	3	PSR
201	Intensive Care – Surgical	3	PSR
202	Intensive Care – Medical	3	PSR
204	Intensive Care – Psychiatric	2	PSR
205	Intensive Care – Post ICU	3	PSR
207	Intensive Care – Burn Treatment	3	PSR

Appendix XIV Behavioral Health Management Responsibility Table
January 11, 2010

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
208	Intensive Care – Trauma	3	PSR
209	Intensive Care – Other	3	PSR
210	Coronary Care	3	PSR

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211	Coronary Care – Myocardial Infarction	3	PSR
212	Coronary Care – Pulmonary	3	PSR
213	Coronary Care – Heart Transplant	3	PSR
214	Coronary Care – Post CCU	3	PSR
219	Coronary Care – Other	3	PSR
224	Late discharge/Medically necessary	4	N/A
	Note: MCOs manage alcohol detoxification on a medical floor.		
Code	**General Hospital Emergency Department**	**Coverage**	**BHP Fee**
450	Emergency Room General Classification	1	N/A
451	EMTALA Emergency Medical Screening Services	1	N/A
452	Emergency Room Beyond EMTALA Screening	1	N/A
456	Urgent Care	1	N/A
459	Other Emergency Room	1	N/A
762	Observation room	3	PSR
981	Professional Fee – Emergency Department	1	N/A
Code	**General Hospital Outpatient**	**Coverage**	**BHP Fee**
490	Ambulatory Surgery	1	N/A
900	Psychiatric Services General (Evaluation)	2	FF
901	Electroconvulsive Therapy**	2	FF
905	Intensive Outpatient Services – Psychiatric	2	PSR
906	Intensive Outpatient Services – Chemical Dependency	2	PSR
913	Partial Hospital	2	PSR
513	Individual, Group, Family, Other, Therapy	2	FF
918	Psychiatric Service – Testing	3	FF
961	Professional Fees-Psychiatric	4	N/A
All others		1	N/A
Code	**Psychiatric Hospital Inpatient (includes state operated hospitals) - For Clients Under 21 Years of Age**	**Coverage**	**BHP Fee**
100	All inclusive room and board plus ancillary	4	N/A
124	Room and Board-Psychiatric	2	PSR
126	Room & Board - Semi-Private/2 Bed - Detox	2	PSR
128	Room & Board-Semi-Private/ 2 Bed-Rehab	4	N/A
190	Subacute Care	2	PSR
224	Late discharge/Medically necessary	4	N/A
Code	**Psychiatric Hospital Outpatient**	**Coverage**	**BHP Fee**
490	Ambulatory Surgery	1	N/A
762	Observation room	2	PSR
900	Psychiatric Services General (Evaluation)	2	FF
901	Electroconvulsive Therapy	2	FF
905	Intensive Outpatient Services - Psychiatric	2	PSR
906	Intensive Outpatient Services - Chemical Dependency	2	PSR
913	Partial Hospital-More Intensive	2	PSR
914	Psychiatric Service-Individual Therapy	2	FF
915	Psychiatric Service-Group Therapy	2	FF
916	Psychiatric Service-Family Therapy	2	FF
918	Psychiatric Service-Testing	2	FF
919	Other - Med Admin	2	FF
Code	**Alcohol and Drug Abuse Center (Non-hospital Inpatient Detox)**	**Coverage**	**BHP Fee**
H0011	Acute Detoxification (residential program inpatient)	2	PSR

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	Notes: PSR = Provider Specific Rate FF = Fixed Fee

Code	Alcohol and Drug Abuse Center (Ambulatory Detoxification)	Coverage	BHP Fee
H0014	Ambulatory Detoxification	2	FF

Code	PRTF	Coverage	BHP Fee
T2048	Psychiatric health facility service, per diem	2	PSR

Code	DMHAS Mental Health Group Home	Coverage	BHP Fee
N/A	DMHAS Funded mental health group home	2	FF

Code	Long Term Care Facility	Coverage	BHP Fee
100	Per diem rate	1	N/A
183	Home reserve	1	N/A
185	Inpatient hospital reserve	1	N/A
189	Non-covered reserve	4	N/A
	Note: Includes inpatient at special care hospitals.		

Code	MH Clinic	Coverage	BHP Fee
90801	Psychiatric Diagnostic Interview	2	FF
90802	Interactive Psychiatric Diagnostic Interview	2	FF
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90846	Family Psychotherapy (without the patient present)	2	FF
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	FF
90849	Multi-group family psychotherapy	2	FF
90853	Group psychotherapy	2	FF
90857	Interactive group psychotherapy	2	FF
90862	Pharmacologic management	2	FF
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	FF
96101	Psychological testing, per hour	2	FF
96110	Developmental testing and report, limited	2	FF
96111	Developmental testing and report, extended	2	FF
96118	Neuropsychological testing battery, per hour	2	FF
H0015	Intensive Outpatient-Substance Dependence*	2	PSR

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H0035	Mental health partial hospitalization, treatment, less than 24 hours (CMHC)*	2	PSR
H0037	Community psychiatric supportive treatment program, per diem	4	N/A
H2013	Partial Hospitalization (non-CMHC)*	2*	PSR
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	2	FF
J0735	INJECTION CLONIDINE HCL 1 MG/INJECTION	2	FF
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG	2	FF
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	2	FF
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	2	FF
J1630	INJECTION HALOPERIDOL UP TO 5 MG	2	FF
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	2	FF
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	2	FF
J2060	INJECTION LORAZEPAM 2 MG	2	FF
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	2	FF
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	2	FF
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	2	FF
J3310	INJECTION PERPHENAZINE UP TO 5 MG	2	FF
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	2	FF
J3411	INJECTION THIAMINE HCL 100 MG	2	FF
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	2	FF
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	FF
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A
S9480	Intensive Outpatient-Mental Health	2	PSR
T1016	Case Management - Coordination of health care services - each 15 min.	2	FF
	*Coverage restricted to providers approved by DSS to provide this service		

Code	**MH Clinic- Enhanced Care Clinic (ECC)**	**Coverage**	**BHP Fee**
90801	Psychiatric Diagnostic Interview	2	FF
90802	Interactive Psychiatric Diagnostic Interview	2	FF
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90846	Family Psychotherapy (without the patient present)	2	FF
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	FF
90849	Multi-group family psychotherapy	2	FF
90853	Group psychotherapy	2	FF
90857	Interactive group psychotherapy	2	FF
90862	Pharmacologic management	2	FF
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	FF
96101	Psychological testing, per hour	2	FF
96110	Developmental testing and report, limited	2	FF
96111	Developmental testing and report, extended	2	FF
96118	Neuropsychological testing battery, per hour	2	FF
99241	Office consult, new/established patient, approx 15 min	2	FF

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99242	Office consult, new/established patient, approx 30 min	2	FF
99243	Office consult, new/established patient, approx 40 min	2	FF
99244	Office consult, new/established patient, approx 60 min	2	FF
99245	Office consult, new/established patient, approx 80 min	2	FF
H0015	Intensive Outpatient-Substance Dependence*	2	PSR
H0035	Mental health partial hospitalization, treatment, less than 24 hours (CMHC)*	2	PSR

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H0037	Community psychiatric supportive treatment program, per diem	4	N/A
H2013	Partial Hospitalization (non-CMHC)*	2*	PSR
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	2	FF
J0735	INJECTION CLONIDINE HCL 1 MG/INJECTION	2	FF
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG	2	FF
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	2	FF
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	2	FF
J1630	INJECTION HALOPERIDOL UP TO 5 MG	2	FF
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	2	FF
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	2	FF
J2060	INJECTION LORAZEPAM 2 MG	2	FF
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	2	FF
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	2	FF
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	2	FF
J3310	INJECTION PERPHENAZINE UP TO 5 MG	2	FF
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	2	FF
J3411	INJECTION THIAMINE HCL 100 MG	2	FF
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	2	FF
M0064	Brief office visit for the sole purpose of monitoring or changing drug prescriptions used in the treatment of mental psychoneurotic and personality disorders	2	FF
S9475	Ambulatory setting, substance abuse treatment or detoxification services	4	N/A
S9480	Intensive Outpatient-Mental Health	2	PSR
T1016	Case Management - Coordination of health care services - each 15 min.	2	FF
	*Coverage restricted to providers approved by DSS to provide this service		

Code	FQHC Mental Health Clinic	Coverage	BHP Fee
90801	Psychiatric Diagnostic Interview	2	$ -
90802	Interactive Psychiatric Diagnostic Interview	2	$ -
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	2	$ -
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	$ -
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	$ -
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	$ -
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	$ -
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	$ -
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	$ -
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	$ -
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	$ -
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	$ -
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	$ -
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	$ -
90846	Family Psychotherapy (without the patient present)	2	$ -
90847	Family Psychotherapy (conjoint psychotherapy) (with the patient present)	2	$ -
90849	Multi-group family psychotherapy	2	$ -
90853	Group psychotherapy	2	$ -
90857	Interactive group psychotherapy	2	$ -
90862	Pharmacologic management	2	$ -
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	$ -
96101	Psychological testing, per hour	2	$ -
96110	Developmental testing and report, limited	2	$ -
96111	Developmental testing and report, extended	2	$ -
96118	Neuropsychological testing battery, per hour	2	$ -
H0015	Intensive Outpatient-Substance Dependence*	2	PSR

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H0020	Methadone service; rate includes all services for which the source of service is the methadone maintenance clinic.	2	$ -
H0037	Community psychiatric supportive treatment program, per diem	4	N/A
H2013	Partial Hospitalization (non-CMHC)*	2*	PSR
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	2	$ -
J0735	INJECTION CLONIDINE HCL 1 MG/INJECTION	2	$ -
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG	2	$ -
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	2	$ -
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	2	$ -
J1630	INJECTION HALOPERIDOL UP TO 5 MG	2	$ -
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	2	$ -
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	2	$ -
J2060	INJECTION LORAZEPAM 2 MG	2	$ -
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	2	$ -
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	2	$ -
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	2	$ -
J3310	INJECTION PERPHENAZINE UP TO 5 MG	2	$ -
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	2	$ -
J3411	INJECTION THIAMINE HCL 100 MG	2	$ -

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J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	2	$ -
T1015	Clinic visit/encounter all-inclusive (For use by FQHC MH Clinics)	2	PSR
	*Coverage restricted to providers approved by DSS to provide this service *** Coverage restricted to providers certified by DCF to provide this service		
Code	**Rehabilitation Clinic**	**Coverage**	**BHP Fee**
90801	Psychiatric Diagnostic Interview	3	FF
90804	Individual Psychotherapy- Office or other Outpatient (20-30 min)	3	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	3	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	3	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	3	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	3	FF
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	3	FF
90846	Family psychotherapy (without the patient present)	3	FF
90847	Family psychotherapy (conjoint)	3	FF
90853	Group psychotherapy	3	FF
90857	Interactive Group therapy	3	FF
96118	Neuropsychological testing battery, per hour	3	FF
All others		1	N/A
Code	**Freestanding Medical Clinic (including non-FQHC School-Based Health Centers)**	**Coverage**	**BHP Fee**
90782	Therapeutic or diagnostic injection; subcutaneous or intramuscular	1	N/A
90783	Therapeutic or diagnostic injection; intra-arterial	1	N/A
90784	Therapeutic or diagnostic injection; intravenous	1	N/A
90801	Psychiatric Diagnostic Interview	3	FF
90804	Individual psychotherapy (20-30 min)	3	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90846	Family psychotherapy (without the patient present)	3	FF
90847	Family psychotherapy (conjoint psychotherapy w/patient present)	3	FF
90853	Group psychotherapy (other than of a multiple-family group)	3	FF
90862	Pharmacologic management	2	FF
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (Typically 5 minutes)	1	N/A
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: problem focused history; problem focused examination; straightforward medical decision-making. (Typically 10 minutes face-to-face)	1	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. (Typically 15 minutes face-to-face)	1	N/A
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: detailed history; detailed examination; medical decision making of moderate complexity (Typically 25 minutes face-to-face)	1	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: comprehensive history; comprehensive examination; medical decision making of high complexity (Typically 40 minutes face-to-face)	1	N/A
All others		1	N/A

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	Notes: PSR = Provider Specific Rate FF = Fixed Fee

Code	FQHC Medical Clinics (including those operating as School-Based Health Centers)	Coverage	BHP Fee
90782	Therapeutic or diagnostic injection; subcutaneous or intramuscular	1	N/A
90783	Therapeutic or diagnostic injection; intra-arterial	1	N/A
90784	Therapeutic or diagnostic injection; intravenous	1	N/A
90801	Psychiatric Diagnostic Interview	3	$ -

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90804	Individual psychotherapy (20-30 min)	3	$ -
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	$ -
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	$ -
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	$ -
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	$ -
90846	Family psychotherapy (without the patient present)	3	$ -
90847	Family psychotherapy (conjoint psychotherapy w/patient present)	3	$ -
90853	Group psychotherapy (other than of a multiple-family group)	3	$ -
90862	Pharmacologic management	2	$ -
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (Typically 5 minutes)	1	N/A
99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: problem focused history; problem focused examination; straightforward medical decision-making. (Typically 10 minutes face-to-face)	1	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. (Typically 15 minutes face-to-face)	1	N/A
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: detailed history; detailed examination; medical decision making of moderate complexity (Typically 25 minutes face-to-face)	1	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: comprehensive history; comprehensive examination; medical decision making of high complexity (Typically 40 minutes face-to-face)	1	N/A
T1015	Clinic visit/encounter all-inclusive (For use by FQHC Clinics)	2	PSR
All others		1	N/A
Code	**Methadone Clinic**	**Coverage**	**BHP Fee**
H0020	Methadone service; rate includes all services for which the source of service is the methadone maintenance clinic.	2	PSR
Code	**MD, DO and APRN other than Psychiatrist or Psychiatric APRN**	**Coverage**	**BHP Fee**
00104	Anesthesia for electroconvulsive therapy	1	N/A
80100	Drug screen, qualitative, chromatographic method, each procedure	1	N/A
81000	Urinalysis, by dip stick or tablet reagent, non-automated, with microscopy	1	N/A
83840	Methadone chemistry (quantitative analysis)	1	N/A
90782	Therapeutic or diagnostic injection; subcutaneous or intramuscular	1	N/A
90783	Therapeutic or diagnostic injection; intra-arterial	1	N/A
90784	Therapeutic or diagnostic injection; intravenous	1	N/A
908XX	Psychotherapy codes	4	N/A
99211	Office or other outpatient visit for the evaluation and management of an established patient, that may not require the presence of a physician. (Typically 5 minutes)	1	N/A

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99212	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: problem focused history; problem focused examination; straightforward medical decision making (Typically 10 minutes face-to-face)	1	N/A
99213	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: expanded problem focused history; expanded problem focused examination; medical decision making of low complexity. (Typically 15 minutes face-to-face)	1	N/A
99214	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: detailed history; detailed examination; medical decision making of moderate complexity (Typically 25 minutes face-to-face)	1	N/A
99215	Office or other outpatient visit for the evaluation and management of an established patient, which requires at least two of these three components: comprehensive history; comprehensive examination; medical decision making of high complexity (Typically 40 minutes face-to-face)	1	N/A
All others		1	N/A

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Code	Psychiatrist (MD or DO)	Coverage	BHP Fee
90801	Diagnostic Interview	2	FF
90802	Interactive Diagnostic Interview	2	FF
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90817	90816 with medical evaluation and management	2	FF
90818	Individual psychotherapy, insight oriented 45-50 minutes	2	FF
90819	90818 with medical evaluation and management	2	FF
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90822	Individual Psychotherapy-Facility Based (75-80 min) with med management	2	FF
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90824	Interactive Individual Psychotherapy-Facility Based (20-30 min) med management	2	FF
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	FF
90827	Interactive Individual Psychotherapy-Facility Based (45-50 min) med management	2	FF

Appendix XIV Behavioral Health Management Responsibility Table
January 11, 2010

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90829	Interactive Individual Psychotherapy-Facility Based (75-80 min) med management	2	FF
90846	Family Psychotherapy (without the patient present)	2	FF
90847	Family Psychotherapy (conjoint)	2	FF
90849	Multi-group family psychotherapy	2	FF
90853	Group Psychotherapy	2	FF
90857	Interactive Group psychotherapy	2	FF
90862	Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	2	FF
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic purposes	2	FF
90870	Electroconvulsive therapy (including necessary monitoring); single seizure	2	FF
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	FF
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	FF
90880	Hypnotherapy	2	FF
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons.	2	FF
96101	Psychological testing, per hour	2	FF
96110	Developmental testing with report	2	FF
96111	Developmental testing, extended	2	FF
96118	Neuropsychological testing battery, per hour	2	FF

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
99201	Office or other outpatient visit, 10 minutes, new patient	2	FF
99202	Office or other outpatient visit, 20 minutes, new patient	2	FF
99203	Office or other outpatient visit, 30 minutes, new patient	2	FF
99204	Office or other outpatient visit, 45 minutes, new patient	2	FF
99205	Office or other outpatient visit, 60 minutes, new patient	2	FF
99211	Office or other outpatient visit, 5 minutes, established patient	2	FF
99212	Office or other outpatient visit, 10 minutes, established patient	2	FF
99213	Office or other outpatient visit, 15 minutes, established patient	2	FF
99214	Office or other outpatient visit, 25 minutes, established patient	2	FF
99215	Office or other outpatient visit, 40 minutes, established patient	2	FF
99217	Observation care discharge	2	FF
99218	Initial observation care, low severity	2	FF
99219	Initial observation care, moderate severity	2	FF
99220	Initial observation care, high severity	2	FF
99221	Inpatient hospital care, 30 minutes	2	FF
99222	Inpatient hospital care, 50 minutes	2	FF
99223	Inpatient hospital care, 70 minutes	2	FF
99231	Subsequent hospital care, 15 minutes	2	FF
99232	Subsequent hospital care, 25 minutes	2	FF
99233	Subsequent hospital care, 35 minutes	2	FF
99234	Observation of inpatient hospital care, low severity	2	FF
99235	Observation of inpatient hospital care, moderate severity	2	FF
99236	Observation of inpatient hospital care, high severity	2	FF
99238	Hospital discharge day management 30 minutes or less	2	FF
99239	Hospital discharge day management more than 30 minutes	2	FF
99241	Office consultation for a new or established patient, approximately 15 minutes	2	FF
99242	Office consultation for a new or established patient, approximately 30 minutes	2	FF
99243	Office consultation for a new or established patient, approximately 40 minutes	2	FF
99244	Office consultation for a new or established patient, approximately 60 minutes	2	FF
99245	Office consultation for a new or established patient, approximately 80 minutes	2	FF
99251	Initial inpatient consultation, 20 minutes	2	FF
99252	Initial inpatient consultation, 40 minutes	2	FF
99253	Initial inpatient consultation, 55 minutes	2	FF
99254	Initial inpatient consultation, 80 minutes	2	FF
99255	Initial inpatient consultation, 110 minutes	2	FF
99271	Confirmatory consultation, limited or minor	2	FF
99272	Confirmatory consultation, low severity	2	FF
99273	Confirmatory consultation, moderate severity	2	FF
99274	Confirmatory consultation, moderate to high severity	2	FF
99275	Confirmatory consultation, high severity	2	FF
99281	Emergency department visit, minor severity	2	FF
99282	Emergency department visit, low to moderate severity	2	FF
99283	Emergency department visit, moderate severity	2	FF
99284	Emergency department visit, high severity	2	FF
99285	Emergency department visit, high severity with significant threat	2	FF
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	2	FF
J0735	INJECTION CLONIDINE HCL 1 MG/INJECTION	2	FF
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG	2	FF
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	2	FF
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	2	FF
J1630	INJECTION HALOPERIDOL UP TO 5 MG	2	FF
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	2	FF
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	2	FF
J2060	INJECTION LORAZEPAM 2 MG	2	FF
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	2	FF
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	2	FF
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	2	FF
J3310	INJECTION PERPHENAZINE UP TO 5 MG	2	FF

Appendix XIV Behavioral Health Management Responsibility Table
January 11, 2010

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	2	FF
J3411	INJECTION THIAMINE HCL 100 MG	2	FF
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	2	FF
M0064	Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	2	FF
T1016	Case Management - Coordination of health care services - each 15 min.	2	FF
All others		4	N/A

Appendix XIV Behavioral Health Management Responsibility Table
January 11, 2010

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered
	Notes: PSR = Provider Specific Rate FF = Fixed Fee

Code	Psychiatric APRN	Coverage	BHP Fee
90801	Diagnostic Interview	2	FF
90802	Interactive Diagnostic Interview	2	FF
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90805	Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90807	Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90809	Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical	2	FF
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90811	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min) with medical evaluation and management services	2	FF
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90813	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min) with medical evaluation and management services	2	FF
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90815	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min) with medical evaluation and management services	2	FF
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90817	90816 with medical evaluation and management	2	FF
90818	Individual psychotherapy, insight oriented 45-50 minutes	2	FF
90819	90818 with medical evaluation and management	2	FF
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90822	Individual Psychotherapy-Facility Based (75-80 min) with med management	2	FF
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90824	Interactive Individual Psychotherapy-Facility Based (20-30 min) med management	2	FF
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	FF
90827	Interactive Individual Psychotherapy-Facility Based (45-50 min) med management	2	FF
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90829	Interactive Individual Psychotherapy-Facility Based (75-80 min) med management	2	FF
90846	Family Psychotherapy (without the patient present)	2	FF
90847	Family Psychotherapy (conjoint)	2	FF
90849	Multi-group family psychotherapy	2	FF
90853	Group Psychotherapy	2	FF
90857	Interactive Group psychotherapy	2	FF
90862	Pharmacological management, including prescription, use, and review of medication with no more than minimal medical psychotherapy	2	FF
90865	Narcosynthesis for Psychiatric Diagnostic and Therapeutic purposes	2	FF
90870	Electroconvulsive therapy (including necessary monitoring); single seizure	2	FF
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	FF
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	FF
90880	Hypnotherapy	2	FF
90887	Interpretation or explanation of results of psychiatric or other medical	2	FF
96101	Psychological testing, per hour	2	FF
96110	Developmental testing with report	2	FF
96111	Developmental testing, extended	2	FF
96118	Neuropsychological testing battery, per hour	2	FF
99201	Office or other outpatient visit, 10 minutes, new patient	2	FF
99202	Office or other outpatient visit, 20 minutes, new patient	2	FF

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
99203	Office or other outpatient visit, 30 minutes, new patient	2	FF
99204	Office or other outpatient visit, 45 minutes, new patient	2	FF
99205	Office or other outpatient visit, 60 minutes, new patient	2	FF
99211	Office or other outpatient visit, 5 minutes, established patient	2	FF
99212	Office or other outpatient visit, 10 minutes, established patient	2	FF
99213	Office or other outpatient visit, 15 minutes, established patient	2	FF
99214	Office or other outpatient visit, 25 minutes, established patient	2	FF
99215	Office or other outpatient visit, 40 minutes, established patient	2	FF
99217	Observation care discharge	2	FF
99218	Initial observation care, low severity	2	FF
99219	Initial observation care, moderate severity	2	FF
99220	Initial observation care, high severity	2	FF
99221	Inpatient hospital care, 30 minutes	2	FF
99222	Inpatient hospital care, 50 minutes	2	FF
99223	Inpatient hospital care, 70 minutes	2	FF
99231	Subsequent hospital care, 15 minutes	2	FF
99232	Subsequent hospital care, 25 minutes	2	FF
99233	Subsequent hospital care, 35 minutes	2	FF
99234	Observation of inpatient hospital care, low severity	2	FF
99235	Observation of inpatient hospital care, moderate severity	2	FF
99236	Observation of inpatient hospital care, high severity	2	FF
99238	Hospital discharge day management 30 minutes or less	2	FF
99239	Hospital discharge day management more than 30 minutes	2	FF
99241	Office consultation for a new or established patient, approximately 15 minutes	2	FF
99242	Office consultation for a new or established patient, approximately 30 minutes	2	FF
99243	Office consultation for a new or established patient, approximately 40 minutes	2	FF
99244	Office consultation for a new or established patient, approximately 60 minutes	2	FF
99245	Office consultation for a new or established patient, approximately 80 minutes	2	FF
99251	Initial inpatient consultation, 20 minutes	2	FF
99252	Initial inpatient consultation, 40 minutes	2	FF
99253	Initial inpatient consultation, 55 minutes	2	FF
99254	Initial inpatient consultation, 80 minutes	2	FF
99255	Initial inpatient consultation, 110 minutes	2	FF
99271	Confirmatory consultation, limited or minor	2	FF
99272	Confirmatory consultation, low severity	2	FF
99273	Confirmatory consultation, moderate severity	2	FF
99274	Confirmatory consultation, moderate to high severity	2	FF
99275	Confirmatory consultation, high severity	2	FF
99281	Emergency department visit, minor severity	2	FF
99282	Emergency department visit, low to moderate severity	2	FF
99283	Emergency department visit, moderate severity	2	FF
99284	Emergency department visit, high severity	2	FF
99285	Emergency department visit, high severity with significant threat	2	FF
J0515	INJECTION BENZTROPINE MESYLATE PER 1 MG	2	FF
J0735	INJECTION CLONIDINE HCL 1 MG/INJECTION	2	FF
J0780	INJECTION PROCHLORPERAZINE UP TO 10 MG	2	FF
J1200	INJECTION DIPHENHYDRAMINE HCL UP TO 50 MG	2	FF
J1320	INJECTION AMITRIPTYLINE HCL UP TO 20 MG	2	FF
J1630	INJECTION HALOPERIDOL UP TO 5 MG	2	FF
J1631	INJECTION HALOPERIDOL DECANOATE PER 50 MG	2	FF
J1990	INJECTION CHLORDIAZEPOXIDE HCL UP TO 100 MG	2	FF
J2060	INJECTION LORAZEPAM 2 MG	2	FF
J2680	INJECTION FLUPHENAZINE DECANOATE UP TO 25 MG	2	FF
J2794	INJECTION RISPERIDONE LONG ACTING 0.5 MG	2	FF
J3230	INJECTION CHLORPROMAZINE HCL UP TO 50 MG	2	FF
J3310	INJECTION PERPHENAZINE UP TO 5 MG	2	FF
J3410	INJECTION HYDROXYZINE HCL UP TO 25 MG	2	FF
J3411	INJECTION THIAMINE HCL 100 MG	2	FF

Coverage Responsibility Legend:	1= CMP – All diagnoses 2= Departmental/Adult BHP - All diagnoses 3= Departmental/Adult BHP for Primary Diagnoses 291-316, CMP all other diagnoses 4= Not covered Notes: PSR = Provider Specific Rate FF = Fixed Fee		
J3486	INJECTION ZIPRASIDONE MESYLATE 10 MG	2	FF
M0064	Brief office visit for the sole purpose of monitoring or changing prescriptions used in the treatment of mental psychoneurotic or personality disorders	2	FF
T1016	Case Management - Coordination of health care services - each 15 min.	2	FF
All others		4	N/A
Code	**Psychologist and Psychologist Group (For Clients Under 21 Years of Age)**	**Coverage**	
90801	Diagnostic Interview	2	FF
90802	Interactive Diagnostic Interview	2	FF
90804	Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90806	Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90808	Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90810	Interactive Individual Psychotherapy-Office or other Outpatient (20-30 min)	2	FF
90812	Interactive Individual Psychotherapy-Office or other Outpatient (45-50 min)	2	FF
90814	Interactive Individual Psychotherapy-Office or other Outpatient (75-80 min)	2	FF
90816	Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90818	Individual psychotherapy, insight oriented 45-50 minutes	2	FF
90821	Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90823	Interactive Individual Psychotherapy-Facility Based (20-30 min)	2	FF
90826	Interactive Individual Psychotherapy-Facility Based (45-50 min)	2	FF
90828	Interactive Individual Psychotherapy-Facility Based (75-80 min)	2	FF
90846	Family Psychotherapy (without the patient present)	2	FF
90847	Family Psychotherapy (conjoint)	2	FF
90849	Multi-group family psychotherapy	2	FF
90853	Group Psychotherapy	2	FF
90857	Interactive Group psychotherapy	2	FF
90875	Individual psychophysiological therapy incorporating biofeedback training (20-30 min)	2	FF
90876	Individual psychophysiological therapy incorporating biofeedback training (45-50 min)	2	FF
90880	Hypnotherapy	2	FF
90887	Interpretation or explanation of results of psychiatric or other medical examinations and procedures or other accumulated data to family or other responsible persons. .	2	FF
96101	Psychological testing, per hour	2	FF
96110	Developmental testing with report	2	FF
96111	Developmental testing, extended	2	FF
96118	Neuropsychological testing battery, per hour	3	FF
T1016	Case Management - Coordination of health care services - each 15 min.	2	FF

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January 11, 2010

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Code	**Home Health Care Agencies***	**Coverage**	**BHP Fee**
RCC/HCPC			
421	Physical Therapy	1	N/A
424	Physical Therapy Evaluation	1	N/A
431	Occupational Therapy	1	N/A
434	Occupational Therapy Evaluation	1	N/A
441	Speech Therapy	1	N/A
444	Speech Therapy Evaluation	1	N/A
570/T1004	Services of a qualified nursing aide, up to 15 minutes	3	FF
580/S9123	Nursing care, in the home by an RN, per hour	3	FF
580/S9124	Nursing Care, in the home by an LPN, per hour	3	FF
580/T1001	Nursing Assessment/Evaluation	3	FF
580/T1002	RN Services, up to 15 minutes	3	FF
580/T1003	LPN/LVN services, up to 15 minutes	3	FF
580/T1502	Administration of oral, intramuscular and/or subcutaneous medication by health care agency/professional, per visit	3	FF
	*BHP covers home health services for children with autism including when autism is co-morbid with mental retardation.		
Code	**Independent Occupational Therapist**	**Coverage**	**BHP Fee**
All codes		1	N/A
Code	**Independent Physical Therapist**	**Coverage**	**BHP Fee**
All codes		1	N/A
Code	**Medical Transportation**	**Coverage**	**BHP Fee**
All codes		1	N/A
Code	**Emergency Medical Transportation**	**Coverage**	**BHP Fee**
All codes		1	N/A
Code	**Independent Laboratory Services**	**Coverage**	**BHP Fee**
80100	Drug screen, qualitative, chromatographic method, each procedure	1	N/A
81000	Urinalysis, by dip stick or tablet reagent, non-automated, with microscopy	1	N/A
83840	Methadone chemistry (quantitative analysis)	1	N/A
All other codes		1	N/A
Code	**Pharmacy**	**Coverage**	**BHP Fee**
All codes		1	N/A

Appendix XV

CMP Coverage Groups

FFS-CMP Coordinated Care Coverage Group Codes			
EMS COVERAGE GROUP	**DESCRIPTION**	**Medicaid Category**	**Mandated To Enroll in CMP-FFS IF Member Has no Medicare**
S01	MEDICAID & CASH SUPPLEMENT FOR AGED, Blind & Disaled	AM	Y
S02	MEDICAID FOR AGED, Blind & Disabled	AM	Y
S03	MEDICAID NON-MA REQUIREMENTS-AGED, Blind & Disabled	AM	Y
S04	T-19 SEVERLY IMPAIRED-AGED, Blind & Disabled	AM	Y
S05	MEDICAID FOR WORKING DISABLED	AM	Y
S95	MEDICAID ZERO SPENDDOWN -AGED	AM	Y
L01	MEDICAID LTC -AGED, Blind & Disabled	AM	Y
L99	MEDICAID LTC SPENDDOWN -AGED, Blind & Disabled	AM	Y
W01	MEDICAID HOME CARE WAIVER -AGED	AM	Y

AM=Adult Medicaid

State of Connecticut
Department of Social Services

Care Management Program

Request For Qualifications

STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES

Care Management Program

Request for Qualifications

The Department of Social Services (Department) has issued this Request for Qualifications (RFQ) to obtain care management and related administrative services for individuals who qualify for Medicaid due to age, blindness or disability (ABD). Respondents must demonstrate their qualifications to serve as a Medicaid Care Management Plan including special experience and expertise in managing the care of individuals who are aged, blind or disabled or who are experiencing one or more chronic health care conditions. Respondents must currently have a contract with the Department for the HUSKY A, HUSKY B and Charter Oak managed care programs.

The Department shall amend the existing managed care contract for each entity that meets the minimum qualifications based on its responses to the RFQ. The amendment will extend care management responsibilities to the populations noted above.

Qualification submissions must be received at the Department no later than 3:00 p.m. eastern standard time on February 8, 2010. Qualification submissions received after the stated due date and time may be accepted by the Department as a clerical function but will not be evaluated. Qualifications that are not evaluated shall be retained for thirty days after the resultant contract amendments are executed, after which the submissions will be destroyed.

The Department will post the complete "Scope of Services" as Appendix 9 to this RFQ by January 7, 2010.

To download this Request for Qualifications (RFQ), access the State's Procurement/Contracting Portal at the State of Connecticut Department of Administrative Services' Procurement Services Home Page at http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp or call or write:

Marcia McDonough
Department of Social Services
Contract Administration
25 Sigourney Street
Hartford, CT 06106
Telephone: 860-424-5214
Fax: 860-424-5800
E-mail: Marcia.McDonough@ct.gov

The Department of Social Services is an Equal Opportunity/Affirmative Action Employer. Persons who are deaf or hard of hearing may use a TDD by calling 1-800-842-4524.

Questions or requests for information in alternative formats must be directed to the Contract Administration Office at 860-424-5693. The Department of Social Services reserves the right to reject any and all submissions or cancel this procurement at any time if it is deemed in the best interest of the State.

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SECTION I - OVERVIEW OF THE DEPARTMENT AND THE PROGRAM

A. PURPOSE OF THIS REQUEST FOR QUALIFICATIONS AND OVERVIEW OF THE CARE MANAGEMENT PROGRAM

The Department of Social Services ("Department") is authorized to offer care management to Medicaid fee-for-service recipients who qualify for Medicaid due to age, blindness or disability (ABD) for the purpose of improving patient care and reducing unnecessary service use. Connecticut is soliciting applications from managed care organizations who currently serve the Department's HUSKY population to provide care-management services tailored to the specific needs of our Medicaid ABD population.

Connecticut currently has approximately 26,000 Medicaid ABD recipients who are eligible for Medicaid only. These individuals will be covered in the contract amendment(s) resulting from this RFQ. Connecticut also has approximately 75,000 Medicaid ABD recipients who are also eligible for Medicare. These so called "dual eligible" individuals are not included in this Care Management Program initiative at this time. However, the Department reserves the right to expand the initiative to include dual eligibles or other populations in the future.

Medicaid covered services for these recipients are currently administered by the Department. Select services are subject to prior authorization by the Department's Medical and Clinical Review Team. These services include but are not limited to medical equipment devices and supplies; physical and occupational therapies; Intermediate Care Facilities for Mental Retardation (ICF-MR); home health, psychiatric hospitalization, and mental health group home services. General hospital and chronic disease hospital services are subject to prior authorization by an independent PRO-like contractor. As of February 1, 2010, a new contractor will assume responsibility for Pre-Admission Screening Resident Review and authorization of nursing home admissions.

Under the proposed care management initiative the Department will enter into non-risk contract amendments with two or three care management plans (CMPs) to perform certain administrative functions for recipients who qualify for Medicaid on the basis of age or disability status. This includes individuals who are aged, blind, disabled including those who reside in the community or in a skilled nursing facility or other long term care facility. The CMPs will be responsible for providing a range of management services such as call center services (i.e., referral assistance, benefit information), predictive modeling, health risk assessment, utilization management, care coordination, care management and provider profiling and other administrative services (refer to the Scope of Services Appendix 9 for a more complete listing of the CMP responsibilities. The Scope of Services will be posted at a later date no later than January 7, 2010). The CMPs will not be responsible for establishing a provider network or paying claims. Instead, recipients will continue, without limitation, to use the existing Medicaid fee-for-service network. Claims will be processed by the Medicaid Management Information System (MMIS) at rates established in the Connecticut Medicaid State Plan.

Recipients will choose a primary care provider (PCP) or one will be assigned by their CMP. However, recipients will not be restricted to the assigned provider if they choose to go elsewhere. The primary care provider will not serve as a gatekeeper to specialty services.

Recipients will be given a notice to choose a CMP approximately 30 days prior to the start of the initiative. New applicants will be given a choice at the time that they are determined eligible for Medicaid. Those who do not select a CMP will be default enrolled in a CMP on a rotating basis. Recipients will be given a free look of 60-90 days and then locked into their choice of CMP for 12 months. Recipients will be permitted to change CMPs during the 12-month period for reasonable cause as determined by the Department. The Department will retain the ability to conduct utilization review internally for newly enrolled individuals who use services that require prior authorization, but who have not yet enrolled in a CMP.

The Department of Social Services and its sister agencies, the Department of Developmental Disabilities (DDS) and the Department of Mental Health and Addiction Services (DMHAS) also administer a number of home and community based waiver (HCBW) programs. Medicaid ABD individuals may be enrolled in an HCBW program. The CMPs will be required to coordinate with HCBW programs. HCBW programs will retain management authority with respect to waiver services, such as home-maker, companion, personal care assistance, and rehabilitation services. The CMP will be required to authorize and manage acute care and other medical services that are used by these waiver enrolled individuals and that typically are not part of the individuals care plan under the HCBW waiver program.

The Department recently conducted an open procurement for the HUSKY A Medicaid managed care program and the HUSKY B SCHIP program. The procurement process included questions and information on the possibility of expanding managed care to include Medicaid ABD recipients. Three managed care organizations were selected; Aetna Better Health, AmeriChoice, and Community Health Network of Connecticut. These entities began operation as fully capitated HUSKY managed care organizations in the fall of 2008.

This Request for Qualifications (RFQ) will provide each of these entities with the opportunity to serve as a CMP in the new managed Medicaid ABD initiative. The Department will amend the existing managed care agreement for each entity that meets the minimum qualifications based on its response to this RFQ. The amendment will extend their care management responsibilities to the above noted populations.

The resultant contract will be non-risk for the services that result from this RFQ, however, the risk arrangement for the existing contract will remain (HUSKY A, HUSKY B and Charter Oak). The CMPs will not pay claims nor will they be at-risk for the cost of services. The payment for services under this amendment will be an all-inclusive administrative per member per month (PMPM) fee. To ensure that the CMPs are effective in their role as care managers, the Department will subject the administrative PMPM fee to a 10% withhold that will be returned based on the CMPs' ability to meet certain performance targets in areas such as quality, utilization

and cost. The withhold is not an incentive fee; it represents a reduction to the CMPs' base administrative payment that can be earned back as the CMPs demonstrate their ability to meet and exceed the contracted performance standard requirements.

B. OVERVIEW OF THE DEPARTMENT OF SOCIAL SERVICES

The Department provides a broad range of services to older adults, persons with disabilities, families, and persons who need assistance in maintaining or achieving their full potential for self-direction, self-reliance, and independent living. It administers more than ninety legislatively authorized programs and about one-third of the State budget. By statute, it is the State agency responsible for administering human service programs sponsored by Federal legislation including the Rehabilitation Act, the Food, Conservation and Energy Act of 2008, the Older Americans Act, and the Social Security Act. The Department is also designated as a public housing agency for administering the Section 8 Program under the Federal Housing Act.

The Commissioner of Social Services heads the Department and there are Deputy Commissioners for Administration and Programs. There is a Regional Administrator responsible for each of the Department's three geographic service regions. By statute, there is a Statewide Advisory Council to the Commissioner of Social Services and each geographic service region must have a Regional Advisory Council.

The Department administers most of its programs at offices located throughout the State. Within the Department, the Bureau of Rehabilitation Services provides vocational rehabilitation services for eligible persons with physical and mental disabilities throughout the State. For the other programs, services are available at offices located in the three geographic service regions, with central office support located in Hartford. In addition, many services funded by the Department are available through community-based agencies. The Department has out-stationed employees at participating hospitals and nursing facilities to expedite Medicaid applications and funds Healthy Start sites, which can accept applications for Medicaid for pregnant women and young children. Many of the services provided by the Department are available via mail or telephone.

There are three entities attached to the Department for administrative purposes only. They are the Commission on Deaf and Hearing-impaired, the Board of Education and Services for the Blind, and the Child Day Care Council.

SECTION II - OVERVIEW OF THE PROCUREMENT PROCESS

A. ISSUING OFFICE AND CONTRACT ADMINISTRATION

The Department is issuing this RFQ through its Office of Contract Administration - Procurement Unit. The Contract Administration - Procurement Unit is the Issuing Office for this procurement and is the only contact in the State of Connecticut for this procurement. The integrity of the procurement process is based in part on ensuring that all potential and intended respondents be afforded the same information and opportunities regarding the terms of the procurement. Therefore, it is incumbent on the Issuing Office to monitor, control, and release information pertaining to this procurement. Potential and intended respondents are advised that they must refrain from contacting any other office within the State of Connecticut or any other State employee with questions or comments related to this procurement. Potential and intended respondents who contact others within the State of Connecticut with questions or issues pertaining to this procurement may risk disqualification from consideration. The Department's Contract Administrator within the Issuing Office will make decisions regarding such disqualification, after consultation with the Office of the Commissioner. The contact information for the Issuing Office is:

Marcia McDonough
State of Connecticut Department of Social Services
Contract Administration – Procurement Unit
25 Sigourney Street
Hartford, CT 06106
Telephone: 860-424-5214
Fax: 860-424-5800
E-mail: Marcia.McDonough@ct.gov

All questions, comments, submissions, and other communications with the Issuing Office regarding this RFQ must be submitted in writing directed to the Issuing Office and must be clearly identified as pertaining to the Care Management Plan Request for Qualifications (CMP RFQ)

Any material received that does not so state its RFQ-related contents shall be opened as general mail.

B. PROCUREMENT SCHEDULE AND IMPLEMENTATION TIMELINE

The schedule for this procurement is as follows. The Department reserves the right to adjust this schedule, as needed.

Contract Amendment Implementation Key Dates Timeline

DSS	RFQ Release	December 30, 2009
DSS	Posting/release of the Department's Appendix 9 – Scope of Services	January 7, 2010
DSS	Submission of written questions and Letter of Intent	January 14, 2010
DSS	Posting/release of the Department's official responses to questions (Questions/Answers Addendum)	January 21, 2010
Bidders	RFQ Response Due	February 8, 2010
DSS	Contractor Evaluation and Selection	February 19, 2010
DSS	Contract Amendment Award	February 26, 2010
DSS	Authorization File Specifications Provided to Contractors	March 1, 2010
DSS and Recipients	Pre-Notification Mailing to Eligible Recipients	April 1, 2010
DSS	Eligibility Test File Provided to Contractors	April 9, 2010
Contractors	Eligibility Test File Uploaded and Run	April 14, 2010
DSS and Contractors	Full Cycle Authorization File Testing Begins	April 15, 2010
DSS and Contractors	Eligibility Test File Issues Addressed	April 28, 2010
DSS and Contractors	Full Cycle Authorization File Testing Ends	April 29, 2010
DSS and Contractors	Readiness Review On-Site	May 3-5, 2010
DSS and Contractors	Readiness Review Cure Period	May 10-17, 2010
DSS	Contractor Readiness GO/NO-GO Date	May 17, 2010
DSS and Recipients	Choice Period Opens with Notification of Enrollment Change to Eligible Recipients	May 18, 2010

DSS and Recipients	Choice Period Closes	June 22, 2010
DSS	Initial Recipient Roster Provided	June 22, 2010
DSS	Final Recipient Roster Provided	June 25, 2010
Contractors and Recipients	CMP Begins	July 1, 2010
DSS	Provide Prior Authorization File and Claims History for Enrolled Recipients	July 7, 2010

C. RESPONDENT QUESTIONS and MANDATORY LETTER OF INTENT

Interested respondents may submit questions regarding this RFQ to the Issuing Office by fax or e-mail directed to the Issuing Office. Questions must be submitted by January 14, 2010. It is solely the respondent's responsibility to ensure and verify the Department's receipt of questions.

Official responses to all questions shall be in a Questions/Answers Addendum to this RFQ posted on the State Procurement/Contracting Portal at http://www.das.state.ct.us/Purchase/Portal/Portal_Home.asp.

The Department's Questions /Answers Addendum shall be posted to the DAS and the Department's Portal by January 21, 2010.

Interested Respondents **SHALL** submit a mandatory nonbinding Letter of Intent (LOI) to the Issuing Office to advise the Department of Social Services of their intent to submit an RFQ response. The LOI must be received by the Issuing Office no later than 3:00 p.m. eastern standard time on January 14, 2010.

Please choose one way to submit the LOI to the Issuing Office via e-mail, fax, or postal mail. Do not submit duplicate copies. The LOI must clearly identify the contact person including name, telephone number, fax number, and e-mail address. It is the bidder's responsibility to confirm the Issuing Office's receipt of an LOI.

Failure to submit an LOI in accordance with the requirements set forth herein shall disqualify a bidder from further consideration.

Interested Respondents must submit a letter of intent to be considered

D. EVALUATION AND SELECTION

It is the Department's intent to conduct a comprehensive, fair, and impartial evaluation of submissions received in response to this RFQ. Only submissions found to be responsive to this RFQ will be evaluated. A responsive submission must comply with all instructions listed in this RFQ. The evaluation will be based on the following criteria:

Qualifications of Respondent
Experience of Respondent with Similar Populations
References
Scope of Services
Cost

E. CONTRACT AMENDMENT EXECUTION

The resultant contract amendment is subject to State contracting procedures. Note that the resultant contract amendment becomes executed upon the signature of the Commissioner of the Department of Social Services. No financial commitments can be made unless and until the resultant contract amendment has been fully executed.

F. RESPONDENT DEBRIEFING

The State will notify all respondents of any award issued by it as a result of this RFQ. Unsuccessful respondents may request a meeting for debriefing and discussion of their submission by writing the Issuing Office at the address provided above. Debriefing will not include any comparisons of submissions with other submissions.

G. RIGHTS RESERVED

Upon determination that its best interests would be served, the Department shall have the right to do the following:

1. Cancellation - Cancel this procurement at any time before the contract amendment award.

2. Amendment of procurement - Amend this procurement at any time before contract amendment award.

3. Refusal to accept - Refuse to accept or return accepted submissions that do not comply with procurement requirements.

4. Rejection of incomplete submission - Reject any submission in which any part of the submission is incomplete or in which there are significant inconsistencies or inaccuracies (the State reserves the right to reject all submissions).

5. Prior contract default - Reject the submission of any respondent in default of any prior contract or for the misrepresentation of material presented.

6. Receipt of submissions after stated due date - Reject or refuse to evaluate any submission that is received after the stated due date.

7. Written clarification - Require respondents, at their own expense, to submit written clarification of submissions in a manner or format that the Department may require.

8. Oral clarification - Require respondents, at their own expense, to make oral presentations at a time selected and in a place provided by the Department.

   The Department may invite respondents, but not necessarily all, to make an oral presentation to assist the Department in its determination of award. The Department further reserves the right to limit the number of respondents invited to make such a presentation and the number of attendees per respondent.

9. Onsite visits - Make onsite visits to the operational facilities of respondents to further evaluate the respondent's capability to perform the duties required in this RFQ.

10. Allowance of submission changes - Except as may be authorized by the Department, allow no additions or changes to the original submission after the stated due date.

11. Property of the State - Own all submissions submitted in response to this procurement upon receipt by the Department.

12. Separate service negotiation - Negotiate separately any services in any manner needed to serve the best interest of the State.

13. All or any portion - Contract for all or any portion of the Scope of Services or tasks contained in this RFQ.

14. One or more respondents - Contract with one or more respondents.

15. Submission most advantageous - Consider cost and all factors in determining the most advantageous submission for the Department when awarding a respondent the right to negotiate a contract with the Department (while cost is a factor in determining the respondent to be awarded the right to negotiate a contract with the Department, price alone shall not determine the successful respondents).

16. Technical defects - Waive technical defects, irregularities, and omissions, if in its judgment the best interest of the Department shall be served.

17. Privileged and confidential information - Share the contents of any submission with any of its designees for purpose of evaluating submissions to make an award (the contents of all meetings including the first, second, and any subsequent meetings and all communications in the course of negotiating and arriving at the contract periods shall be privileged and confidential).

18. Best and Final Offers - Seek Best and Final Offers (BFO) on price from respondents upon review of the scored criteria (in addition, the Department reserves the right to set parameters on any BFOs it receives).

19. Unacceptable submissions - Reopen the bidding process if advantageous to the Department.

H. SUBMISSION PRESENTATION EXPENSES

The State of Connecticut and the Department assume no liability for payment of expenses incurred by respondents in preparing and submitting submissions in response to this procurement.

I. SUBMISSION DUE DATE AND TIME

The Issuing Office must receive submissions no later than 3:00 p.m. eastern time on February 8, 2010 Respondents must address all RFQ communications to the Issuing Office. The Issuing Office will accept Qualification Submissions in **one of the following methods:**

Postal mail - The Department will not consider a postmark date as the basis for meeting the submission due date and time. Respondents shall not interpret or otherwise construe receipt of a submission after the stated due date and time as acceptance of the submission, since the actual receipt of the document is a clerical function. The Department suggests the respondent use certified or registered mail to deliver the submission when the respondent is not able to deliver the submission by courier or in person.

Hand delivery - Respondents that are hand-delivering submissions will not be granted access to the building without photo identification and must allow extra time for security procedures.

J. ACCEPTANCE OF SUBMISSION CONTENTS

Contingent upon successful award, the contents of this RFQ and the submission of the successful bidder will form the basis of contractual obligations in the final contract. The resulting contract amendment shall be attached to the Respondents existing Purchase of Service (POS) contract. Appendix I includes additional provisions to existing Standard Terms and Conditions. The respondent's submission must include a "Signatory Acceptance" (Appendix II), without qualification, the additional terms and conditions as included in Appendix I. A successful respondent may not suggest alternate language after having accepted without qualification the Terms and Conditions as specified in the POS. Any submission that fails to comply in any way with this requirement may be disqualified as non-responsive. The Department is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

K. DECLARATION AND PROTECTION OF PROPRIETARY INFORMATION

Due regard shall be given to the protection of proprietary information contained in all submissions received; however, respondents must be aware that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations, and interpretations resulting there from. The respondent must provide convincing explanation and rationale to justify each exception from release consistent with C.G.S. §1-210 to claim proprietary exemption.

It will not be adequate for respondents to merely state generally that the submission is proprietary in nature and therefore not subject to release to third parties to claim an exemption. Price and cost alone do not meet exemption requirements. The particular pages or sections of the submission that a respondent believes are proprietary must be specifically identified as such. The rationale and explanation must be stated in terms of the prospective harm to the respondent's competitive position that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited statute. The Proprietary Declaration must be located immediately following the Table of Contents.

While respondents may claim proprietary exemptions, the final administrative authority to release or exempt any or all material so identified rests with the State.

L. AFFIRMATIVE ACTION

Regulations of Connecticut State Agencies §46a68j-3(10) requires agencies to consider the following factors when awarding a contract that is subject to contract compliance requirements:

1. The respondent's success in implementing an affirmative action plan.

2. The respondent's success in developing an apprenticeship program complying with C.G.S. §46a-68-1 to 46a-68-17, inclusive.

3. The respondent's promise to develop and implement a successful affirmative action plan.

4. The respondent's submission of EEO-1 data indicating that the composition of its workforce is at or near parity when compared to the racial and sexual composition of the workforce in the relevant labor market area.

5. The respondent's promise to set aside a portion of the resultant contract for legitimate small contractors and minority business enterprises (See C.G.S. §4a-60).

M. RESULTANT CONTRACT AMENDMENT PERIOD AND NUMBER OF AWARDS

The resultant contract amendment period to provide care management and related administrative services for individuals enrolled in the Department's Medicaid fee for service program resulting from this RFQ shall run concurrently with the existing contract.

The Department reserves the right to award more than one contract amendment.

N. FREEDOM OF INFORMATION

Due regard will be given to the protection of proprietary information contained in all submissions received; however, respondent's shall be aware that all materials associated with this procurement are subject to the terms of the Freedom of Information Act (FOIA), the Privacy Act, and all rules, regulations, and interpretations resulting there from. The respondent must provide convincing explanation and rationale to justify each exception from release consistent with CGS §1-210 to claim proprietary exemption.

It will not be sufficient for respondents to merely state generally that the submission is proprietary in nature and therefore not subject to release to third parties to claim an exemption. Price and cost alone do not meet exemption requirements. The particular pages or sections of the submission that a respondent believes are proprietary must be specifically identified as such. The rationale and explanation must be stated in terms of the prospective harm to the respondent's competitive position that would result if the identified material were to be released and the reasons why the materials are legally exempt from release pursuant to the above-cited statute.

In any case, the narrative portion of the submission may not be exempt from release. Between the respondent and the State, the final administrative authority to release or exempt any or all material so identified rests with the State.

SECTION III – SUBMISSION CONTENT REQUIREMENTS

To be considered as qualified, a responsive submission must include a response to each content requirement that begins with To provide a responsive submission, **THE RESPONDENT SHALL**.

A. DELIVERY CONDITION

1. To provide a responsive submission, **THE RESPONDENT SHALL** submit an original (clearly marked) and three exact, legible copies of the submission in clearly identified ("Care Management Program RFQ") sealed envelopes or sealed boxes. In addition, one exact electronic copy (compact disk) of the entire submission in a non-PDF format must be submitted, except for those required documents that cannot be converted into electronic format.

2. To provide a responsive submission, **THE RESPONDENT SHALL** construct submissions that will enable the Department to easily evaluate the respondent's qualifications without the need to search for information. Submissions must be submitted in loose leaf or spiral-bound notebooks that allow updated pages to be easily incorporated into the original submission. Each page of the submission must be consecutively numbered. Each submission must incorporate a Table of Contents, and each section of the submission must cross-reference the appropriate section of this RFQ that is being addressed. This will allow the Department to determine uniform compliance with specific RFQ requirements.

B. TRANSMITTAL COMMUNICATION, FORMS, AND ACCEPTANCES

1. Transmittal Letter - To provide a responsive submission, **THE RESPONDENT SHALL** include in the original submission (clearly marked) and in each of the three (3) copies, a Transmittal Letter. The Transmittal Letter must be limited to one (1) page, and must include the organization's Federal Employer Identification Number. The Transmittal Letter shall identify the respondent's contract with the Department for HUSKY A, HUSKY B and Charter Oak managed care programs In addition, the Transmittal Letter must include the name, title, telephone number, fax number, and e-mail address of the individual with authority to bind the respondent to sign a resultant contract amendment with the Department of Social Services.

2. Executive Summary - To provide a responsive submission, **THE RESPONDENT SHALL** include a high-level summary limited to two (2) pages that summarizes the content of the submission. The Executive Summary shall identify the respondent's demonstrated experience providing data analytics, administrative structures and care management including special experience and expertise in managing the care of individuals who are aged, blind or disabled and individuals who are experiencing one or more chronic health care conditions.

3. Addendum Acknowledgements - To provide a responsive submission, **THE RESPONDENT SHALL** include the signed acknowledgement of its receipt of any and all Addendums issued for this RFQ.

4. **Appendix I (Additions to Mandatory Terms and Conditions) & II -** Procurement and Contractual Agreements Signatory Acceptance - To provide a responsive submission, **THE RESPONDENT SHALL** provide a signed Acceptance Statement, without qualification additions to Mandatory Terms and Conditions as identified in Appendix I.

5. **Appendix III** - Certification Regarding Lobbying - To provide a responsive submission, **THE RESPONDENT SHALL** include a signed statement to the effect that no funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

6. **Appendix IV** - Contract Affidavits/Certifications - Connecticut General Statutes (CGS) §§4-250 through 4-252 require that State contracts

with a value of $50,000 or more be accompanied by a Gift and Campaign Contribution Certification and a Consulting Agreement Affidavit. To provide a responsive submission, **THE RESPONDENT SHALL** include a completed Gift and Campaign Contribution Certification.

7. **Appendix V** - To provide a responsive submission, **THE RESPONDENT SHALL** include a completed Consulting Agreement Affidavit.

   If a respondent is exempt from the Contract Affidavit/Certification Requirements, the respondent must indicate this fact on the appendices and return the forms with the submission.

8. **Appendix VI** - Notice to Executive Branch State Contractors and Prospective State Contractors of Campaign Contribution and Solicitation Ban - With regard to a State contract, as defined in Public Act 07-1, having a value in a calendar year of $50,000 or more or a combination or series of such agreements or contracts having a value of $100,000 or more, the authorized signatory to this submission in response to the State's solicitation expressly acknowledges receipt of the State Elections Enforcement Commission's notice advising prospective State contractors of State campaign contribution and solicitation prohibitions, and will inform its principals of the contents of the notice. To provide a responsive submission, **THE RESPONDENT SHALL** include a signed statement acknowledging of receipt

8. **Appendix VII** - To provide a responsive submission, **THE RESPONDENT SHALL** include a completed AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS.

9. **Appendix VIII** - Budget Template

10. **Appendix IX –** Scope of Services (Contract Amendment) requirements. Appendix IX will be posted on the Department's and the DAS portal no later than January 7, 2010.

SECTION IV - QUALIFICATIONS, EXPERIENCE, SCOPE OF SERVICES & COST

General - The submission narrative must clearly describe the respondent's ability and competence to perform the requirements under this RFQ. A responsive submission shall describe the respondent's experience providing administrative structures and operations, data analytics, and care management.

A. OVERALL QUALIFICATIONS - Maximum page limit: 20 pages

1. To provide a responsive submission, **THE RESPONDENT SHALL** summarize its overall qualifications to manage, implement and operate a CMP Program. At a minimum, the summary must include descriptions of the following:

   a) Member and Provider Services and Call Center: Experience in providing member and provider services including the operation of a locally based call center to individuals who are aged, blind or disabled or who are experiencing one or more chronic health care conditions,

   b) Operations: Experience in the development and maintenance of an authorization interface with a state administered Medicaid Management Information System for the payment of claims; eligibility file management; and provider file management,

   c) Data Analytics: Experience in providing data analytics for population health management, health risk stratification, provider and recipient profiling, and disease management,

   d) Clinical Management: Experience with providing clinical management services such as health risk assessment, disease management, utilization management, consumer health information, care planning, care coordination and case management, and quality management with high risk and chronic illness populations,

   e) Client References: Not more than three (3) references from states where the Respondent has managed a Medicaid program or low-income population for recipients with chronic health care conditions.

2. Key Personnel: Names and resumes of the key person and personnel (or position descriptions if the individuals have not been selected at the

time the respondent submits a response to this RFQ) who will be providing the CMP Program services. Key personnel shall include management level personnel and above, and

3. Personnel references: A list of three (3) references for which the personnel have provided clinical management and related administrative services. Please provide the names, addresses, phone numbers, and e-mail addresses for all references.

   #2 Key Personnel and #3 References provided by the respondent are not included in section page limitation.

B. SCOPE OF SERVICES – Maximum page limit: 80 pages

1. Overview - The overall focus of the Department's CMP Program is to provide care management and administrative services as described in the Scope of Services to individuals enrolled in the Department's Medicaid fee-for-service program that are aged, blind, or disabled.

   To provide a responsive submission, **THE RESPONDENT SHALL**:

   a) Demonstrate an understanding of the Department's CMP Program functions by describing the respondent's overall plan to implement and administer the CMP program as more fully outlined in the Detailed Scope below.

2. Detailed Scope - The qualification submission must detail the respondent's ability to implement the CMP Program. The following list of Care Management Services are requirements for a successful CMP Program.

   To provide a responsive submission, **THE RESPONDENT SHALL**, describe its method to implement the following specific services as described in the Scope of Services.

   a) Member and Provider Services and Call Center: Contractor(s) will be required to extend their HUSKY member and provider services and call center services to CMP enrollees and Medicaid providers. Performance standards shall be no less than those required under the HUSKY program. The respondent shall attest its intent to adhere to this requirement and provide detailed narrative on the uniqueness of its capabilities in this area. If the respondent is unable to adhere to a particular requirement, such should be noted. Requested exceptions will be taken under consideration by the Department.

b) Operations: Contractor(s) will be required to adhere to operational provisions established in Appendix IX. The respondent shall attest its intent to adhere to these provisions and provide detailed narrative on the uniqueness of its capabilities in this area. If the respondent is unable to adhere to a particular requirement such should be noted. Requested exceptions will be taken under consideration by the Department.

c) Data Analytics: The respondent shall provide a detailed description of proposed data analytics for population health management, health risk stratification, provider and recipient profiling, and disease management. Due to the chronic nature of the targeted populations' health care needs, the successful Contractor(s) will demonstrate unique and innovative analytic capabilities to ensure the success of its care management program. The detailed narrative should communicate the uniqueness of its capabilities in this area.

d) Clinical Management: The respondent shall provide a detailed description of its proposal to provide clinical management services such as health risk assessment, disease management, utilization management, consumer health information, care planning, care coordination, case management, and quality management with high risk and chronic illness populations.

C. BUSINESS COST SECTION – Maximum page limit: 20 pages

No cost information or other financial information may be included in any other portion of the submission. Any submission that fails to adhere to this requirement may be disqualified as non-responsive. Each submission must include cost information and other financial information in the following order:

1. Business Cost Section - **THE RESPONDENT SHALL** provide a line item budget that presents total costs for the first year of operations for the proposed CMP Program using the Budget Template in (Appendix VIII)**.** It is the Department intent that successful Contractor(s) will amortize their start-up costs over the life of this contract amendment. A non-PDF version of the Budget Template is available upon request by emailing Marcia.McDonough@ct.gov

2. Business Cost Narrative - **THE RESPONDENT SHALL** provide a written explanation of the expected resultant contract costs including a rationale for each line item included in the budget. The narrative shall describe each budget line item in detail.

3. The payment for services under this amendment will be an all-inclusive administrative PMPM fee. The Contractor(s) payment will be subject to a 10% withhold. For the first six months of the program, the withhold will be returned based on a successful readiness review, timely implementation, and satisfactory post implementation review. Future years' withholds will be returned based on satisfactory completion of performance targets. The Department intends to negotiate the performance targets prior to the start of each contract year.

SECTION V – APPENDICES

Appendix I: Additions to Mandatory Terms and Conditions

The Contractor agrees to comply with the following mandatory terms and conditions.

Non-Discrimination

(a) The following subsections are set forth here as required by section 4a-60 of the Connecticut General Statutes:

(1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved, in any manner prohibited by the laws of the United States or of the state of Connecticut. The Contractor further agrees to take affirmative action to insure that applicants with job-related qualifications are employed and that employees are treated when employed without regard to their race, color, religious creed, age, marital status, national origin, ancestry, sex, mental retardation, mental disability or physical disability, including, but not limited to, blindness, unless it is shown by such Contractor that such disability prevents performance of the work involved; (2) the Contractor agrees, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, to state that it is an "affirmative action-equal opportunity employer" in accordance with regulations adopted by the commission; (3) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the commission advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (4) the Contractor agrees to comply with each provision of this section and sections 46a-68e and 46a-68f and with each regulation or relevant order issued by said commission pursuant to sections 46a-56, 46a-68e and 46a-68f; (5) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor as relate to the provisions of this section and section 46a-56.

(b) If the Contract is a public works contract, the Contractor agrees and warrants that he will make good faith efforts to employ minority business enterprises as subcontractors and suppliers of materials on such public works project.

(c) "Minority business enterprise" means any small contractor or supplier of materials fifty-one per cent or more of the capital stock, if any, or assets of which is owned by a person or persons: (1) Who are active in the daily affairs of the enterprise, (2) who have the power to direct the management and policies of the enterprise and (3) who are members of a minority, as such term is defined in subsection (a) of section 32-9n; and "good faith" means that degree of diligence which a reasonable person would exercise in the performance of legal duties and obligations. "Good faith efforts" shall include, but not be limited to, those reasonable initial efforts necessary to comply with statutory or

regulatory requirements and additional or substituted efforts when it is determined that such initial efforts will not be sufficient to comply with such requirements.

(d) Determination of the Contractor's good faith efforts shall include but shall not be limited to the following factors: The Contractor's employment and subcontracting policies, patterns and practices; affirmative advertising, recruitment and training; technical assistance activities and such other reasonable activities or efforts as the commission may prescribe that are designed to ensure the participation of minority business enterprises in public works projects.

(e) The Contractor shall develop and maintain adequate documentation, in a manner prescribed by the commission, of its good faith efforts.

(f) The Contractor shall include the provisions of sections (a) and (b) above in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the state may so enter.

(g) The following subsections are set forth here as required by section 4a-60a of the Connecticut General Statutes:

> (1) The Contractor agrees and warrants that in the performance of the Contract such Contractor will not discriminate or permit discrimination against any person or group of persons on the grounds of sexual orientation, in any manner prohibited by the laws of the United States or of the state of Connecticut, and that employees are treated when employed without regard to their sexual orientation; (2) the Contractor agrees to provide each labor union or representative of workers with which such Contractor has a collective bargaining agreement or other contract or understanding and each vendor with which such Contractor has a contract or understanding, a notice to be provided by the Commission on Human Rights and Opportunities advising the labor union or workers' representative of the Contractor's commitments under this section, and to post copies of the notice in conspicuous places available to employees and applicants for employment; (3) the Contractor agrees to comply with each provision of this section and with each regulation or relevant order issued by said commission pursuant to section 46a-56; and (4) the Contractor agrees to provide the Commission on Human Rights and Opportunities with such information requested by the commission, and permit access to pertinent books, records and accounts, concerning the employment practices and procedures of the Contractor which relate to the provisions of this section and section 46a-56.

(h) The Contractor shall include the provisions of section (g) above in every subcontract or purchase order entered into in order to fulfill any obligation of a contract with the state and such provisions shall be binding on a subcontractor, vendor or manufacturer unless exempted by regulations or orders of the commission. The Contractor shall take such action with respect to any such subcontract or purchase order as the commission may direct as a means of enforcing such provisions including sanctions for noncompliance in accordance with section 46a-56; provided, if such Contractor becomes involved in, or is threatened with, litigation with a subcontractor or vendor as a result of such direction by the commission, the Contractor may request the state of Connecticut to enter into any such litigation or negotiation prior thereto to protect the interests of the state and the

state may so enter.

(i) For the purposes of this entire Non-Discrimination section, "Contract" or "contract" includes any extension or modification of the Contract or contract, "Contractor" or "contractor" includes any successors or assigns of the Contractor or contractor, "marital status" means being single, married as recognized by the state of Connecticut, widowed, separated or divorced, and "mental disability" means one or more mental disorders, as defined in the most recent edition of the American Psychiatric Association's "Diagnostic and Statistical Manual of Mental Disorders", or a record of or regarding a person as having one or more such disorders. For the purposes of this section, "Contract" does not include a contract where each contractor is (1) a political subdivision of the state, including, but not limited to, a municipality, (2) a quasi-public agency, as defined in Conn. Gen. Stat. Section 1-120, (3) any other state, including but not limited to any federally recognized Indian tribal governments, as defined in Conn. Gen. Stat. Section 1-267, (4) the federal government, (5) a foreign government, or (6) an agency of a subdivision, agency, state or government described in the immediately preceding enumerated items (1), (2), (3), (4) or (5).

Health Insurance Portability and Accountability Act of 1996 ("HIPAA").

(a) If the Contactor is a Business Associate under the requirements of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), the Contractor must comply with all terms and conditions of this Section of the Contract. If the Contractor is not a Business Associate under HIPAA, this Section of the Contract does not apply to the Contractor for this Contract.

(b) The Contractor is required to safeguard the use, publication and disclosure of information on all applicants for, and all clients who receive, services under the Contract in accordance with all applicable federal and state law regarding confidentiality, which includes but is not limited to HIPAA, more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E; and

(c) The State of Connecticut Agency named on page 1 of this Contract (hereinafter the "Department") is a "covered entity" as that term is defined in 45 C.F.R. § 160.103; and

(d) The Contractor, on behalf of the Department, performs functions that involve the use or disclosure of "individually identifiable health information," as that term is defined in 45 C.F.R. § 160.103; and

(e) The Contractor is a "business associate" of the Department, as that term is defined in 45 C.F.R. § 160.103; and

(f) The Contractor and the Department agree to the following in order to secure compliance with the HIPAA, the requirements of Subtitle D of the Health Information Technology for Economic and Clinical Health Act (hereinafter the HITECH Act), (Pub. L. 111-5, sections 13400 to 13423), and more specifically with the Privacy and Security Rules at 45 C.F.R. Part 160 and Part 164, subparts A, C, and E.

(g) Definitions

(1) "Breach shall have the same meaning as the term is defined in section 13400 of the HITECH Act (42 U.S.C. §17921(1))

(2) "Business Associate" shall mean the Contractor.

(3) "Covered Entity" shall mean the Department of the State of Connecticut named on page 1 of this Contract.

(4) "Designated Record Set" shall have the same meaning as the term "designated record set" in 45 C.F.R. § 164.501.

(5) "Electronic Health Record" shall have the same meaning as the term is defined in section 13400 of the HITECH Act (42 U.S.C. §17921(5))

(6) "Individual" shall have the same meaning as the term "individual"' in 45 C.F.R. § 160.103 and shall include a person who qualifies as a personal representative as defined in 45 C.F.R. § 164.502(g).

(7) "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information at 45 C.F.R. part 160 and parts 164, subparts A and E.

(8) "Protected Health Information" or "PHI" shall have the same meaning as the term "protected health information" in 45 C.F.R. § 160.103, limited to information created or received by the Business Associate from or on behalf of the Covered Entity.

(9) "Required by Law"' shall have the same meaning as the term "required by law" in 45 C.F.R. § 164.103.

(10) "Secretary" shall mean the Secretary of the Department of Health and Human Services or his designee.

(11) "More stringent" shall have the same meaning as the term "more stringent" in 45 C.F.R. § 160.202.

(12) "This Section of the Contract" refers to the HIPAA Provisions stated herein, in their entirety.

(13) "Security Incident" shall have the same meaning as the term "security incident" in 45 C.F.R.§ 164.304.

(14) "Security Rule" shall mean the Security Standards for the Protection of Electronic Protected Health Information at 45 C.F.R. part 160 and parts 164, subpart A and C.

(15) "Unsecured protected health information" shall have the same meaning as the term as defined in section 13402(h)(1)(A) of HITECH. Act. (42 U.S.C. §17932(h)(1)(A)).

(h) Obligations and Activities of Business Associates.

(1) Business Associate agrees not to use or disclose PHI other than as permitted or required by this Section of the Contract or as Required by Law.

(2) Business Associate agrees to use appropriate safeguards to prevent use or disclosure of PHI other than as provided for in this Section of the Contract.

(3) Business Associate agrees to use administrative, physical and technical safeguards that reasonably and appropriately protect the confidentiality, integrity, and availability of electronic protected health information that it creates, receives, maintains, or transmits on behalf of the Covered Entity.

(4) Business Associate agrees to mitigate, to the extent practicable, any harmful effect that is known to the Business Associate of a use or disclosure of PHI by Business Associate in violation of this Section of the Contract.

(5) Business Associate agrees to report to Covered Entity any use or disclosure of PHI not provided for by this Section of the Contract or any security incident of which it becomes aware.

(6) Business Associate agrees to insure that any agent, including a subcontractor, to whom it provides PHI received from, or created or received by Business Associate, on behalf of the Covered Entity, agrees to the same restrictions and conditions that apply through this Section of the Contract to Business Associate with respect to such information.

(7) Business Associate agrees to provide access, at the request of the Covered Entity, and in the time and manner agreed to by the parties, to PHI in a Designated Record Set, to Covered Entity or, as directed by Covered Entity, to an Individual in order to meet the requirements under 45 C.F.R. § 164.524.

(8) Business Associate agrees to make any amendments to PHI in a Designated Record Set that the Covered Entity directs or agrees to pursuant to 45 C.F.R. § 164.526 at the request of the Covered Entity, and in the time and manner agreed to by the parties.

(9) Business Associate agrees to make internal practices, books, and records, including policies and procedures and PHI, relating to the use and disclosure of PHI received from, or created or received by, Business Associate on behalf of Covered Entity, available to Covered Entity or to the Secretary in a time and manner agreed to by the parties or designated by the Secretary, for purposes of the Secretary determining Covered Entity's compliance with the Privacy Rule.

(10) Business Associate agrees to document such disclosures of PHI and information related to such disclosures as would be required for Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.

(11) Business Associate agrees to provide to Covered Entity, in a time and manner agreed to by the parties, information collected in accordance with clause h. (10) of this Section of the Contract, to permit Covered Entity to respond to a request by an Individual for an accounting of disclosures of PHI in accordance with 45 C.F.R. § 164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder. Business Associate agrees at the Covered Entity's direction to provide an accounting of disclosures of PHI directly to an individual in accordance with 45 C.F.R. §

164.528 and section 13405 of the HITECH Act (42 U.S.C. § 17935) and any regulations promulgated thereunder.

(12)Business Associate agrees to comply with any state or federal law that is more stringent than the Privacy Rule.

(13) Business Associate agrees to comply with the requirements of the HITECH Act relating to privacy and security that are applicable to the Covered Entity and with the requirements of 45 C.F.R. sections 164.504(e), 164.308, 164.310, 164.312, and 164.316.

(14) In the event that an individual requests that the Business Associate (a) restrict disclosures of PHI; (b) provide an accounting of disclosures of the individual's PHI; or (c) provide a copy of the individual's PHI in an electronic health record, the Business Associate agrees to notify the covered entity, in writing, within two business days of the request.

(15) Business Associate agrees that it shall not, directly or indirectly, receive any remuneration in exchange for PHI of an individual without (1) the written approval of the covered entity, unless receipt of remuneration in exchange for PHI is expressly authorized by this Contract and (2) the valid authorization of the individual, except for the purposes provided under section 13405(d)(2) of the HITECH Act,(42 U.S.C. § 17935(d)(2)) and in any accompanying regulations

(16) Obligations in the Event of a Breach

A. The Business Associate agrees that, following the discovery of a breach of unsecured protected health information, it shall notify the Covered Entity of such breach in accordance with the requirements of section 13402 of HITECH (42 U.S.C. 17932(b) and the provisions of this Section of the Contract.
B. Such notification shall be provided by the Business Associate to the Covered Entity without unreasonable delay, and in no case later than 30 days after the breach is discovered by the Business Associate, except as otherwise instructed in writing by a law enforcement official pursuant to section 13402 (g) of HITECH (42 U.S.C. 17932(g)) . A breach is considered discovered as of the first day on which it is, or reasonably should have been, known to the Business Associate. The notification shall include the identification and last known address, phone number and email address of each individual (or the next of kin of the individual if the individual is deceased) whose unsecured protected health information has been, or is reasonably believed by the Business Associate to have been, accessed, acquired, or disclosed during such breach.
C. The Business Associate agrees to include in the notification to the Covered Entity at least the following information:
    1. A brief description of what happened, including the date of the breach and the date of the discovery of the breach, if known.

    2. A description of the types of unsecured protected health information that were involved in the breach (such as full name, Social Security number, date of birth, home address, account number, or disability code).

    3. The steps the Business Associate recommends that individuals take to protect themselves from potential harm resulting from the breach.

4. A detailed description of what the Business Associate is doing to investigate the breach, to mitigate losses, and to protect against any further breaches.

5. Whether a law enforcement official has advised either verbally or in writing the Business Associate that he or she has determined that notification or notice to individuals or the posting required under section 13402 of the HITECH Act would impede a criminal investigation or cause damage to national security and; if so, include contact information for said official.

D. Business Associate agrees to provide appropriate staffing and have established procedures to ensure that individuals informed by the Covered Entity of a breach by the Business Associate have the opportunity to ask questions and contact the Business Associate for additional information regarding the breach. Such procedures shall include a toll-free telephone number, an e-mail address, a posting on its Web site and a postal address. Business Associate agrees to include in the notification of a breach by the Business Associate to the Covered Entity, a written description of the procedures that have been established to meet these requirements. Costs of such contact procedures will be borne by the Contractor.

E. Business Associate agrees that, in the event of a breach, it has the burden to demonstrate that it has complied with all notifications requirements set forth above, including evidence demonstrating the necessity of a delay in notification to the Covered Entity.

(i) Permitted Uses and Disclosure by Business Associate.

(1) General Use and Disclosure Provisions Except as otherwise limited in this Section of the Contract, Business Associate may use or disclose PHI to perform functions, activities, or services for, or on behalf of, Covered Entity as specified in this Contract, provided that such use or disclosure would not violate the Privacy Rule if done by Covered Entity or the minimum necessary policies and procedures of the Covered Entity.

(2) Specific Use and Disclosure Provisions

(A) Except as otherwise limited in this Section of the Contract, Business Associate may use PHI for the proper management and administration of Business Associate or to carry out the legal responsibilities of Business Associate.

(B) Except as otherwise limited in this Section of the Contract, Business Associate may disclose PHI for the proper management and administration of Business Associate, provided that disclosures are Required by Law, or Business Associate obtains reasonable assurances from the person to whom the information is disclosed that it will remain confidential and used or further disclosed only as Required by Law or for the purpose for which it was disclosed to the person, and the person notifies Business Associate of any instances of which it is aware in which the confidentiality of the information has been breached.

(C) Except as otherwise limited in this Section of the Contract, Business Associate may use PHI to provide Data Aggregation services to Covered Entity as permitted by 45 C.F.R. § 164.504(e)(2)(i)(B).

(j) Obligations of Covered Entity.

(1) Covered Entity shall notify Business Associate of any limitations in its notice of privacy practices of Covered Entity, in accordance with 45 C.F.R. § 164.520, or to the extent that such limitation may affect Business Associate's use or disclosure of PHI.

(2) Covered Entity shall notify Business Associate of any changes in, or revocation of, permission by Individual to use or disclose PHI, to the extent that such changes may affect Business Associate's use or disclosure of PHI.

(3) Covered Entity shall notify Business Associate of any restriction to the use or disclosure of PHI that Covered Entity has agreed to in accordance with 45 C.F.R. § 164.522, to the extent that such restriction may affect Business Associate's use or disclosure of PHI.

(k) Permissible Requests by Covered Entity. Covered Entity shall not request Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by the Covered Entity, except that Business Associate may use and disclose PHI for data aggregation, and management and administrative activities of Business Associate, as permitted under this Section of the Contract.

(l) Term and Termination.

(1) Term. The Term of this Section of the Contract shall be effective as of the date the Contract is effective and shall terminate when the information collected in accordance with clause h. (10) of this Section of the Contract is provided to the Covered Entity and all of the PHI provided by Covered Entity to Business Associate, or created or received by Business Associate on behalf of Covered Entity, is destroyed or returned to Covered Entity, or, if it is infeasible to return or destroy PHI, protections are extended to such information, in accordance with the termination provisions in this Section.

(2) Termination for Cause Upon Covered Entity's knowledge of a material breach by Business Associate, Covered Entity shall either:

(A) Provide an opportunity for Business Associate to cure the breach or end the violation and terminate the Contract if Business Associate does not cure the breach or end the violation within the time specified by the Covered Entity; or

(B) Immediately terminate the Contract if Business Associate has breached a material term of this Section of the Contract and cure is not possible; or

(C) If neither termination nor cure is feasible, Covered Entity shall report the violation to the Secretary.

(3) Effect of Termination

(A) Except as provided in (l)(2) of this Section of the Contract, upon termination of this Contract, for any reason, Business Associate shall return or destroy all PHI received

from Covered Entity, or created or received by Business Associate on behalf of Covered Entity. Business Associate shall also provide the information collected in accordance with clause h. (10) of this Section of the Contract to the Covered Entity within ten business days of the notice of termination. This provision shall apply to PHI that is in the possession of subcontractors or agents of Business Associate. Business Associate shall retain no copies of the PHI.

(B) In the event that Business Associate determines that returning or destroying the PHI is infeasible, Business Associate shall provide to Covered Entity notification of the conditions that make return or destruction infeasible. Upon documentation by Business Associate that return or destruction of PHI is infeasible, Business Associate shall extend the protections of this Section of the Contract to such PHI and limit further uses and disclosures of PHI to those purposes that make return or destruction infeasible, for as long as Business Associate maintains such PHI. Infeasibility of the return or destruction of PHI includes, but is not limited to, requirements under state or federal law that the Business Associate maintains or preserves the PHI or copies thereof.

(m) Miscellaneous Provisions.

(1) Regulatory References. A reference in this Section of the Contract to a section in the Privacy Rule means the section as in effect or as amended.

(2) Amendment. The Parties agree to take such action as in necessary to amend this Section of the Contract from time to time as is necessary for Covered Entity to comply with requirements of the Privacy Rule and the Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191.

(3) Survival. The respective rights and obligations of Business Associate shall survive the termination of this Contract.

(4) Effect on Contract. Except as specifically required to implement the purposes of this Section of the Contract, all other terms of the Contract shall remain in force and effect.

(5) Construction. This Section of the Contract shall be construed as broadly as necessary to implement and comply with the Privacy Standard. Any ambiguity in this Section of the Contract shall be resolved in favor of a meaning that complies, and is consistent with, the Privacy Standard.

(6) Disclaimer. Covered Entity makes no warranty or representation that compliance with this Section of the Contract will be adequate or satisfactory for Business Associate's own purposes. Covered Entity shall not be liable to Business Associate for any claim, civil or criminal penalty, loss or damage related to or arising from the unauthorized use or disclosure of PHI by Business Associate or any of its officers, directors, employees, contractors or agents, or any third party to whom Business Associate has disclosed PHI contrary to the provisions of this Contract or applicable law. Business Associate is solely responsible for all decisions made, and actions taken, by Business Associate regarding the safeguarding, use and disclosure of PHI within its possession, custody or control.

(7) Indemnification. The Business Associate shall indemnify and hold the Covered Entity harmless from and against any and all claims, liabilities, judgments, fines, assessments,

penalties, awards and any statutory damages that may be imposed or assessed pursuant to HIPAA, as amended or the HITECH Act, including, without limitation, attorney's fees, expert witness fees, costs of investigation, litigation or dispute resolution, and costs awarded thereunder, relating to or arising out of any violation by the Business Associate and its agents, including subcontractors, of any obligation of Business Associate and its agents, including subcontractors, under this section of the contract, under HIPAA, the HITECH Act, the Privacy Rule and the Security Rule.

Appendix II

PROCUREMENT AND CONTRACTUAL AGREEMENTS SIGNATORY ACCEPTANCE

Statement of Acceptance

The terms and conditions contained in this Request for Qualifications constitute a basis for this procurement. These terms and conditions, as well as others so labeled elsewhere in this document are mandatory for the resultant contract. The Department is solely responsible for rendering decisions in matters of interpretation on all terms and conditions.

Acceptance Statement

On behalf of _____ I,

_____, agree to accept the Mandatory Terms and

Conditions as set forth in the Department of Social Services/Bureau of Rehabilitation Services' Request for Qualifications.

Signature

_____

_____ _____

Title Date

Appendix III

Certification Regarding Lobbying

Contractor:_____

Period:_____

The undersigned certifies, to the best of his or her knowledge and belief, that:

1. No Federally-appropriated funds have been paid or will be paid by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection with the awarding of any Federal contract, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

2. If any funds other than Federally-appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a member of Congress, an officer or employee of Congress or an employee of a member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

3. The undersigned shall require that the language of this certification be included in the award document for sub-awards at all tiers (including subcontracts, sub-grants and contracts under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by §352, Title 31, USC. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more that $100,000 for each such failure.

_____	_____
Signature	Typed Name and Title
_____	_____
Firm/organization	Date

Appendix IV

Gift and Campaign Contribution Certification

OPM Ethics Form 1 Rev. 10-31-07

APPENDIX IV - GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Certification to accompany a State contract with a value of $50,000 or more in a calendar or fiscal year, pursuant to C.G.S. §§4-250 and 4-252(c); Governor M. Jodi Rell's Executive Orders No. 1, Para. 8, and No. 7C, Para. 10; and C.G.S. §9-612(g)(2), as amended by Public Act 07-1

INSTRUCTIONS:

Complete all sections of the form. Attach additional pages, if necessary, to provide full disclosure about any lawful campaign contributions made to campaigns of candidates for statewide public office or the General Assembly, as described herein. Sign and date the form, under oath, in the presence of a Commissioner of the Superior Court or Notary Public. Submit the completed form to the awarding State agency at the time of initial contract execution (and on each anniversary date of a multi-year contract, if applicable).

CHECK ONE: ☐ Initial Certification ☐ Annual Update (Multi-year contracts only.)

GIFT CERTIFICATION:

As used in this certification, the following terms have the meaning set forth below:

1) "Contract" means that contract between the State of Connecticut (and/or one or more of it agencies or instrumentalities) and the Contractor, attached hereto, or as otherwise described by the awarding State agency below;
2) If this is an Initial Certification, "Execution Date" means the date the Contract is fully executed by, and becomes effective between, the parties; if this is an Annual Update, "Execution Date" means the date this certification is signed by the Contractor;
3) "Contractor" means the person, firm or corporation named as the contactor below;
4) "Applicable Public Official or State Employee" means any public official or state employee described in C.G.S. §4-252(c)(1)(i) or (ii);
5) **"Gift"** has the same meaning given that term in C.G.S. §4-250(1);
6) "Planning Start Date" is the date the State agency began planning the project, services, procurement, lease or licensing arrangement covered by this Contract, as indicated by the awarding State agency below; and
7) "Principals or Key Personnel" means and refers to those principals and key personnel of the Contractor, and its or their agents, as described in C.G.S. §§4-250(5) and 4-252(c)(1)(B) and (C).

I, the undersigned, am the official authorized to execute the Contract on behalf of the Contractor. I hereby certify that, between the Planning Start Date and Execution Date, neither the Contractor nor any Principals or Key Personnel has made, will make (or has promised, or offered, to, or otherwise indicated that he, she or it will, make) any **Gifts** to any Applicable Public Official or State Employee.

I further certify that no Principals or Key Personnel know of any action by the Contractor to circumvent (or which would result in the circumvention of) the above certification regarding **Gifts** by providing for any other principals, key personnel, officials, or employees of the Contractor, or its or their agents, to make a **Gift** to any Applicable

Public Official or State Employee. I further certify that the Contractor made the bid or proposal for the Contract without fraud or collusion with any person.

CAMPAIGN CONTRIBUTION CERTIFICATION:

I further certify that, on or after December 31, 2006, neither the Contractor nor any of its principals, as defined in C.G.S. §9-612(g)(1), has made any **campaign contributions** to, or solicited any contributions on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support, any candidate for statewide public office, in violation of C.G.S. §9-612(g)(2)(A). I further certify that **all lawful campaign contributions** that have been made on or after December 31, 2006 by the Contractor or any of its principals, as defined in C.G.S. §9-612(g)(1), to, or solicited on behalf of, any exploratory committee, candidate committee, political committee, or party committee established by, or supporting or authorized to support any candidates for statewide public office or the General Assembly, are listed below:

STATE OF CONNECTICUT
GIFT AND CAMPAIGN CONTRIBUTION CERTIFICATION

Lawful Campaign Contributions to Candidates for Statewide Public Office:

Contribution Date	Name of Contributor	Recipient	Value	Description

Lawful Campaign Contributions to Candidates for the General Assembly:

Contribution Date	Name of Contributor	Recipient	Value	Description

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____ _____

Printed Contractor Name **Signature of Authorized Official**

Subscribed and acknowledged before me this _____ day of _____, 200__.

_____

Commissioner of the Superior Court (or Notary Public)

For State Agency Use Only

_____ _____

Awarding State Agency Planning Start Date

_____

Contract Number or Description

Appendix V: Consulting Agreement Affidavit

OPM Ethics Form 5 *Rev. 10-31-07*

STATE OF CONNECTICUT
CONSULTING AGREEMENT AFFIDAVIT

Affidavit to accompany a State contract for the purchase of goods and services with a value of $50,000 or more in a calendar or fiscal year, pursuant to Connecticut General Statutes §§4a-81(a) and 4a-81(b)

INSTRUCTIONS:

If the bidder or vendor has entered into a consulting agreement, as defined by Connecticut General Statutes §4a-81(b)(1): Complete all sections of the form. If the bidder or vendor has entered into more than one such consulting agreement, use a separate form for each agreement. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public. **If the bidder or vendor has not entered into a consulting agreement, as defined by Connecticut General Statutes §4a-81(b)(1):** Complete only the shaded section of the form. Sign and date the form in the presence of a Commissioner of the Superior Court or Notary Public.

Submit completed form to the awarding State agency with bid or proposal. For a sole source award, submit completed form to the awarding State agency at the time of contract execution.

This affidavit must be amended if the contractor enters into any new consulting agreement(s) during the term of the State contract.

AFFIDAVIT: [Number of Affidavits Sworn and Subscribed On This Day: _____]

I, the undersigned, hereby swear that I am the chief official of the bidder or vendor awarded a contract, as described in Connecticut General Statutes §4a-81(a), or that I am the individual awarded such a contract who is authorized to execute such contract. I further swear that I have not entered into any consulting agreement in connection with such contract, **except for the agreement listed below**:

_____ _____
Consultant's Name and Title Name of Firm (if applicable)

_____ _____ _____
Start Date End Date Cost

Description of Services Provided: _____

_____

Is the consultant a former State employee or former public official? ☐ YES ☐ NO

If YES: _____ _____
Name of Former State Agency Termination Date of Employment

Sworn as true to the best of my knowledge and belief, subject to the penalties of false statement.

_____ _____ _____
Printed Name of Bidder or Vendor **Signature of Chief Official or Individual** **Date**

_____ _____
Printed Name (of above) Awarding State Agency

Sworn and subscribed before me on this _____ day of _____, 200__.

_____
Commissioner of the Superior Court - or Notary Public

Appendix VI

NOTICE TO EXECUTIVE BRANCH STATE CONTRACTORS AND PROSPECTIVE STATE CONTRACTORS OF CAMPAIGN CONTRIBUTION AND SOLICITATION BAN

SEEC FORM 11

This notice is provided under the authority of Connecticut General Statutes 9-612(g)(2), as amended by P.A. 07-1, and is for informing state contractors and prospective state contractors of the following law (italicized words are defined below):

Campaign Contribution and Solicitation Ban

No state contractor, prospective state contractor, principal of a state contractor or principal of a prospective state contractor, with regard to a state contract or state contract solicitation with or from a State agency in the Executive Branch or a quasi-public agency or a holder, or principal of a holder of a valid prequalification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of Governor, Lieutenant Governor, Attorney General, State Comptroller, Secretary of the State or State Treasurer, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

In addition, no holder or principal of a holder of a valid prequalification certificate, shall make a contribution to, or solicit contributions on behalf of (i) an exploratory committee or candidate committee established by a candidate for nomination or election to the office of State senator or State representative, (ii) a political committee authorized to make contributions or expenditures to or for the benefit of such candidates, or (iii) a party committee.

Duty to Inform

State contractors and prospective state contractors are required to inform their principals of the above prohibitions, as applicable, and the possible penalties and other consequences of any violation thereof.

Penalties for Violations

Contributions or solicitations of contributions made in violation of the above prohibitions may result in the following civil and criminal penalties:

Civil penalties

$2,000 or twice the amount of the prohibited contribution, whichever is greater, against a principal or a contractor. Any state contractor or prospective state contractor, which fails to make reasonable efforts to comply with the provisions requiring notice to its principals of these prohibitions and the possible consequences

of their violations, may also be subject to civil penalties of $2,000 or twice the amount of the prohibited contributions made by their principals.

Criminal penalties
Any knowing and willful violation of the prohibition is a Class D felony, which may subject the violator to imprisonment of not more than five years, or $5,000 in fines, or both.

Contract Consequences
Contributions made or solicited in violation of the above prohibitions may result, in the case of a state contractor, in the contract being voided.

Contributions made or solicited in violation of the above prohibitions, in the case of a prospective state contractor, shall result in the contract described in the state contract solicitation not being awarded to the prospective state contractor, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

The State will not award any other state contract to anyone found in violation of the above prohibitions for a period of one year after the election for which such contribution is made or solicited, unless the State Elections Enforcement Commission determines that mitigating circumstances exist concerning such violation.

Additional information and the entire text of P.A. 07-1 may be found on the Web site of the State Elections
Enforcement Commission, www.ct.gov/seec. Click on the link to “State Contractor Contribution Ban.”

STATE OF CONNECTICUT
AFFIRMATION OF RECEIPT OF STATE ETHICS LAWS SUMMARY

Affirmation to accompany a large State construction or procurement contract, having a cost of more than $500,000, pursuant to General Statutes of Connecticut §§1-101mm and 1-101qq

INSTRUCTIONS:

Complete all sections of the form. Submit completed form to the awarding State agency or contractor, as directed below.

CHECK ONE:

☐ I am a person seeking a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency with my bid or proposal. [Check this box if the contract will be awarded through a competitive process.]

☐ I am a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the awarding State agency at the time of contract execution. [Check this box if the contract was a sole source award.]

☐ I am a subcontractor or consultant of a contractor who has been awarded a large State construction or procurement contract. I am submitting this affirmation to the contractor.

IMPORTANT NOTE:

Contractors shall submit the affirmations of their subcontractors and consultants to the awarding State agency. Failure to submit such affirmations in a timely manner shall be cause for termination of the large State construction or procurement contract.

AFFIRMATION:

I, the undersigned person, contractor, subcontractor, consultant, or the duly authorized representative thereof, affirm (1) receipt of the summary of State ethics laws* developed by the Office of State Ethics pursuant to General Statutes of Connecticut §1-81b and (2) that key employees of such person, contractor, subcontractor, or consultant have read and understand the summary and agree to comply with its provisions.

* The summary of State ethics laws is available on the State of Connecticut's Office of State Ethics website at http://www.ct.gov/ethics/lib/ethics/contractors_guide_final2.pdf.

_____ _____
Signature Date

_____ _____
Printed Name Title

_____
Firm or Corporation (if applicable)

_____ _____ ____ _____
Street Address City State Zip

_____
Awarding State Agency

Appendix VIII – Budget Template

Respondent Name: _____ **Term: 7/1/10-6/30/11**

Connecticut Care Management Plan (CMP) Program Budget Template

Personnel Expenses	CT Operations $	CT Operations FTE	CT Operations %	Corporate Allocation $	Corporate Allocation %
Administration					
Project Manager					
Other Management(specify)					
Other Administration Staff					
Fringe Benefits					
Bonuses and Commissions paid to Administration					
Subtotal Administration	0				
Member and Provider Services and Call Center					
Management (specify type)					
Staff (specify type)					
Fringe Benefits					
Bonuses and Commissions paid to M/P Services and Call Center					
Subtotal M/P and Call Center	0				
Clinical Management					
Management (specify type)					
Staff (specify type)					
Fringe Benefits					
Bonuses and Commissions paid to Clinical Management					
Subtotal Clinical Mgmt	0				

Operations and Data Systems / IT Support / Reporting					
Management (specify type)					
Staff (specify type)					
Fringe Benefits					
Bonuses and Commissions paid to Operations/Data/IT					
Subtotal Operations, Data/IT Support	0				
Other Personnel (Other)					
Management (specify type)					
Staff (specify type)					
Fringe Benefits					
Bonuses and Commissions paid to Other Personnel					
Subtotal Other Personnel	0				
Total Personnel	0				
Management					
Staff	0				
Fringe Benefits	0				
Bonuses and Commissions paid to Personnel					
Fringe Benefits % of Salaries					
Other Direct Costs					
Connecticut Occupancy Cost					
Lease or Rental					
Facility					
Fixtures and Furniture					
Utility					
Maintenance and Repair					
Janitorial					
Subtotal Occupancy Expenses	0				

Office Support Expenses					
Office Supplies					
Office Equipment					
Printing					
Postage/Freight					
Other: Adjustment for Office					
Subtotal Office Support	0				
Processing Expenses					
Telephone/Telecommunications					
Consulting Fees					
Accounting Services					
Offsite Tape Vaulting					
Other (specify)					
Subtotal Processing	0				
Equipment					
Computer/IT Equipment					
Computer/IT Equip. Repair/Main.					
Copy Equipment					
Copy Equip. Repair/Main.					
Telecom Equipment					
Telecom Usage					
Telecom Repair/Main.					
Other Equipment (specify)					
Other Equip. Repair/Main.					
Equipment Rental					
Subtotal Equipment	0				
Software Expenses					
Software Expenses					
Software Maintenance					
Subtotal Software	0				

Administrative Expenses					
Management Fees					
Travel and Related Costs					
Business Meetings					
Staff Training					
Professional Fees					
Consulting and Outside Services					
Legal					
Audit/Accounting					
Advertising					
Insurance					
Taxes					
Licenses					
Other (specify)					
Subtotal Administrative	0				
Total Other Direct Expense	0				
Total Personnel and Other Direct Expenses	0				
Corporate Allocation					
(additional allocation not otherwise reflected above)					
Profit					
Grand Total Expenses	0				

Instructions:

The payment for services under this amendment will be an all-inclusive administrative PMPM fee. Please provide a quote for the administrative PMPM fee necessary to perform the complete scope of services as proposed in Section IV.B of this RFQ.

Expenses:

Include only expenses that are directly or indirectly in support of the services requested of the Contractor. For expenses that need to be allocated, please do the following:

- Corporate Affiliation Expenses/Allocations: Bidder must explicitly identify any corporate allocations, either percentage or dollar-based, that are included within the above cost template. Enter that portion of any affiliated company management fees and/or other allocations/charges incurred by the affiliate on behalf of the Contractor that are charged to the Administrative Services Contract Amendment, which are not specifically allocable to other costs.

  A Contractor paying any management fees to an affiliated company must allocate the costs to the appropriate administrative expense classifications as if the costs had been paid in that category directly by the Contractor. The Contractor may estimate these expense allocations based on a formula or other reasonable basis and should use the method consistently from year to year, as applicable.

- Management Fees: Include management and/or other similar fees, paid or payable to non-affiliates for the management and/or administration of all or part of the Contractor's operations. Allocation of affiliate management fees or actual affiliate management fees should be identified in the Corporate Affiliation/Allocation expenses and not here.

- Other Expenses: Include all other expenses not specifically identified in any of the above administrative expense classifications.