National Medicaid Managed Care Organization (MCO) FFY 2020 Drug Utilization Review (DUR) Annual Report

Executive Summary
National Medicaid Drug Utilization Review (DUR)
Federal Fiscal Year (FFY) 2020
Managed Care Organization (MCO) Annual Report

(FFY 2020 Data: October 2019-September 2020)

Consistent with 42 CFR §438.3(s)(4) and (5) the Centers for Medicare and Medicaid Services (CMS) requires any Medicaid Managed Care Organization (MCO) that includes covered outpatient drugs to operate a Drug Utilization Review (DUR) program that complies with section 1927(g)(3)(D) and 42 CFR 456, subpart K. MCOs are required to report on the nature and scope of the prospective and retrospective DUR programs. The reports should include a summary and assessment of the interventions used in prospective and retrospective DUR, educational programs, DUR Board activities, and the DUR program's overall impact on quality of care. A description of the cost savings generated from their DUR programs including adoption of new innovative DUR practices is required.[1]

Prospective DUR (ProDUR) is one component of the DUR process, and requires pharmacies under contract with the MCOs to electronically monitor prescription drug claims before they are dispensed to identify problems such as therapeutic duplication, drug-disease contraindications, incorrect dosage or duration of treatment, and clinical misuse or abuse prior to dispensing of the prescription to the patient. Retrospective DUR (RetroDUR), another component of DUR, involves an ongoing periodic examination of claims data to identify patterns of fraud, abuse, gross overuse, medically unnecessary care and implementation of corrective action(s) when applicable after a prescription has been dispensed.

A high-level comparison of states' DUR MCO survey responses can be found in this aggregate report summary. Detailed MCO responses including this aggregate national summary can also be found on Medicaid.gov.

I. Demographic and Enrollee Information

Thirty-four states and the District of Columbia, have submitted 234 Medicaid MCO DUR Annual Surveys encompassing FFY 2020 reported responses.[2,3] The information in this report is focused on national Medicaid MCO DUR activities.

- MCO data includes 47,914,693 beneficiaries enrolled in state MCOs' DUR Medicaid programs which include pharmacy benefits. This represents a 0.1% increase from FFY 2019.

[1] All data presented within these reports originate from MCO responses to the FFY 2020 DUR MCO Survey.
[2] The MCO DUR survey was not submitted by Arizona because of the states existing waiver of these DUR requirements included in their approved 1115 Demonstration valid until September 2021.
[3] Missouri, Tennessee, West Virginia, and Wisconsin carve out their drug benefit and submitted an abbreviated MCO survey for each of their programs. These reports can be accessed on Medicaid.gov.

II. Prospective DUR (ProDUR)

ProDUR functions are performed at the point-of-sale (POS) when the prescription is being processed at the pharmacy. FFY 2020 reported responses show 172 MCOs (74%) allow the pharmacist to override ProDUR alert messages based on the type of alert identified, a 42% increase from FFY 2019. 14 MCOs (6%) do not allow pharmacists to override ProDUR alerts without prior authorization, a 50% decrease from FFY 2019. Additionally:

- FFY 2020 reported responses confirm all MCOs set early prescription refill thresholds as a way of preventing prescriptions from being overutilized:
  - Non-controlled substances: MCOs reported thresholds range from 73% to 90% of the prescription being used, with a national average of 81%. This is consistent with FFY 2019.
  - Controlled substances (CIII to CV): MCO reported thresholds range from 73% to 90% of the prescription being used, with a national average of 85%. This is consistent with FFY 2019.
  - Controlled substances (CII): MCO reported thresholds range from 75% to 90% of the prescription being used, with a national average of 85%, before a subsequent prescription could be dispensed. This is consistent with FFY 2019.
- FFY 2020 reported responses show 114 MCOs (49%) utilize a system-accumulation edit for preventing early prescription refills, a 3% decrease from FFY2019. Additionally, 19 MCOs (16%) plan to implement this type of edit in the future.

III. Retrospective DUR (RetroDUR)

The RetroDUR process allows MCOs to screen literature, clinical data, existing guidelines, and evaluate collected data to identify patterns of clinical concerns. Based on FFY 2020 reported responses, 89 MCOs (38%) utilize either their MCO DUR Board or their Pharmacy Benefit Manager (PBM) to review/approve RetroDUR criteria, a 17% increase from FFY 2019. Responses also indicate 11 MCOs (5%) utilize the state's Medicaid DUR Board, consistent with FFY 2019, while 130 MCOs (56%) utilize other internal and external resources for review/approval of RetroDUR criteria, a 12% decrease from FFY 2019.

IV. DUR Board Activity

Most MCOs either utilize their own DUR board or employ their state or PBM board for application, review, evaluation, and re-evaluation of DUR standards, reviews and interventions on an ongoing basis. All MCOs submitted a summary of their DUR board activities for FFY 2020 describing prospective, retrospective and educational interventions. MCO DUR board summaries can be found on Medicaid.gov listed by state.

V. Physician Administered Drugs

Physician administered drugs are drugs, other than vaccines, that are covered outpatient drugs under section 1927(k)(2) of the Social Security Act, and are typically administered by a medical professional in a physician's office or other outpatient clinical setting. Based on FFY 2020 reported responses, 51 MCOs (22%) have incorporated physician administered drugs into DUR criteria for ProDUR, a 49% increase from FFY 2019 and 27 MCOs (15%) plan to incorporate physician administered drugs in the future, a 7% decrease from FFY 2019. Additionally, 49 MCOs (21%) have incorporated physician

administered drugs into their DUR criteria for RetroDUR, a 27% increase from FFY 2019 and 59 MCOs (32%) plan to incorporate physician administered drugs in the future, a 12% increase from FFY 2019.

VI. Generic Policy and Utilization Data

In an ongoing effort to reduce spending on prescription drugs, states continue to encourage the use of lower cost generic drugs. The average generic percentage utilization rate across all MCOs was 87%, a 1% increase from FFY 2019. FFY 2020 reported responses confirm many MCOs base decisions of "brand versus generic" product preferred status on net price, taking into consideration federal and supplemental rebate dollars on brand and generic drugs.

An additional question in this year's DUR survey was added and intended to inquire how MCOs are incorporating "Biosimilar" FDA approved products in their program. A Biosimilar product is a biologic medical product that is almost an identical copy of an original product that is manufactured by a different company. Biosimilars are officially approved versions of original "innovator" products and can be manufactured when the original product's patent expires. MCO policies related to Biosimilars can be found on Medicaid.gov listed by state.

VII. Fraud, Waste and Abuse Detection

A. Lock- In or Patient Review and Restriction Programs

Lock-In or Patient Review and Restriction Programs restrict beneficiaries whose utilization of medical services is documented as being potentially unsafe, excessive, or could benefit from increased coordination of care. In some instances, beneficiaries are restricted to specific provider(s) in order to monitor services being utilized and reduce unnecessary or inappropriate utilization. Based on FFY 2020 reported responses, 231 MCOs (99%) have a documented process in place which identifies potential fraud or misuse of controlled drugs by a beneficiary, consistent with FFY 2019. This includes 211 MCOs (90%) instituting a Lock-In program for beneficiaries with potential abuse of controlled substances, a 1% increase from FFY 2019. Additionally, 230 MCOs (98%) have processes in place to identify potential fraudulent practices by prescribers, a 1% increase from FFY 2019. Furthermore, 230 MCOs (98%) have processes in place to identify potential fraudulent practices by pharmacies, a 1% increase from FFY 2019.

These reviews trigger actions such as denying claims written by that prescriber or claims submitted by that pharmacy, alerting the state Integrity or Compliance Unit to investigate, or referring to the appropriate licensing Board for additional follow-up.

B. Prescription Drug Monitoring Program (PDMP)

PDMPs are statewide electronic databases that collect designated data on controlled substances that are dispensed in the state. Depending on the state, prescribers and pharmacists have access to these databases to identify patients that are engaging in potential fraud or misuse of controlled substances. FFY 2020 reported state responses confirm 49 states (98%) indicate having a PDMP, consistent with FFY 2019. It should be noted that according to survey responses, the state of Missouri has a partial PDMP program. Based on FFY 2020 MCO reported responses:

- 80 MCOs (34%) have the ability to query the state's PDMP database as opposed to 10 MCOs (4%) that receive PDMP data from their state upon request.
    - 37 (41%) of these 90 MCOs having the ability to directly query or receive PDMP data from their state, also have access to border state PDMP information. In contrast, 144 MCOs (62%) are unable to access their states' PDMP data in any form.
- 108 MCOs (46%) require that prescribers access the patient history in the PDMP database prior to prescribing controlled substances, a 22% increase from FFY 2019. Additionally, only 66 MCOs (28%) require pharmacists to check the PDMP prior to dispensing, a new FFY 2020 survey question this year.

C. Opioids

Most MCOs have POS edits in place to limit the quantity dispensed of an initial opioid prescription. Based on FFY 2020 reported responses, 171 MCOs (73%) apply this POS edit to all opioid prescriptions, an 11% increase from FFY 2019 and 53 MCOs (23%) apply this edit to some opioids. The median days' supply for an initial opioid prescription for an opioid naïve patient based on FFY 2020 reported responses is 7 days which includes a national range of 5 to 31 days', an additional survey question this year. MCOs also apply other limitations and restrictions to opioid prescription dispensing to include, prior authorization, documentation of drug screening, prescriber intervention letters, morphine milligram equivalent (MME) daily dose program, pain management contracts or patient-provider agreements, pharmacist overrides, prescriber treatment plan, and/or clinical criteria such as step therapy. Additionally:

- 223 MCOs (95%) have prospective edits in place to monitor duplicate therapy of opioid prescriptions, a 31% increase from FFY 2019.
- 157 MCOs (67%) have an automated respective claims review process to monitor opioid prescriptions exceeding state limitations, a 6% increase from FFY 2019.
- 211 MCOs (90%) have prospective edits or a retrospective claims review process to monitor opioids and benzodiazepines being used concurrently, a 21% increase from FFY 2019.
- 157 MCOs (67%) have prospective edits or a retrospective claims review process to monitor opioids and sedatives being used concurrently, a 30% increase from FFY 2019.
- 190 MCOs (81%) have prospective edits or a retrospective claims review process to monitor opioids and antipsychotics being used concurrently, a 43% increase from FFY 2019.
- 218 MCOs (93%) develop and/or provide prescribers with pain management or opioid prescribing guidelines, a 9% increase from FFY 2019.
- 121 MCOs (52%) utilize abuse deterrent opioids to prevent opioid misuse and abuse, a 4% decrease from FFY 2019.

D. Morphine Milligram Equivalent (MME) Daily Dose

MME is the amount of morphine, in milligrams, equivalent to the strength of the opioid dose prescribed. Using an MME approach allows comparison between the strength of different types of opioids. A total of 232 MCOs (99%) limit maximum MME daily doses to reduce potential patient harm, abuse and/or diversion, a 6% increase from FFY 2019. Additionally:

- 128 MCOs (55%) provides information to their prescribers on how to calculate an MME or provides a calculator to determine a patient's specific MME daily dose, a 16% increase from FFY 2019.
- 230 MCOs (98%) have an edit in their POS system that alerts the pharmacy provider that the MME daily dose prescribed has been exceeded, an 8% increase from FFY 2019.
- 200 MCOs (85%) have an automated retrospective claim review process to monitor the total daily dose of MMEs for opioid prescriptions dispensed, a 13% increase from FFY 2019.

E. Opioid Use Disorder (OUD) Treatment

Naltrexone, methadone, buprenorphine and buprenorphine/naloxone combination drugs, in conjunction with behavioral health counseling, are used to treat OUD. Based on FFY 2020 reported responses, 155 MCOs (66%) set total milligrams per day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs, a 1% increase from FFY 2019. Additionally, 175 MCOs (75%) provide at least one buprenorphine and buprenorphine/naloxone combination drug without a prior authorization requirement, a 10% increase from FFY 2019. Moreover, 162 MCOs (69%) have system edits in place to monitor opioids being used concurrently with any buprenorphine drug or any form of medication-assisted treatment (MAT), a 2% increase from FFY 2019.

Naloxone is a medication designed to rapidly reverse opioid overdose. It is an opioid antagonist and can reverse and block the effects of opioids. Naloxone is available without prior authorization in 201 MCOs (86%), consistent with FFY 2019. Additionally, 195 MCOs (83%) allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, standing orders, or other predetermined protocols, a 4% increase from FFY 2019.

F. Outpatient Treatment Programs (OTP)

According to FFY 2020 reported responses, methadone is a drug that is indicated for both chronic pain and/or as part of an Opioid Treatment Program (OTP) (formerly referred to as a methadone treatment center). Due to methadone's potential opioid-related harms, CMS, in conjunction with the CDC recommend states to remove methadone for pain (outside of end of life care) from their preferred drug lists and not be considered a drug of first choice by prescribers for chronic non-cancer pain. However, the FDA has approved methadone as one of three drugs for treatment of opioid use disorder within an OTP. Based on FFY 2020 reported responses, 169 MCOs (72%) provide coverage for methadone for OUD through an OTP, a 15% increase from FFY 2019.

G. Antipsychotics/Stimulants

Antipsychotic Medication

Based on FFY 2020 reported responses, 180 MCOs (77%) have a program in place for managing or monitoring appropriate use of antipsychotic drugs in children, an 8% increase from FFY 2019. Additionally, 154 of these 180 MCOs (86%) manage or monitor antipsychotic medication for all children, including children in foster care, a 9% increase from FFY 2019.

Stimulant Medication

Based on FFY 2020 reported responses, 178 MCOs (76%) have a program in place for managing or monitoring appropriate use of stimulant drugs in children, a 6% increase from FFY 2019. Additionally, 159 of these 178 MCOs (90%) manage or monitor stimulant medication for all children, including children in foster care, an 8% increase from FFY 2019.

VIII. Innovative Practices

A new survey question in FFY 2020 polled MCOs to determine if any MCO participates in any demonstrations or have any waivers to allow for importation of certain drugs from Canada or other countries that are versions of FDA-approved drugs for dispensing to Medicaid beneficiaries. Reported responses show no MCOs currently participate in a demonstration or have a waiver to allow for drug importation.

Sharing of new ideas and best practices is an invaluable resource for both states and MCOs. MCO innovative practices can be found on Medicaid.gov listed by state.

IX. Executive Summary

All MCOs have submitted Executive Summaries. MCO executive summaries can be found on Medicaid.gov listed by state.

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PLEASE NOTE:

This is an aggregate standalone report. MCOs responses to survey questions throughout the report are identified as the representative state and total MCOs responding as follows: State (Count of MCOs), i.e. CA (13) represents 13 MCOs in the state of California responding to a particular question. Individual state MCO reports, attachments, and responses throughout the report can be found on Medicaid.gov.

Detailed summaries, "other" explanations, and narratives, pertaining to responses in this report can be found on Medicaid.gov in the MCO State Report table.

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Medicaid Managed Care Organization (MCO)
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Number of Managed Care Organizations by State

Table 1 – Number of MCOs per State

State*	Total Number of MCOs
Arkansas	3
California	26
Colorado	2
Delaware	2
District of Columbia	4
Florida	16
Georgia	4
Hawaii	6
Illinois	8
Indiana	4
Iowa	3
Kansas	4
Kentucky	5
Louisiana	5
Maryland	9
Massachusetts	5
Michigan	11
Minnesota	8
Mississippi	3
Nebraska	3
Nevada	3
New Hampshire	3
New Jersey	5
New Mexico	6
New York	19
North Dakota	1
Ohio	5
Oregon	23
Pennsylvania	8
Rhode Island	3
South Carolina	5
Texas	18
Utah	4

State*	Total Number of MCOs
Virginia	7
Washington	5
Totals	**246**

* Only states that have MCOs with pharmacy benefits are shown. Missouri, Tennessee, West Virginia and Wisconsin have pharmacy benefits carved out of their managed care program and covered through their FFS program

Section I - Enrollees

1. On average, how many Medicaid beneficiaries are enrolled monthly in your MCO for this Federal Fiscal Year?

Figure 1 – Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit (Total by State)

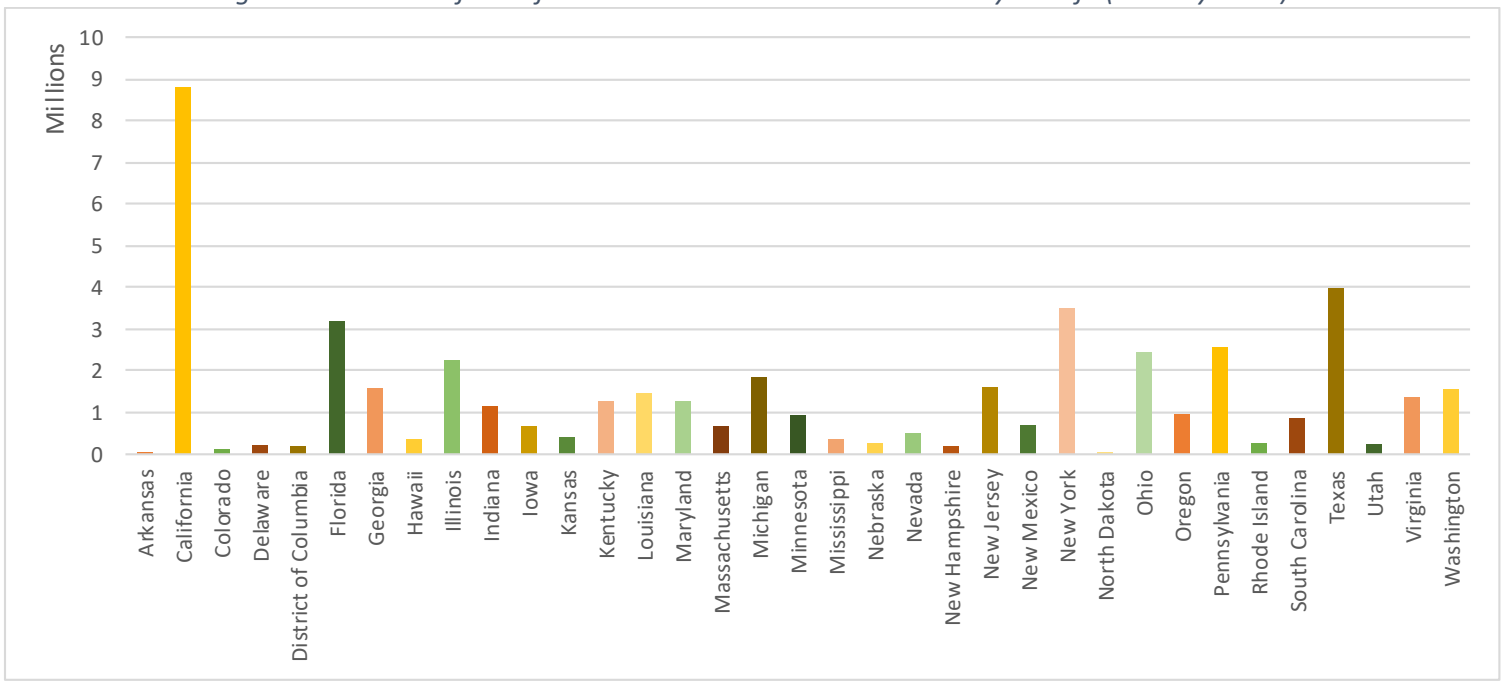

Table 2 – Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit (Total by State)

State	Total Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit by State
Arkansas	43,131
California	8,805,541
Colorado	128,888
Delaware	213,913
District of Columbia	200,926
Florida	3,198,635
Georgia	1,580,691

State	Total Number of Beneficiaries Enrolled in MCO with Pharmacy Benefit by State
Hawaii	367,635
Illinois	2,257,290
Indiana	1,158,160
Iowa	668,066
Kansas	404,676
Kentucky	1,265,087
Louisiana	1,465,793
Maryland	1,276,957
Massachusetts	683,689
Michigan	1,845,661
Minnesota	926,381
Mississippi	373,672
Nebraska	260,296
Nevada	513,668
New Hampshire	183,777
New Jersey	1,619,579
New Mexico	689,316
New York	3,497,551
North Dakota	20,079
Ohio	2,439,447
Oregon	968,621
Pennsylvania	2,574,801
Rhode Island	256,559
South Carolina	863,003
Texas	3,987,803
Utah	234,530
Virginia	1,374,844
Washington	1,566,028
National Totals	**47,914,693**

Section II - Prospective DUR (ProDUR)

1. Indicate the type of your pharmacy point of service (POS) vendor and identify by name.

Figure 2 – Pharmacy POS Type of Vendor

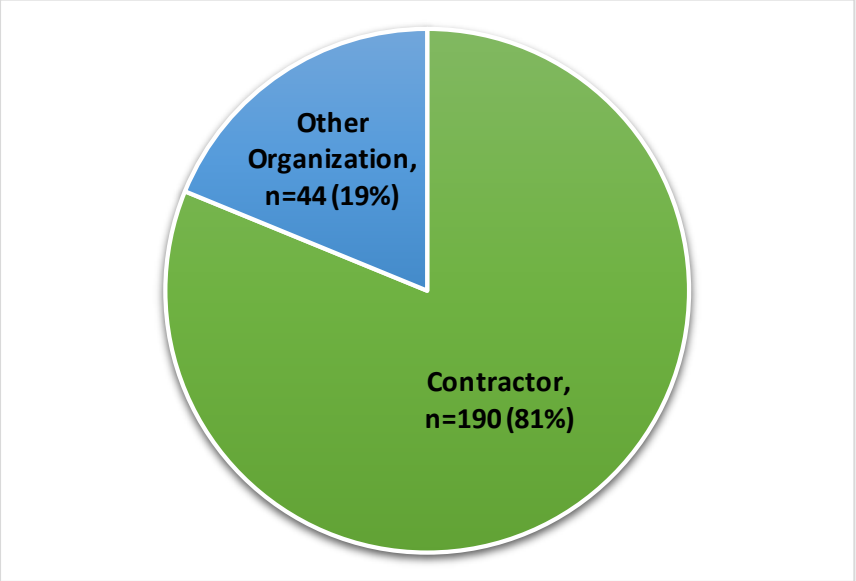

Table 3 – Pharmacy POS Type of Vendor

Response	States (Count of MCOs)	Total	Percent of Total
Contractor	Arkansas (2), California (22), Colorado (2), Delaware (2), District of Columbia (3), Florida (13), Georgia (2), Hawaii (6), Illinois (6), Indiana (2), Iowa (1), Kansas (2), Kentucky (3), Louisiana (3), Maryland (7), Massachusetts (5), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (2), New Mexico (3), New York (15), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (7), Rhode Island (3), South Carolina (3), Texas (15), Utah (3), Virginia (4), Washington (4)	190	81.20%
Other organization	Arkansas (1), California (4), District of Columbia (1), Florida (3), Georgia (2), Illinois (1), Indiana (2), Iowa (1), Kansas (1), Kentucky (2), Louisiana (2), Maryland (2), Michigan (2), Minnesota (1), Nebraska (1), Nevada (1), New Jersey (3), New York (3), Oregon (2), Pennsylvania (1), South Carolina (2), Texas (2), Utah (1), Virginia (2), Washington (1)	44	18.80%
National Totals		**234**	**100%**

If "Contractor" or "Other organization", please identify by name your pharmacy POS vendor.

Table 4 – Pharmacy POS Vendor Name

Response	State (Count of MCOs)	Total	Percent of Total
CVS/Caremark	Arkansas (2), California (5), Delaware (1), District of Columbia (1), Florida (8), Georgia (1), Hawaii (3), Illinois (1), Indiana (1),	75	32.05%

Response	State (Count of MCOs)	Total	Percent of Total
	Iowa (1), Kansas (1), Kentucky (4), Louisiana (2), Maryland (4), Massachusetts (3), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (8), Ohio (2), Oregon (5), Pennsylvania (2), Rhode Island (2), South Carolina (2), Texas (3), Utah (2), Virginia (1), Washington (1)		
DST Pharmacy Solutions	California (4), Florida (1), Minnesota (1), Oregon (1)	7	2.99%
EnvisionRx Options	Michigan (1), Virginia (1)	2	0.85%
Envolve Pharmacy Solutions	Florida (1), Illinois (3), Iowa (1), Kansas (1), Nebraska (1), New Mexico (1), Ohio (1), Oregon (1), South Carolina (1)	11	4.70%
Express Scripts	Hawaii (1), Maryland (1), Michigan (2), Minnesota (1), New York (4), Pennsylvania (1), Washington (1)	11	4.70%
Magellan Rx Management	Florida (2), Michigan (1), Virginia (1)	4	1.71%
MCO's PBM	Arkansas (1), California (1), District of Columbia (2), Florida (2), Georgia (1), Indiana (1), Kentucky (1), Maryland (1), New Jersey (1), New York (1), South Carolina (1), Texas (1), Virginia (1)	15	6.41%
MedImpact Healthcare Services, Inc.	California (9), Colorado (1), Hawaii (1), Illinois (1), Indiana (1), Maryland (1), Michigan (1), Minnesota (2), New York (1), Oregon (7), Pennsylvania (1)	26	11.11%
MeridianRx	Illinois (1), Michigan (1)	2	0.85%
Navitus Health Solutions	California (1), Minnesota (1), Texas (10)	12	5.13%
OptumRx	California (2), Colorado (1), Florida (1), Hawaii (1), Kansas (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (1), New York (3), North Dakota (1), Ohio (1), Oregon (4), Pennsylvania (1), Rhode Island (1), Texas (1), Virginia (2), Washington (1)	31	13.25%
PerformRx	California (3), Delaware (1), District of Columbia (1), Florida (1), Michigan (1), New Hampshire (1)	8	3.42%
Prime Therapeutics, LLC	Illinois (1), Minnesota (1), New Mexico (1), Texas (1)	4	1.71%
ProcareRx	California (1), Maryland (1)	2	0.85%
Prospective Health Services (PHS) from RelayHealth	Utah (1)	1	0.43%
Providence Health Assurance Pharmacy Solutions	Oregon (2)	2	0.85%
Other	Georgia (2), Indiana (1), Louisiana (2), Massachusetts (1), Michigan (1), Minnesota (1), Mississippi (1), Nevada (1), New Hampshire (1), New York (1), Ohio (1), Pennsylvania (3), South Carolina (1), Texas (1), Utah (1), Washington (2)	21	8.97%
National Totals		**234**	**100%**

2. Identify ProDUR table driven criteria source.
   This would be initial ratings such as drug to drug interactions, dose limits based on age and pregnancy severity.

Figure 3 – Prospective DUR Criteria Source

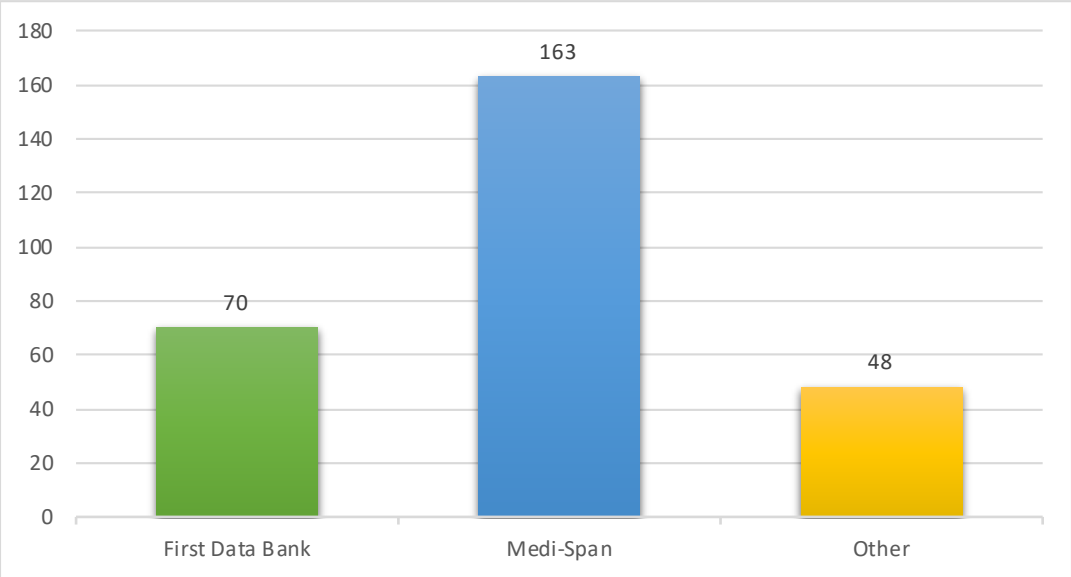

Table 5 – Prospective DUR Criteria Source

Response	States (Count of MCOs)	Total	Percent of Total
First Data Bank	California (17), Colorado (1), Delaware (1), Florida (4), Georgia (1), Hawaii (2), Illinois (3), Indiana (1), Iowa (1), Maryland (2), Michigan (6), Minnesota (5), Mississippi (1), Nebraska (1), New York (3), Ohio (1), Oregon (10), Pennsylvania (5), South Carolina (1), Texas (1), Utah (1), Virginia (1), Washington (1)	70	24.91%
Medi-Span	Arkansas (3), California (9), Colorado (1), Delaware (1), District of Columbia (4), Florida (12), Georgia (2), Hawaii (4), Illinois (4), Indiana (2), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (6), Massachusetts (5), Michigan (5), Minnesota (4), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (13), North Dakota (1), Ohio (3), Oregon (10), Pennsylvania (5), Rhode Island (3), South Carolina (4), Texas (17), Utah (4), Virginia (5), Washington (4)	163	58.01%
Other	Arkansas (1), California (2), Delaware (1), Florida (6), Georgia (2), Hawaii (2), Illinois (1), Indiana (1), Kansas (1), Kentucky (2), Louisiana (1), Maryland (2), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), New Jersey (2), New York (6), Ohio (2), Pennsylvania (4), South Carolina (2), Texas (3), Utah (1), Virginia (1)	48	17.08%
National Totals		**281**	**100%**

3. When the pharmacist receives a ProDUR alert message that requires a pharmacist's review, does your system allow the pharmacist to override the alert using the "National Council for Prescription Drug Program (NCPDP) drug use evaluation codes" (reason for service, professional service and resolution)?

Figure 4 – ProDUR Alert Message for Pharmacist Override using "NCPDP Drug Use Evaluation Codes"

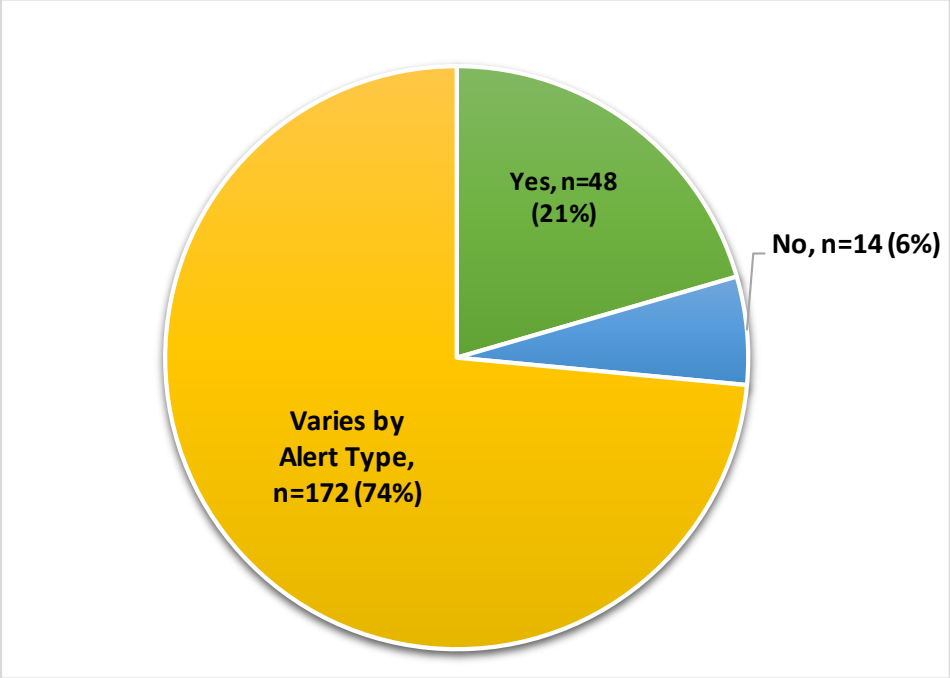

Table 6 – ProDUR Alert Message for Pharmacist Override using "NCPDP Drug Use Evaluation Codes"

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (3), District of Columbia (1), Hawaii (2), Illinois (4), Indiana (1), Kentucky (1), Maryland (2), Massachusetts (1), Michigan (4), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (2), New Jersey (2), New Mexico (1), New York (4), North Dakota (1), Oregon (3), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (3), Utah (1), Virginia (2), Washington (2)	48	20.51%
No	California (4), Delaware (1), District of Columbia (2), Florida (1), Iowa (2), Minnesota (1), Oregon (1), Pennsylvania (1), Utah (1)	14	5.98%
Varies by Alert Type	Arkansas (3), California (19), Colorado (2), Delaware (1), District of Columbia (1), Florida (15), Georgia (4), Hawaii (4), Illinois (3), Indiana (3), Kansas (3), Kentucky (4), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (7), Minnesota (6), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (3), New Jersey (3), New Mexico (2), New York (14), Ohio (5), Oregon (16), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (14), Utah (2), Virginia (4), Washington (3)	172	73.50%
National Totals		**234**	**100%**

If "Yes" or "Varies by Alert Type."

Figure 5 – ProDUR Alert Types for Pharmacist Override

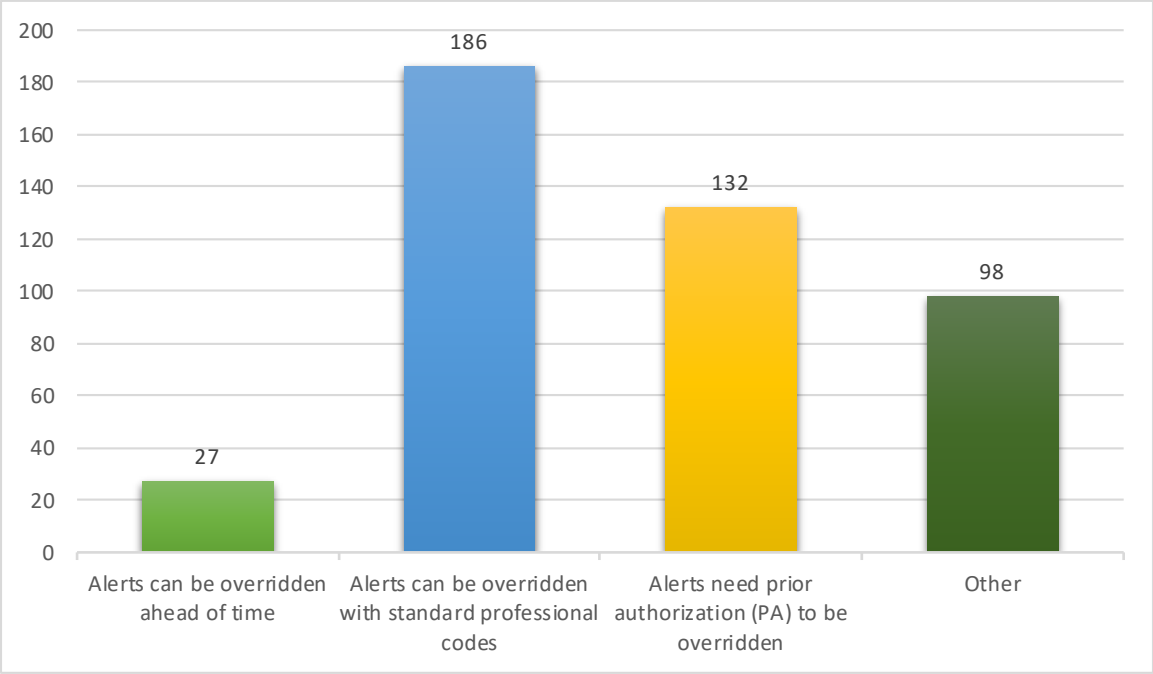

Table 7 – ProDUR Alert Types for Pharmacist Override

Response	States (Count of MCOs)	Total	Percent of Total
Alerts can be overridden ahead of time	Arkansas (1), California (1), Colorado (1), Illinois (2), Kentucky (1), Massachusetts (1), Michigan (3), Mississippi (1), New Hampshire (1), New York (3), Ohio (1), Oregon (5), South Carolina (1), Texas (1), Utah (1), Virginia (1), Washington (2)	27	6.09%
Alerts can be overridden with standard professional codes	Arkansas (2), California (22), Colorado (2), Delaware (1), District of Columbia (2), Florida (7), Georgia (4), Hawaii (4), Illinois (7), Indiana (4), Kansas (3), Kentucky (3), Louisiana (4), Maryland (6), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (14), North Dakota (1), Ohio (4), Oregon (19), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (13), Utah (2), Virginia (6), Washington (4)	186	41.99%
Alerts need prior authorization (PA) to be overridden	Arkansas (2), California (18), Colorado (2), Delaware (1), District of Columbia (1), Florida (7), Georgia (3), Hawaii (2), Illinois (6), Indiana (3), Kansas (3), Kentucky (3), Louisiana (4), Maryland (4), Massachusetts (1), Michigan (8), Minnesota (5), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (2), New York (9), North Dakota (1), Ohio (4), Oregon (13), Pennsylvania (4), Rhode Island (1), South Carolina (2), Texas (4), Utah (2), Virginia (5), Washington (3)	132	29.80%
Other	Arkansas (2), California (12), Florida (10), Georgia (1), Hawaii (2), Illinois (2), Indiana (1), Kansas (1), Kentucky (3), Louisiana (2), Maryland (5), Massachusetts (3), Michigan (5), Minnesota (3), Nebraska (2), New Hampshire (1), New Jersey (3), New York (8), Ohio (1), Oregon (13), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (11), Utah (1), Virginia (1), Washington (1)	98	22.12%

Response	States (Count of MCOs)	Total	Percent of Total
National Totals		**443**	**100%**

4. Does your MCO receive periodic reports providing individual pharmacy providers DUR alert override activity in summary and/or in detail?

Figure 6 – Receive Periodic Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

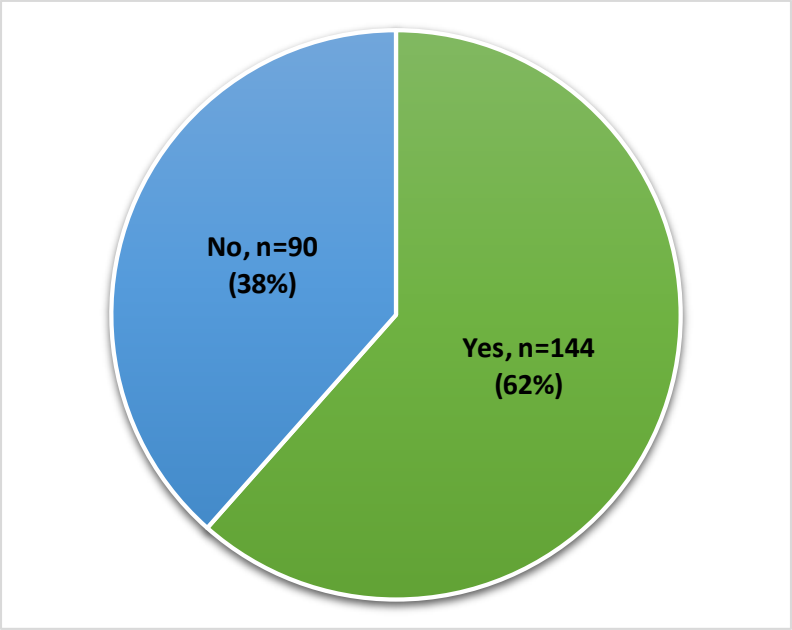

Table 8 – Receive Periodic Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (17), Colorado (1), District of Columbia (2), Florida (12), Georgia (1), Hawaii (2), Illinois (5), Indiana (4), Kansas (3), Kentucky (3), Louisiana (5), Maryland (5), Massachusetts (4), Michigan (9), Minnesota (6), Mississippi (3), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (11), North Dakota (1), Ohio (4), Oregon (9), Pennsylvania (6), Rhode Island (3), South Carolina (1), Texas (6), Utah (2), Virginia (4), Washington (5)	144	61.54%
No	Arkansas (1), California (9), Colorado (1), Delaware (2), District of Columbia (2), Florida (4), Georgia (3), Hawaii (4), Illinois (2), Iowa (2), Kentucky (2), Maryland (4), Massachusetts (1), Michigan (2), Minnesota (2), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (2), New Mexico (2), New York (7), Ohio (1), Oregon (11), Pennsylvania (2), South Carolina (4), Texas (11), Utah (2), Virginia (2)	90	38.46%
National Totals		**234**	**100%**

a. How often does your MCO receive reports?

Figure 7 – Frequency of Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

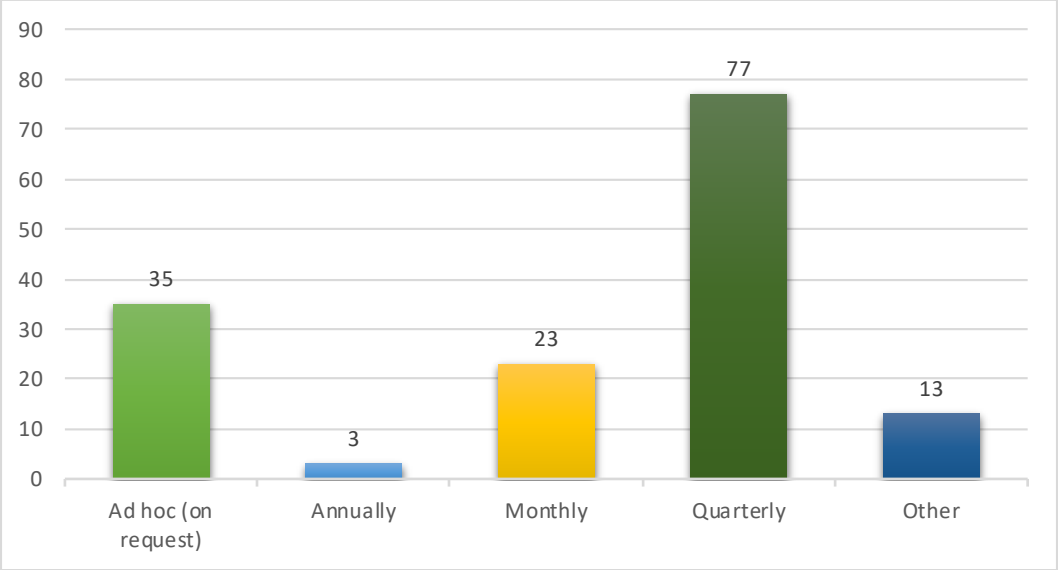

Table 9 – Frequency of Reports Providing Individual Pharmacy Providers DUR Alert Override Activity

Response	States (Count of MCOs)	Total	Percent of Total
Ad hoc (on request)	Arkansas (1), California (4), Colorado (1), District of Columbia (1), Florida (4), Illinois (1), Kansas (1), Kentucky (1), Louisiana (1), Massachusetts (1), Michigan (5), Minnesota (1), New York (4), North Dakota (1), Oregon (2), Pennsylvania (1), Texas (2), Utah (1), Washington (2)	35	23.18%
Annually	Minnesota (1), New York (1), Oregon (1)	3	1.99%
Monthly	Arkansas (1), California (3), Illinois (3), Indiana (1), Kentucky (1), Louisiana (4), Minnesota (1), Mississippi (1), Nebraska (1), New Mexico (1), New York (1), Oregon (1), Pennsylvania (1), Texas (1), Virginia (1), Washington (1)	23	15.23%
Quarterly	California (6), District of Columbia (1), Florida (8), Hawaii (2), Illinois (2), Indiana (2), Kansas (2), Kentucky (1), Maryland (5), Massachusetts (4), Michigan (4), Minnesota (2), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New York (4), Ohio (3), Oregon (7), Pennsylvania (4), Rhode Island (3), South Carolina (1), Texas (3), Utah (1), Virginia (3), Washington (1)	77	50.99%
Other	California (4), Georgia (1), Indiana (1), Louisiana (2), Minnesota (1), New York (2), Ohio (1), Washington (1)	13	8.61%
National Totals		**151**	**100%**

b. Does your MCO follow up with those providers who routinely override with interventions?

Figure 8 – Follow up with Providers who Routinely Override with Interventions

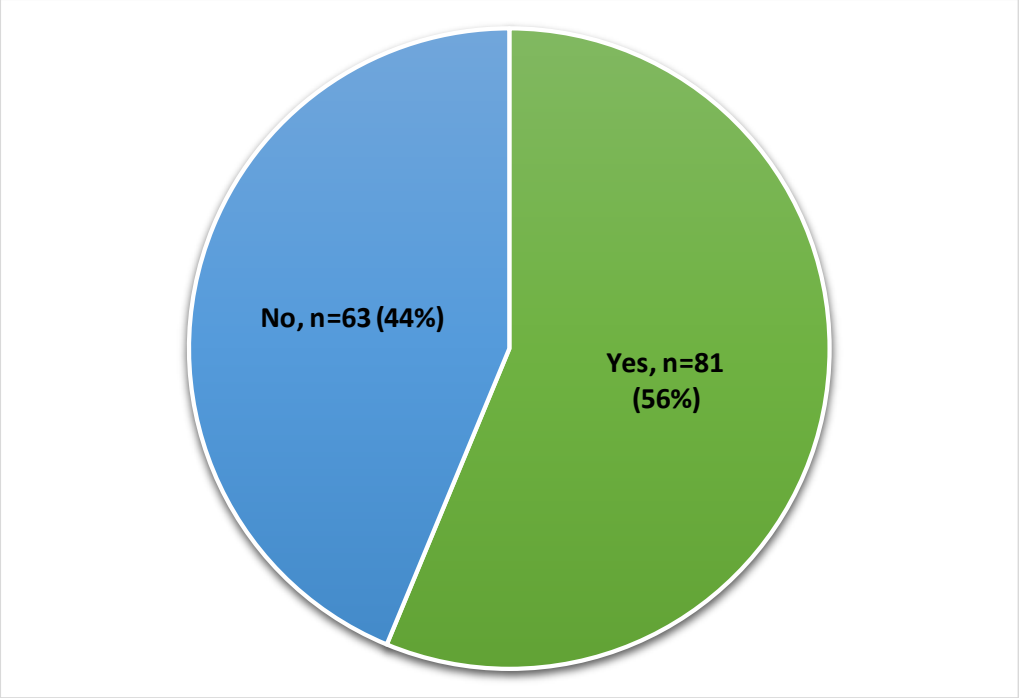

Table 10 – Follow up with Providers who Routinely Override with Interventions

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (7), District of Columbia (2), Florida (6), Georgia (1), Hawaii (2), Illinois (1), Indiana (4), Kansas (2), Kentucky (1), Louisiana (2), Maryland (4), Massachusetts (3), Michigan (7), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (5), North Dakota (1), Ohio (2), Oregon (3), Pennsylvania (2), Rhode Island (3), Texas (4), Utah (1), Virginia (2), Washington (4)	81	56.25%
No	Arkansas (2), California (10), Colorado (1), Florida (6), Illinois (4), Kansas (1), Kentucky (2), Louisiana (3), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (3), Mississippi (1), New Jersey (1), New York (6), Ohio (2), Oregon (6), Pennsylvania (4), South Carolina (1), Texas (2), Utah (1), Virginia (2), Washington (1)	63	43.75%
National Totals		**144**	**100%**

If "Yes," by what method does your MCO follow up?

Figure 9 – Follow up Method with Providers who Routinely Override with Interventions

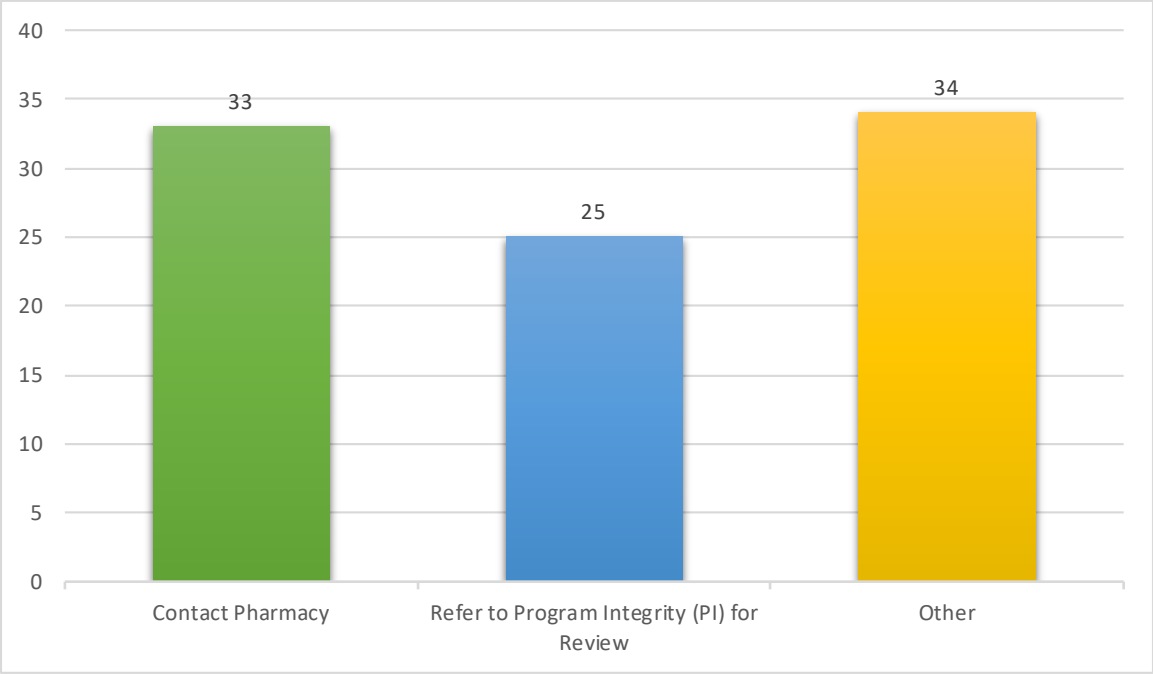

Table 11 – Follow up Method with Providers who Routinely Override with Interventions

Response	States (Count of MCOs)	Total	Percent of Total
Contact Pharmacy	California (5), District of Columbia (1), Florida (4), Hawaii (1), Kentucky (1), Maryland (2), Michigan (2), Minnesota (2), Mississippi (1), Nebraska (1), New Jersey (1), New York (4), North Dakota (1), Oregon (3), Pennsylvania (1), Rhode Island (1), Texas (1), Utah (1)	33	35.87%
Refer to Program Integrity (PI) for Review	California (2), Florida (3), Indiana (3), Kansas (1), Kentucky (1), Louisiana (1), Massachusetts (1), Michigan (5), New Hampshire (1), New York (1), Ohio (1), Oregon (1), Rhode Island (1), Texas (1), Virginia (1), Washington (1)	25	27.17%
Other	California (2), District of Columbia (1), Florida (1), Georgia (1), Hawaii (1), Illinois (1), Indiana (1), Kansas (1), Louisiana (1), Maryland (2), Massachusetts (2), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New Mexico (1), New York (1), Ohio (1), Pennsylvania (1), Rhode Island (2), Texas (3), Virginia (1), Washington (3)	34	36.96%
National Totals		**92**	**100%**

5. Early Refill

a. At what percent threshold does your MCO set your system to edit?

Figure 10 – Non-Controlled Drugs Early Refill Percent Edit Threshold (Average by State)

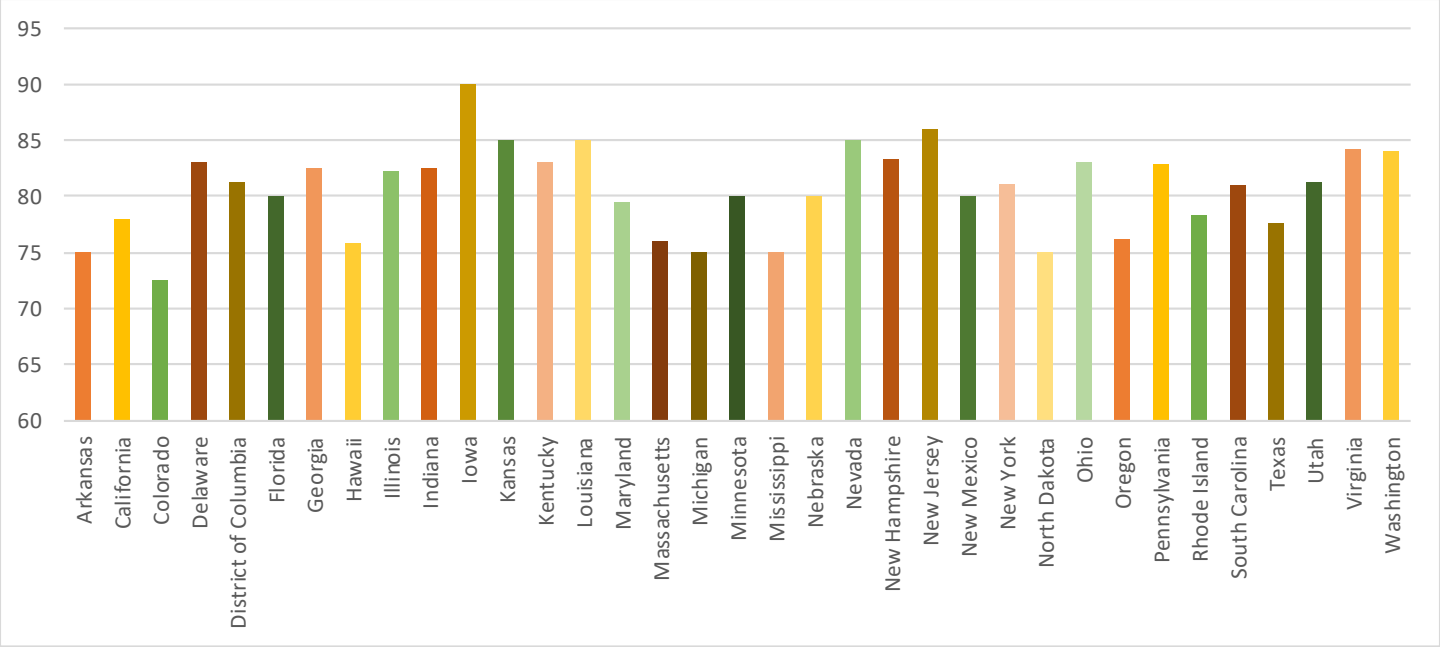

Figure 11 – Schedule II Controlled Drugs Early Refill Percent Edit Threshold (Average by State)

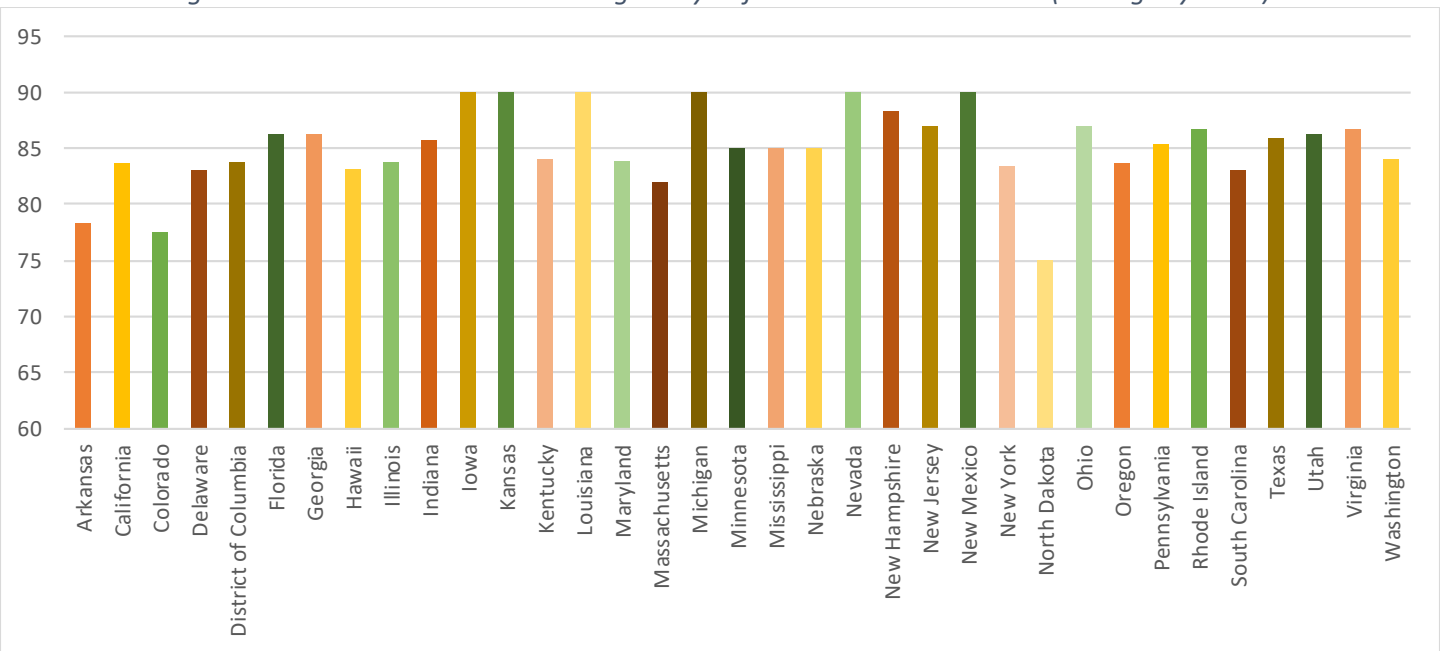

Figure 12 – Schedule III through V Controlled Drugs Early Refill Percent Edit Threshold (Average by State)

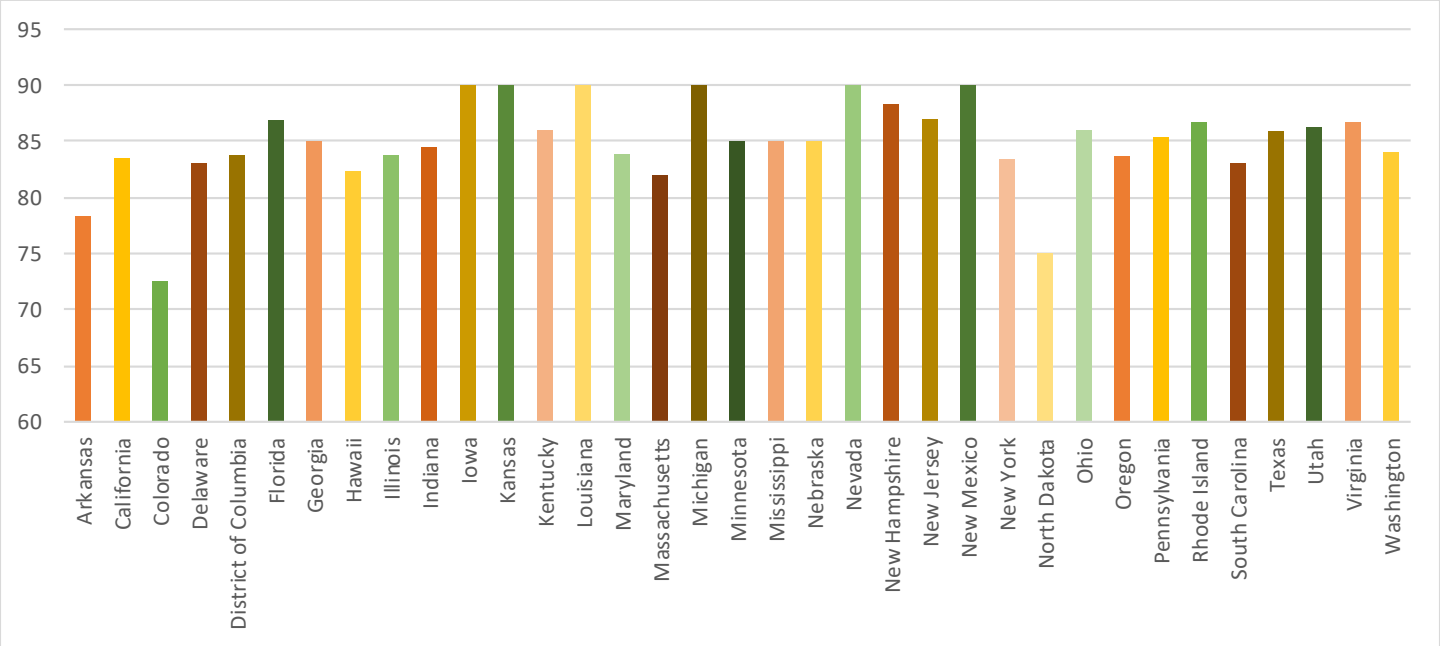

Table 12 – Early Refill Percent Threshold for Non-controlled and Controlled Drugs (Average by State)

State	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
Arkansas	75%	78%	78%
California	78%	84%	83%
Colorado	73%	78%	73%
Delaware	83%	83%	83%
District of Columbia	81%	84%	84%
Florida	80%	86%	87%
Georgia	83%	86%	85%
Hawaii	76%	83%	82%
Illinois	82%	84%	84%
Indiana	83%	86%	85%
Iowa	90%	90%	90%
Kansas	85%	90%	90%
Kentucky	83%	84%	86%
Louisiana	85%	90%	90%
Maryland	79%	84%	84%
Massachusetts	76%	82%	82%
Michigan	75%	90%	90%
Minnesota	80%	85%	85%
Mississippi	75%	85%	85%
Nebraska	80%	85%	85%
Nevada	85%	90%	90%
New Hampshire	83%	88%	88%
New Jersey	86%	87%	87%
New Mexico	80%	90%	90%
New York	81%	83%	83%

State	Non-controlled Drugs	Schedule II Controlled Drugs	Schedule III through V Controlled Drugs
North Dakota	75%	75%	75%
Ohio	83%	87%	86%
Oregon	76%	84%	84%
Pennsylvania	83%	85%	85%
Rhode Island	78%	87%	87%
South Carolina	81%	83%	83%
Texas	78%	86%	86%
Utah	81%	86%	86%
Virginia	84%	87%	87%
Washington	84%	84%	84%
National Average	**81%**	**85%**	**85%**

b. For non-controlled drugs, when an early refill message occurs, does your MCO require PA?

Figure 13 – For Non-Controlled Drugs, Early Refill State Requirements for Prior Authorization

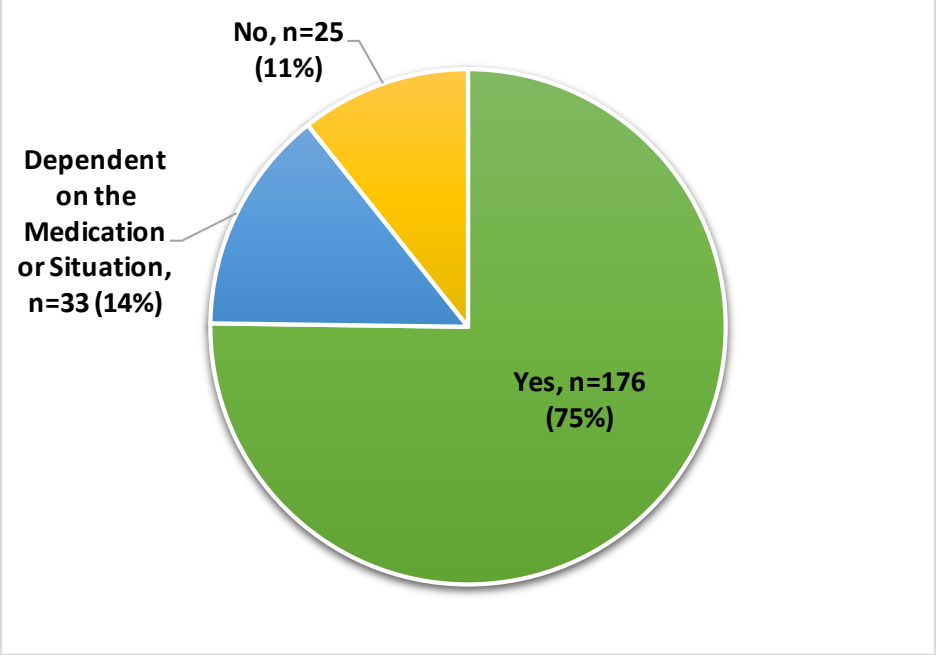

Table 13 – For Non-Controlled Drugs, Early Refill State Requirements for Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (17), Colorado (2), Delaware (2), District of Columbia (2), Florida (13), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (2), Kentucky (5), Louisiana (4), Maryland (6), Massachusetts (3), Michigan (7), Minnesota (6), Mississippi (2), Nebraska (1), Nevada (2), New Hampshire (1), New Jersey (5), New Mexico (2), New York (15), North Dakota (1), Ohio (4), Oregon (14), Pennsylvania (6), Rhode Island (3), South	176	75.21%

Response	States (Count of MCOs)	Total	Percent of Total
	Carolina (3), Texas (14), Utah (2), Virginia (4), Washington (4)		
Dependent on the medication or situation	California (5), Florida (2), Illinois (1), Kansas (1), Maryland (2), Massachusetts (1), Michigan (3), Minnesota (1), Mississippi (1), Nebraska (1), New Hampshire (1), New Mexico (1), New York (2), Ohio (1), Oregon (2), Pennsylvania (1), South Carolina (2), Texas (2), Utah (1), Virginia (2)	33	14.10%
No	California (4), District of Columbia (2), Florida (1), Hawaii (1), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (1), Nebraska (1), Nevada (1), New Hampshire (1), New York (1), Oregon (4), Pennsylvania (1), Texas (1), Utah (1), Washington (1)	25	10.68%
National Totals		**234**	**100%**

If "Yes," or "Dependent on medication or situation," who obtains authorization?

Figure 14 – For Non-Controlled Drugs, Early Refill Authorization Sources

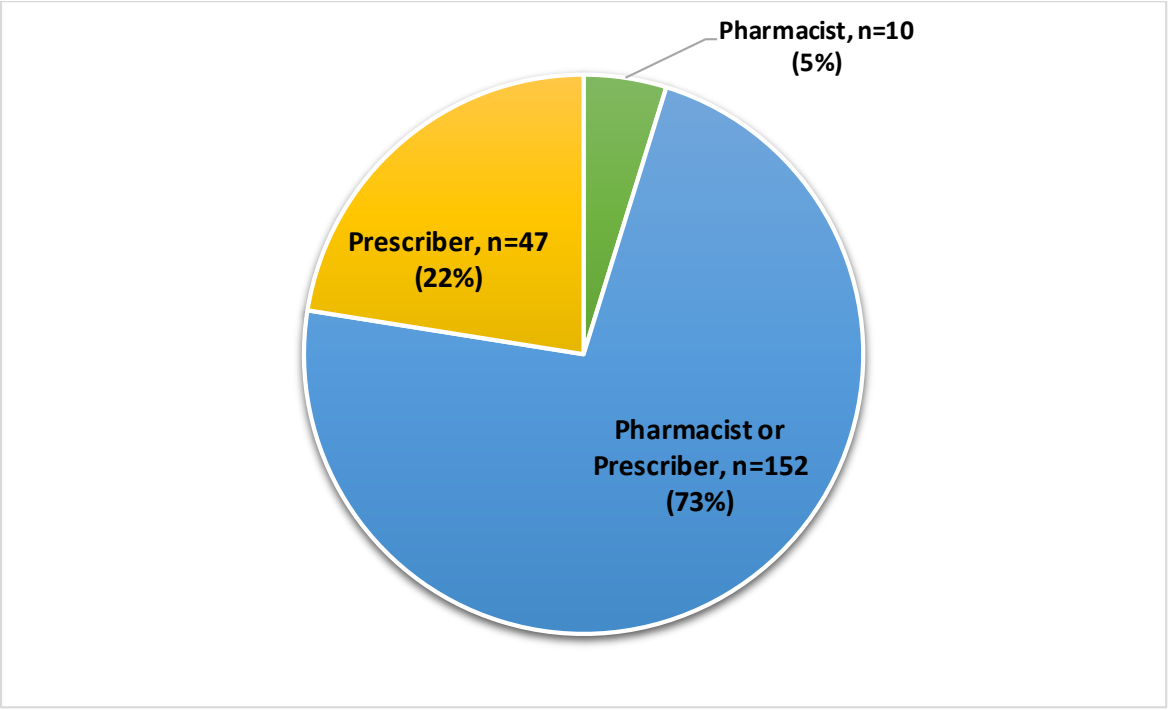

Table 14 – For Non-Controlled Drugs, Early Refill Authorization Sources

Response	States (Count of MCOs)	Total	Percent of Total
Pharmacist	District of Columbia (1), Maryland (1), Massachusetts (1), Minnesota (2), Nebraska (1), New Mexico (1), New York (3)	10	4.78%

Response	States (Count of MCOs)	Total	Percent of Total
Pharmacist or Prescriber	Arkansas (3), California (18), Colorado (2), District of Columbia (1), Florida (10), Georgia (3), Hawaii (5), Illinois (7), Indiana (2), Kansas (1), Kentucky (4), Louisiana (2), Maryland (5), Massachusetts (3), Michigan (7), Minnesota (4), Mississippi (2), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (2), New York (9), North Dakota (1), Ohio (3), Oregon (16), Pennsylvania (4), Rhode Island (2), South Carolina (5), Texas (15), Utah (2), Virginia (4), Washington (4)	152	72.73%
Prescriber	California (4), Delaware (2), Florida (5), Georgia (1), Indiana (2), Iowa (2), Kansas (2), Kentucky (1), Louisiana (2), Maryland (2), Michigan (3), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (5), Ohio (2), Pennsylvania (3), Rhode Island (1), Texas (1), Utah (1), Virginia (2)	47	22.49%
National Totals		**209**	**100%**

If "No," can the pharmacist override at the point of service?

Figure 15 – For Non-Controlled Drugs, Pharmacist May Override at Point of Service

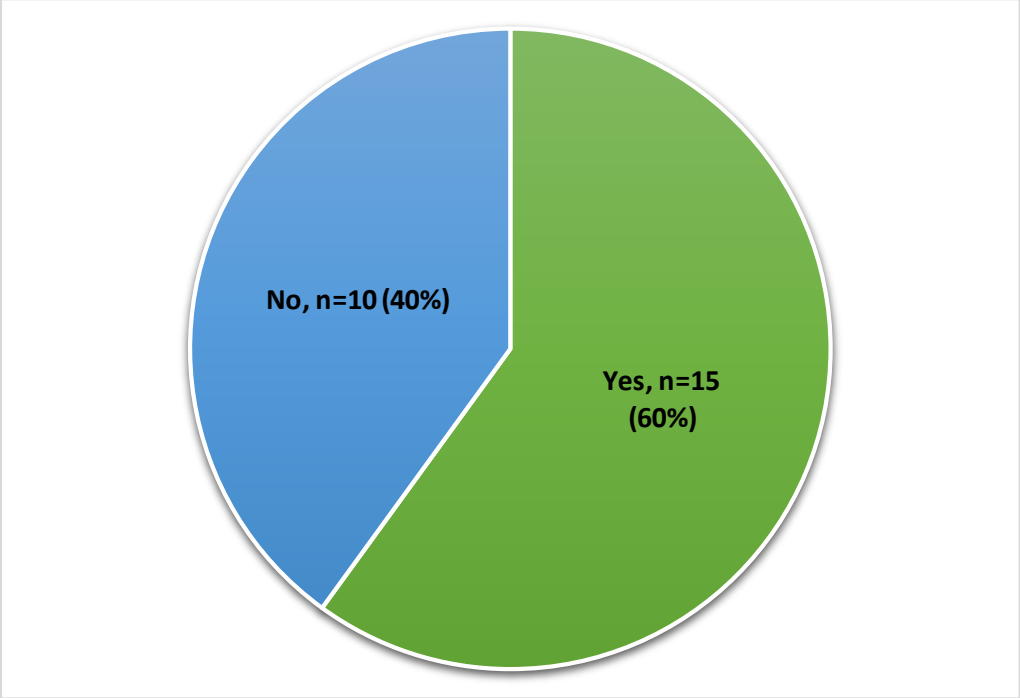

Table 15 – For Non-Controlled Drugs, Pharmacist May Override at Point of Service

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (3), District of Columbia (2), Hawaii (1), Massachusetts (1), Michigan (1), Nebraska (1), New York (1), Oregon (2), Pennsylvania (1), Texas (1), Washington (1)	15	60.00%
No	California (1), Florida (1), Louisiana (1), Maryland (1), Minnesota (1), Nevada (1), New Hampshire (1), Oregon (2), Utah (1)	10	40.00%
National Totals		**25**	**100%**

c. For controlled drugs, when an early refill message occurs, does your MCO require PA?

Figure 16 – For Controlled Drugs, Early Refill Message Requirement for MCO Prior Authorization

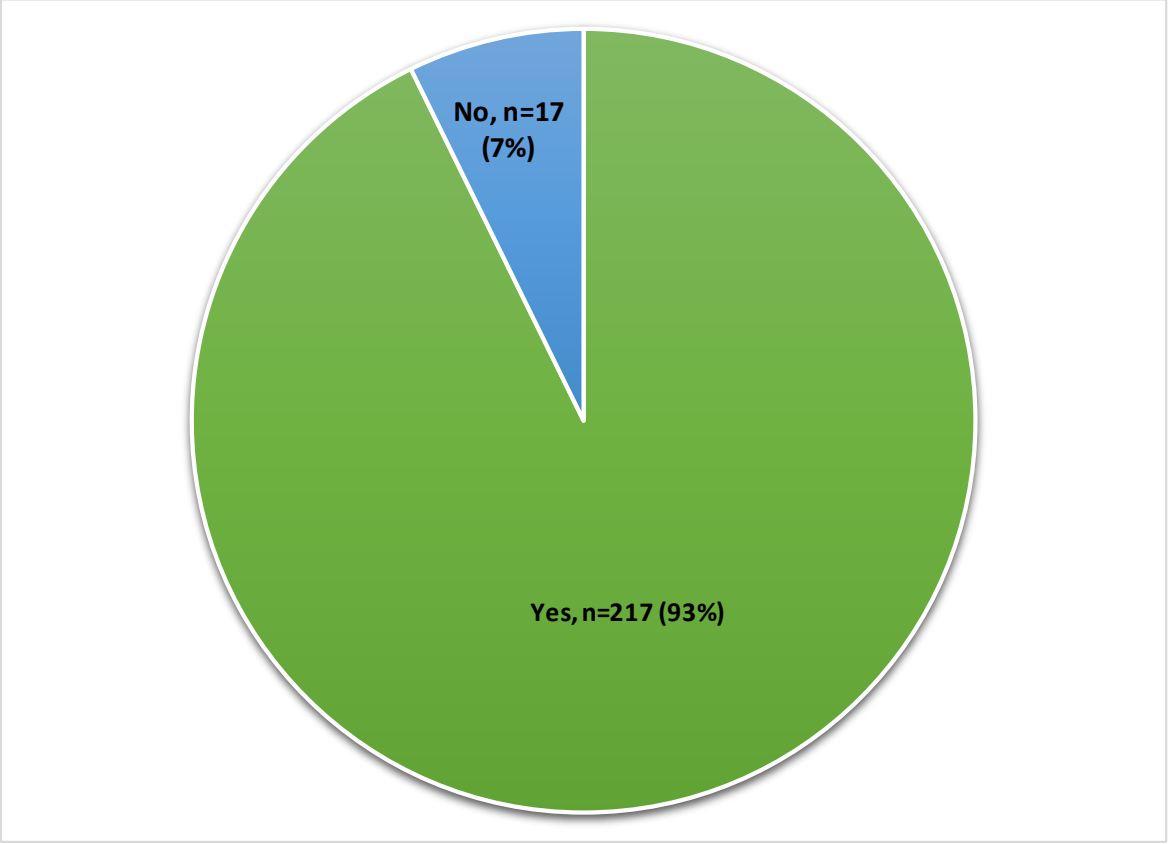

Table 16 – For Controlled Drugs, Early Refill Message Requirement for MCO Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (5), New Mexico (3), New York (16), North Dakota (1), Ohio (5), Oregon (16), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (6), Washington (5)	217	92.74%
No	California (1), Hawaii (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (1), Nevada (1), New Hampshire (1), New York (2), Oregon (4), Pennsylvania (1), Texas (1), Utah (1)	17	7.26%
National Totals		**234**	**100%**

If "Yes," who obtains authorization?

Figure 17 – For Controlled Drugs, Early Refill Authorization Source

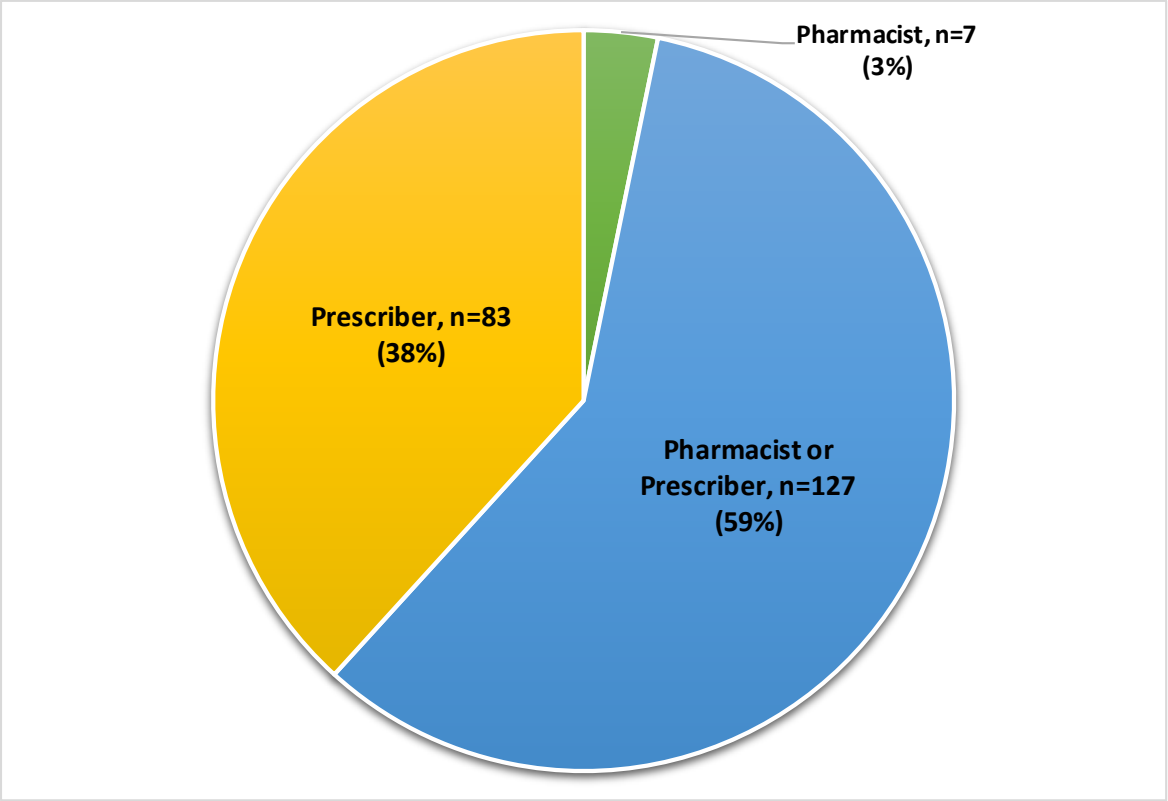

Table 17 – For Controlled Drugs, Early Refill Authorization Source

Response	States (Count of MCOs)	Total	Percent of Total
Pharmacist	Maryland (1), Minnesota (2), Nebraska (1), New York (3)	7	3.23%
Pharmacist or Prescriber	Arkansas (3), California (16), Colorado (2), District of Columbia (3), Florida (6), Georgia (2), Hawaii (4), Illinois (5), Indiana (1), Kansas (1), Kentucky (3), Louisiana (2), Maryland (3), Massachusetts (4), Michigan (3), Minnesota (2), Mississippi (2), Nebraska (1), New Hampshire (2), New Jersey (2), New Mexico (3), New York (7), North Dakota (1), Ohio (3), Oregon (14), Pennsylvania (2), Rhode Island (1), South Carolina (5), Texas (14), Utah (2), Virginia (3), Washington (5)	127	58.53%
Prescriber	California (9), Delaware (2), District of Columbia (1), Florida (10), Georgia (2), Hawaii (1), Illinois (2), Indiana (3), Iowa (2), Kansas (2), Kentucky (2), Louisiana (3), Maryland (4), Michigan (7), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (2), New Jersey (3), New York (6), Ohio (2), Oregon (2), Pennsylvania (5), Rhode Island (2), Texas (2), Utah (1), Virginia (3)	83	38.25%
National Totals		**217**	**100%**

If "No," can the pharmacist override at the point of service?

Figure 18 – For Controlled Drugs, Pharmacist May Override at Point of Service

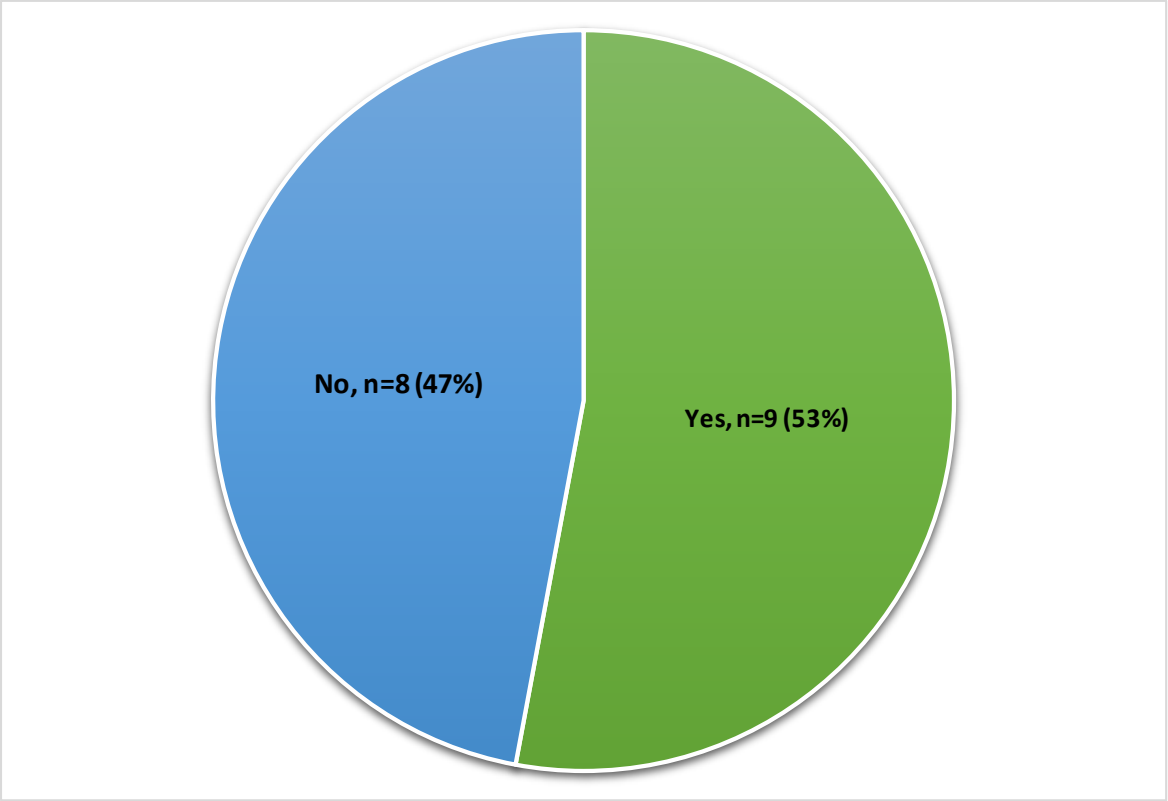

Table 18 – For Controlled Drugs, Pharmacist May Override at Point of Service

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (1), Hawaii (1), Massachusetts (1), Michigan (1), New York (1), Oregon (2), Pennsylvania (1), Texas (1)	9	52.94%
No	Maryland (1), Minnesota (1), Nevada (1), New Hampshire (1), New York (1), Oregon (2), Utah (1)	8	47.06%
National Totals		**17**	**100%**

6. When the pharmacist receives an early refill DUR alert message that requires the pharmacist's review, does your policy allow the pharmacist to override for situations such as:

a. Lost/stolen Rx

Figure 19 – Allows for Pharmacist Overrides for an Early Refill for Lost/Stolen Rx

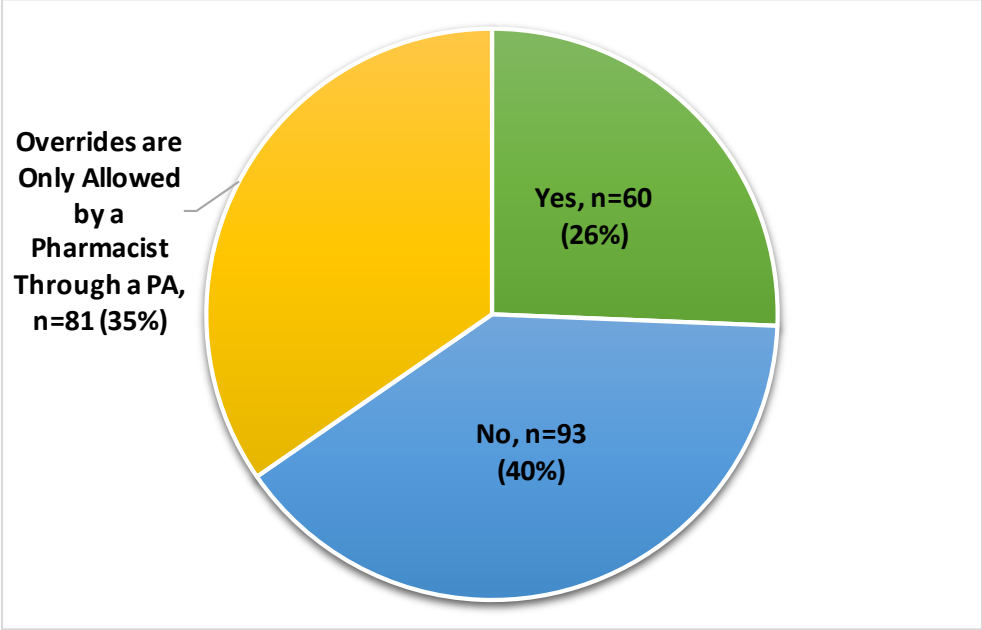

Table 19 – Allows for Pharmacist Overrides for an Early Refill for Lost/Stolen Rx

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (12), Delaware (1), District of Columbia (3), Florida (4), Georgia (1), Hawaii (1), Illinois (3), Indiana (2), Maryland (2), Massachusetts (1), Michigan (2), Minnesota (1), Mississippi (1), Nevada (1), New Hampshire (1), New Jersey (1), New York (2), Ohio (2), Oregon (8), Pennsylvania (2), South Carolina (2), Texas (2), Utah (2), Virginia (1), Washington (1)	60	25.64%
No	California (7), Delaware (1), Florida (6), Georgia (1), Hawaii (2), Illinois (1), Indiana (1), Iowa (2), Kansas (1), Kentucky (2), Louisiana (3), Maryland (4), Massachusetts (3), Michigan (4), Minnesota (4), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (2), New Mexico (3), New York (13), North Dakota (1), Oregon (4), Pennsylvania (4), Rhode Island (2), South Carolina (1), Texas (13), Utah (2), Washington (1)	93	39.74%
Overrides are only allowed by a pharmacist through a PA	Arkansas (2), California (7), Colorado (2), District of Columbia (1), Florida (6), Georgia (2), Hawaii (3), Illinois (3), Indiana (1), Kansas (2), Kentucky (3), Louisiana (2), Maryland (3), Massachusetts (1), Michigan (5), Minnesota (3), Mississippi (2), Nebraska (1), New Hampshire (1), New Jersey (2), New York (3), Ohio (3), Oregon (8), Pennsylvania (2), Rhode Island (1), South Carolina (2), Texas (2), Virginia (5), Washington (3)	81	34.62%
National Totals		**234**	**100%**

b. Vacation

Figure 20 – Allows for Pharmacist Overrides for an Early Refill for Vacation

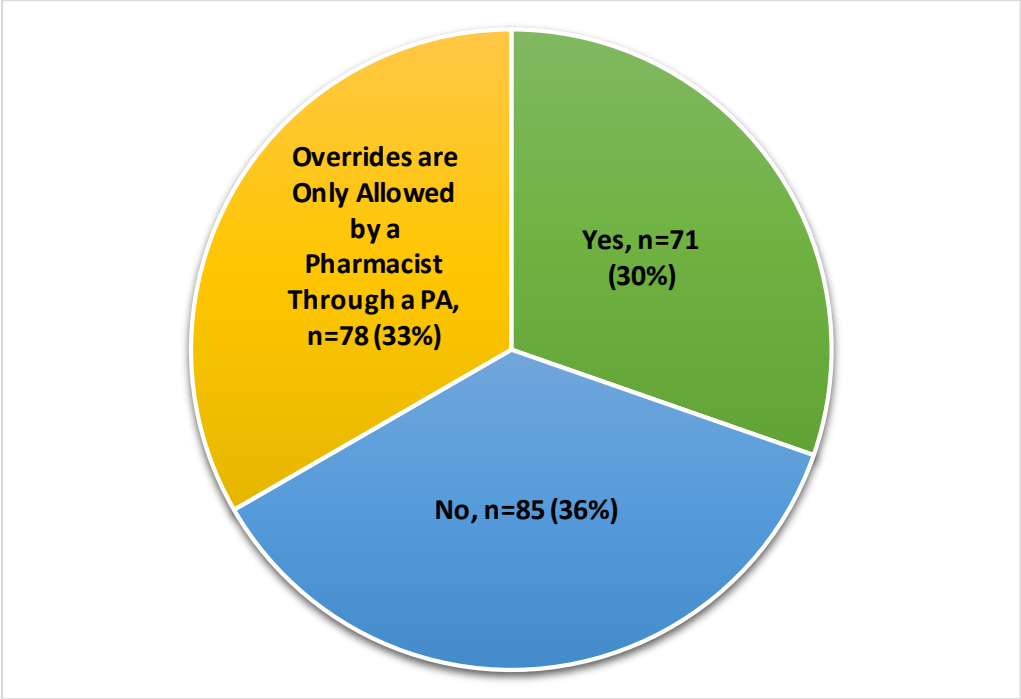

Table 20 – Allows for Pharmacist Overrides for an Early Refill for Vacation

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (12), Delaware (1), District of Columbia (3), Florida (5), Georgia (2), Hawaii (1), Illinois (3), Indiana (2), Kansas (1), Kentucky (1), Maryland (3), Massachusetts (2), Michigan (3), Minnesota (1), Mississippi (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (2), North Dakota (1), Ohio (2), Oregon (8), Pennsylvania (2), South Carolina (2), Texas (3), Utah (2), Virginia (1), Washington (2)	71	30.34%
No	California (7), Delaware (1), Florida (5), Georgia (2), Hawaii (2), Illinois (1), Indiana (1), Iowa (2), Kentucky (2), Louisiana (3), Maryland (4), Massachusetts (2), Michigan (3), Minnesota (4), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (1), New Mexico (3), New York (13), Oregon (2), Pennsylvania (4), Rhode Island (2), South Carolina (2), Texas (12), Utah (2)	85	36.32%
Overrides are only allowed by a pharmacist through a PA	Arkansas (2), California (7), Colorado (2), District of Columbia (1), Florida (6), Hawaii (3), Illinois (3), Indiana (1), Kansas (2), Kentucky (2), Louisiana (2), Maryland (2), Massachusetts (1), Michigan (5), Minnesota (3), Mississippi (2), Nebraska (1), New Hampshire (1), New Jersey (2), New York (3), Ohio (3), Oregon (10), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (2), Virginia (5), Washington (3)	78	33.33%
National Totals		**234**	**100%**

c. "Other"
Please explain.

Please reference individual state MCO reports on Medicaid.gov for more information.

7. Does your system have an accumulation edit to prevent patients from continuously filling prescriptions early?

Figure 21 – System Accumulation Edit for Prevention of Early Prescription Filling

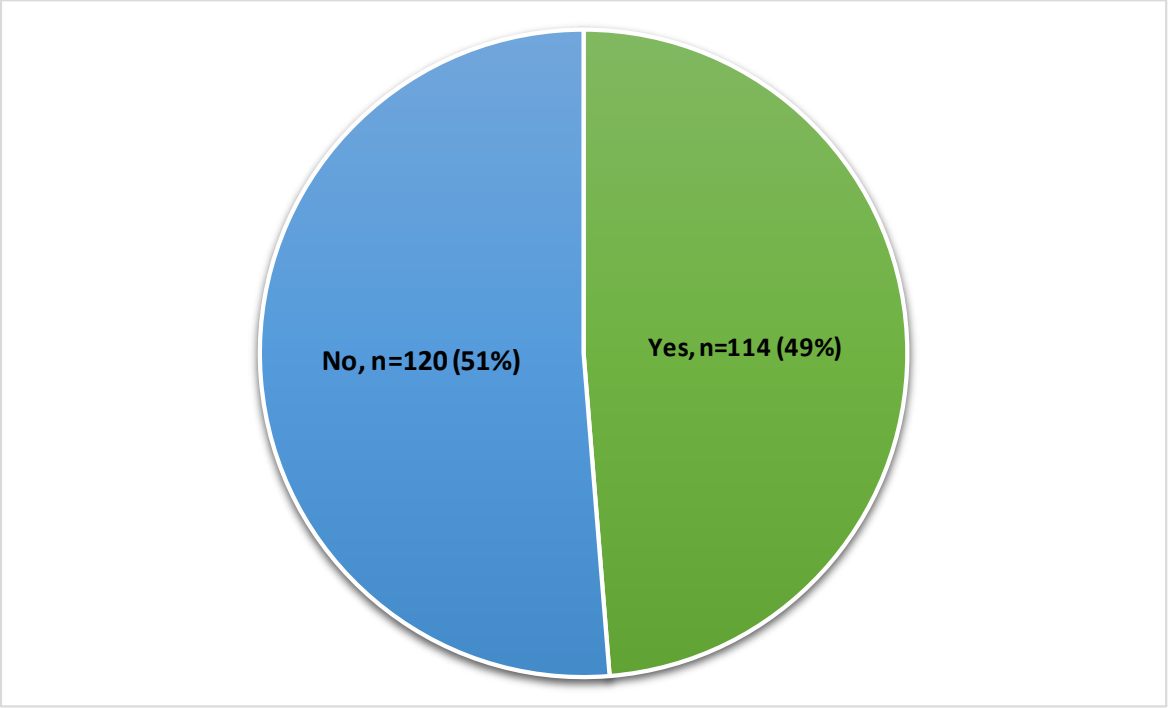

Table 21 – System Accumulation Edit for Prevention of Early Prescription Filling

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (6), District of Columbia (4), Florida (11), Georgia (3), Hawaii (4), Illinois (5), Indiana (2), Kansas (1), Kentucky (3), Louisiana (1), Maryland (6), Massachusetts (2), Michigan (4), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (2), New Mexico (2), New York (13), Ohio (3), Oregon (12), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (3), Utah (2), Virginia (3), Washington (3)	114	48.72%
No	Arkansas (1), California (20), Colorado (2), Delaware (2), Florida (5), Georgia (1), Hawaii (2), Illinois (2), Indiana (2), Iowa (2), Kansas (2), Kentucky (2), Louisiana (4), Maryland (3), Massachusetts (3), Michigan (7), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (1), New York (5), North Dakota (1), Ohio (2), Oregon	120	51.28%

Response	States (Count of MCOs)	Total	Percent of Total
	(8), Pennsylvania (5), Rhode Island (2), South Carolina (2), Texas (14), Utah (2), Virginia (3), Washington (2)		
National Totals		**234**	**100%**

If "No", does your MCO plan to implement this edit?

Figure 22 – Plans to Implement a System Accumulation Edit

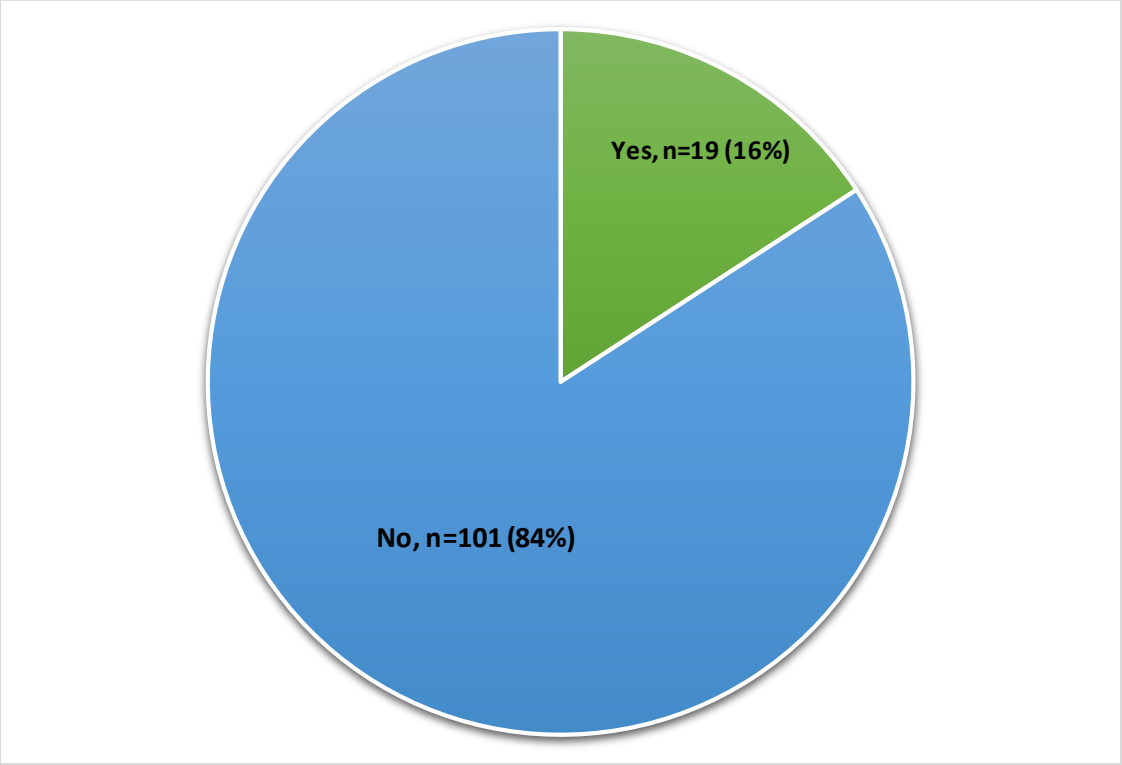

Table 22 – Plans to Implement a System Accumulation Edit

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Florida (1), Georgia (1), Indiana (1), Iowa (2), Massachusetts (1), New Hampshire (2), New Jersey (2), New York (2), Ohio (1), Oregon (2), South Carolina (1), Texas (1), Virginia (2)	19	15.83%
No	Arkansas (1), California (20), Colorado (2), Delaware (2), Florida (4), Hawaii (2), Illinois (2), Indiana (1), Kansas (2), Kentucky (2), Louisiana (4), Maryland (3), Massachusetts (2), Michigan (7), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New Mexico (1), New York (3), North Dakota (1), Ohio (1), Oregon (6), Pennsylvania (5), Rhode Island (2), South Carolina (1), Texas (13), Utah (2), Virginia (1), Washington (2)	101	84.17%
National Totals		**120**	**100%**

8. Does your MCO have any policy prohibiting the auto-refill process that occurs at the POS (i.e. must obtain beneficiary's consent prior to enrolling in the auto-refill program)?

Figure 23 – MCO Auto-Refill Policy Prohibiting Auto Refill

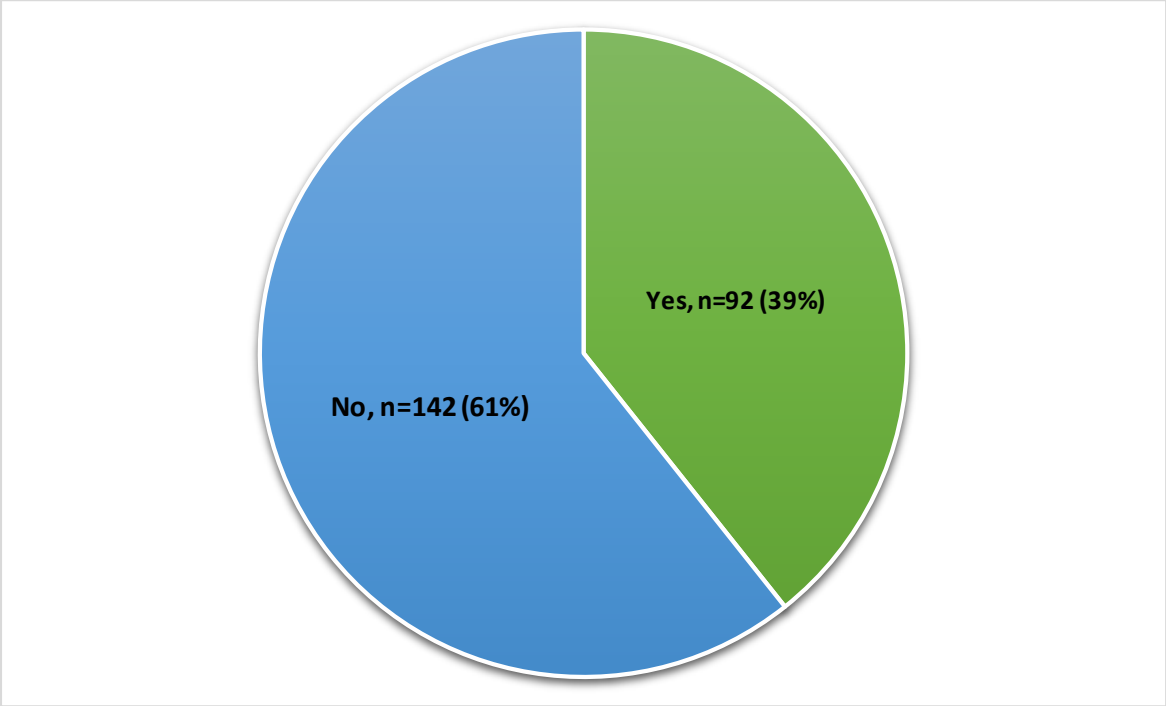

Table 23 – MCO Auto-Refill Policy for Prohibiting Auto Refill

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (10), Delaware (1), District of Columbia (1), Florida (2), Georgia (1), Hawaii (1), Illinois (2), Indiana (2), Louisiana (1), Maryland (2), Massachusetts (2), Michigan (3), Minnesota (7), Mississippi (1), Nevada (1), New Hampshire (1), New Jersey (5), New Mexico (1), New York (12), Ohio (3), Oregon (10), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (14), Utah (1), Virginia (3), Washington (1)	92	39.32%
No	Arkansas (2), California (16), Colorado (2), Delaware (1), District of Columbia (3), Florida (14), Georgia (3), Hawaii (5), Illinois (5), Indiana (2), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Maryland (7), Massachusetts (3), Michigan (8), Minnesota (1), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Mexico (2), New York (6), North Dakota (1), Ohio (2), Oregon (10), Pennsylvania (7), Rhode Island (2), South Carolina (4), Texas (3), Utah (3), Virginia (3), Washington (4)	142	60.68%
National Totals		**234**	**100%**

9. For drugs not on your MCO's Preferred Drug List (PDL), does your MCO have a documented process (i.e. PA) in place, so that the Medicaid beneficiary or the Medicaid beneficiary's prescriber may access any covered outpatient drug when medically necessary?

Figure 24 – Documented Process to Access Any Covered Outpatient Drug (COD) when Medically Necessary

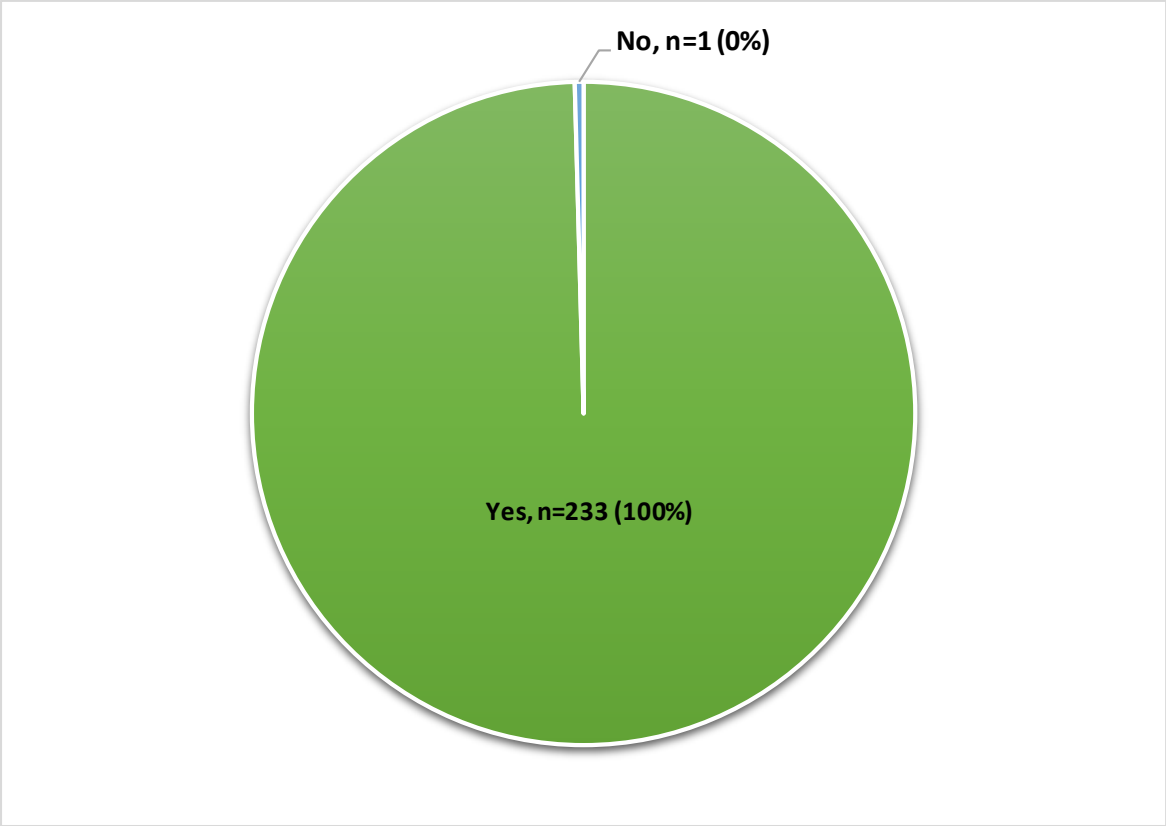

Table 24 – Documented Process to Access Any Covered Outpatient Drug (COD) when Medically Necessary

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (5)	233	99.57%
No	Texas (1)	1	0.43%
National Totals		**234**	**100%**

If "Yes." Please continue.

Figure 25 – Documented Process that the Medicaid Beneficiary or Beneficiary's Prescriber May Access Any Covered Outpatient Drug When Medically Necessary

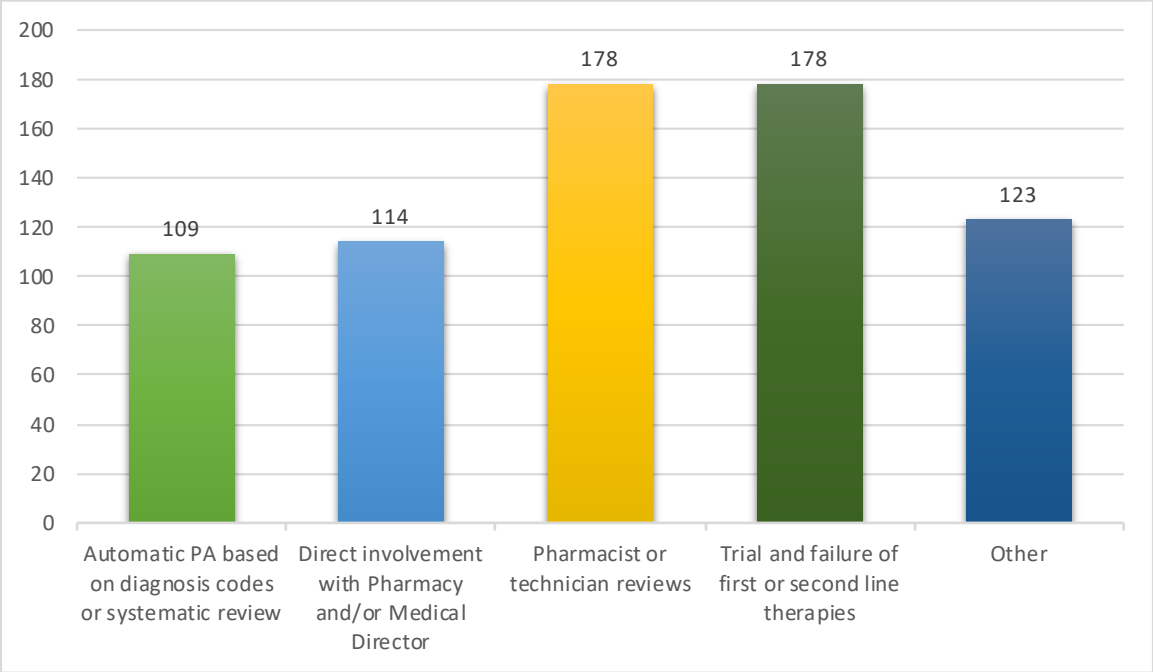

Table 25 – Documented Process that the Medicaid Beneficiary or Beneficiary's Prescriber May Access Any Covered Outpatient Drug When Medically Necessary

Response	States (Count of MCOs)	Total	Percent of Total
Automatic PA based on diagnosis codes or systematic review	Arkansas (1), California (7), Colorado (1), Delaware (1), District of Columbia (2), Florida (8), Georgia (4), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (2), Louisiana (4), Maryland (2), Michigan (3), Minnesota (2), Mississippi (3), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (8), Ohio (4), Oregon (6), Pennsylvania (6), Rhode Island (1), South Carolina (2), Texas (14), Utah (1), Virginia (3), Washington (3)	109	15.53%
Direct involvement with Pharmacy and/or Medical Director	Arkansas (1), California (14), Colorado (1), Delaware (2), District of Columbia (1), Florida (6), Georgia (2), Hawaii (2), Illinois (2), Indiana (2), Kansas (3), Kentucky (2), Louisiana (2), Maryland (7), Massachusetts (1), Michigan (7), Minnesota (6), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (2), New York (10), North Dakota (1), Ohio (5), Oregon (7), Pennsylvania (7), Rhode Island (1), South Carolina (1), Texas (2), Utah (2), Virginia (4), Washington (4)	114	16.24%
Pharmacist or technician reviews	Arkansas (1), California (23), Colorado (2), Delaware (2), District of Columbia (1), Florida (8), Georgia (2), Hawaii (3), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (2), Louisiana (3), Maryland (6), Massachusetts (3), Michigan (11), Minnesota (7), Mississippi (3), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (3), New York (11), North Dakota (1), Ohio (5), Oregon (19), Pennsylvania (7), Rhode Island (3), South Carolina (2), Texas (15), Utah (4), Virginia (4), Washington (4)	178	25.36%

Response	States (Count of MCOs)	Total	Percent of Total
Trial and failure of first- or second-line therapies	Arkansas (1), California (22), Colorado (2), Delaware (1), District of Columbia (2), Florida (8), Georgia (4), Hawaii (3), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (2), Louisiana (5), Maryland (6), Massachusetts (3), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (14), Ohio (5), Oregon (13), Pennsylvania (7), Rhode Island (3), South Carolina (2), Texas (14), Utah (3), Virginia (5), Washington (4)	178	25.36%
Other	Arkansas (2), California (11), Delaware (2), District of Columbia (2), Florida (12), Georgia (2), Hawaii (5), Illinois (3), Indiana (1), Iowa (2), Kansas (3), Kentucky (4), Louisiana (2), Maryland (7), Massachusetts (4), Michigan (6), Minnesota (3), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (1), New York (10), Ohio (2), Oregon (7), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (4), Utah (1), Virginia (5), Washington (1)	123	17.52%
National Totals		**702**	**100%**

a. How does your MCO ensure PA criteria is no more restrictive than the FFS criteria and review?

Please reference individual state MCO reports on Medicaid.gov for more information.

b. Does your program provide for the dispensing of at least a 72-hour supply of CODs in an emergency situation?

Figure 26 – Program Provides for Dispensing a 72-hour Supply of CODs in an Emergency

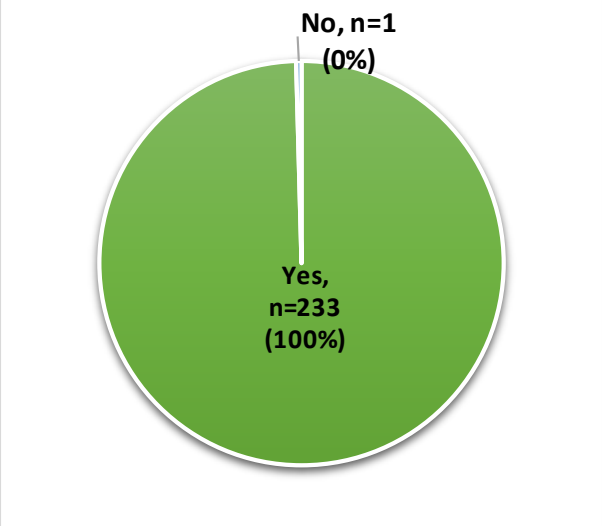

Table 26 – Program Provides for Dispensing a 72-hour Supply of CODs in an Emergency

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	233	99.57%
No	New York (1)	1	0.43%
National Totals		**234**	**100%**

If "Yes," please continue.

Figure 27 – Program Provided for Dispensing of At Least a 72-Hour Supply of CODs in an Emergency Situation

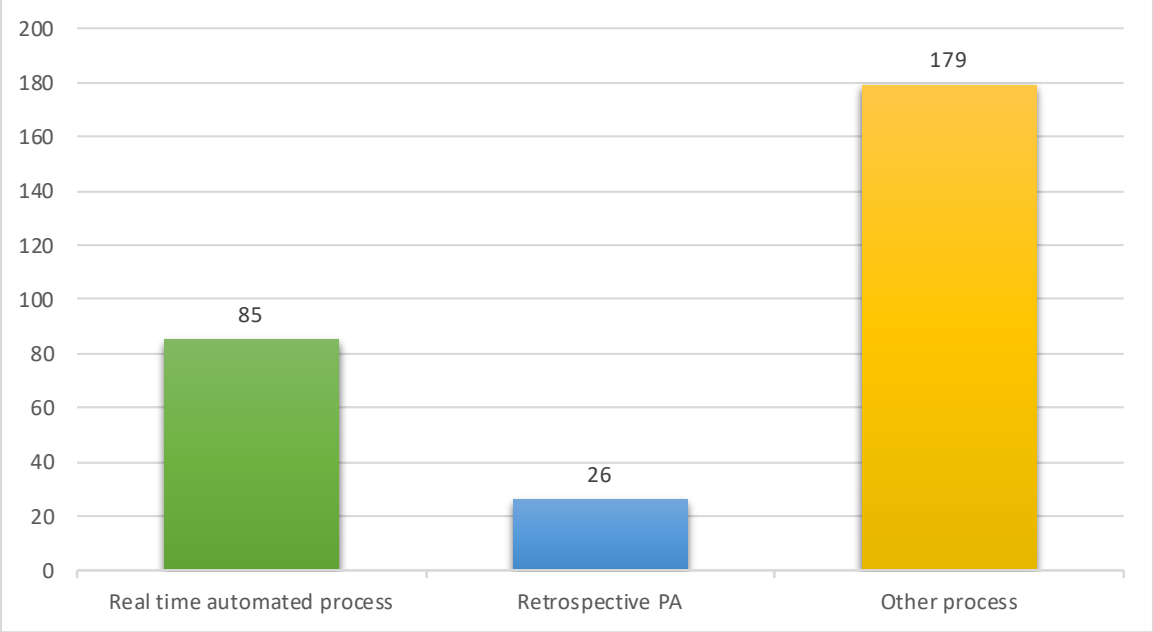

Table 27 – Program Provided for Dispensing of At Least a 72-Hour Supply of CODs in an Emergency Situation

Response	States (Count of MCOs)	Total	Percent of Total
Real time automated process	Arkansas (1), California (7), Colorado (1), Delaware (2), District of Columbia (1), Florida (4), Georgia (2), Hawaii (2), Illinois (2), Indiana (3), Iowa (2), Kansas (1), Kentucky (2), Louisiana (4), Maryland (3), Massachusetts (2), Michigan (2), Minnesota (3), Mississippi (3), Nebraska (1), Nevada (1), New Hampshire (3), New Jersey (2), New York (5), North Dakota (1), Ohio (3), Oregon (4), Pennsylvania (6), Rhode Island (1), South Carolina (2), Texas (5), Virginia (2), Washington (2)	85	29.31%
Retrospective PA	California (9), Illinois (2), Michigan (2), Minnesota (2), New York (1), Oregon (4), Pennsylvania (1), Texas (1), Utah (2), Washington (2)	26	8.97%

Response	States (Count of MCOs)	Total	Percent of Total
Other process	Arkansas (3), California (23), Colorado (1), Delaware (1), District of Columbia (3), Florida (14), Georgia (3), Hawaii (5), Illinois (4), Indiana (3), Kansas (3), Kentucky (3), Louisiana (2), Maryland (7), Massachusetts (3), Michigan (8), Minnesota (5), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (3), New York (15), Ohio (5), Oregon (18), Pennsylvania (5), Rhode Island (3), South Carolina (4), Texas (14), Utah (3), Virginia (4), Washington (4)	179	61.72%
National Totals		**290**	**100%**

10. Top Drug Claims Data Reviewed by the DUR Board

Table 28 – Top Drug Claims Data Reviewed by the DUR Board

Top 10 Prior Authorization (PA) Requests by Drug Name	Top 10 Prior Authorization (PA) Requests by Drug Class	Top 5 Claim Denial Reasons (i.e. Quantity Limits (QL), Early Refill (ER), PA, Therapeutic Duplications (TD), and Age Edits (AE))	Top 10 Drug Names by Amount Paid	Top 10 Drug Names by Claim Count
Oxycodone - Acetaminophen	Opioids	Refill Too Soon	Adalimumab	Albuterol
Hydrocodone - Acetaminophen	Antidiabetic Agents	Plan Limitations Exceeded	Insulin Glargine	Ibuprofen
Dextroamphetamine/amphetamine	Analgesics, Narcotic Agents	Prior Authorization Required	Bictegravir/emtricitabine/tenofovir	Atorvastatin
Omeprazole	Anticonvulsant Agents	Dur Reject Error	Albuterol	Gabapentin
Methylphenidate	Proton Pump Inhibitor Agents	Ndc Not Covered	Lurasidone	Lisinopril
Lisdexamfetamine	Antipsychotic Agents		Lisdexamfetamine	Amoxicillin
Tramadol	Acne Therapy		Paliperidone	Cetirizine
Pantoprazole	Attention Deficit Hyperactivity Disorder Agents		Buprenorphine/naloxone	Metformin
Diclofenac	Adhd Agents/stimulants		Fluticasone	Fluticasone
Adalimumab	Stimulants And Related Agents		Insulin Lispro	Omeprazole

* This table has been developed and formulated using weighted averages to reflect the relative beneficiary size of each reporting MCO.

Section III - Retrospective DUR (RetroDUR)

1. Please indicate how your MCO operates and oversees RetroDUR reviews.

Figure 28 – MCO Operation for the Oversight of RetroDUR Reviews

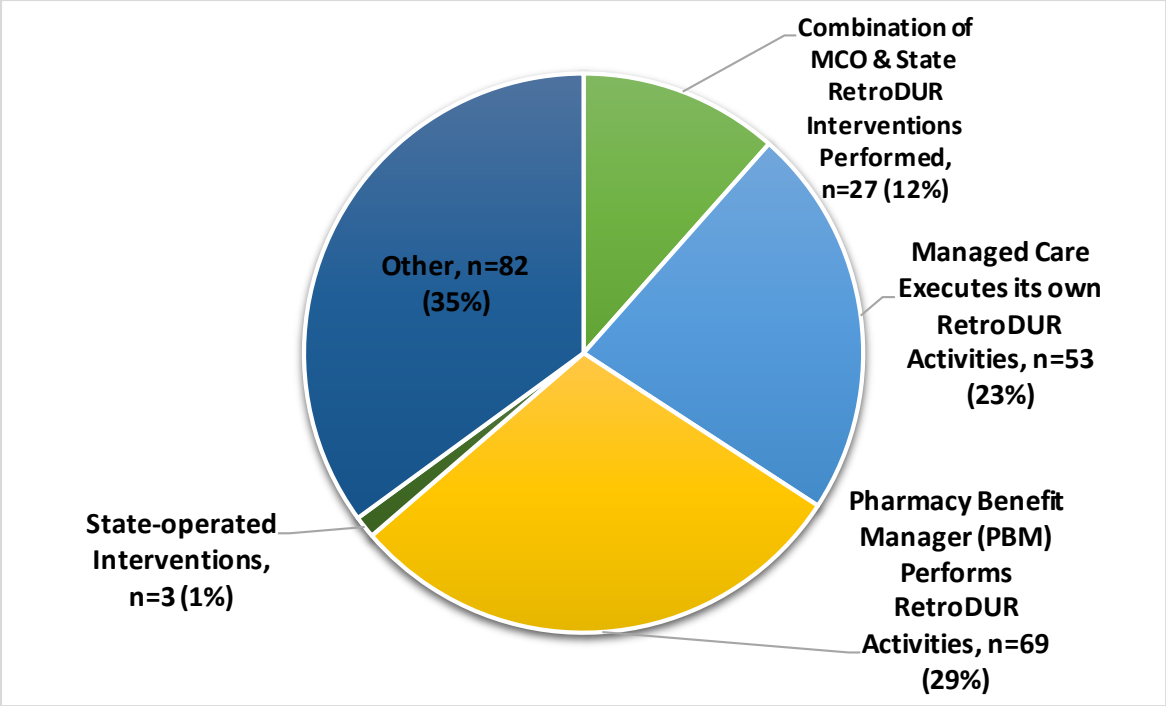

Table 29 – MCO Operation for the Oversight of RetroDUR Reviews

Response	States (Count of MCOs)	Total	Percent of Total
Combination of MCO & state RetroDUR interventions performed	California (3), Delaware (1), Florida (3), Illinois (1), Indiana (1), Kansas (2), Louisiana (3), Michigan (1), Minnesota (1), Mississippi (1), Nebraska (1), New Mexico (1), New York (4), Pennsylvania (1), Rhode Island (1), Texas (1), Virginia (1)	27	11.54%
Managed Care executes its own RetroDUR activities	California (8), Colorado (1), District of Columbia (1), Georgia (2), Hawaii (2), Illinois (1), Kentucky (1), Maryland (2), Massachusetts (1), Michigan (2), Minnesota (2), Nevada (2), New Hampshire (1), New Jersey (1), New Mexico (1), New York (3), Oregon (14), Pennsylvania (4), South Carolina (1), Texas (1), Utah (2)	53	22.65%
Pharmacy Benefit Manager (PBM) performs RetroDUR activities	California (5), District of Columbia (1), Florida (6), Hawaii (2), Illinois (3), Indiana (1), Maryland (5), Massachusetts (2), Michigan (4), Minnesota (3), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (8), North Dakota (1), Ohio (2), Oregon (1), Pennsylvania (1), Rhode Island (2), South Carolina (2), Texas (9), Virginia (2), Washington (3)	69	29.49%
State-operated interventions	California (1), Louisiana (2)	3	1.28%

Response	States (Count of MCOs)	Total	Percent of Total
Other	Arkansas (3), California (9), Colorado (1), Delaware (1), District of Columbia (2), Florida (7), Georgia (2), Hawaii (2), Illinois (2), Indiana (2), Iowa (2), Kansas (1), Kentucky (4), Maryland (2), Massachusetts (2), Michigan (4), Minnesota (2), Mississippi (1), Nebraska (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (3), Ohio (3), Oregon (5), Pennsylvania (2), South Carolina (2), Texas (6), Utah (2), Virginia (3), Washington (2)	82	35.04%
National Totals		**234**	**100%**

2. Identify the vendor, by name and type, that performed your RetroDUR activities during the time period covered by this report.

Figure 29 – Vendor that Performed your RetroDUR Activities During Reporting Period

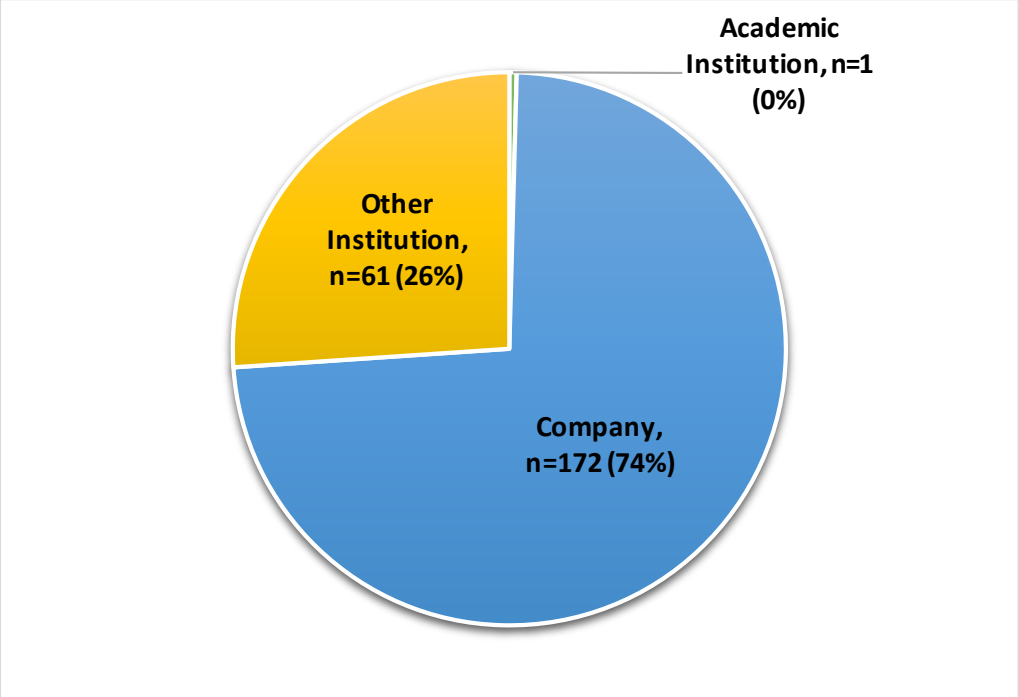

Table 30 – Vendor that Performed your RetroDUR Activities During Reporting Period

Response	States (Count of MCOs)	Total	Percent of Total
Academic Institution	Mississippi (1)	1	0.43%
Company	Arkansas (3), California (15), Colorado (1), District of Columbia (4), Florida (14), Georgia (4), Hawaii (6), Illinois (6), Indiana (3), Iowa (1), Kansas (2), Kentucky (4), Louisiana (4), Maryland (6), Massachusetts (3), Michigan (9), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (4), New Mexico (3), New York (11), North Dakota (1), Ohio (5),	172	73.50%

Response	States (Count of MCOs)	Total	Percent of Total
	Oregon (9), Pennsylvania (3), Rhode Island (2), South Carolina (5), Texas (15), Utah (4), Virginia (5), Washington (4)		
Other Institution	California (11), Colorado (1), Delaware (2), Florida (2), Illinois (1), Indiana (1), Iowa (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (3), Massachusetts (2), Michigan (2), Minnesota (1), New Hampshire (2), New Jersey (1), New York (7), Oregon (11), Pennsylvania (5), Rhode Island (1), Texas (2), Virginia (1), Washington (1)	61	26.07%
National Totals		**234**	**100%**

a. Is the RetroDUR vendor the developer/supplier of your retrospective DUR criteria?

Figure 30 – RetroDUR Vendor the Developer/Supplier of Retrospective DUR Criteria

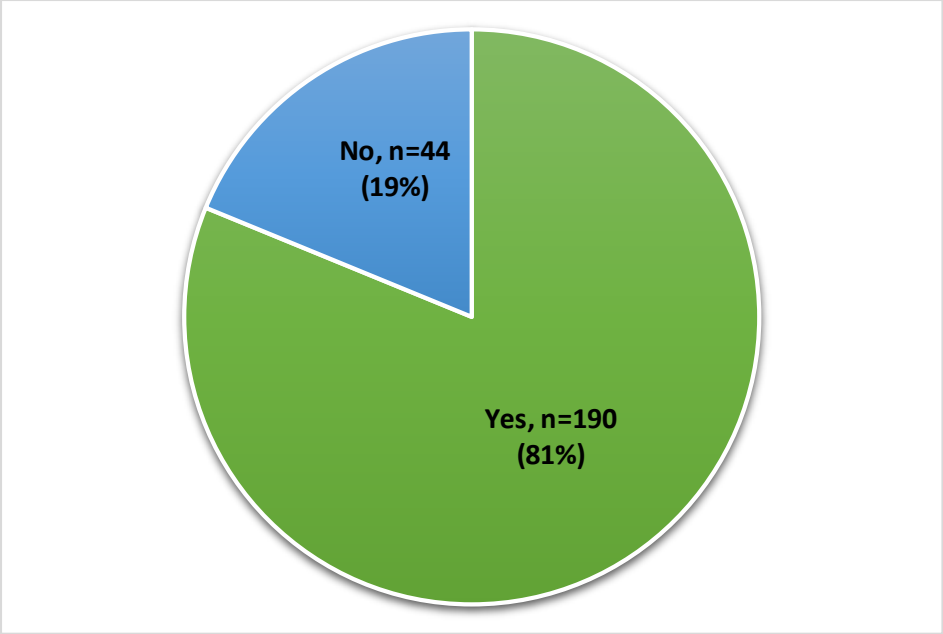

Table 31 – RetroDUR Vendor the Developer/Supplier of Retrospective DUR Criteria

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (16), Colorado (1), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Kansas (3), Kentucky (5), Louisiana (2), Maryland (8), Massachusetts (5), Michigan (10), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (2), New York (15), North Dakota (1), Ohio (5), Oregon (12), Pennsylvania (5), Rhode Island (3), South Carolina (5), Texas (16), Utah (3), Virginia (6), Washington (5)	190	81.20%
No	California (10), Colorado (1), Florida (1), Illinois (1), Iowa (2), Louisiana (3), Maryland (1), Michigan (1), Minnesota (2), Mississippi (1), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (1), New York (3), Oregon (8), Pennsylvania (3), Texas (1), Utah (1)	44	18.80%
National Totals		**234**	**100%**

b. Does your MCO customize your RetroDUR vendor criteria?

Figure 31 – MCO Customize RetroDUR Criteria

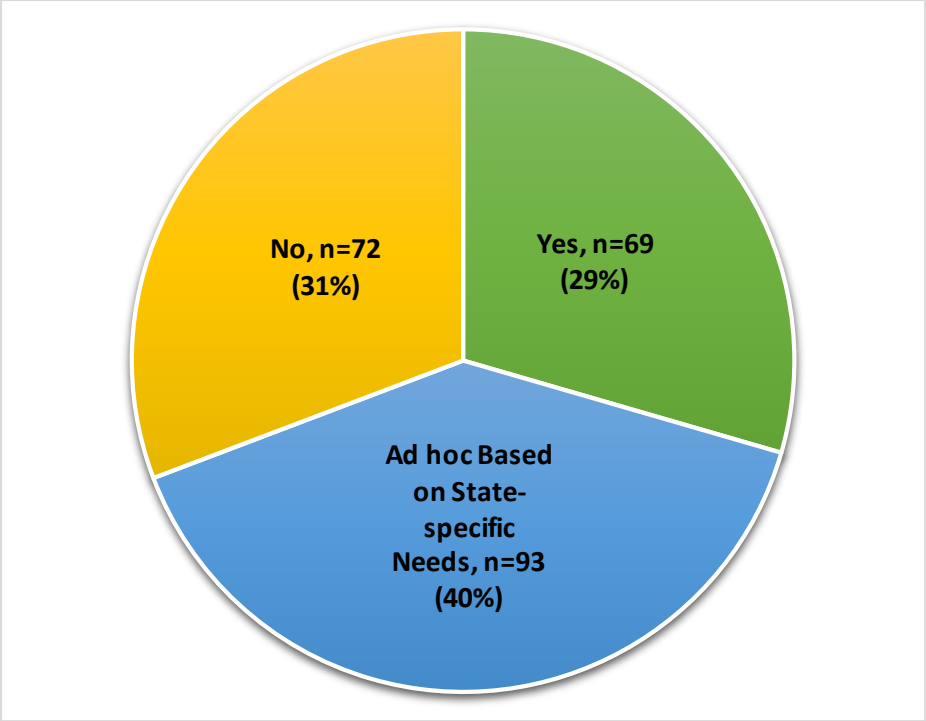

Table 32 – MCO Customize RetroDUR Criteria

Response	States (Count of MCOs)	Total	Percent of Total
Ad hoc based on state-specific needs	Arkansas (1), California (9), Colorado (1), Delaware (2), District of Columbia (1), Florida (10), Georgia (1), Hawaii (2), Indiana (3), Kansas (2), Kentucky (4), Louisiana (3), Maryland (5), Michigan (4), Minnesota (1), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (1), New York (5), Ohio (1), Oregon (9), Pennsylvania (4), Rhode Island (2), South Carolina (1), Texas (3), Utah (1), Virginia (3), Washington (2)	93	39.74%
Yes	Arkansas (2), California (7), District of Columbia (1), Florida (3), Georgia (2), Hawaii (3), Illinois (2), Kansas (1), Kentucky (1), Maryland (1), Massachusetts (2), Michigan (5), Minnesota (2), Nebraska (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (6), Oregon (7), Pennsylvania (2), South Carolina (3), Texas (11), Utah (1), Virginia (2), Washington (1)	69	29.49%
No	California (10), Colorado (1), District of Columbia (2), Florida (3), Georgia (1), Hawaii (1), Illinois (5), Indiana (1), Iowa (2), Louisiana (2), Maryland (3), Massachusetts (3), Michigan (2), Minnesota (5), Mississippi (1), Nevada (1), New Mexico (1), New York (7), North Dakota (1), Ohio (4), Oregon (4), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (3), Utah (2), Virginia (1), Washington (2)	72	30.77%
National Totals		**234**	**100%**

3. Who reviews and approves your MCO RetroDUR criteria?

Figure 32 – RetroDUR Criteria Approval/Review Sources

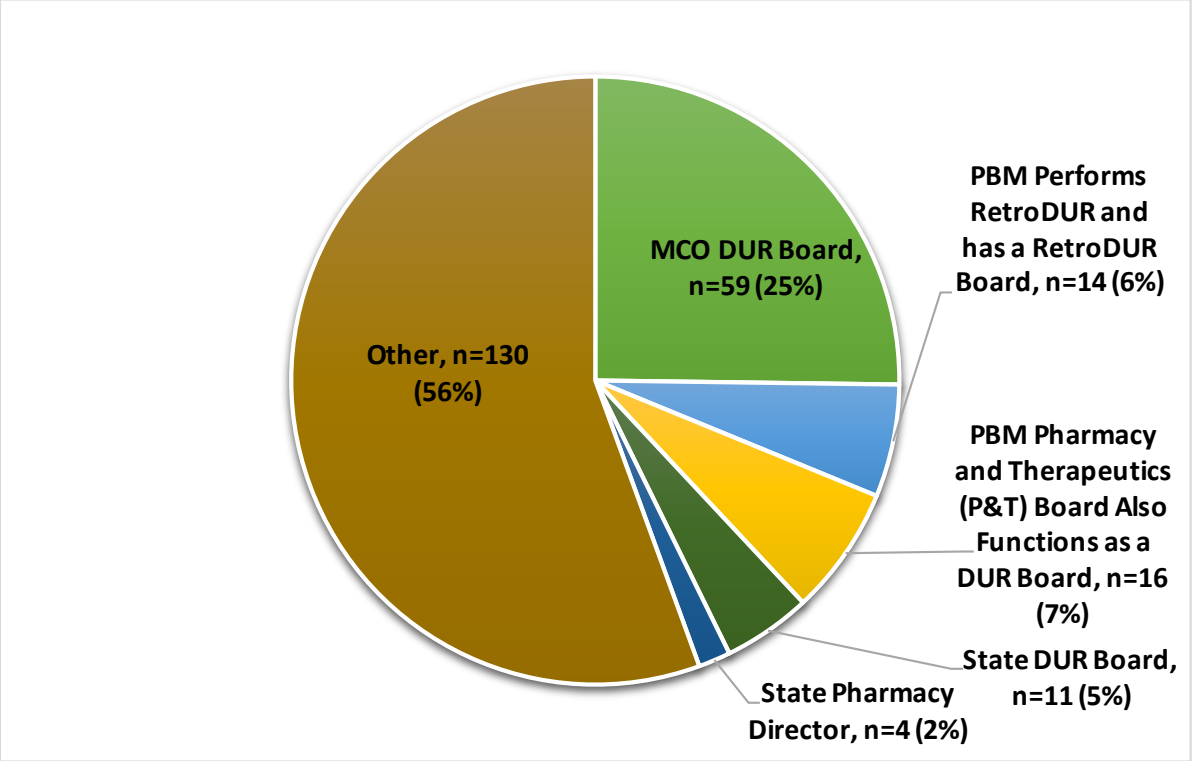

Table 33 – RetroDUR Criteria Approval/Review Sources

Response	States (Count of MCOs)	Total	Percent of Total
MCO DUR Board	Arkansas (1), California (8), Colorado (1), Florida (4), Hawaii (1), Illinois (3), Maryland (1), Michigan (3), Minnesota (2), Mississippi (1), Nevada (1), New York (5), Ohio (1), Oregon (12), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (2), Utah (4), Virginia (3), Washington (2)	59	25.21%
PBM performs RetroDUR and has a RetroDUR Board	Florida (1), Illinois (2), Indiana (1), Michigan (1), Minnesota (3), New Mexico (1), New York (1), North Dakota (1), Texas (2), Washington (1)	14	5.98%
PBM Pharmacy and Therapeutics (P&T) Board also functions as a DUR Board	California (2), Georgia (1), Illinois (2), Kentucky (1), Maryland (1), Massachusetts (1), Michigan (2), Minnesota (2), New Hampshire (1), New York (1), Oregon (1), South Carolina (1)	16	6.84%
State DUR Board	California (1), Florida (4), Iowa (2), Louisiana (2), Mississippi (1), New Jersey (1)	11	4.70%
State Pharmacy Director	California (3), Delaware (1)	4	1.71%
Other	Arkansas (2), California (12), Colorado (1), Delaware (1), District of Columbia (4), Florida (7), Georgia (3), Hawaii (5), Indiana (3), Kansas (3), Kentucky (4), Louisiana (3),	130	55.56%

Response	States (Count of MCOs)	Total	Percent of Total
	Maryland (7), Massachusetts (4), Michigan (5), Minnesota (1), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (2), New York (11), Ohio (4), Oregon (7), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (13), Virginia (3), Washington (2)		
National Totals		**234**	**100%**

4. How often does your MCO perform retrospective practitioner-based education?

Figure 33 – Frequency MCO Performs Retrospective Practitioner-Based Education

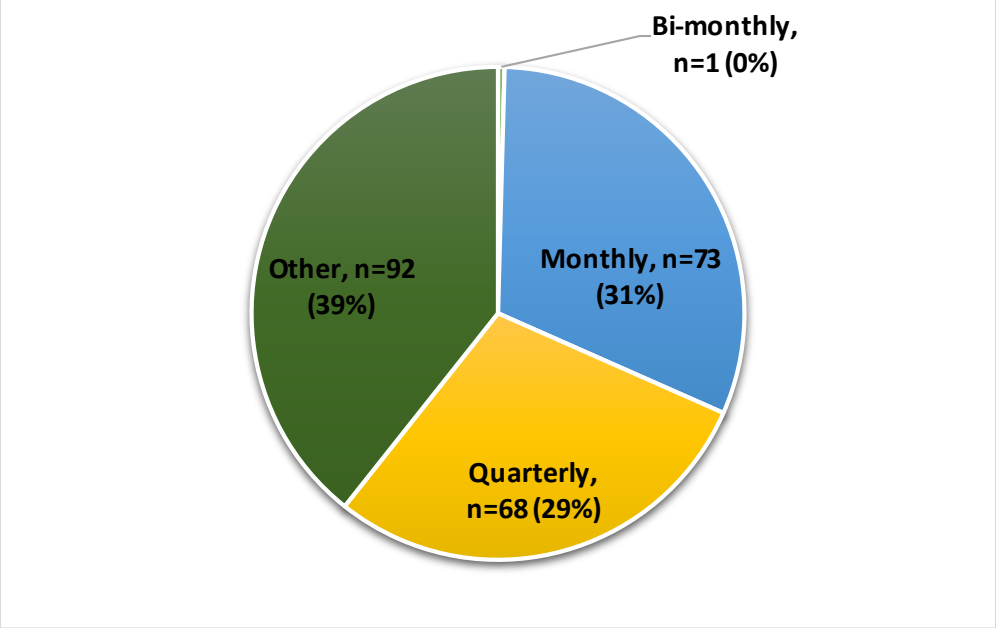

Table 34 – Frequency MCO Performs Retrospective Practitioner-Based Education

Response	States (Count of MCOs)	Total	Percent of Total
Bi-monthly	Oregon (1)	1	0.43%
Monthly	Arkansas (3), California (7), District of Columbia (1), Florida (7), Georgia (3), Hawaii (2), Indiana (2), Kansas (1), Kentucky (3), Louisiana (4), Maryland (3), Massachusetts (2), Michigan (2), Minnesota (1), Mississippi (1), Nevada (2), New Hampshire (2), New Jersey (2), New York (6), Oregon (5), Pennsylvania (3), South Carolina (3), Texas (3), Virginia (4), Washington (1)	73	31.20%
Quarterly	California (11), Colorado (1), Delaware (1), District of Columbia (2), Florida (6), Illinois (3), Indiana (1), Kansas (1), Kentucky (1), Maryland (4), Michigan (5), Minnesota (3), Mississippi (1), Nebraska (2), New Jersey (1), New Mexico (1), New York (2), North Dakota (1), Ohio (1), Oregon (8), South Carolina (1), Texas (4), Utah (4), Virginia (1), Washington (2)	68	29.06%

Response	States (Count of MCOs)	Total	Percent of Total
Other	California (8), Colorado (1), Delaware (1), District of Columbia (1), Florida (3), Georgia (1), Hawaii (4), Illinois (4), Indiana (1), Iowa (2), Kansas (1), Kentucky (1), Louisiana (1), Maryland (2), Massachusetts (3), Michigan (4), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (2), New York (10), Ohio (4), Oregon (6), Pennsylvania (5), Rhode Island (3), South Carolina (1), Texas (10), Virginia (1), Washington (2)	92	39.32%
National Totals		**234**	**100%**

a. How often does your MCO perform retrospective reviews that involves communication of client specific information to healthcare practitioners (through messaging, fax, or mail)?

Figure 34 – Frequency the MCO Performs Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

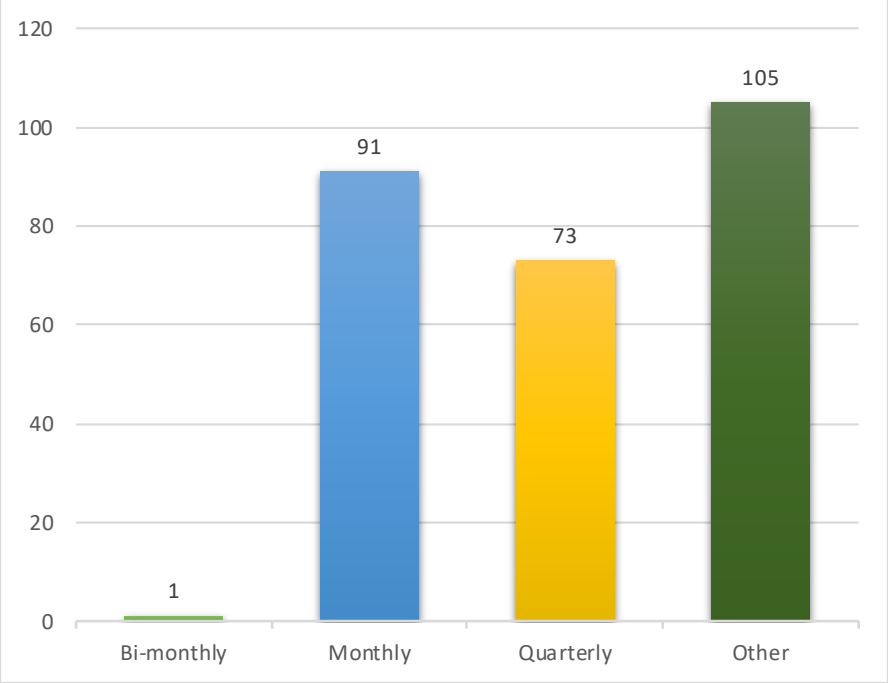

Table 35 – Frequency the MCO Performs Retrospective Reviews that Involve Communication of Client-Specific Information to Healthcare Practitioners

Response	States (Count of MCOs)	Total	Percent of Total
Bi-monthly	Massachusetts (1)	1	0.37%
Monthly	Arkansas (3), California (8), Colorado (1), District of Columbia (3), Florida (10), Georgia (3), Hawaii (2), Illinois (1), Indiana (2), Kentucky (4), Louisiana (4), Maryland (3), Massachusetts (3), Michigan (6), Minnesota (1), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (4), New York (9), Oregon (1),	91	33.70%

Response	States (Count of MCOs)	Total	Percent of Total
	Pennsylvania (3), South Carolina (3), Texas (4), Virginia (4), Washington (2)		
Quarterly	California (13), Colorado (1), Delaware (1), District of Columbia (1), Florida (4), Illinois (3), Indiana (1), Iowa (2), Kansas (1), Maryland (4), Michigan (5), Minnesota (3), Mississippi (1), New Jersey (1), New Mexico (1), New York (4), North Dakota (1), Ohio (1), Oregon (13), Pennsylvania (3), South Carolina (1), Texas (2), Utah (3), Virginia (1), Washington (2)	73	27.04%
Other	California (14), Delaware (1), District of Columbia (1), Florida (3), Georgia (1), Hawaii (4), Illinois (4), Indiana (1), Kansas (2), Kentucky (1), Louisiana (1), Maryland (2), Massachusetts (3), Michigan (4), Minnesota (4), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New Mexico (2), New York (9), Ohio (4), Oregon (12), Pennsylvania (4), Rhode Island (3), South Carolina (1), Texas (12), Utah (2), Virginia (2), Washington (2)	105	38.89%
National Totals		**270**	**100%**

b. What is the preferred mode of communication when performing RetroDUR initiatives?

Figure 35 – Preferred Mode of Communication When Performing RetroDUR Initiatives

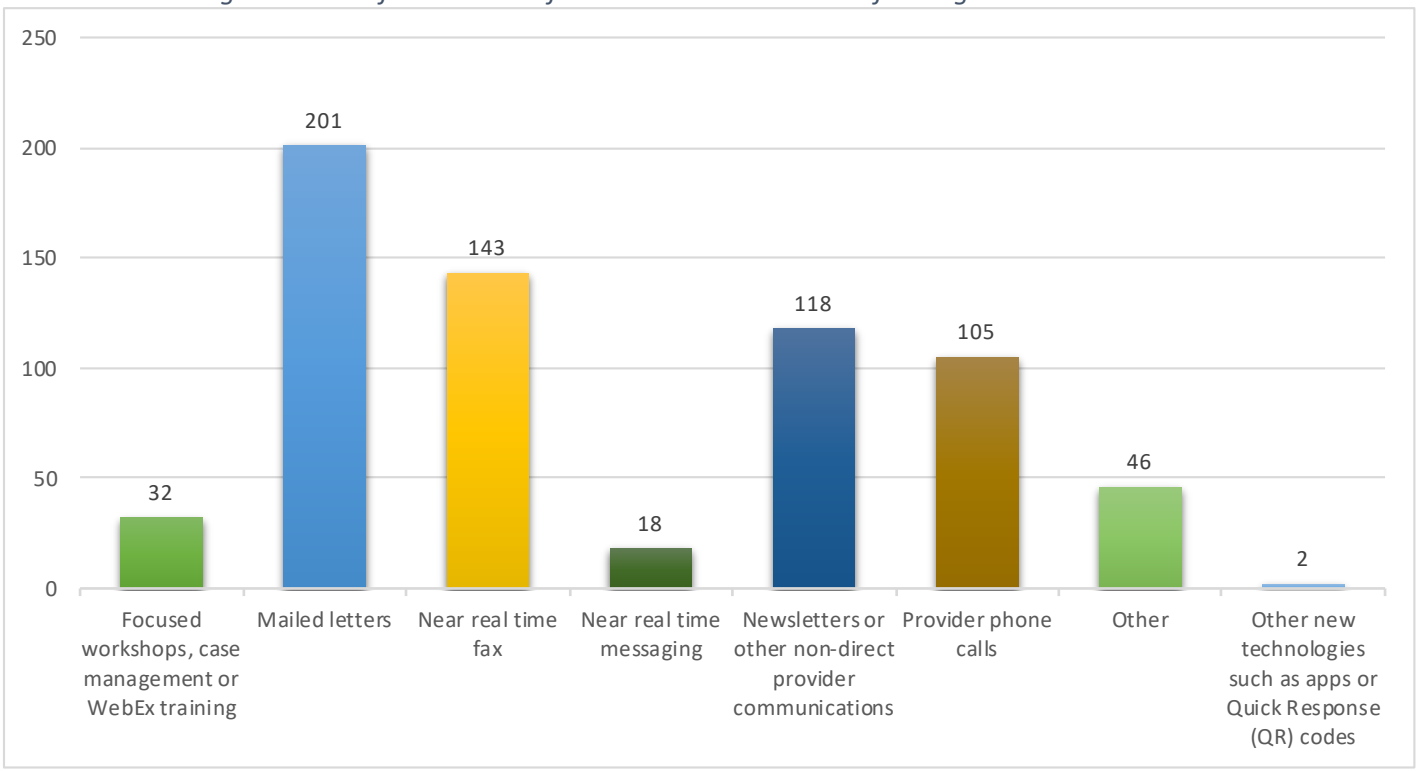

Table 36 – Preferred Mode of Communication When Performing RetroDUR Initiatives

Response	States (Count of MCOs)	Total	Percent of Total
Focused workshops, case management or WebEx training	Arkansas (1), California (6), District of Columbia (2), Georgia (1), Maryland (2), Michigan (3), Minnesota (2), Mississippi (1), Nebraska (1), New York (1), Ohio (1), Oregon (6), Pennsylvania (3), Texas (1), Utah (1)	32	4.81%
Mailed letters	Arkansas (3), California (21), Colorado (2), Delaware (1), District of Columbia (3), Florida (16), Georgia (4), Hawaii (1), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (8), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (17), Ohio (5), Oregon (12), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	201	30.23%
Near real time fax	Arkansas (2), California (14), Delaware (1), District of Columbia (3), Florida (12), Georgia (4), Hawaii (5), Illinois (4), Indiana (1), Kansas (3), Kentucky (5), Louisiana (2), Maryland (5), Massachusetts (3), Michigan (7), Minnesota (4), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (1), New Jersey (5), New Mexico (2), New York (12), North Dakota (1), Ohio (5), Oregon (5), Pennsylvania (5), Rhode Island (2), South Carolina (4), Texas (6), Utah (2), Virginia (5), Washington (4)	143	21.50%
Near real time messaging	California (1), Delaware (1), Georgia (1), Indiana (1), Kentucky (1), Maryland (1), Michigan (1), Minnesota (2), New Hampshire (1), Ohio (2), Oregon (1), Pennsylvania (2), South Carolina (1), Virginia (1), Washington (1)	18	2.71%
Newsletters or other non-direct provider communications	Arkansas (2), California (15), Colorado (2), Delaware (2), District of Columbia (2), Florida (5), Georgia (1), Hawaii (2), Illinois (3), Indiana (1), Iowa (2), Kansas (2), Kentucky (2), Louisiana (2), Maryland (5), Massachusetts (2), Michigan (5), Minnesota (2), Mississippi (2), Nebraska (2), Nevada (2), New Jersey (3), New Mexico (2), New York (9), Ohio (3), Oregon (13), Pennsylvania (4), Rhode Island (3), South Carolina (2), Texas (4), Utah (4), Virginia (5), Washington (3)	118	17.74%
Provider phone calls	Arkansas (2), California (10), District of Columbia (4), Florida (8), Georgia (2), Illinois (3), Indiana (2), Iowa (2), Kansas (1), Kentucky (2), Louisiana (1), Maryland (4), Massachusetts (3), Michigan (7), Minnesota (3), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (9), Ohio (2), Oregon (7), Pennsylvania (4), Rhode Island (1), South Carolina (4), Texas (4), Utah (2), Virginia (3), Washington (3)	105	15.79%
Other	Arkansas (1), California (6), Colorado (1), Delaware (1), Florida (3), Georgia (1), Hawaii (1), Illinois (2), Indiana (1), Iowa (1), Kansas (1), Kentucky (1), Maryland (1), Michigan (3), Minnesota (3), Nebraska (1), New Jersey (1), New Mexico (1), New York (3), Ohio (1), Oregon (3), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (3), Washington (1)	46	6.92%

Response	States (Count of MCOs)	Total	Percent of Total
Other new technologies such as apps or Quick Response (QR) codes	Michigan (1), Virginia (1)	2	0.30%
National Totals		**665**	**100%**

5. Summary 1: RetroDUR Educational Outreach

Summary 1: RetroDUR Educational Outreach is a year-end summary report on retrospective screening and educational interventions. The summary should be limited to the most prominent problems with the largest number of exceptions.

Please reference individual state MCO reports on Medicaid.gov for more information.

Section IV - DUR Board Activity

1. Does your MCO utilize the same DUR Board as the state FFS Medicaid program or does your MCO have its own DUR Board?

Figure 36 – MCO Utilizes the Same DUR Board as the State FFS Program or Has Own DUR Board

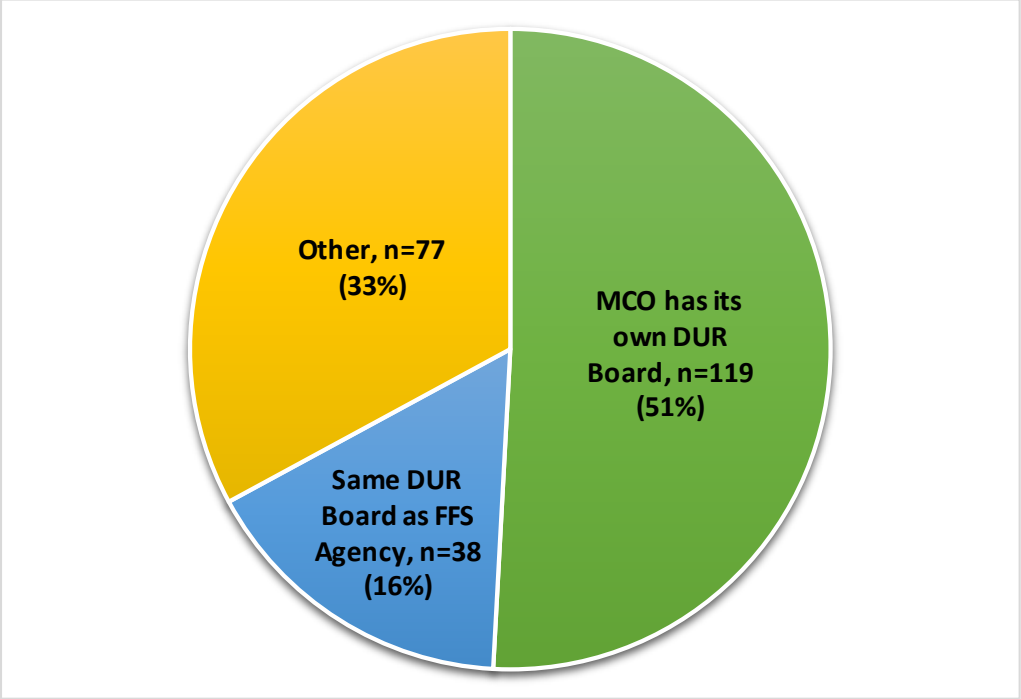

Table 37 – MCO Utilizes the Same DUR Board as the State FFS Program or Has Own DUR Board

Response	States (Count of MCOs)	Total	Percent of Total
MCO has its own DUR Board	Arkansas (3), California (10), Colorado (2), District of Columbia (2), Florida (6), Georgia (2), Hawaii (4), Illinois (5), Kentucky (3), Maryland (4), Michigan (8), Minnesota (6), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (3), New York (11), North Dakota (1), Ohio (4), Oregon (17), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (4), Utah (4), Virginia (4), Washington (1)	119	50.85%
Same DUR Board as FFS agency	California (8), Florida (5), Indiana (3), Iowa (2), Kentucky (1), Louisiana (4), Massachusetts (1), Michigan (1), Mississippi (1), Nebraska (1), Nevada (1), Texas (10)	38	16.24%
Other	California (8), Delaware (2), District of Columbia (2), Florida (5), Georgia (2), Hawaii (2), Illinois (2), Indiana (1), Kansas (3), Kentucky (1), Louisiana (1), Maryland (5), Massachusetts (4), Michigan (2), Minnesota (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (3), New York (7), Ohio (1), Oregon (3), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (3), Virginia (2), Washington (4)	77	32.91%
National Totals		**234**	**100%**

2. Summary 2: DUR Board Activities Summary

Summary 2: DUR Board Activities Summary should be a brief descriptive report on DUR Board activities during the fiscal year reported.

Please reference individual state MCO reports on Medicaid.gov for more information.

3. Does your MCO have a Medication Therapy Management (MTM) Program?

Figure 37 – MCO has Medication Therapy Management Program

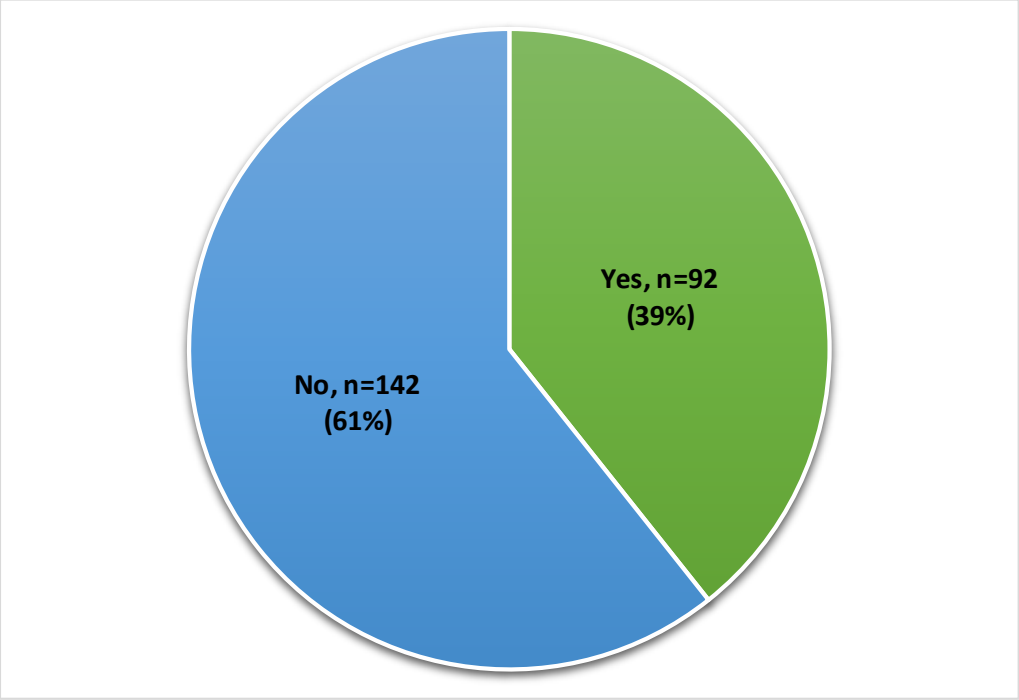

Table 38 – MCO has Medication Therapy Management Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (6), Delaware (2), District of Columbia (2), Florida (5), Georgia (2), Hawaii (1), Illinois (1), Indiana (4), Kansas (3), Kentucky (1), Louisiana (5), Massachusetts (1), Michigan (3), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (1), New Hampshire (3), New Mexico (1), New York (5), Ohio (5), Oregon (9), Pennsylvania (4), Rhode Island (1), South Carolina (1), Texas (2), Utah (1), Virginia (6), Washington (3)	92	39.32%
No	Arkansas (2), California (20), Colorado (2), District of Columbia (2), Florida (11), Georgia (2), Hawaii (5), Illinois (6), Iowa (2), Kentucky (4), Maryland (9), Massachusetts (4), Michigan (8), Mississippi (1), Nevada (2), New Jersey (5), New Mexico (2), New York (13), North Dakota (1), Oregon (11), Pennsylvania (4), Rhode Island (2), South Carolina (4), Texas (15), Utah (3), Washington (2)	142	60.68%
National Totals		**234**	**100%**

Section V - Physician Administered Drugs (PAD)

The Deficit Reduction Act requires collection of national drug code (NDC) numbers for covered outpatient physician administered drugs. These drugs are paid through the physician and hospital programs. Has your pharmacy system been designed to incorporate this data into your DUR criteria for:

1. ProDUR?

Figure 38 – Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

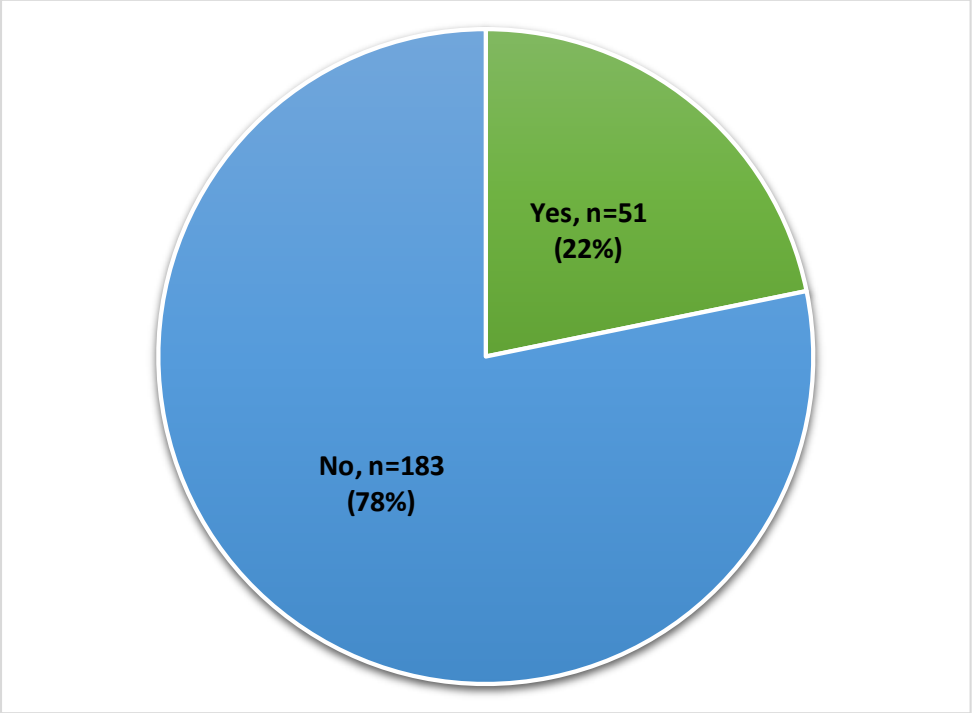

Table 39 – Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (3), Delaware (1), District of Columbia (2), Florida (4), Georgia (1), Illinois (2), Indiana (1), Kentucky (1), Louisiana (1), Maryland (1), Michigan (2), Minnesota (1), Mississippi (1), Nevada (1), New Jersey (2), New York (7), Ohio (1), Oregon (7), Pennsylvania (1), South Carolina (2), Texas (4), Utah (2), Virginia (1), Washington (1)	51	21.79%
No	Arkansas (2), California (23), Colorado (2), Delaware (1), District of Columbia (2), Florida (12), Georgia (3), Hawaii (6), Illinois (5), Indiana (3), Iowa (2), Kansas (3), Kentucky (4), Louisiana (4), Maryland (8), Massachusetts (5), Michigan (9), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (11), North Dakota (1), Ohio (4), Oregon (13), Pennsylvania (7), Rhode Island (3), South Carolina (3), Texas (13), Utah (2), Virginia (5), Washington (4)	183	78.21%
National Totals		**234**	**100%**

If "No," does your MCO have a plan to include this information in your DUR criteria in the future?

Figure 39 – Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

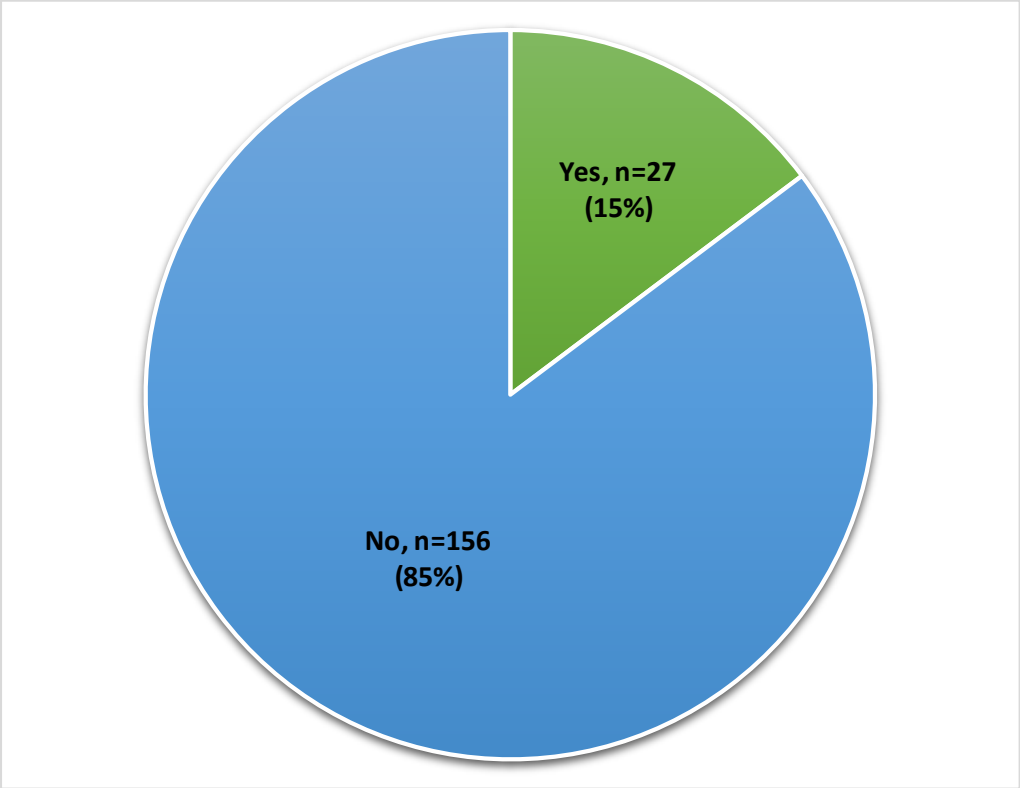

Table 40 – Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for ProDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (6), Florida (1), Hawaii (2), Kansas (1), Louisiana (1), Maryland (1), Michigan (1), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (1), New York (2), North Dakota (1), Ohio (1), Pennsylvania (1), Rhode Island (1), Texas (1), Virginia (1), Washington (1)	27	14.75%
No	Arkansas (2), California (17), Colorado (2), Delaware (1), District of Columbia (2), Florida (11), Georgia (3), Hawaii (4), Illinois (5), Indiana (3), Iowa (2), Kansas (2), Kentucky (4), Louisiana (3), Maryland (7), Massachusetts (5), Michigan (8), Minnesota (7), Nebraska (2), Nevada (1), New Hampshire (3), New Jersey (2), New Mexico (3), New York (9), Ohio (3), Oregon (13), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (12), Utah (2), Virginia (4), Washington (3)	156	85.25%
National Totals		**183**	**100%**

2. RetroDUR?

Figure 40 – Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

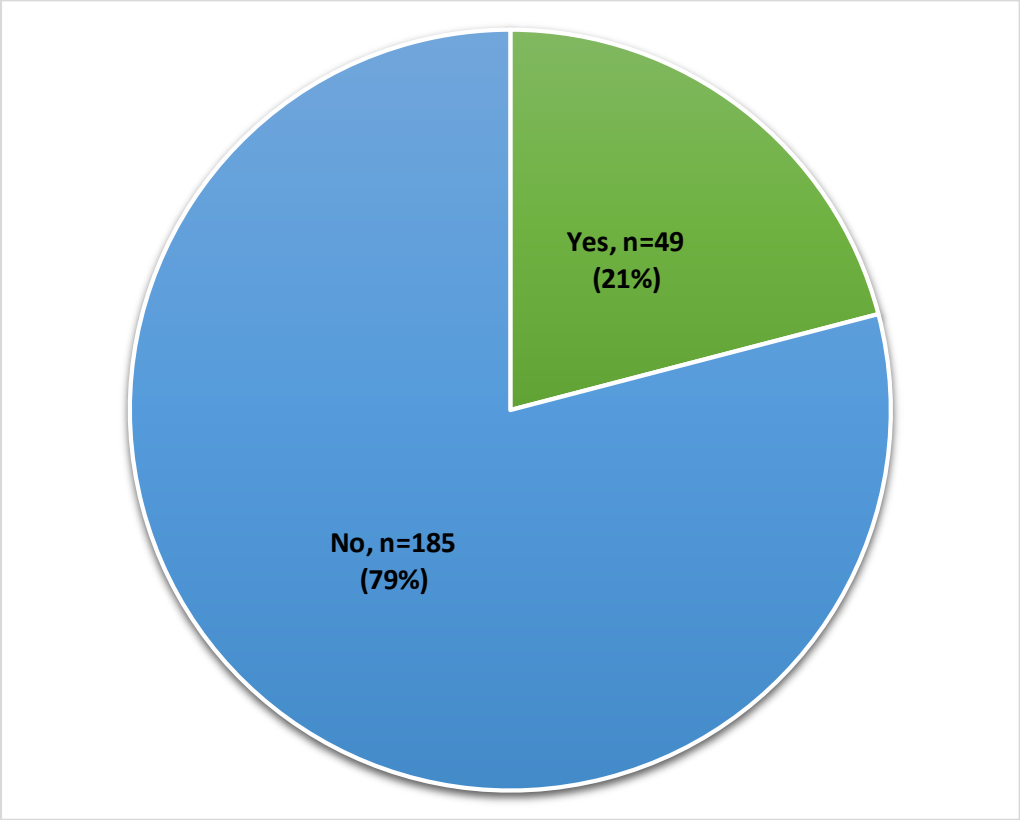

Table 41 – Incorporation of NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (5), Delaware (1), District of Columbia (1), Florida (1), Hawaii (1), Illinois (2), Massachusetts (1), Michigan (3), Minnesota (1), Mississippi (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (7), Ohio (1), Oregon (9), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (3), Utah (2), Virginia (2), Washington (1)	49	20.94%
No	Arkansas (3), California (21), Colorado (2), Delaware (1), District of Columbia (3), Florida (15), Georgia (4), Hawaii (5), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (8), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (1), New York (11), North Dakota (1), Ohio (4), Oregon (11), Pennsylvania (7), Rhode Island (2), South Carolina (4), Texas (14), Utah (2), Virginia (4), Washington (4)	185	79.06%
National Totals		**234**	**100%**

If "No," does your MCO have a plan to include this information in your DUR criteria in the future?

Figure 41 – Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

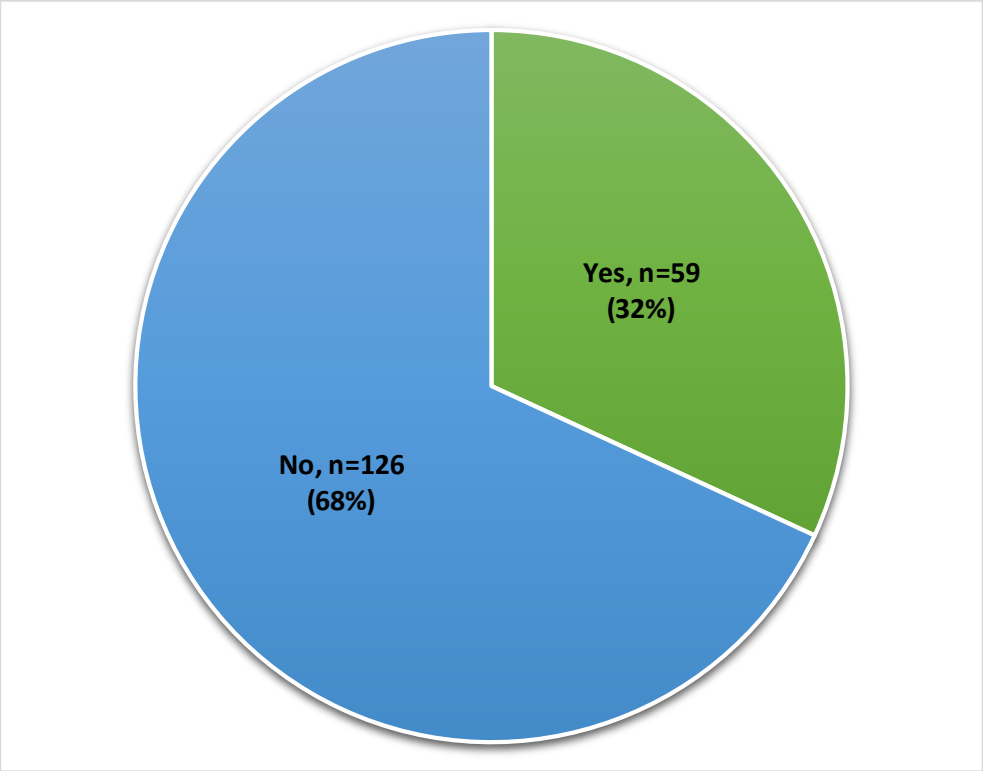

Table 42 – Future Plans to Incorporate NDCs for Covered Outpatient Physician Administered Drugs into DUR criteria for RetroDUR

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (7), Colorado (1), District of Columbia (1), Florida (4), Georgia (2), Hawaii (2), Illinois (1), Indiana (1), Kansas (2), Kentucky (2), Louisiana (3), Maryland (3), Michigan (2), Mississippi (2), Nebraska (1), Nevada (2), New Jersey (3), New York (4), Ohio (1), Oregon (3), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (2), Virginia (3), Washington (2)	59	31.89%
No	Arkansas (2), California (14), Colorado (1), Delaware (1), District of Columbia (2), Florida (11), Georgia (2), Hawaii (3), Illinois (4), Indiana (3), Iowa (2), Kansas (1), Kentucky (3), Louisiana (2), Maryland (6), Massachusetts (4), Michigan (6), Minnesota (7), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (1), New York (7), North Dakota (1), Ohio (3), Oregon (8), Pennsylvania (5), Rhode Island (1), South Carolina (3), Texas (12), Utah (2), Virginia (1), Washington (2)	126	68.11%
National Totals		**185**	**100%**

Section VI - Generic Policy and Utilization Data

1. Summary 3: Generic Drug Substitution Policies

Summary 3: Generic Drug Substitution Policies should summarize factors that could affect your generic utilization percentage. In describing these factors, please explain any formulary management or cost containment measures, PDL policies, educational initiatives, technology or promotional factors, or other state specific factors that affects your generic utilization rate.

Please reference individual state MCO reports on Medicaid.gov for more information.

2. In addition to the requirement that the prescriber write in his own handwriting "Brand Medically Necessary" for a brand name drug to be dispensed in lieu of the generic equivalent, does your MCO have a more restrictive requirement?

Figure 42 – More Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

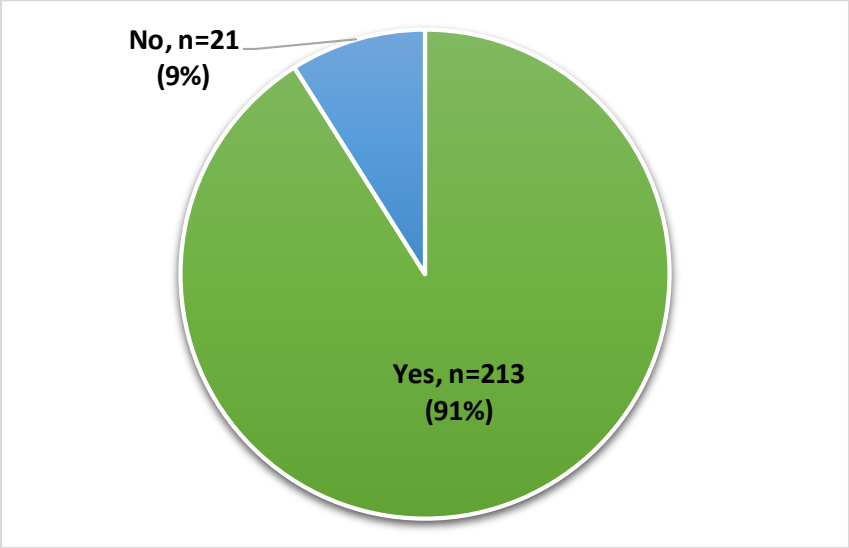

Table 43 – More Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (24), Colorado (1), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Maryland (8), Massachusetts (4), Michigan (11), Minnesota (7), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (2), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (13), Utah (4), Virginia (5), Washington (5)	213	91.03%
No	California (2), Colorado (1), Florida (1), Hawaii (1), Louisiana (5), Maryland (1), Massachusetts (1), Minnesota (1), Mississippi (1), Nebraska (1), New Mexico (1), Texas (4), Virginia (1)	21	8.97%
National Totals		**234**	**100%**

If "Yes," please continue.

Figure 43 – Additional Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

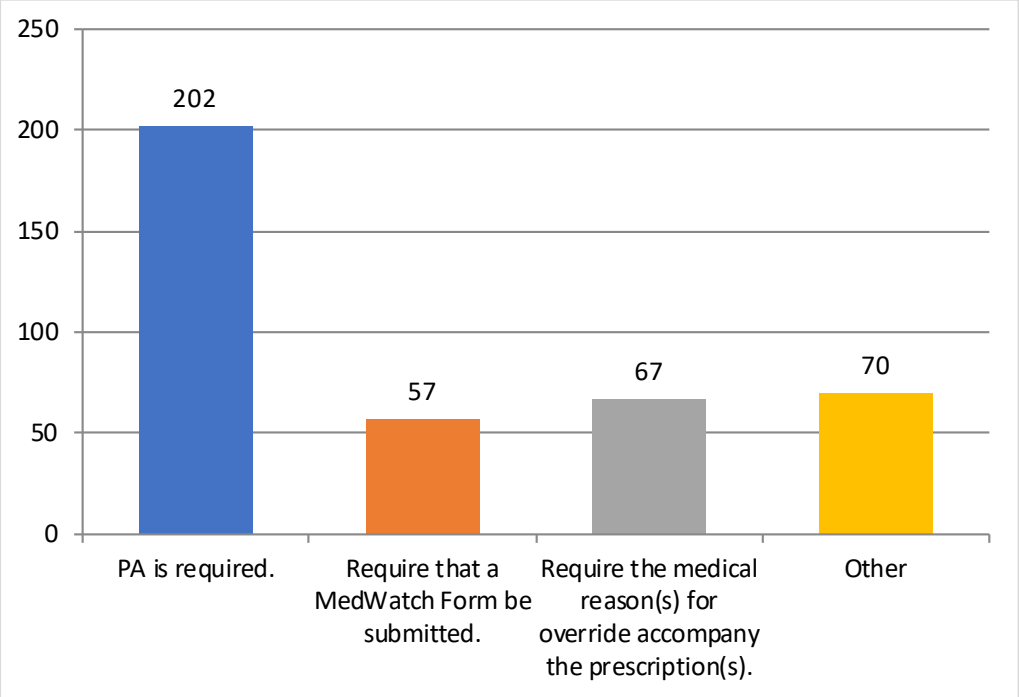

Table 44 – Additional Restrictive MCO Requirements than the Prescriber Writing in His Own Handwriting "Brand Medically Necessary" for a Brand Name Drug

Response	States (Count of MCOs)	Total	Percent of Total
PA is required.	Arkansas (2), California (23), Colorado (1), Delaware (2), District of Columbia (4), Florida (14), Georgia (4), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Maryland (6), Massachusetts (4), Michigan (11), Minnesota (7), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (2), New York (14), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (12), Utah (4), Virginia (5), Washington (4)	202	51.01%
Require that a MedWatch Form be submitted.	Arkansas (2), California (10), Colorado (1), Delaware (1), District of Columbia (1), Florida (2), Georgia (2), Illinois (1), Indiana (3), Iowa (2), Kansas (2), Kentucky (2), Maryland (2), Michigan (4), Mississippi (1), New Hampshire (1), New Jersey (1), New York (2), Ohio (2), Pennsylvania (1), South Carolina (2), Texas (9), Utah (1), Virginia (2)	57	14.39%
Require the medical reason(s) for override accompany the prescription(s).	California (7), Colorado (1), Delaware (1), District of Columbia (1), Florida (4), Georgia (2), Illinois (3), Indiana (4), Kansas (1), Maryland (1), Massachusetts (1), Michigan (3), Minnesota (2), Mississippi (1), Nebraska (1), New Hampshire (1), New Mexico (1), New York (4), Ohio (3), Oregon (5), Pennsylvania (1), South Carolina (2), Texas (11), Utah (2), Virginia (3), Washington (1)	67	16.92%

Response	States (Count of MCOs)	Total	Percent of Total
Other	Arkansas (2), California (6), District of Columbia (1), Florida (11), Georgia (2), Hawaii (4), Illinois (3), Indiana (1), Kentucky (4), Maryland (4), Michigan (2), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (1), New York (7), Ohio (3), Oregon (1), Pennsylvania (2), South Carolina (4), Texas (1), Utah (1), Washington (4)	70	17.68%
National Totals		**396**	**100%**

Computation Instructions

KEY

Single Source (S) – Drugs having an FDA New Drug Application (NDA), and there are no generic alternatives available on the market.

Non-Innovator Multiple-Source (N) – Drugs that have an FDA Abbreviated New Drug Application (ANDA), and generic alternatives exist on the market

Innovator Multiple-Source (I) – Drugs which have an NDA and no longer have patent exclusivity.

1. **Generic Utilization Percentage:** To determine the generic utilization percentage of all covered outpatient drugs paid during this reporting period, use the following formula:

$$N \div (S + N + I) \times 100 = \text{Generic Utilization Percentage}$$

2. **Generic Expenditures Percentage of Total Drug Expenditures:** To determine the generic expenditure percentage (rounded to the nearest $1000) for all covered outpatient drugs for this reporting period use the following formula:

$$\$N \div (\$S + \$N + \$I) \times 100 = \text{Generic Expenditure Percentage}$$

CMS has developed an extract file from the Medicaid Drug Rebate Program Drug Product Data File identifying each NDC along with sourcing status of each drug: S, N, or I, which can be found on Medicaid.gov (Click on the link "*National Drug Code and Drug Category file* [ZIP]," then open the Medicaid Drug Product File 4th Qtr. 2020 Excel file).

Figure 44 – State MCO Average Single Source (S) Drug Claims

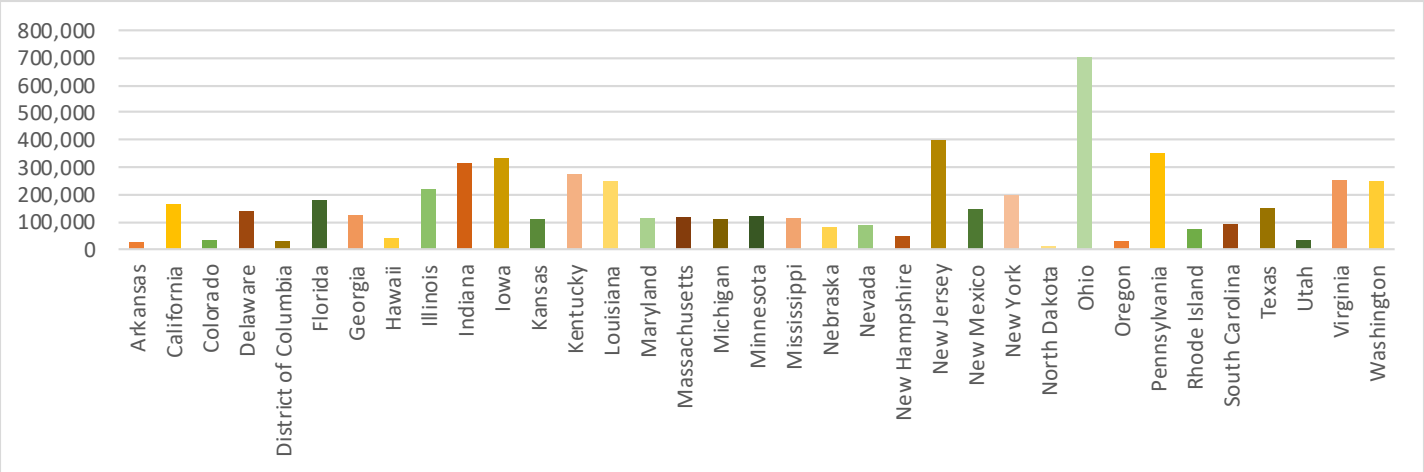

Figure 45 – State MCO Average Non-Innovator Multiple-Source (N) Drug Claims

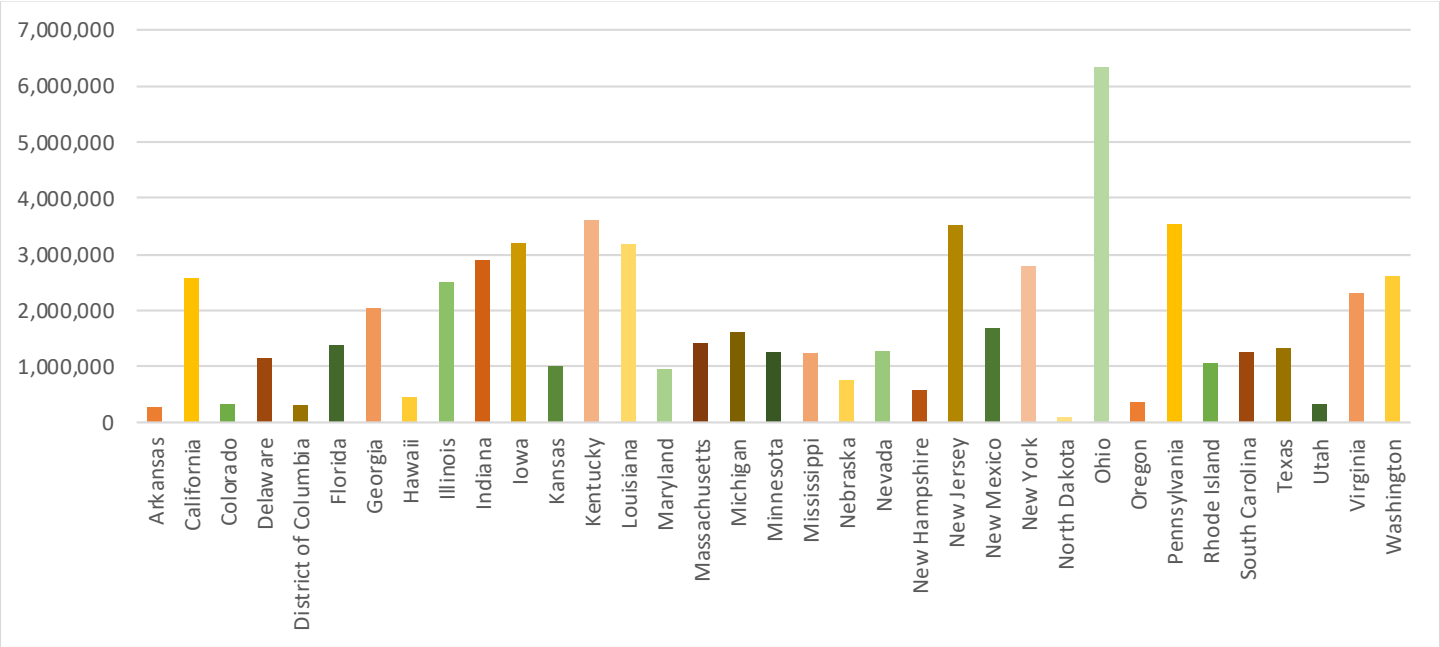

Figure 46 – State MCO Average Innovator Multiple-Source (I) Drug Claims

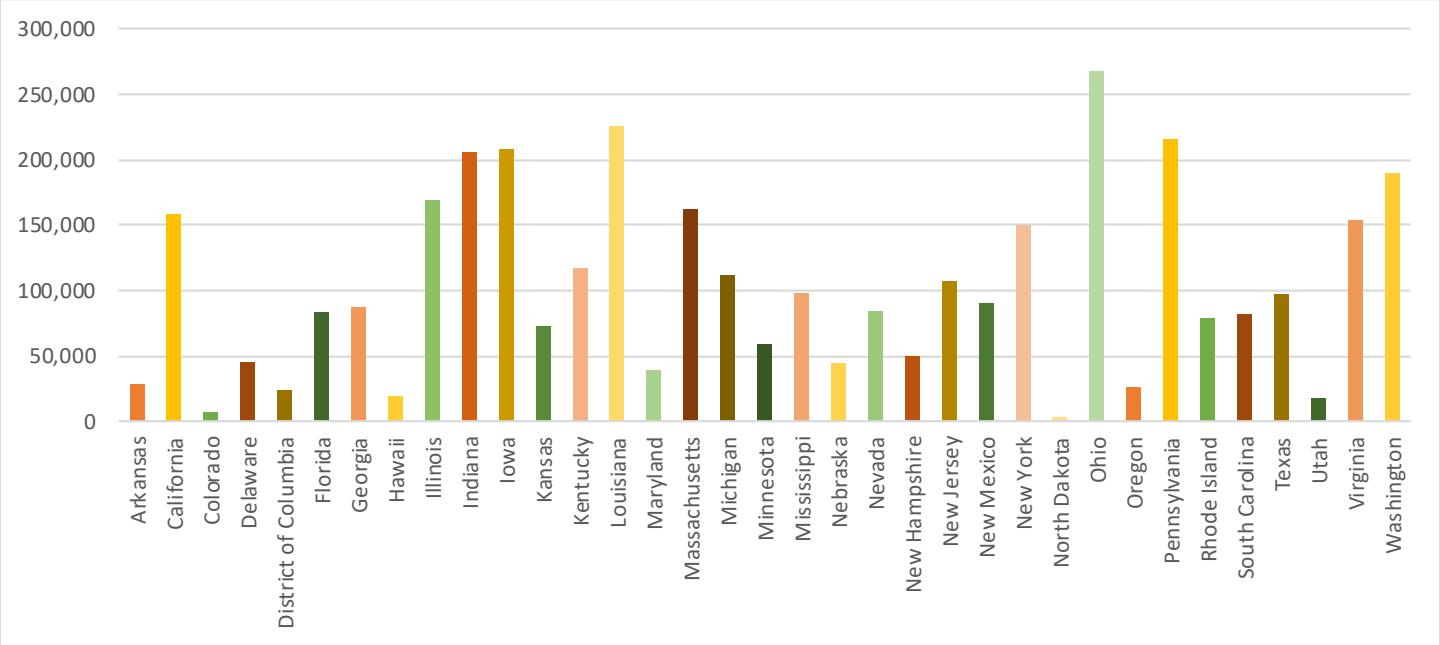

Figure 47 – State MCO Average Single Source (S) Reimbursement Amount Less Co-Pay

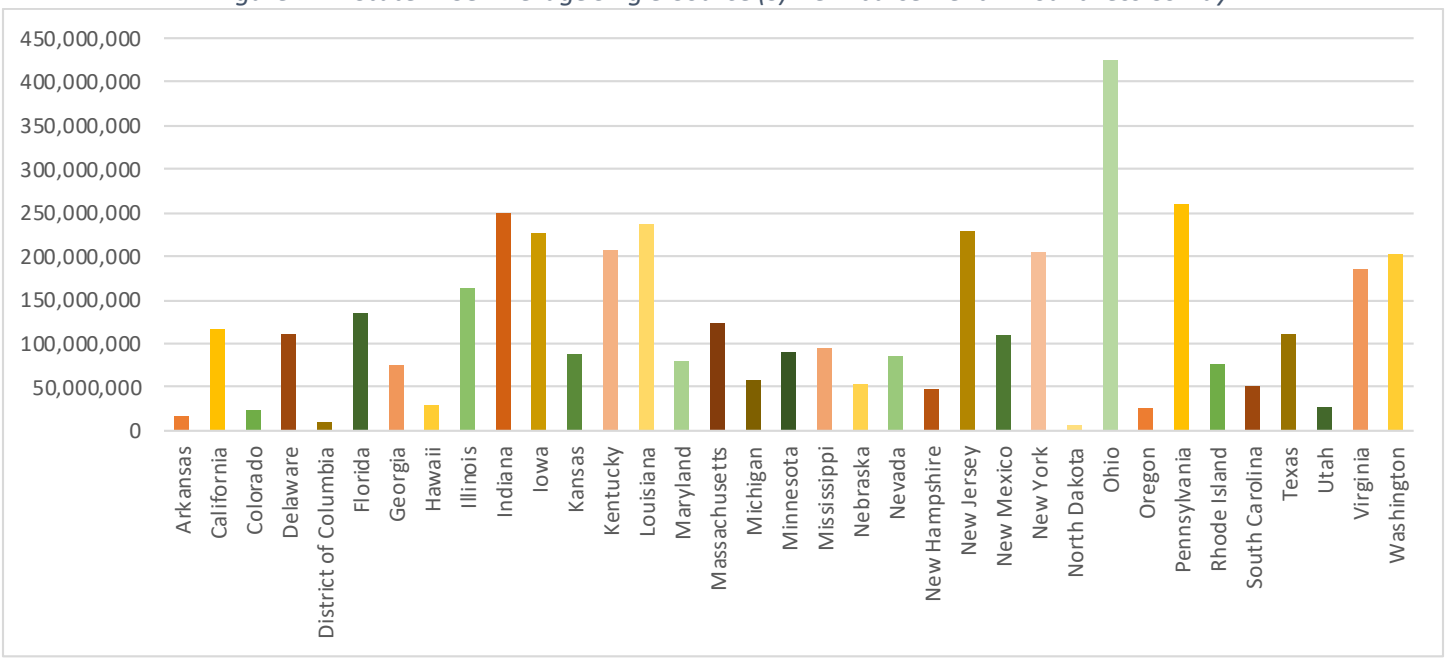

Figure 48 – State MCO Average Non-Innovator Multiple-Source (N) Reimbursement Amount Less Co-Pay

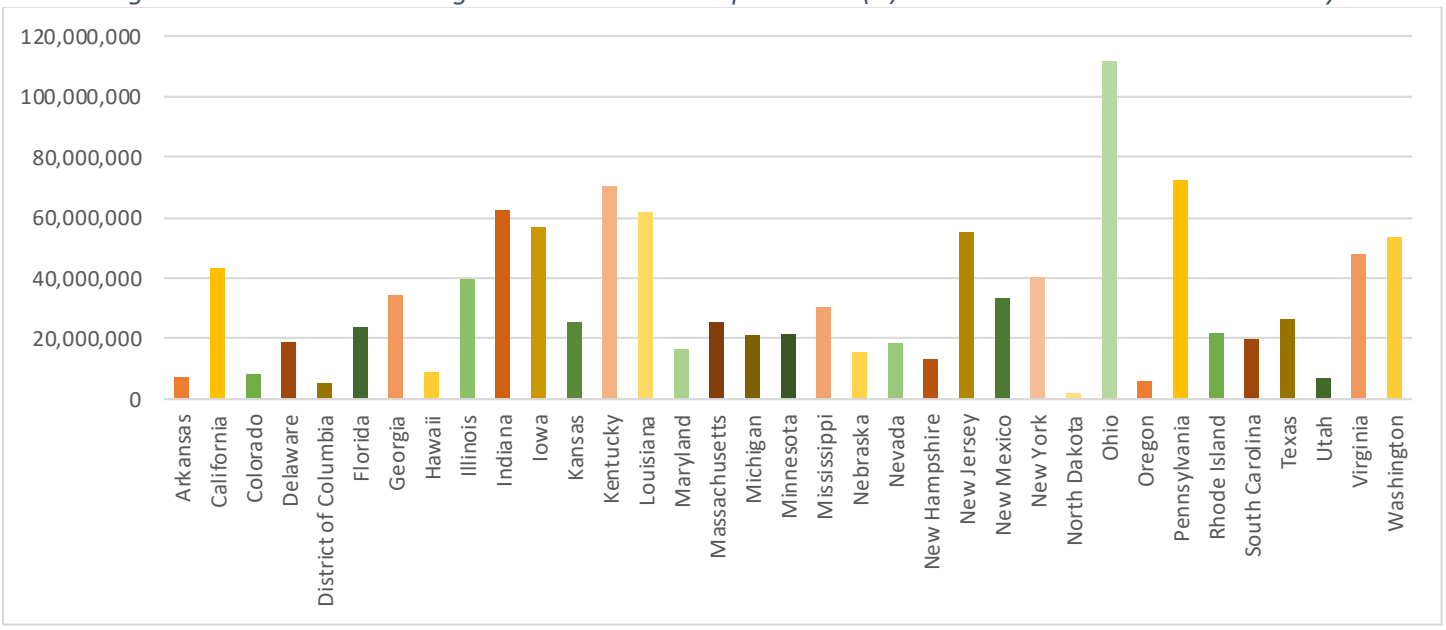

Figure 49 – State MCO Average Innovator Multiple-Source (I) Reimbursement Amount Less Co-Pay

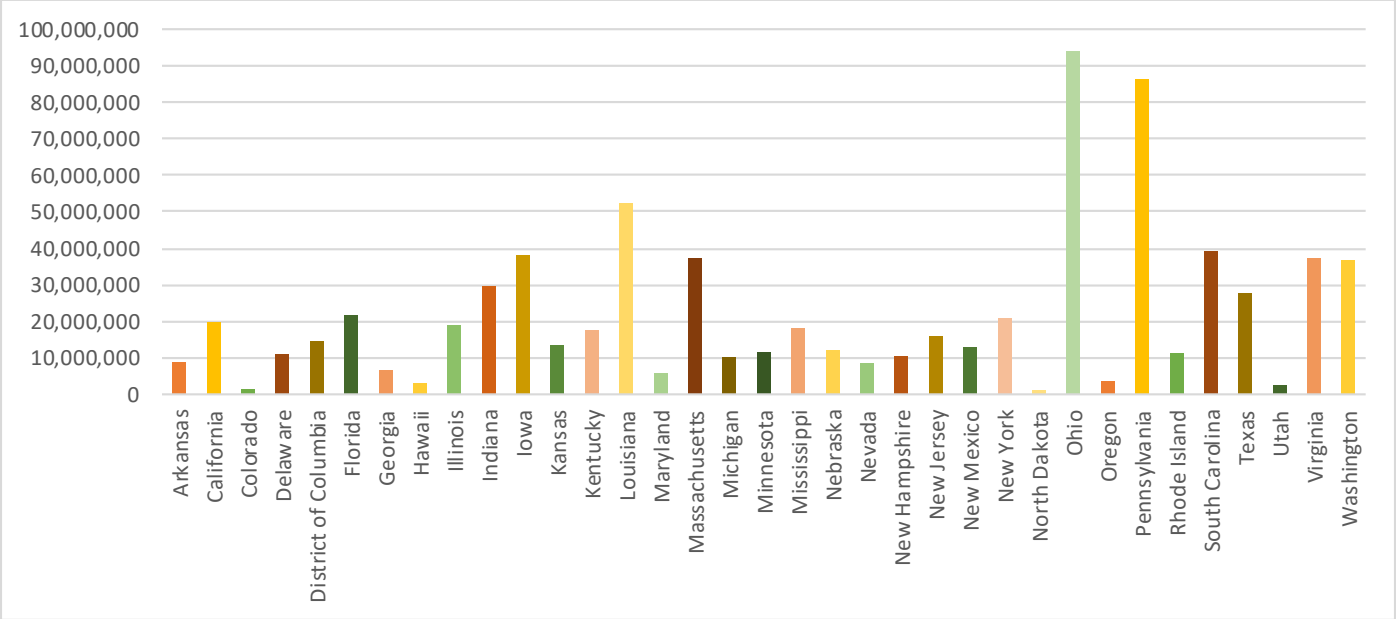

Table 45 – State MCO Average Drug Claims and Reimbursement Amount Less Co-Pay: Single Source Innovator (S), Innovator Multiple-Source (I), Non-Innovator Multiple-Source (N)

State	State Average Single Source "S" Number of Drug Claims	State Average Single Source "S" Reimbursement Amount Less Co-Pay	State Average Non-Innovator Multiple Source "N" Number of Drug Claims	State Average Non-Innovator Multiple Source "N" Reimbursement Amount Less Co-Pay	State Average Innovator Multiple Source "I" Number of Drug Claims	State Average Innovator Multiple Source "I" Reimbursement Amount Less Co-Pay
Arkansas	25,417	$16,830,041	279,605	$7,212,793	27,828	$8,773,798
California	164,305	$116,636,535	2,578,916	$43,205,791	158,035	$19,832,804
Colorado	32,568	$23,942,200	319,249	$8,055,112	6,602	$1,453,960
Delaware	138,144	$110,203,708	1,152,469	$18,883,472	45,351	$11,041,443
District of	28,682	$9,984,008	316,048	$5,163,320	23,615	$14,448,600
Florida	178,429	$134,761,292	1,380,919	$23,583,080	83,221	$21,633,595
Georgia	124,044	$75,645,546	2,041,744	$34,255,261	86,648	$6,726,196
Hawaii	41,718	$29,268,257	455,095	$8,705,892	19,285	$3,193,627
Illinois	217,341	$163,106,069	2,497,405	$39,475,749	169,114	$19,083,688
Indiana	315,220	$249,666,910	2,893,884	$62,377,267	205,424	$29,627,905
Iowa	332,478	$226,392,629	3,205,129	$56,870,467	207,752	$38,171,700
Kansas	109,224	$87,734,841	1,008,765	$25,459,170	72,791	$13,459,615
Kentucky	272,024	$207,358,687	3,611,851	$70,447,461	116,673	$17,635,180
Louisiana	247,643	$236,142,215	3,187,485	$61,870,153	225,246	$52,274,835
Maryland	114,255	$79,832,010	955,533	$16,458,444	39,066	$5,797,743

State	State Average Single Source "S" Number of Drug Claims	State Average Single Source "S" Reimbursement Amount Less Co-Pay	State Average Non-Innovator Multiple Source "N" Number of Drug Claims	State Average Non-Innovator Multiple Source "N" Reimbursement Amount Less Co-Pay	State Average Innovator Multiple Source "I" Number of Drug Claims	State Average Innovator Multiple Source "I" Reimbursement Amount Less Co-Pay
Massachusetts	115,556	$123,282,982	1,409,099	$25,335,044	162,120	$37,314,269
Michigan	110,196	$57,673,714	1,602,808	$21,064,074	111,443	$10,102,347
Minnesota	119,999	$89,779,846	1,255,850	$21,555,272	58,872	$11,603,159
Mississippi	113,029	$94,158,220	1,239,958	$30,234,518	97,592	$18,161,200
Nebraska	78,786	$53,272,331	748,467	$15,441,241	44,234	$12,164,572
Nevada	86,011	$85,113,437	1,277,029	$18,573,720	83,824	$8,617,369
New Hampshire	46,042	$48,122,802	572,478	$13,124,705	49,604	$10,371,381
New Jersey	399,586	$228,474,088	3,514,540	$54,993,655	106,703	$15,898,409
New Mexico	145,448	$109,952,506	1,678,607	$33,144,374	90,040	$12,970,204
New York	196,415	$204,366,422	2,779,230	$40,352,099	149,766	$20,842,979
North Dakota	12,155	$6,875,587	95,278	$1,904,955	3,237	$1,140,920
Ohio	701,152	$424,468,883	6,331,344	$111,470,162	267,569	$94,036,729
Oregon	29,923	$26,167,085	354,778	$5,945,871	25,630	$3,681,827
Pennsylvania	349,238	$260,142,997	3,533,783	$72,352,397	215,706	$86,329,007
Rhode Island	72,413	$76,601,959	1,049,722	$21,711,603	78,746	$11,231,868
South Carolina	91,546	$51,165,668	1,247,674	$19,850,576	81,799	$39,173,012
Texas	148,744	$111,130,736	1,333,407	$26,460,221	97,022	$27,815,353
Utah	31,225	$26,580,148	320,613	$6,837,226	17,704	$2,593,452
Virginia	252,556	$185,131,184	2,304,431	$47,748,814	153,472	$37,398,983
Washington	248,011	$202,428,671	2,610,600	$53,368,045	189,106	$36,701,553
National Average	**162,558**	**$120,925,549**	**1,746,966**	**$32,099,772**	**102,024**	**$21,751,522**

3. Indicate the generic utilization percentage for all CODs paid during this reporting period.

Figure 50 – Average State Generic Utilization Percentage Across all MCOs

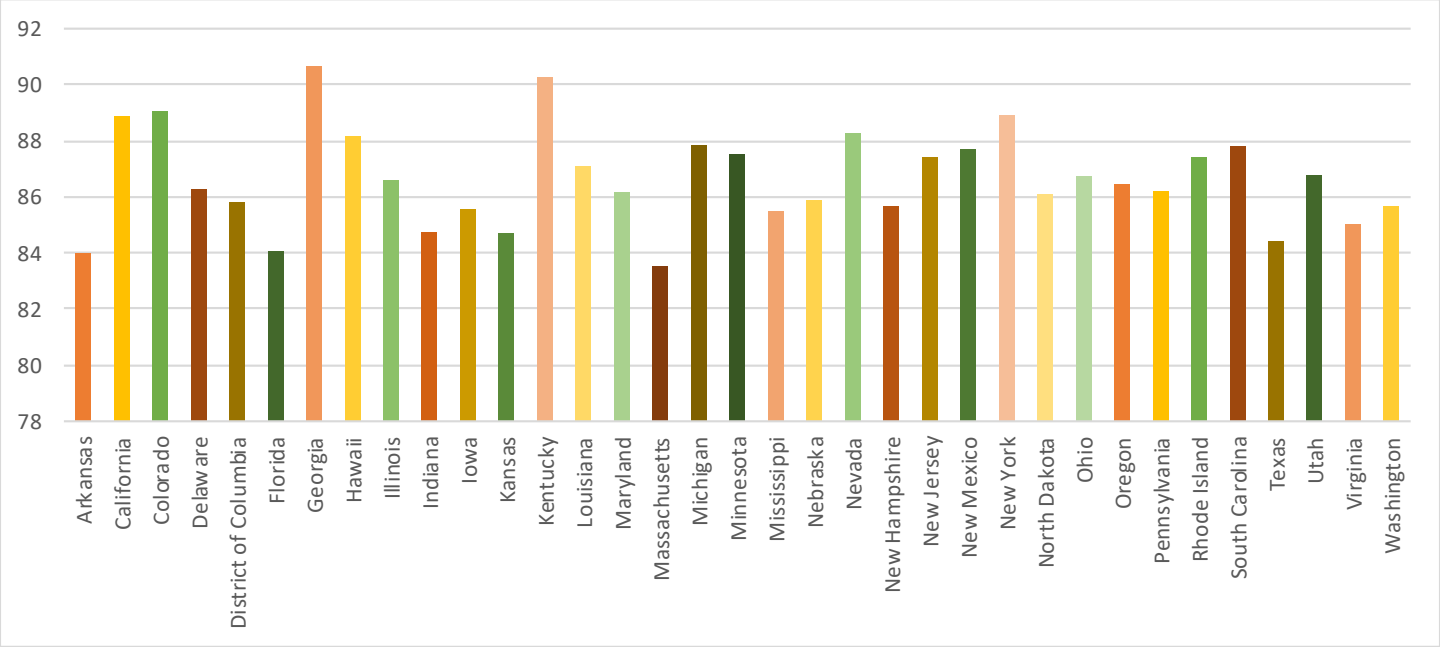

Table 46 – Average State Generic Utilization Percentage Across all MCOs

State	State Average Generic Utilization Percentage
Arkansas	84.00%
California	88.89%
Colorado	89.07%
Delaware	86.27%
District of Columbia	85.80%
Florida	84.07%
Georgia	90.65%
Hawaii	88.18%
Illinois	86.60%
Indiana	84.75%
Iowa	85.58%
Kansas	84.71%
Kentucky	90.28%
Louisiana	87.08%
Maryland	86.17%
Massachusetts	83.54%
Michigan	87.85%
Minnesota	87.53%
Mississippi	85.48%
Nebraska	85.88%

State	State Average Generic Utilization Percentage
Nevada	88.26%
New Hampshire	85.68%
New Jersey	87.41%
New Mexico	87.70%
New York	88.92%
North Dakota	86.09%
Ohio	86.73%
Oregon	86.46%
Pennsylvania	86.22%
Rhode Island	87.41%
South Carolina	87.80%
Texas	84.44%
Utah	86.76%
Virginia	85.02%
Washington	85.66%
National Average	**86.66%**

4. Indicate the percentage dollars paid for generic CODs in relation to all COD claims paid during this reporting period.

Figure 51 – Average State Generic Expenditure Percentage Across all MCOs

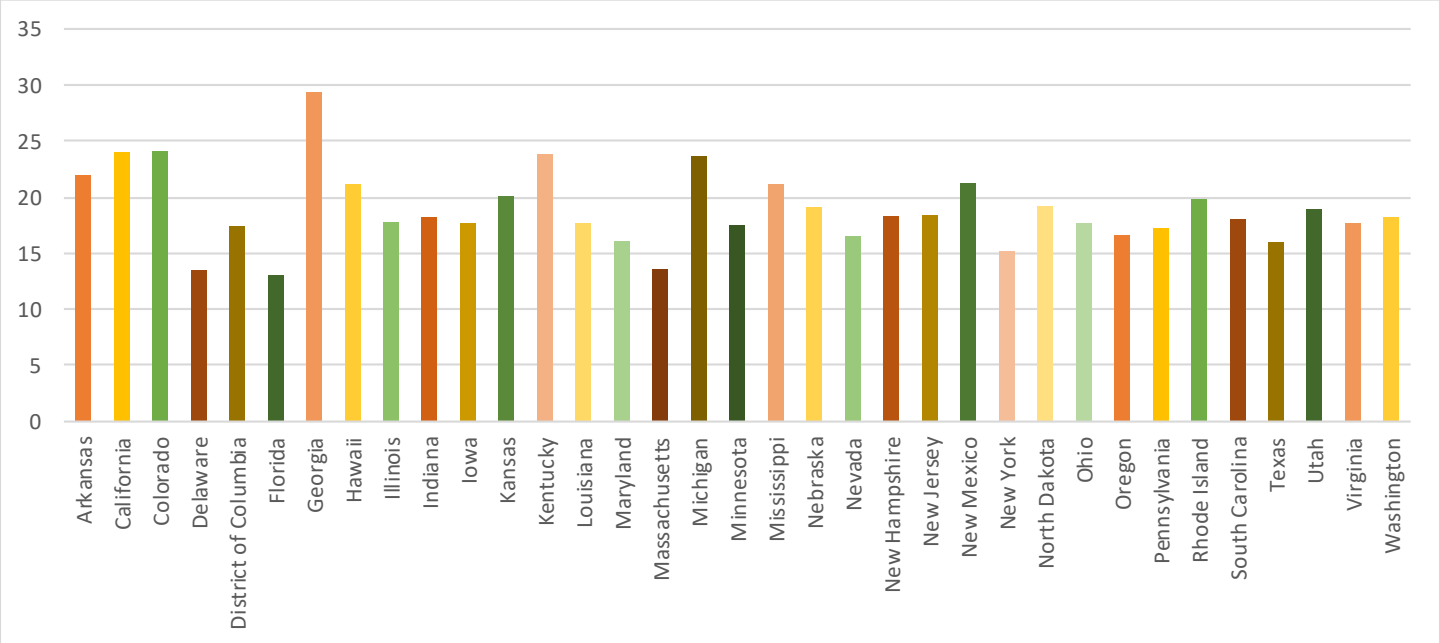

Table 47 – Average State Generic Expenditure Percentage Across all MCOs

State	State Average Generic Expenditure Percentage
Arkansas	21.98%
California	24.05%
Colorado	24.08%
Delaware	13.48%
District of Columbia	17.45%
Florida	13.10%
Georgia	29.37%
Hawaii	21.15%
Illinois	17.81%
Indiana	18.26%
Iowa	17.69%
Kansas	20.10%
Kentucky	23.84%
Louisiana	17.66%
Maryland	16.12%
Massachusetts	13.63%
Michigan	23.71%
Minnesota	17.53%
Mississippi	21.21%
Nebraska	19.09%
Nevada	16.54%
New Hampshire	18.33%
New Jersey	18.37%
New Mexico	21.24%
New York	15.20%
North Dakota	19.20%
Ohio	17.69%
Oregon	16.61%
Pennsylvania	17.28%
Rhode Island	19.82%
South Carolina	18.01%
Texas	16.00%
Utah	18.99%
Virginia	17.67%
Washington	18.25%
National Average	**18.87%**

5. Does your MCO have any policies related to Biosimilars.
   Please explain.

Please reference individual state MCO reports on Medicaid.gov for more information.

VII - Fraud, Waste, and Abuse Detection (FWA)

A. Lock-in or Patient Review and Restriction Programs

1. Does your MCO have a documented process in place that identifies potential FWA of controlled drugs by beneficiaries?

Figure 52 – Documented Process in Place by MCO to Identify Potential Fraud or Abuse of Controlled Drugs by Beneficiaries

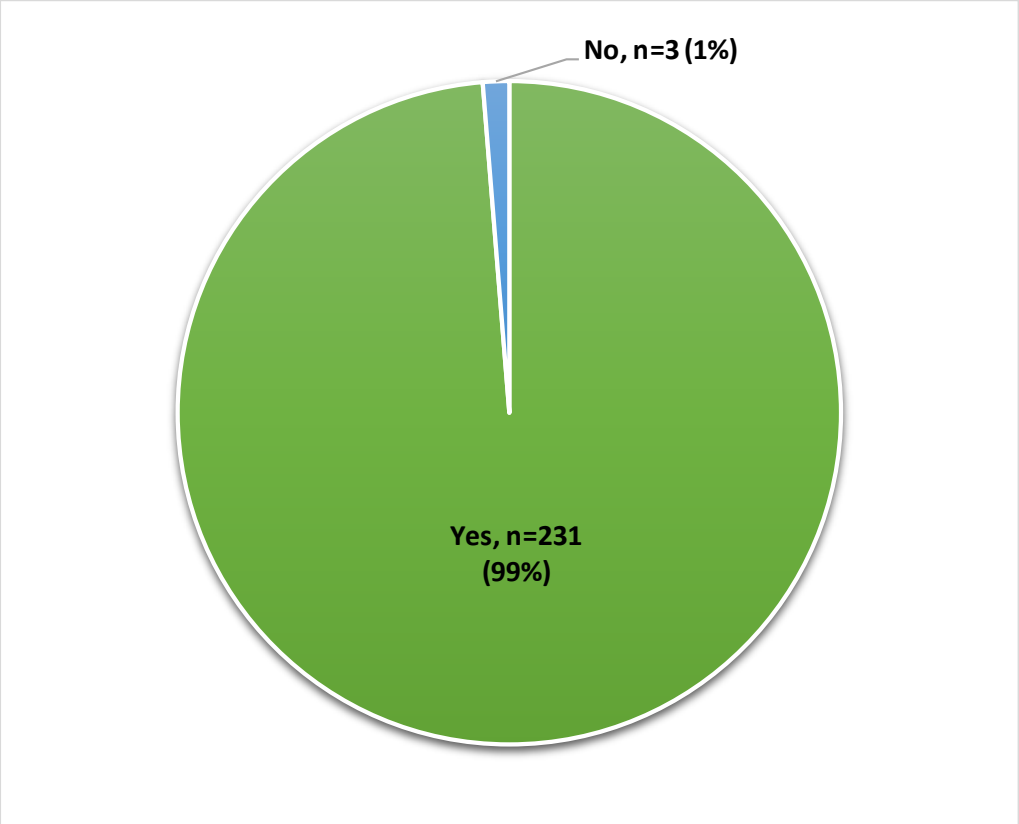

Table 48 – Documented Process in Place by MCO to Identify Potential Fraud or Abuse of Controlled Drugs by Beneficiaries

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (24), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	231	98.72%
No	California (2), Illinois (1)	3	1.28%
National Totals		**234**	**100%**

If "Yes," what actions does this process initiate?

Figure 53 – Action Process Initiates when Potential Fraud or Abuse of Controlled Drugs by Beneficiaries is Detected

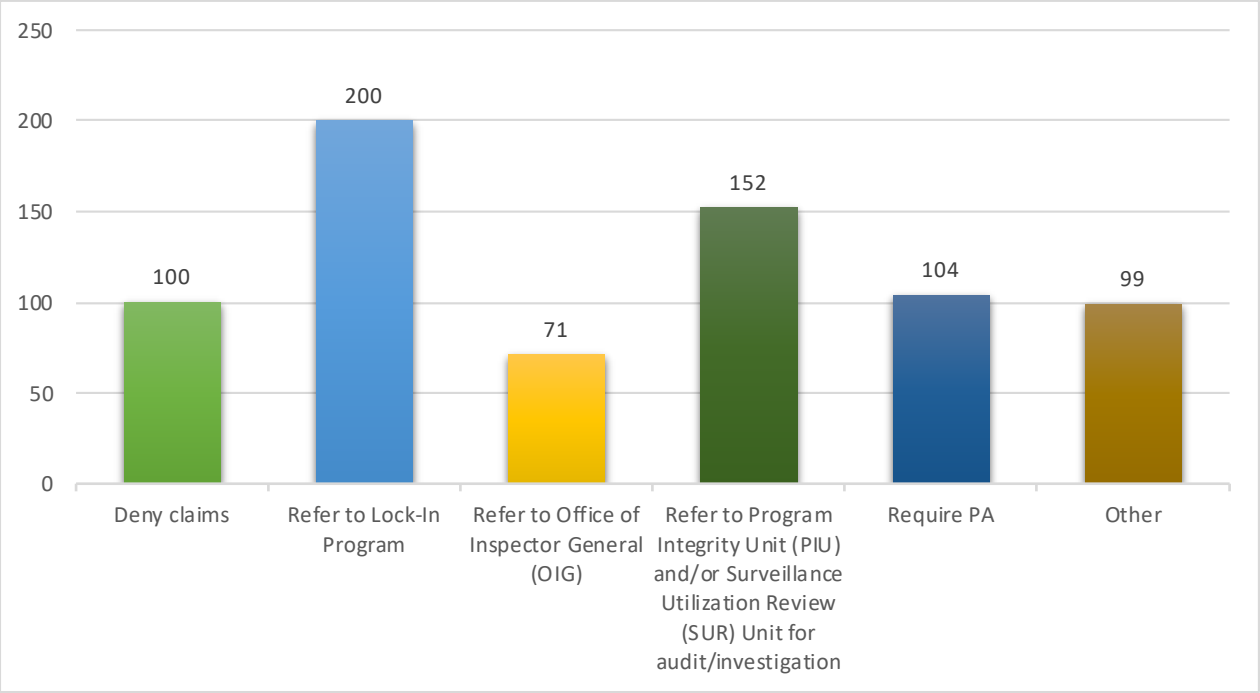

Table 49 – Action Process Initiates when Potential Fraud or Abuse of Controlled Drugs by Beneficiaries is Detected

Response	States (Count of MCOs)	Total	Percent of Total
Deny claims	Arkansas (2), California (12), Colorado (2), District of Columbia (1), Florida (7), Georgia (1), Hawaii (2), Illinois (5), Indiana (3), Kansas (1), Kentucky (3), Maryland (5), Massachusetts (2), Michigan (5), Minnesota (4), Mississippi (1), New Hampshire (1), New Jersey (2), New Mexico (3), New York (3), North Dakota (1), Ohio (2), Oregon (3), Pennsylvania (3), South Carolina (2), Texas (15), Utah (4), Virginia (4), Washington (1)	100	13.77%
Refer to Lock-In Program	Arkansas (3), California (13), Colorado (1), Delaware (2), District of Columbia (4), Florida (14), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (7), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (5)	200	27.55%
Refer to Office of Inspector General (OIG)	Arkansas (2), California (5), Florida (6), Georgia (1), Hawaii (2), Illinois (4), Indiana (2), Kansas (2), Kentucky (2), Louisiana (1), Maryland (6), Michigan (6), Minnesota (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (6), North Dakota (1), Ohio (2), Oregon (1), Pennsylvania (3), Rhode Island (1), Texas (6), Utah (2), Virginia (3), Washington (1)	71	9.78%
Refer to Program Integrity Unit (PIU) and/or Surveillance	Arkansas (3), California (15), Delaware (2), District of Columbia (2), Florida (13), Georgia (3), Hawaii (6), Illinois (4), Indiana (3), Iowa (1), Kansas (3), Kentucky (4), Louisiana (3), Maryland (6), Massachusetts (3), Michigan (11), Minnesota (4), Mississippi (1), Nebraska (2),	152	20.94%

Response	States (Count of MCOs)	Total	Percent of Total
Utilization Review (SUR) Unit for audit/investigation	Nevada (1), New Hampshire (3), New Jersey (5), New Mexico (2), New York (12), North Dakota (1), Ohio (3), Oregon (9), Pennsylvania (6), Rhode Island (2), South Carolina (3), Texas (6), Utah (3), Virginia (5), Washington (2)		
Require PA	Arkansas (1), California (12), Colorado (2), District of Columbia (2), Florida (7), Georgia (1), Hawaii (1), Illinois (5), Indiana (2), Kansas (2), Kentucky (3), Maryland (6), Massachusetts (1), Michigan (6), Minnesota (3), Mississippi (2), Nebraska (1), New Hampshire (1), New Jersey (2), New Mexico (3), New York (3), North Dakota (1), Ohio (2), Oregon (5), Pennsylvania (2), South Carolina (2), Texas (15), Utah (4), Virginia (5), Washington (2)	104	14.33%
Other	Arkansas (2), California (9), Colorado (1), Delaware (2), District of Columbia (2), Florida (10), Georgia (1), Hawaii (5), Illinois (2), Indiana (1), Iowa (1), Kansas (3), Kentucky (2), Louisiana (3), Maryland (5), Massachusetts (2), Michigan (3), Minnesota (2), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (4), North Dakota (1), Ohio (2), Oregon (8), Pennsylvania (3), Rhode Island (2), South Carolina (2), Texas (8), Virginia (3), Washington (1)	99	13.64%
National Totals		**726**	**100%**

2. Does your MCO have a Lock-In Program for beneficiaries with potential FWA of controlled substances?

Figure 54 – Lock-In Program

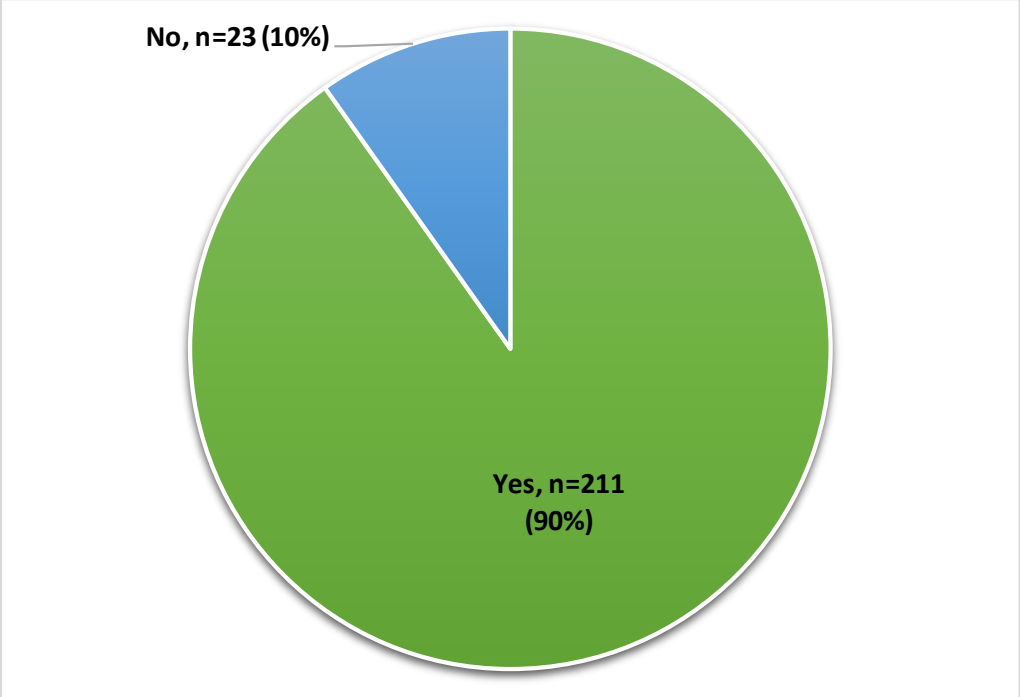

Table 50 – Lock-In Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (13), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (12), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	211	90.17%
No	California (13), Florida (1), Iowa (1), Oregon (8)	23	9.83%
National Totals		**234**	**100%**

If "Yes", please continue.

a. What criteria does your MCO use to identify candidates for Lock-in?

Figure 55 – Lock-In Program Candidate Identification Criteria

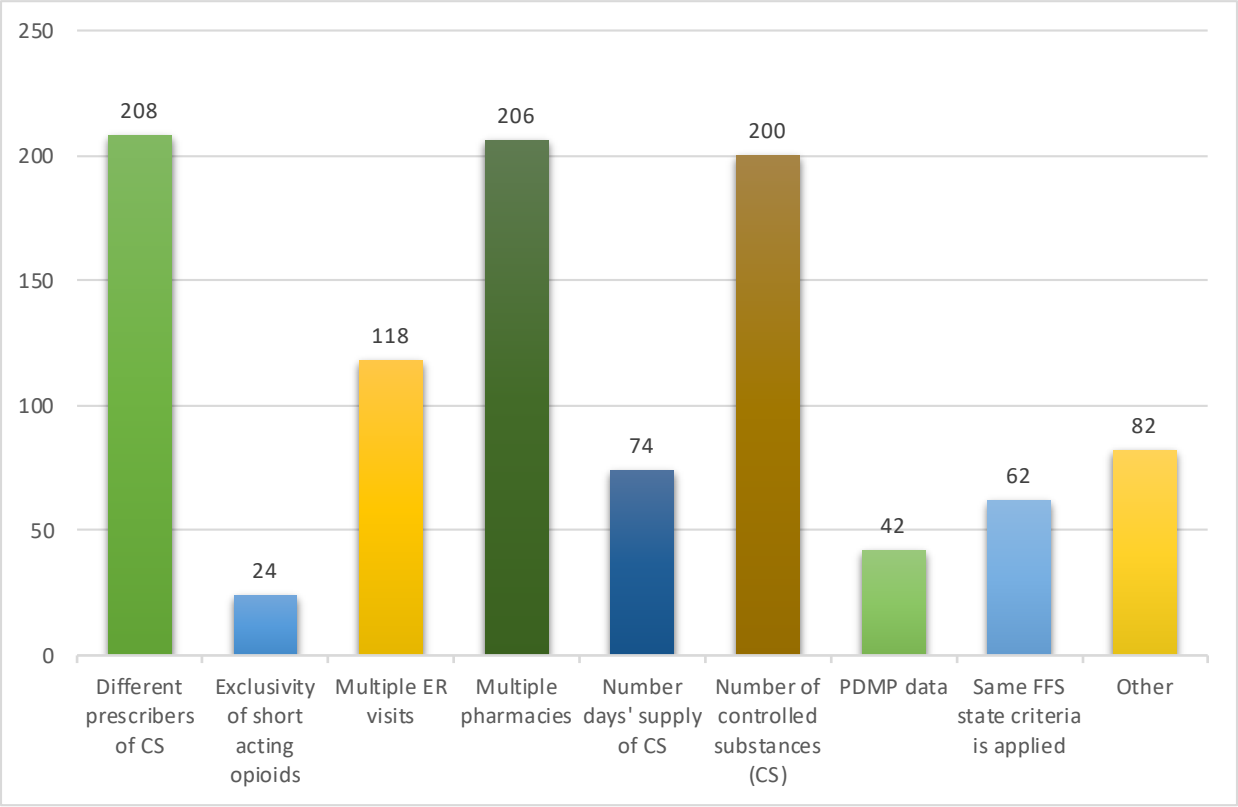

Table 51 – Lock-In Program Candidate Identification Criteria

Response	States (Count of MCOs)	Total	Percent of Total
Different prescribers of CS	Arkansas (3), California (12), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New	208	20.47%

Response	States (Count of MCOs)	Total	Percent of Total
	Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (12), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (4)		
Exclusivity of short acting opioids	California (1), Colorado (1), Delaware (1), Georgia (1), Indiana (1), Kansas (1), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (2), Nebraska (1), New Jersey (1), New York (3), Ohio (1), Pennsylvania (3), Texas (1), Utah (1), Virginia (1), Washington (1)	24	2.36%
Multiple ER visits	California (4), Colorado (2), Delaware (1), District of Columbia (1), Florida (2), Georgia (3), Hawaii (4), Illinois (4), Indiana (4), Kansas (2), Kentucky (5), Louisiana (1), Maryland (1), Massachusetts (3), Michigan (9), Minnesota (8), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (3), New York (15), North Dakota (1), Ohio (2), Pennsylvania (7), Rhode Island (1), South Carolina (3), Texas (13), Utah (4), Virginia (3), Washington (3)	118	11.61%
Multiple pharmacies	Arkansas (3), California (11), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (12), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (4)	206	20.28%
Number days' supply of CS	Arkansas (1), California (3), Delaware (1), District of Columbia (1), Florida (1), Georgia (2), Hawaii (2), Illinois (3), Indiana (1), Kansas (2), Louisiana (4), Maryland (2), Massachusetts (2), Michigan (1), Minnesota (2), Nevada (1), New Hampshire (2), New Jersey (1), New Mexico (1), New York (6), North Dakota (1), Ohio (2), Oregon (6), Pennsylvania (4), South Carolina (3), Texas (13), Utah (1), Virginia (3), Washington (2)	74	7.28%
Number of controlled substances (CS)	Arkansas (3), California (10), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (9), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (5), Washington (4)	200	19.69%
PDMP data	California (4), Hawaii (1), Illinois (5), Indiana (1), Kansas (1), Kentucky (1), Maryland (1), Michigan (3), Minnesota (7), Mississippi (1), New Mexico (3), New York (1), Texas (2), Utah (3), Virginia (5), Washington (3)	42	4.13%
Same FFS state criteria is applied	District of Columbia (2), Florida (8), Georgia (1), Hawaii (1), Illinois (1), Indiana (2), Kansas (2), Louisiana (3), Maryland (5), Massachusetts (2), Michigan (4), Minnesota (4), New Hampshire (1), New York (6), Ohio (1), Pennsylvania (3), South Carolina (1), Texas (4), Utah (4), Virginia (5), Washington (2)	62	6.10%
Other	Arkansas (1), California (4), Delaware (2), Florida (3), Georgia (1), Hawaii (3), Illinois (3), Indiana (1), Kansas (2), Kentucky (1), Louisiana (2), Maryland (1), Massachusetts (3), Michigan (3),	82	8.07%

Response	States (Count of MCOs)	Total	Percent of Total
	Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New York (5), North Dakota (1), Ohio (4), Oregon (11), Pennsylvania (6), Rhode Island (3), South Carolina (3), Texas (11), Washington (2)		
National Totals		**1,016**	**100%**

b. Does your MCO have the capability to restrict the beneficiary to:

i) Prescriber only

Figure 56 – Prescriber Only Restriction Capability

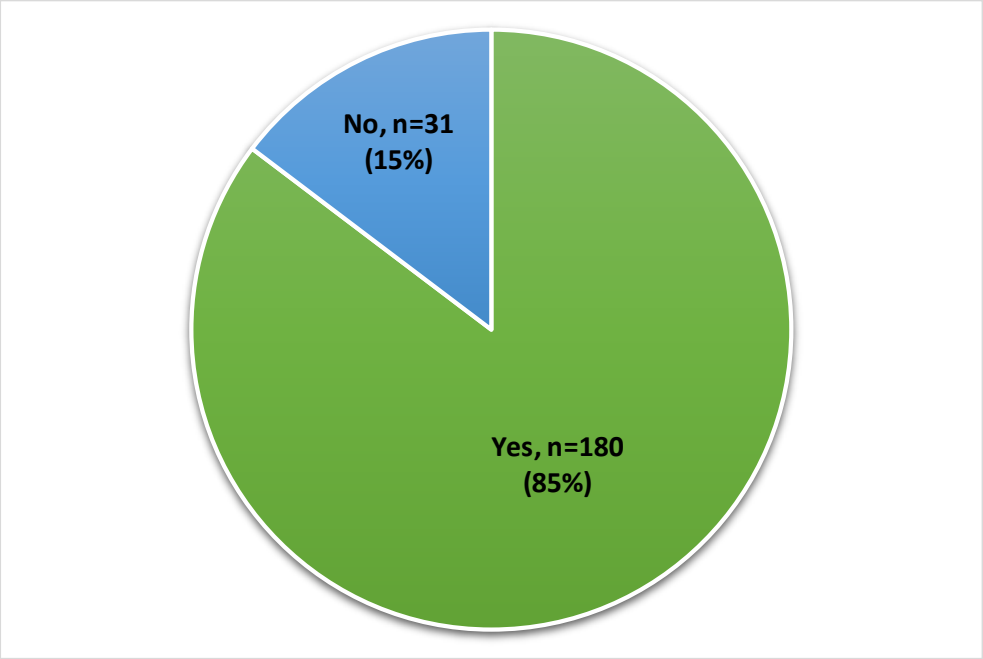

Table 52 – Prescriber Only Restriction Capability

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (10), Colorado (2), Delaware (2), District of Columbia (3), Florida (10), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (2), Maryland (8), Massachusetts (4), Michigan (11), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (12), Pennsylvania (8), Rhode Island (3), South Carolina (3), Texas (10), Utah (4), Virginia (5), Washington (5)	180	85.31%
No	Arkansas (2), California (3), District of Columbia (1), Florida (5), Louisiana (3), Maryland (1), Massachusetts (1), Minnesota (2), Mississippi (1), Nevada (1), New Hampshire (1), South Carolina (2), Texas (7), Virginia (1)	31	14.69%
National Totals		**211**	**100%**

ii) Pharmacy only

Figure 57 – Pharmacy Only Restriction Capability

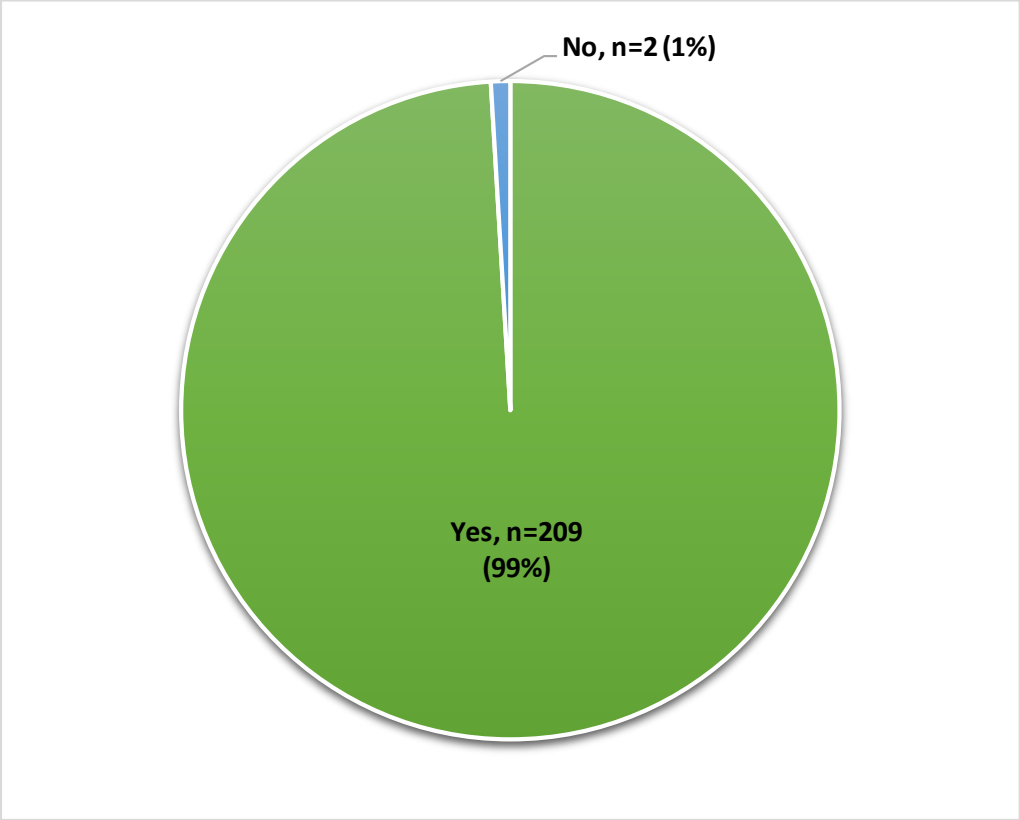

Table 53 – Pharmacy Only Restriction Capability

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (12), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (12), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	209	99.05%
No	California (1), Minnesota (1)	2	0.95%
National Totals		**211**	**100%**

iii) Prescriber and pharmacy

Figure 58 – Prescriber and Pharmacy Restriction Capability

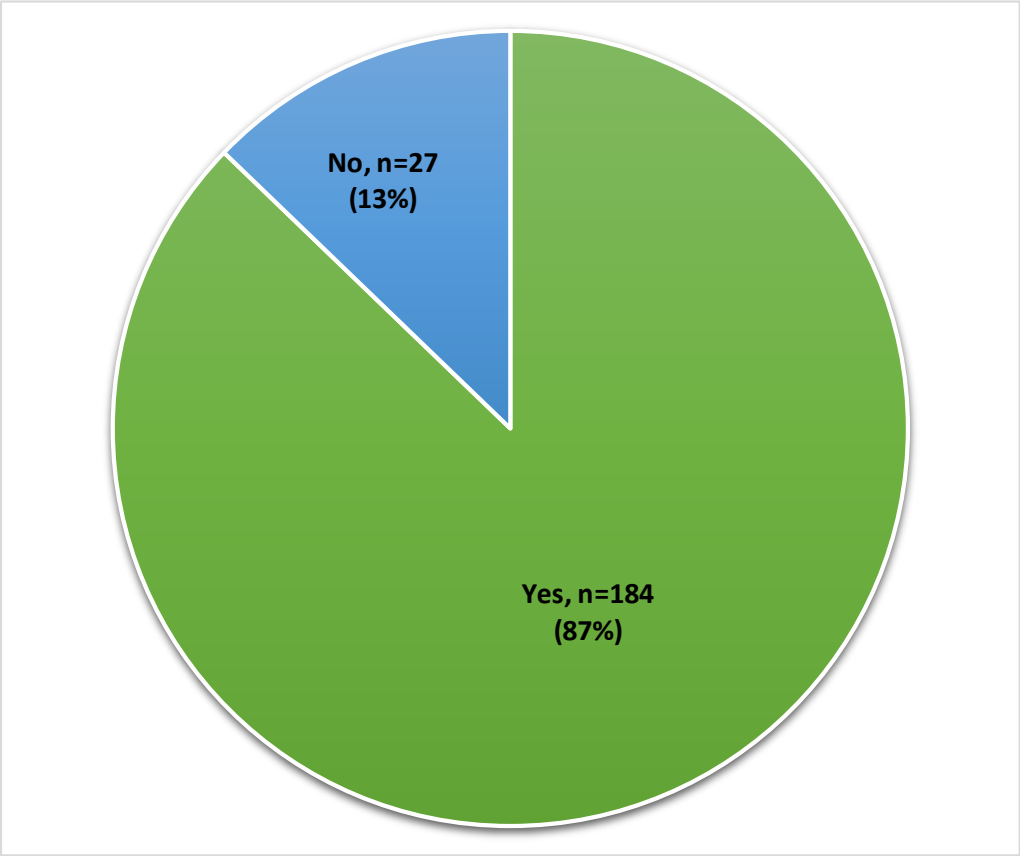

Table 54 – Prescriber and Pharmacy Restriction Capability

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (11), Colorado (2), Delaware (2), District of Columbia (3), Florida (10), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (7), Massachusetts (4), Michigan (11), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (12), Pennsylvania (8), Rhode Island (3), South Carolina (3), Texas (10), Utah (4), Virginia (5), Washington (5)	184	87.20%
No	Arkansas (2), California (2), District of Columbia (1), Florida (5), Maryland (2), Massachusetts (1), Minnesota (1), Mississippi (1), Nevada (1), New Hampshire (1), South Carolina (2), Texas (7), Virginia (1)	27	12.80%
National Totals		**211**	**100%**

c. What is the usual Lock-in time period?

Figure 59 – Lock-in Time Period

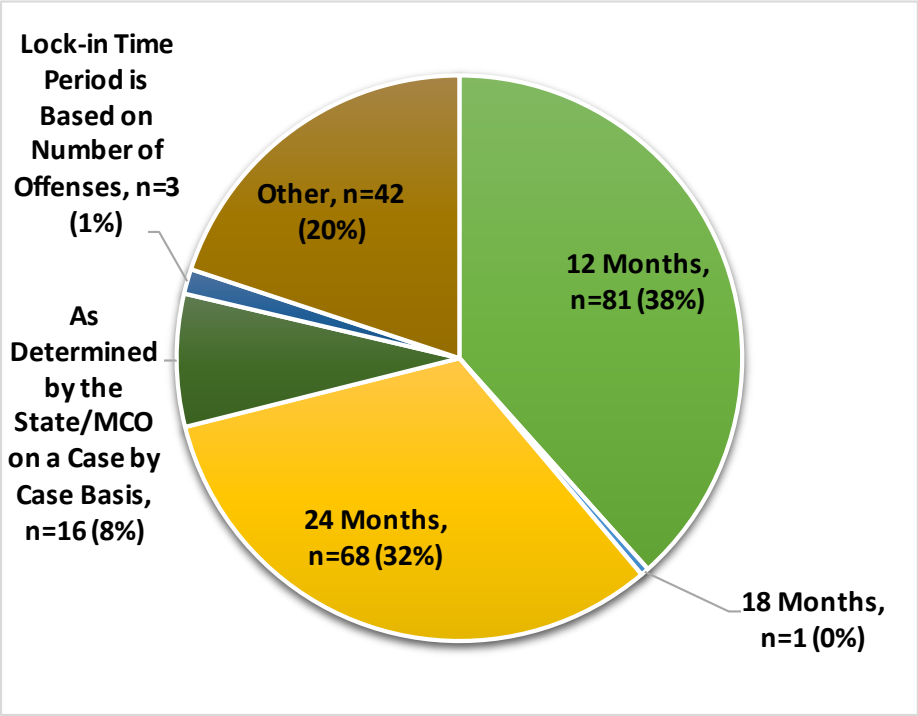

Table 55 – Lock-in Time Period

Response	States (Count of MCOs)	Total	Percent of Total
12 months	Arkansas (3), California (9), Delaware (1), District of Columbia (4), Florida (14), Georgia (2), Hawaii (4), Illinois (6), Louisiana (3), Massachusetts (4), Mississippi (3), Nevada (3), New Hampshire (3), New Mexico (1), New York (1), North Dakota (1), Oregon (9), Rhode Island (1), Utah (4), Virginia (5)	81	38.39%
18 months	Hawaii (1)	1	0.47%
24 months	California (1), Georgia (2), Illinois (1), Indiana (4), Iowa (1), Kansas (3), Kentucky (4), Louisiana (1), Maryland (9), Michigan (11), Minnesota (4), Nebraska (3), New Jersey (4), New York (6), Ohio (5), Rhode Island (1), South Carolina (5), Washington (3)	68	32.23%
As determined by the state/MCO on a case-by-case basis	California (3), Colorado (2), Hawaii (1), New Mexico (1), New York (2), Oregon (2), Texas (5)	16	7.58%
Lock-in time period is based on number of offenses	New York (2), Texas (1)	3	1.42%
Other	Delaware (1), Florida (1), Kentucky (1), Louisiana (1), Massachusetts (1), Minnesota (4), New Jersey (1), New Mexico (1), New York (7), Oregon (1), Pennsylvania (8), Rhode Island (1), Texas (11), Virginia (1), Washington (2)	42	19.91%
National Totals		**211**	**100%**

d. On average, what percentage of your Medicaid MCO population is in Lock-in status annually?

Figure 60 – Percentage of Medicaid MCO Population in Lock-In Status Annually (State Average)

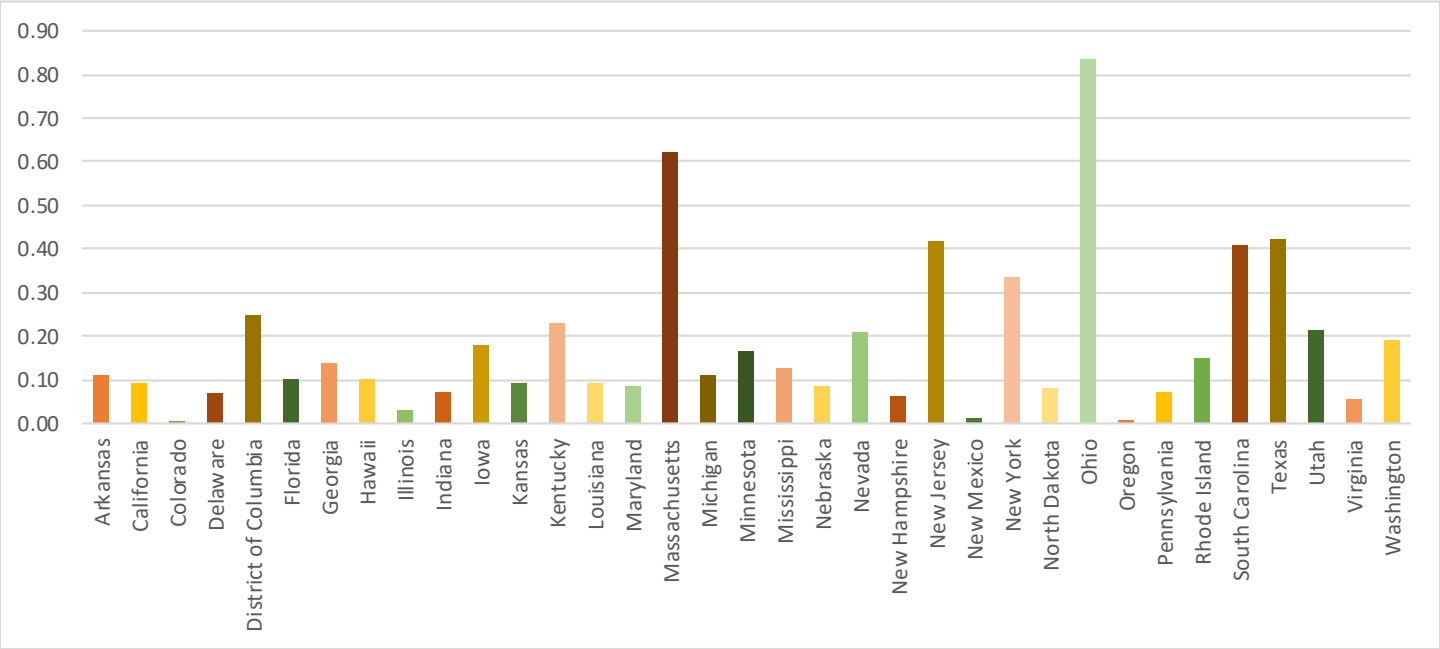

Table 56 – Percentage of Medicaid MCO Population in Lock-In Status Annually (State Average)

State	State Average Percentage
Arkansas	0.11%
California	0.09%
Colorado	0.01%
Delaware	0.07%
District of	0.25%
Florida	0.10%
Georgia	0.14%
Hawaii	0.10%
Illinois	0.03%
Indiana	0.07%
Iowa	0.18%
Kansas	0.09%
Kentucky	0.23%
Louisiana	0.09%
Maryland	0.09%
Massachusetts	0.62%
Michigan	0.11%
Minnesota	0.17%
Mississippi	0.13%

State	State Average Percentage
Nebraska	0.09%
Nevada	0.21%
New Hampshire	0.06%
New Jersey	0.42%
New Mexico	0.01%
New York	0.34%
North Dakota	0.08%
Ohio	0.84%
Oregon	0.01%
Pennsylvania	0.07%
Rhode Island	0.15%
South Carolina	0.41%
Texas	0.42%
Utah	0.22%
Virginia	0.06%
Washington	0.19%
National Average	**0.18%**

3. Does your MCO have a documented process in place that identifies potential FWA of controlled drugs by prescribers?

Figure 61 – Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Prescribers

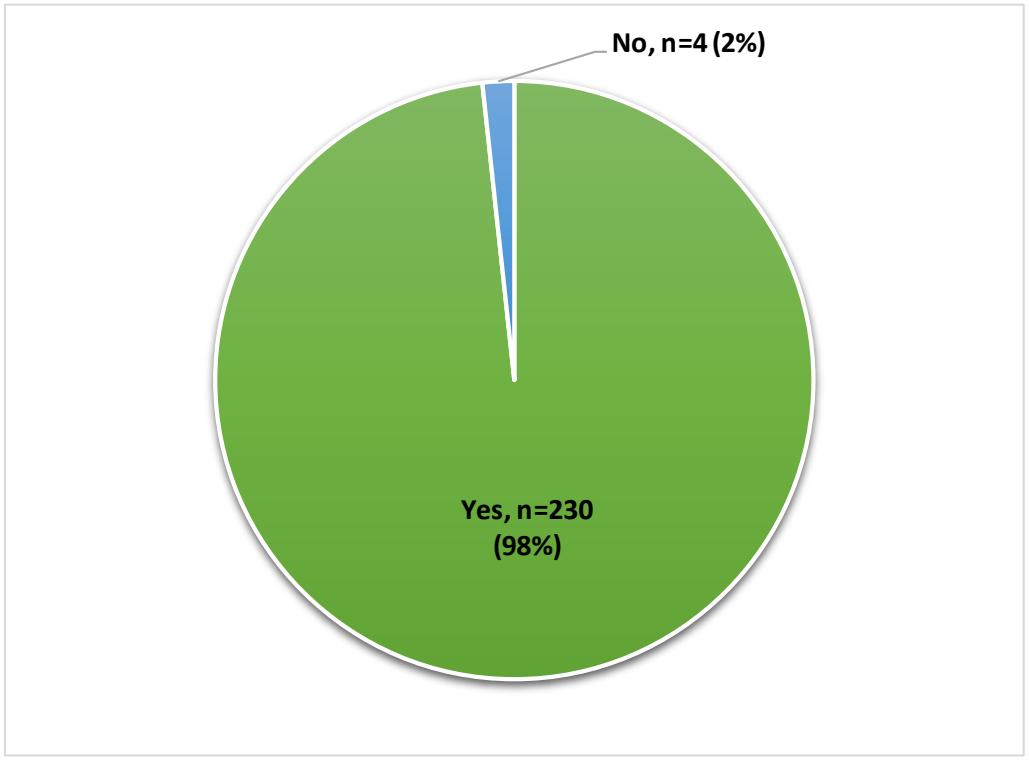

Table 57 – Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Prescribers

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (2), Delaware (1), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	230	98.29%
No	California (1), Delaware (1), Illinois (1), Minnesota (1)	4	1.71%
National Totals		**234**	**100%**

If "Yes," what action(s) does this process initiate?

Figure 62 – Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Prescribers is Detected

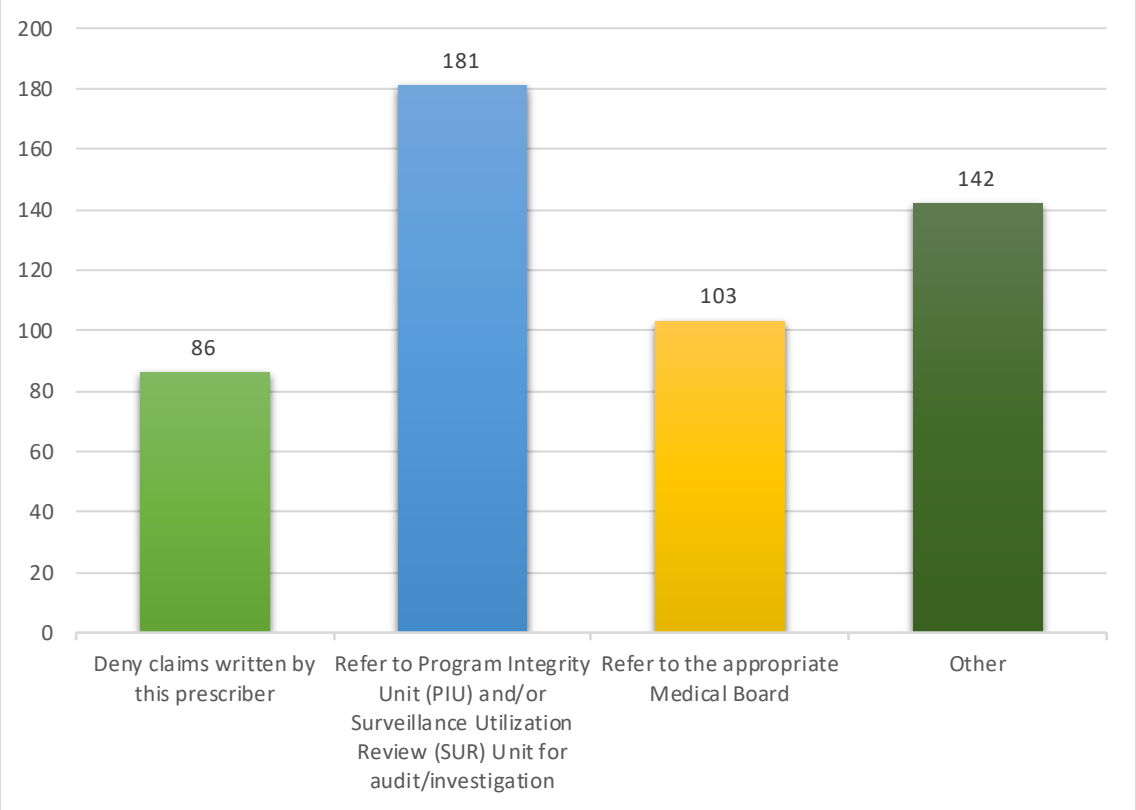

Table 58 – Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Prescribers is Detected

Response	States (Count of MCOs)	Total	Percent of Total
Deny claims written by this prescriber	Arkansas (1), California (7), Colorado (1), District of Columbia (2), Florida (3), Georgia (4), Hawaii (4), Illinois (2), Indiana (4), Kansas (1), Kentucky (2), Louisiana (1), Maryland (5), Massachusetts (1), Michigan (9), Minnesota (4), Nebraska (1), New Hampshire (1), New Jersey (3), New Mexico (2), New York (4), North Dakota (1), Ohio (3), Oregon (5), Pennsylvania (2), South Carolina (2), Texas (3), Utah (3), Virginia (3), Washington (2)	86	16.80%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Arkansas (3), California (20), Delaware (1), District of Columbia (4), Florida (11), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (8), Massachusetts (2), Michigan (10), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (15), North Dakota (1), Ohio (4), Oregon (10), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (6), Utah (3), Virginia (6), Washington (4)	181	35.35%
Refer to the appropriate Medical Board	Arkansas (2), California (9), Colorado (1), Delaware (1), District of Columbia (1), Florida (3), Georgia (1), Hawaii (3), Illinois (1), Indiana (4), Iowa (1), Kansas (2), Kentucky (3), Louisiana (4), Maryland (6), Massachusetts (2), Michigan (5), Minnesota (5), Mississippi (1), Nebraska (2), Nevada (2), New Jersey (4), New Mexico (1), New York (10), North Dakota (1), Ohio (3), Oregon (1), Pennsylvania (4), Rhode Island (2), South Carolina (3), Texas (4), Utah (2), Virginia (6), Washington (3)	103	20.12%
Other	Arkansas (3), California (15), Colorado (1), Delaware (1), District of Columbia (3), Florida (14), Georgia (3), Hawaii (4), Illinois (3), Indiana (3), Iowa (1), Kansas (2), Kentucky (3), Louisiana (2), Maryland (7), Massachusetts (4), Michigan (5), Minnesota (2), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (2), New York (11), Ohio (2), Oregon (10), Pennsylvania (3), Rhode Island (2), South Carolina (5), Texas (14), Utah (2), Virginia (3), Washington (3)	142	27.73%
National Totals		**512**	**100%**

4. Does your MCO have a documented process in place that identifies potential FWA of controlled drugs by pharmacy providers?

Figure 63 – Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers

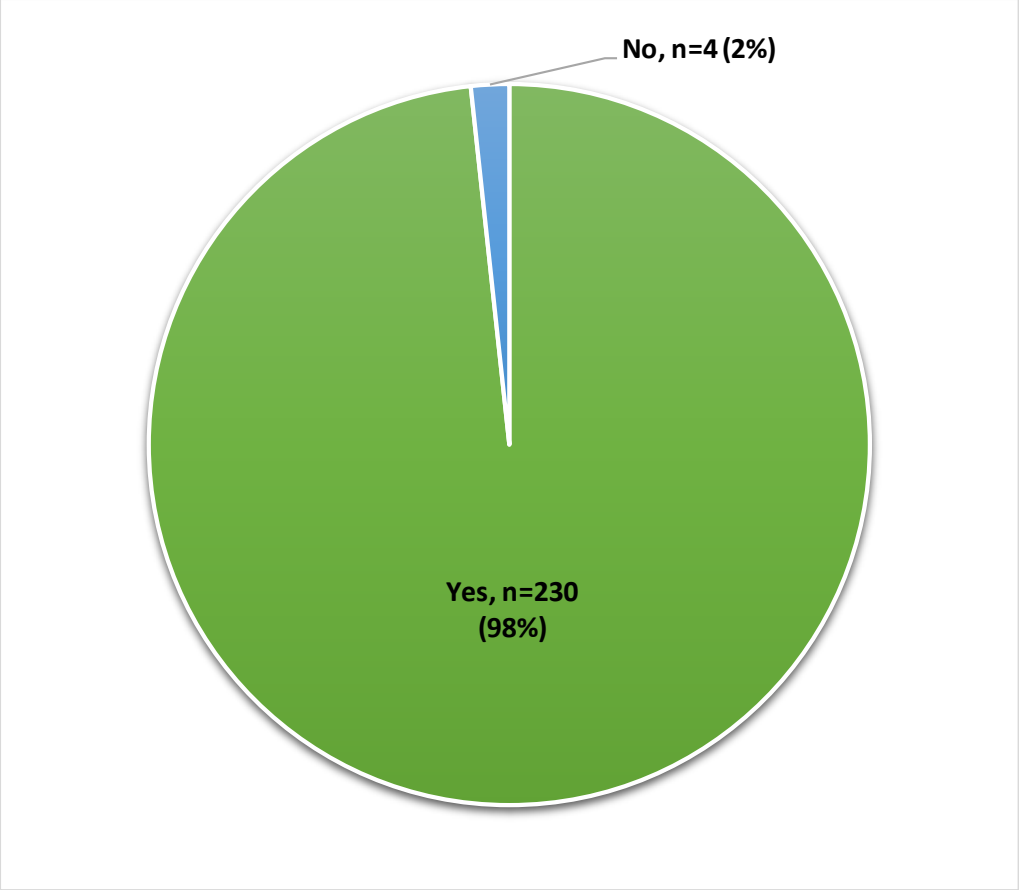

Table 59 – Documented Process to Identify Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	230	98.29%
No	California (1), Hawaii (1), Illinois (1), Pennsylvania (1)	4	1.71%
National Totals		**234**	**100%**

If "Yes," what action(s) does this process initiate?

Figure 64 – Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers is Detected

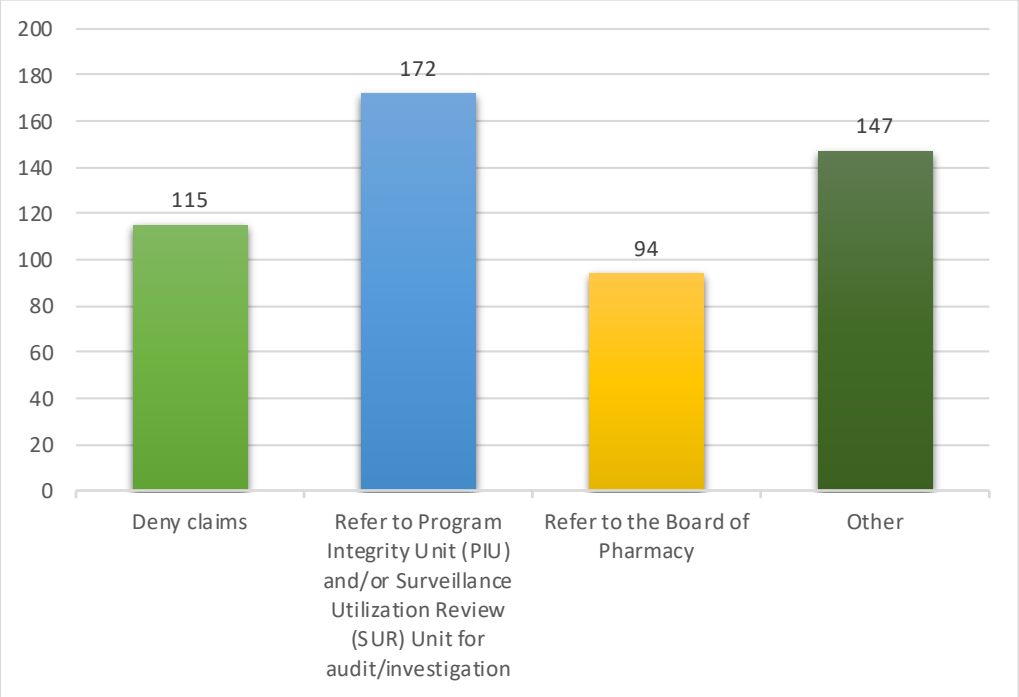

Table 60 – Actions Process Initiates when Possible Fraud or Abuse of Controlled Drugs by Pharmacy Providers is Detected

Response	States (Count of MCOs)	Total	Percent of Total
Deny claims	Arkansas (2), California (12), Colorado (1), District of Columbia (4), Florida (7), Georgia (3), Hawaii (3), Illinois (4), Indiana (4), Iowa (1), Kentucky (3), Louisiana (1), Maryland (3), Massachusetts (3), Michigan (7), Minnesota (5), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (3), New York (7), North Dakota (1), Ohio (2), Oregon (8), Pennsylvania (1), Rhode Island (1), South Carolina (3), Texas (12), Utah (1), Virginia (3), Washington (3)	115	21.78%
Refer to Program Integrity Unit (PIU) and/or Surveillance Utilization Review (SUR) Unit for audit/investigation	Arkansas (2), California (20), Delaware (2), District of Columbia (4), Florida (9), Georgia (4), Hawaii (4), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (3), Louisiana (5), Maryland (6), Massachusetts (2), Michigan (9), Minnesota (6), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (13), North Dakota (1), Ohio (3), Oregon (17), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (5), Utah (3), Virginia (5), Washington (3)	172	32.58%
Refer to the Board of Pharmacy	California (11), Colorado (1), Delaware (1), District of Columbia (1), Florida (4), Georgia (2), Hawaii (3), Illinois (1), Indiana (2), Kansas (1), Kentucky (1), Louisiana (1), Maryland (3), Massachusetts (2), Michigan (3), Minnesota (5), Mississippi (1), Nebraska (3), Nevada (1), New Hampshire (1), New Jersey (3),	94	17.80%

Response	States (Count of MCOs)	Total	Percent of Total
	New Mexico (3), New York (5), North Dakota (1), Ohio (3), Oregon (11), Pennsylvania (5), Rhode Island (2), South Carolina (3), Texas (3), Utah (1), Virginia (4), Washington (2)		
Other	Arkansas (2), California (11), Colorado (1), Delaware (2), District of Columbia (2), Florida (12), Georgia (2), Hawaii (5), Illinois (3), Indiana (2), Kansas (2), Kentucky (4), Louisiana (4), Maryland (7), Massachusetts (4), Michigan (8), Minnesota (6), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (4), New Mexico (2), New York (15), North Dakota (1), Ohio (4), Oregon (4), Pennsylvania (5), Rhode Island (3), South Carolina (3), Texas (14), Utah (2), Virginia (4), Washington (3)	147	27.84%
National Totals		**528**	**100%**

5. Does your MCO have a documented process in place that identifies and/or prevents potential fraud or abuse of non-controlled drugs by beneficiaries?

Figure 65 – Documented Process to Identify Possible Fraud or Abuse of Non-Controlled Drugs by Beneficiaries

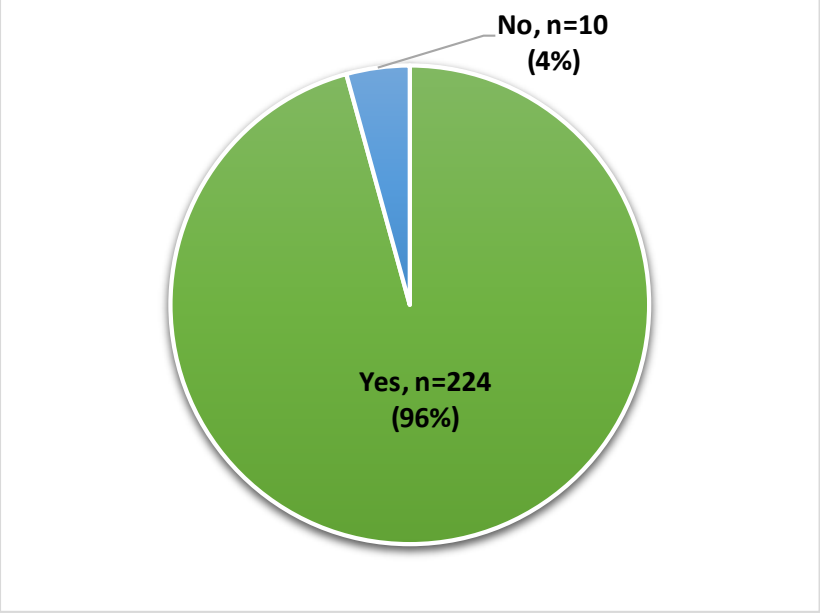

Table 61 – Documented Process to Identify Possible Fraud or Abuse of Non-Controlled Drugs by Beneficiaries

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (1), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (1), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (10), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	224	95.73%

Response	States (Count of MCOs)	Total	Percent of Total
No	California (1), Colorado (1), Florida (1), Illinois (1), Iowa (1), Massachusetts (1), Michigan (1), Minnesota (2), New York (1)	10	4.27%
National Totals		**234**	**100%**

B. Prescription Drug Monitoring Program (PDMP)

Note: *Section 5042 of the SUPPORT for Patients and Communities Act requires states to report metrics in reference to their state's PDMP. CMS has included questions to reference these metrics to help establish processes to be in compliance with provisions outlined in Section 5042 and CMS reporting, beginning in FFY 2023.*

1. Does your MCO have the ability to query the state's PDMP database?

Figure 66 – MCO Has Ability to Query the State's PDMP Database

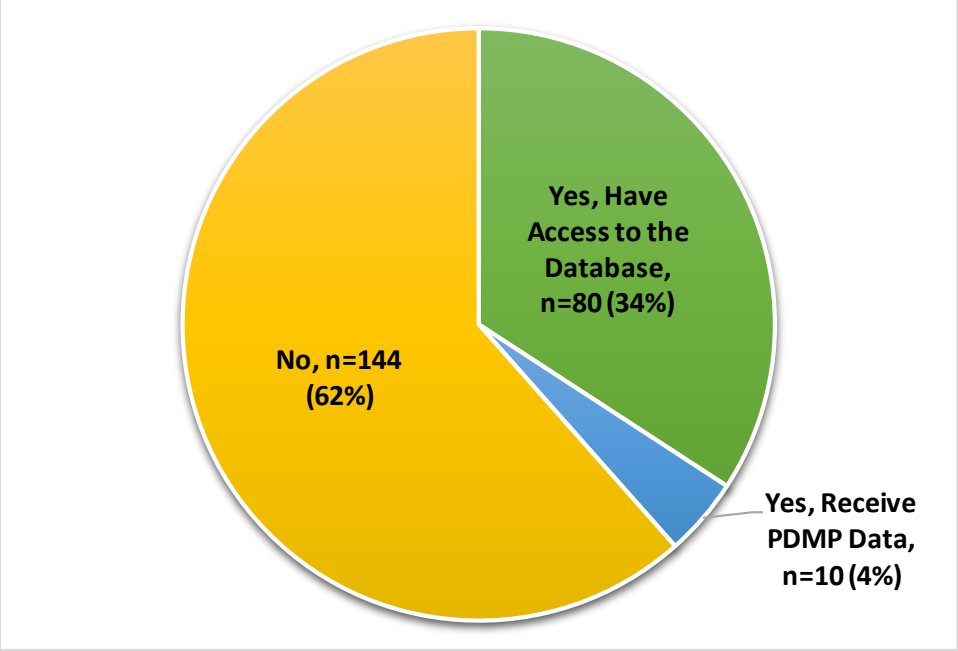

Table 62 – MCO Has Ability to Query the State's PDMP Database

Response	States (Count of MCOs)	Total	Percent of Total
Yes, have access to the database	California (20), Colorado (1), District of Columbia (1), Florida (1), Georgia (1), Hawaii (1), Illinois (3), Indiana (4), Kansas (1), Kentucky (2), Louisiana (1), Michigan (8), Minnesota (7), Mississippi (2), Nebraska (2), New Mexico (3), Ohio (5), Oregon (3), Pennsylvania (1), South Carolina (1), Texas (1), Utah (2), Virginia (5), Washington (4)	80	34.19%
Yes, receive PDMP data	District of Columbia (1), Florida (2), Kentucky (1), Louisiana (3), Mississippi (1), Virginia (1), Washington (1)	10	4.27%
No	Arkansas (3), California (6), Colorado (1), Delaware (2), District of Columbia (2), Florida (13), Georgia (3), Hawaii (5), Illinois (4), Iowa (2), Kansas (2), Kentucky (2), Louisiana (1), Maryland (9), Massachusetts (5), Michigan (3), Minnesota (1), Nebraska (1), Nevada (3), New Hampshire (3), New Jersey (5), New York (18),	144	61.54%

Response	States (Count of MCOs)	Total	Percent of Total
	North Dakota (1), Oregon (17), Pennsylvania (7), Rhode Island (3), South Carolina (4), Texas (16), Utah (2)		
National Totals		**234**	**100%**

If "Yes," receive PDMP data, please indicate how often.

Figure 67 – Frequency PDMP Data is Received

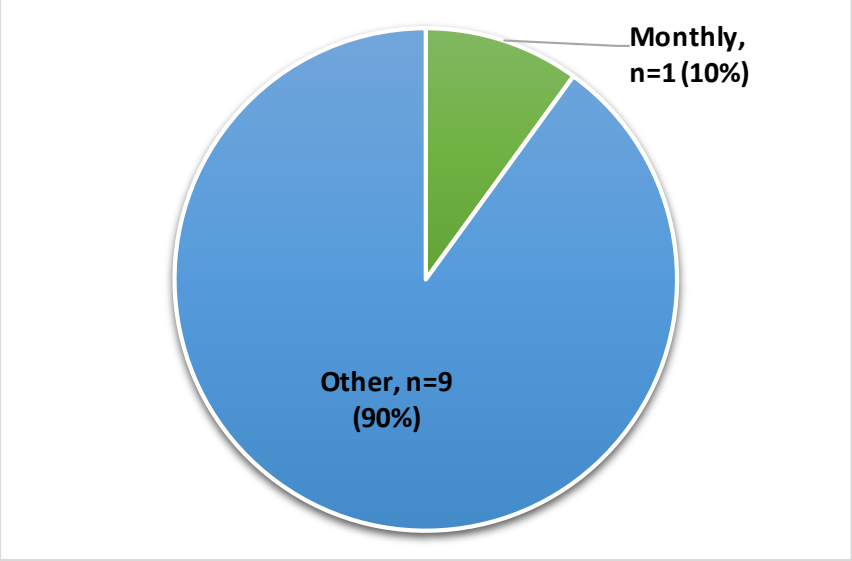

Table 63 – Frequency PDMP Data is Received

Response	States (Count of MCOs)	Total	Percent of Total
Monthly	Mississippi (1)	1	10.00%
Other	District of Columbia (1), Florida (2), Kentucky (1), Louisiana (3), Virginia (1), Washington (1)	9	90.00%
National Totals		**10**	**100%**

If "Yes," have access to the states' database, please continue.

Figure 68 – States' Access to PDMP Database

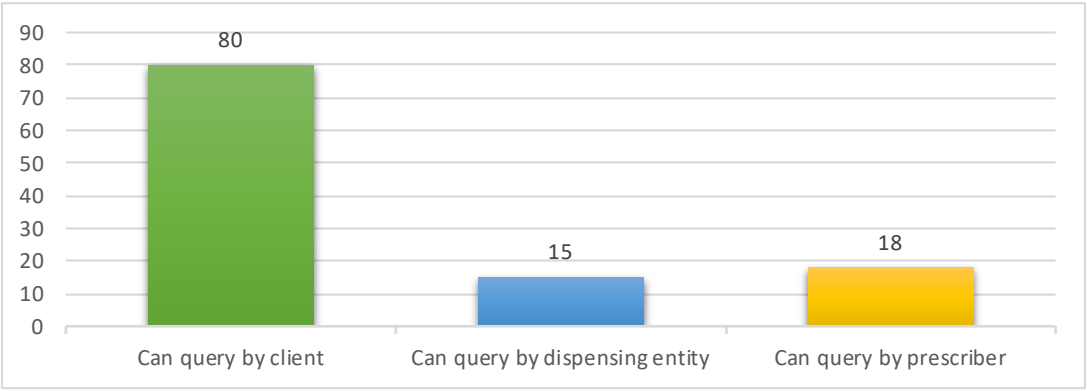

Table 64 – States' Access to PDMP Database

Response	States (Count of MCOs)	Total	Percent of Total
Can query by client	California (20), Colorado (1), District of Columbia (1), Florida (1), Georgia (1), Hawaii (1), Illinois (3), Indiana (4), Kansas (1), Kentucky (2), Louisiana (1), Michigan (8), Minnesota (7), Mississippi (2), Nebraska (2), New Mexico (3), Ohio (5), Oregon (3), Pennsylvania (1), South Carolina (1), Texas (1), Utah (2), Virginia (5), Washington (4)	80	70.80%
Can query by dispensing entity	California (5), District of Columbia (1), Florida (1), Indiana (3), Kentucky (1), Michigan (1), Ohio (1), Utah (1), Washington (1)	15	13.27%
Can query by prescriber	California (6), District of Columbia (1), Florida (1), Indiana (3), Kentucky (1), Michigan (1), Ohio (2), Oregon (1), Utah (1), Washington (1)	18	15.93%
National Totals		**113**	**100%**

If "Yes," please continue.

a. Please explain how your MCO program applies this information to control FWA of controlled substances.

Please reference individual state MCO reports on Medicaid.gov for more information.

b. Does your MCO have access to Border States' PDMP Information?

Figure 69 – MCO Access to Border States' PDMP Information

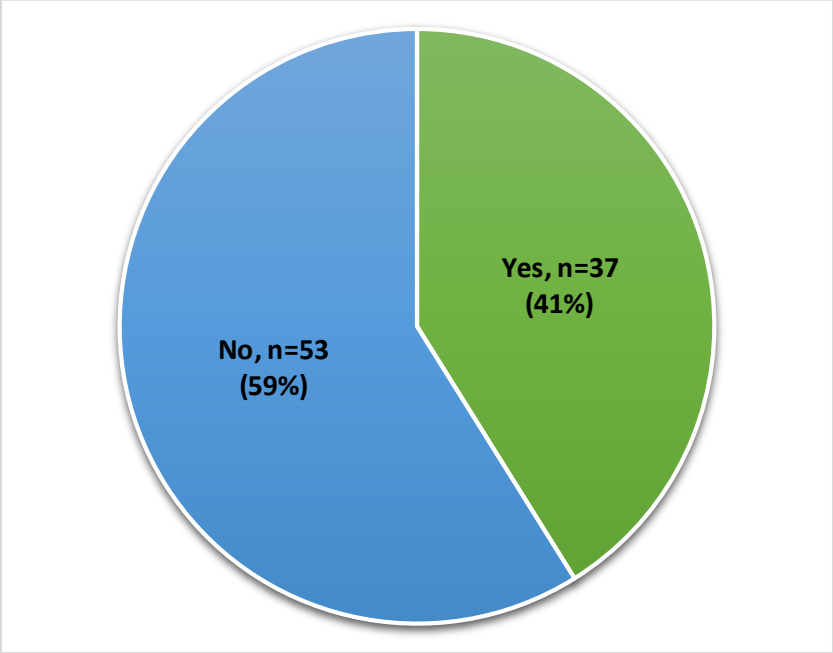

Table 65 – MCO Access to Border States' PDMP Information

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (1), Colorado (1), District of Columbia (1), Florida (1), Georgia (1), Hawaii (1), Illinois (3), Indiana (4), Kansas (1), Kentucky (1), Michigan (2), Mississippi (3), Nebraska (1), New Mexico (3), Ohio (5), Oregon (2), Pennsylvania (1), Texas (1), Utah (1), Washington (3)	37	41.11%
No	California (19), District of Columbia (1), Florida (2), Kentucky (2), Louisiana (4), Michigan (6), Minnesota (7), Nebraska (1), Oregon (1), South Carolina (1), Utah (1), Virginia (6), Washington (2)	53	58.89%
National Totals		**90**	**100%**

c. Does your MCO also have PDMP data integrated into your POS edits?

Figure 70 – MCO Has PDMP Data Integrated Into POS Edits

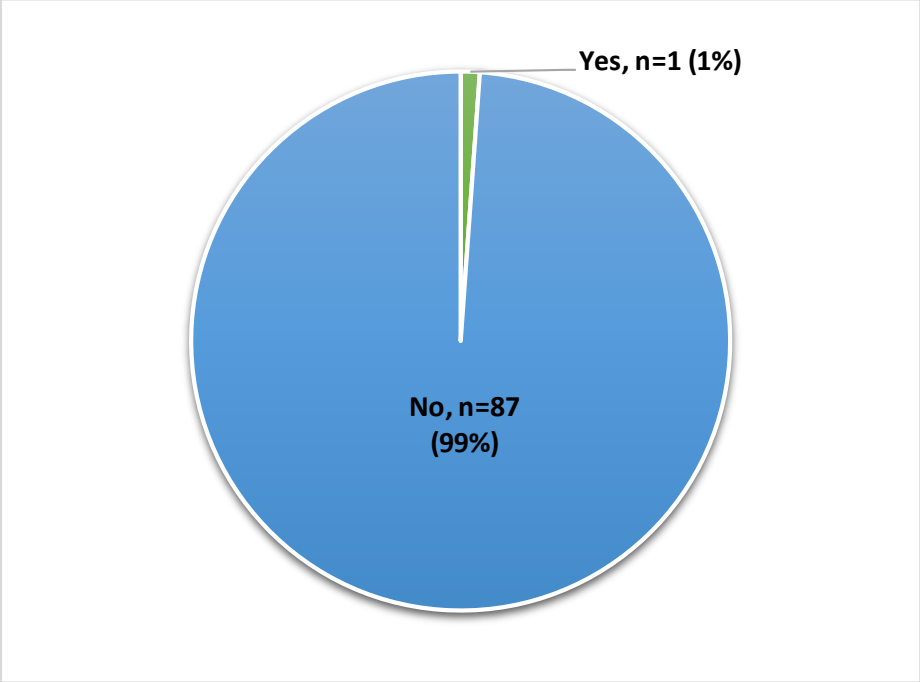

Table 66 – MCO Has PDMP Data Integrated Into POS Edits

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Indiana (1)	1	1.14%
No	California (19), Colorado (1), District of Columbia (2), Florida (3), Georgia (1), Hawaii (1), Illinois (3), Indiana (3), Kansas (1), Kentucky (2), Louisiana (4), Michigan (8), Minnesota (7), Mississippi (3), Nebraska (2), New Mexico (3), Ohio (5), Oregon (3), Pennsylvania (1), South Carolina (1), Texas (1), Utah (2), Virginia (6), Washington (5)	87	98.86%
National Totals		**88**	**100%**

2. Does your MCO or the professional board require prescribers (in your provider agreement) to access the PDMP patient history before prescribing controlled substances?

Figure 71 – Prescribers Requirement to Access the PDMP Patient History Before Prescribing Controlled Substances

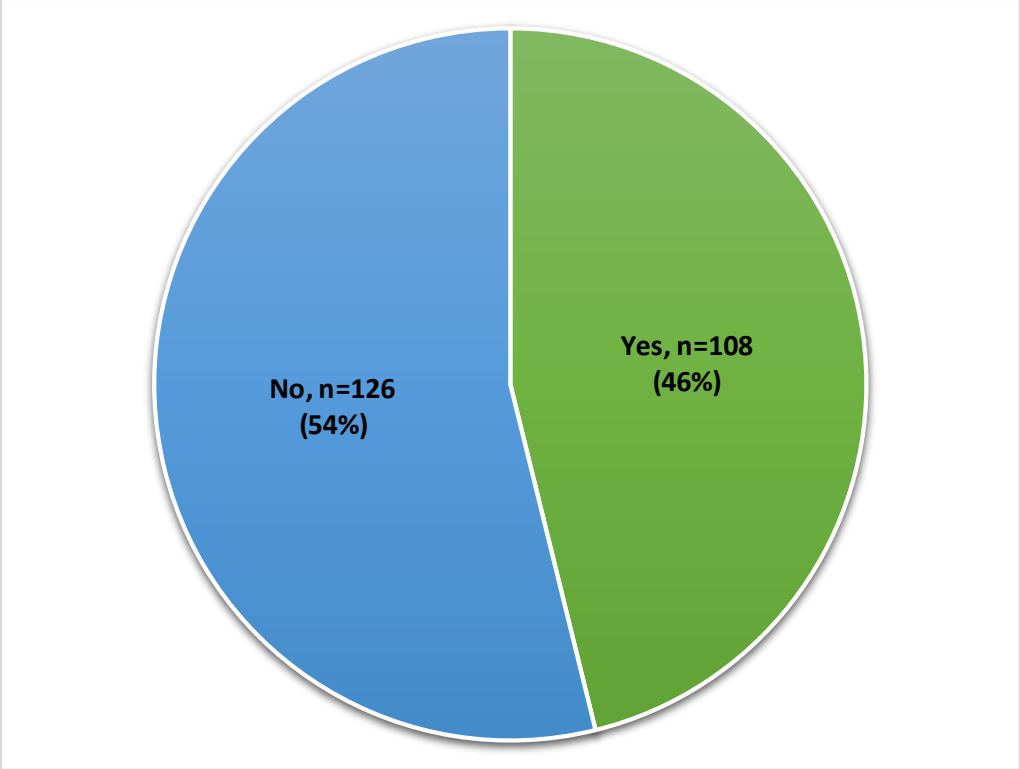

Table 67 – Prescribers Requirement to Access the PDMP Patient History Before Prescribing Controlled Substances

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (14), Colorado (1), Delaware (2), District of Columbia (1), Florida (2), Georgia (2), Hawaii (4), Illinois (3), Indiana (4), Iowa (2), Kentucky (2), Louisiana (2), Maryland (8), Massachusetts (3), Michigan (2), Minnesota (2), Mississippi (3), Nevada (1), New Hampshire (3), New Jersey (1), New Mexico (2), New York (6), North Dakota (1), Ohio (5), Oregon (1), Pennsylvania (6), Rhode Island (2), South Carolina (2), Texas (12), Utah (2), Virginia (4), Washington (2)	108	46.15%
No	Arkansas (2), California (12), Colorado (1), District of Columbia (3), Florida (14), Georgia (2), Hawaii (2), Illinois (4), Kansas (3), Kentucky (3), Louisiana (3), Maryland (1), Massachusetts (2), Michigan (9), Minnesota (6), Nebraska (3), Nevada (2), New Jersey (4), New Mexico (1), New York (12), Oregon (19), Pennsylvania (2), Rhode Island (1), South Carolina (3), Texas (5), Utah (2), Virginia (2), Washington (3)	126	53.85%
National Totals		**234**	**100%**

If "Yes," please continue.

a. Are there protocols involved in checking the PDMP?

Figure 72 – Protocols Involved in Checking the PDMP

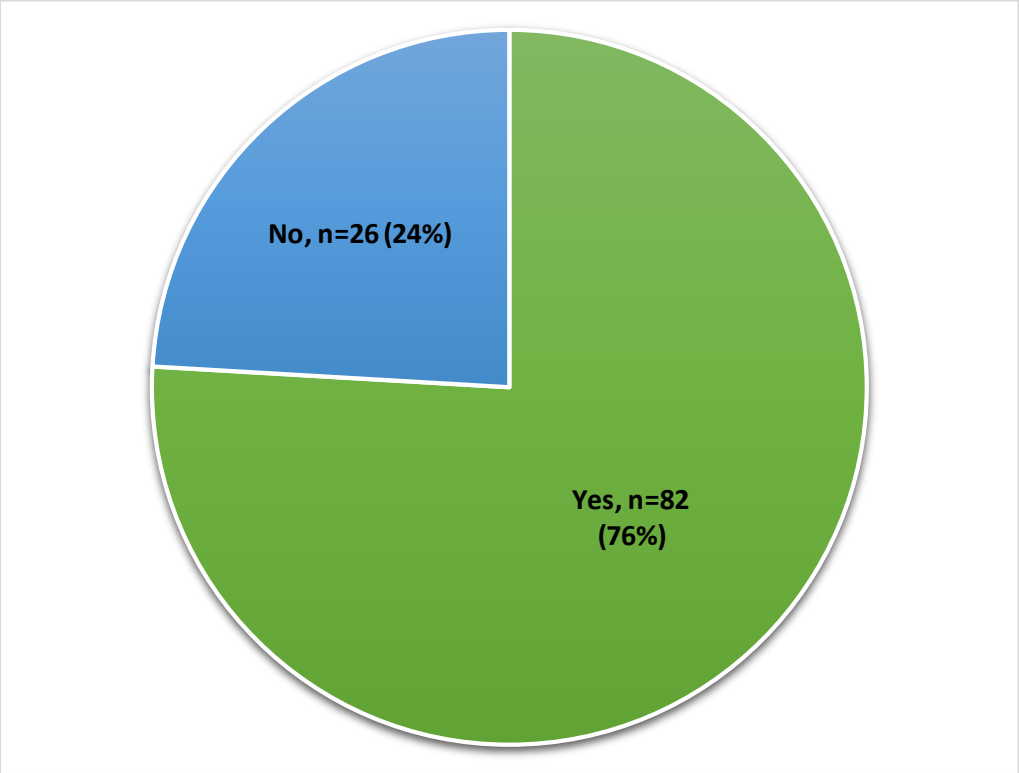

Table 68 – Protocols Involved in Checking the PDMP

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (10), Delaware (2), District of Columbia (1), Florida (1), Hawaii (2), Illinois (2), Indiana (3), Iowa (2), Kentucky (2), Louisiana (1), Maryland (5), Massachusetts (2), Minnesota (1), Mississippi (3), Nevada (1), New Hampshire (1), New Mexico (2), New York (5), North Dakota (1), Ohio (5), Oregon (1), Pennsylvania (5), Rhode Island (2), South Carolina (2), Texas (12), Utah (2), Virginia (3), Washington (2)	82	75.93%
No	California (4), Colorado (1), Florida (1), Georgia (2), Hawaii (2), Illinois (1), Indiana (1), Louisiana (1), Maryland (3), Massachusetts (1), Michigan (2), Minnesota (1), New Hampshire (2), New Jersey (1), New York (1), Pennsylvania (1), Virginia (1)	26	24.07%
National Totals		**108**	**100%**

b. Are providers required to have protocols for responses to information from the PDMP that is contradictory to the direction that the practitioner expects from the client?

Figure 73 – Providers Required to Have Protocols for Responses to Information from the PDMP that is Contradictory to the Direction the Practitioner Expects from the Client

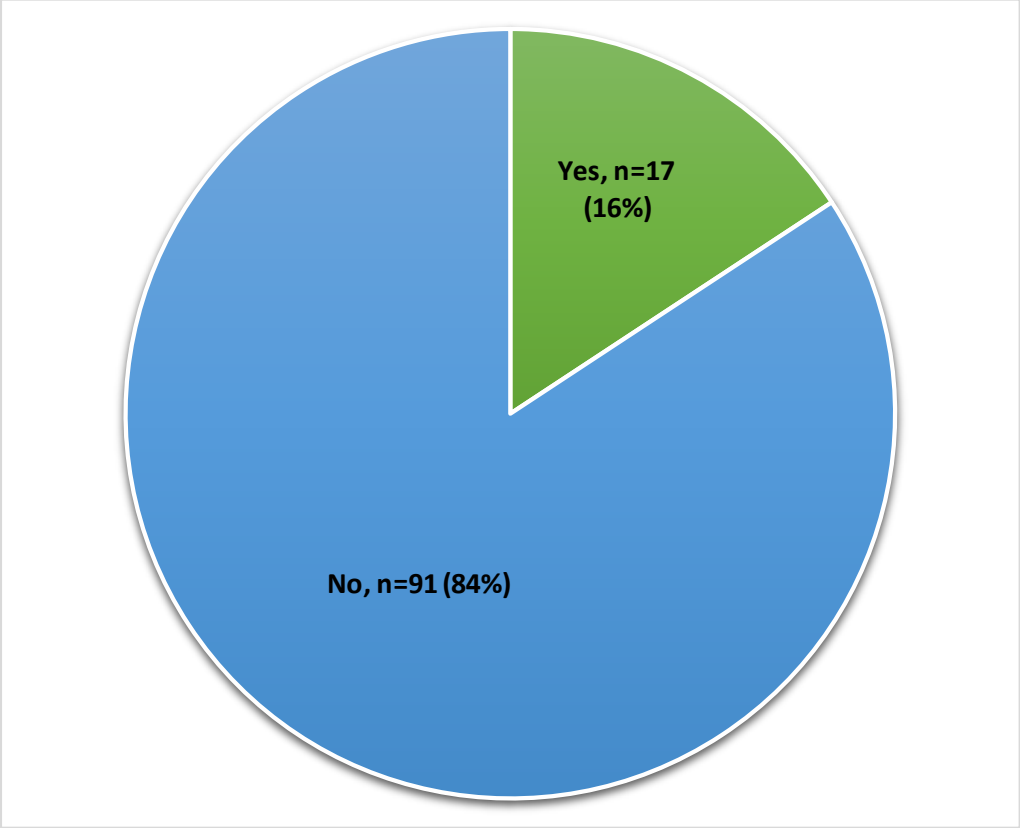

Table 69 – Providers Required to Have Protocols for Responses to Information from the PDMP that is Contradictory to the Direction the Practitioner Expects from the Client

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (4), Delaware (1), Illinois (1), Kentucky (1), Maryland (5), Massachusetts (1), New Mexico (1), Rhode Island (1), Utah (1), Virginia (1)	17	15.74%
No	Arkansas (1), California (10), Colorado (1), Delaware (1), District of Columbia (1), Florida (2), Georgia (2), Hawaii (4), Illinois (2), Indiana (4), Iowa (2), Kentucky (1), Louisiana (2), Maryland (3), Massachusetts (2), Michigan (2), Minnesota (2), Mississippi (3), Nevada (1), New Hampshire (3), New Jersey (1), New Mexico (1), New York (6), North Dakota (1), Ohio (5), Oregon (1), Pennsylvania (6), Rhode Island (1), South Carolina (2), Texas (12), Utah (1), Virginia (3), Washington (2)	91	84.26%
National Totals		**108**	**100%**

c. If a provider is not able to conduct PDMP check, does your MCO require the prescriber to document a good faith effort, including the reasons why the provider was not able to conduct the check?

Figure 74 – MCO Requires Prescriber to Document a Good Faith Effort

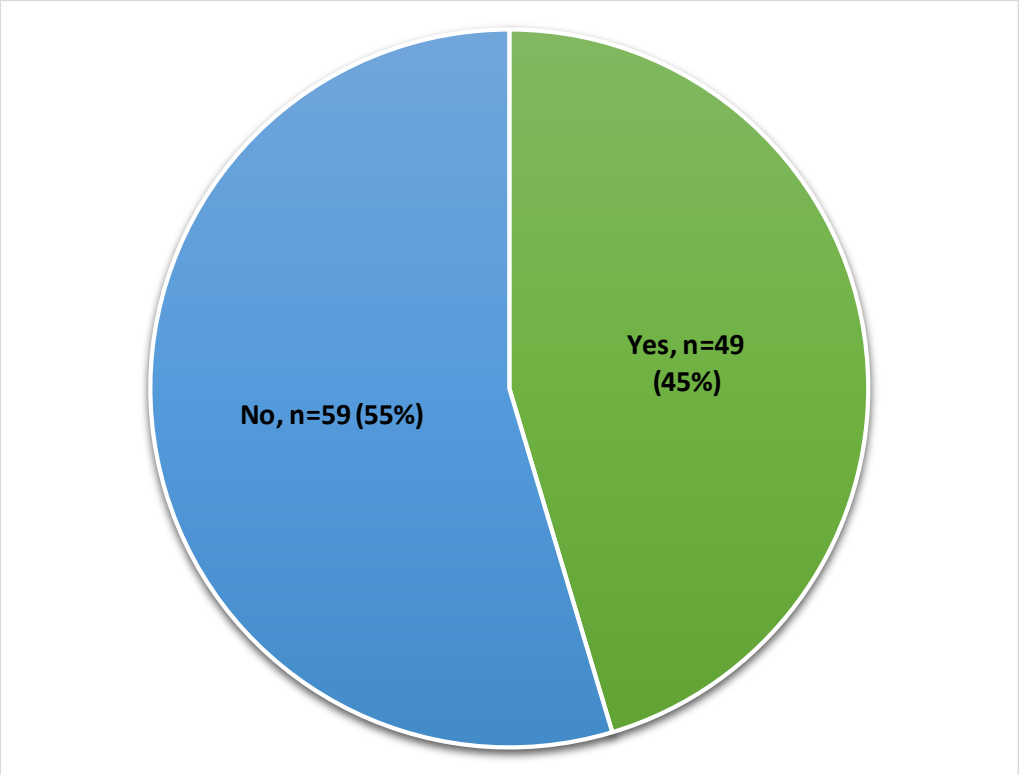

Table 70 – MCO Requires Prescriber to Document a Good Faith Effort

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (5), Delaware (2), Florida (1), Illinois (2), Louisiana (1), Maryland (6), Michigan (1), Minnesota (1), Mississippi (1), New Mexico (1), New York (4), North Dakota (1), Ohio (3), Oregon (1), Pennsylvania (4), South Carolina (1), Texas (9), Utah (1), Virginia (4)	49	45.37%
No	Arkansas (1), California (9), Colorado (1), District of Columbia (1), Florida (1), Georgia (2), Hawaii (4), Illinois (1), Indiana (4), Iowa (2), Kentucky (2), Louisiana (1), Maryland (2), Massachusetts (3), Michigan (1), Minnesota (1), Mississippi (2), Nevada (1), New Hampshire (3), New Jersey (1), New Mexico (1), New York (2), Ohio (2), Pennsylvania (2), Rhode Island (2), South Carolina (1), Texas (3), Utah (1), Washington (2)	59	54.63%
National Totals		**108**	**100%**

If "Yes," does your MCO require the provider to submit, upon request, documentation to the MCO?

Figure 75 – MCO Requires Provider to Submit Documentation to the MCO

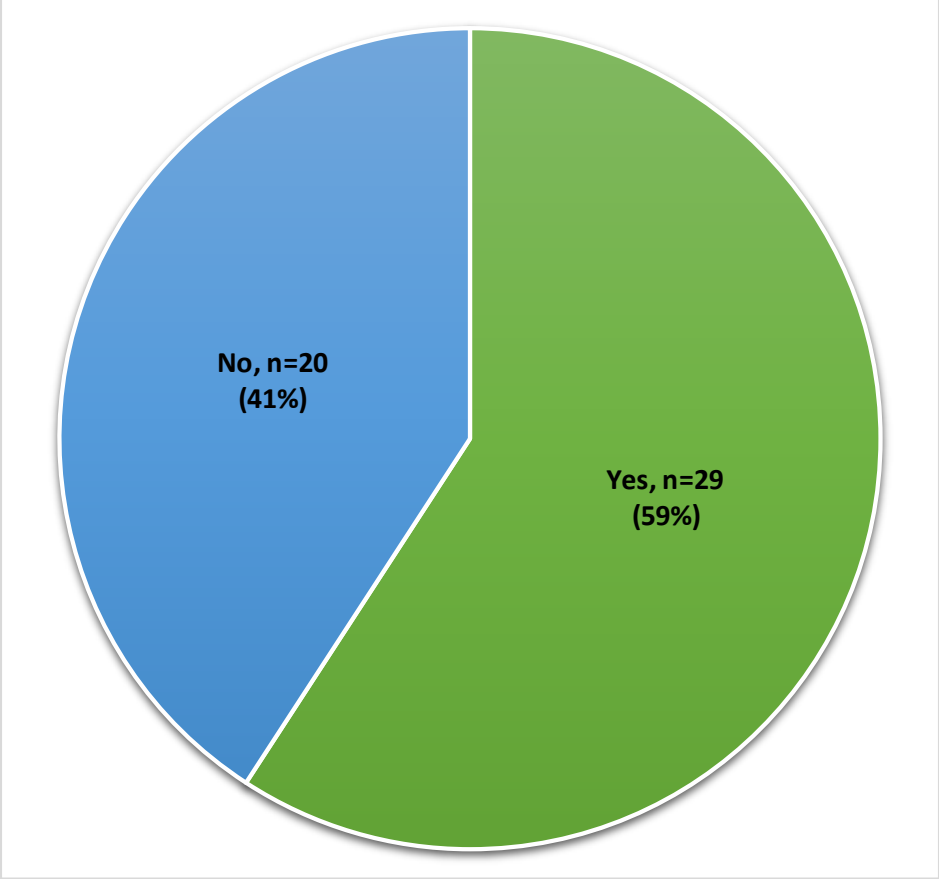

Table 71 – MCO Requires Provider to Submit Documentation to the MCO

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (4), Delaware (2), Illinois (2), Maryland (3), Michigan (1), Minnesota (1), Mississippi (1), New York (4), North Dakota (1), Ohio (3), Oregon (1), Pennsylvania (2), South Carolina (1), Virginia (3)	29	59.18%
No	California (1), Florida (1), Louisiana (1), Maryland (3), New Mexico (1), Pennsylvania (2), Texas (9), Utah (1), Virginia (1)	20	40.82%
National Totals		**49**	**100%**

3. Does your MCO require pharmacists to check the PDMP prior to dispensing?

Figure 76 – MCO Requires Pharmacists to Check the PDMP Prior to Dispensing

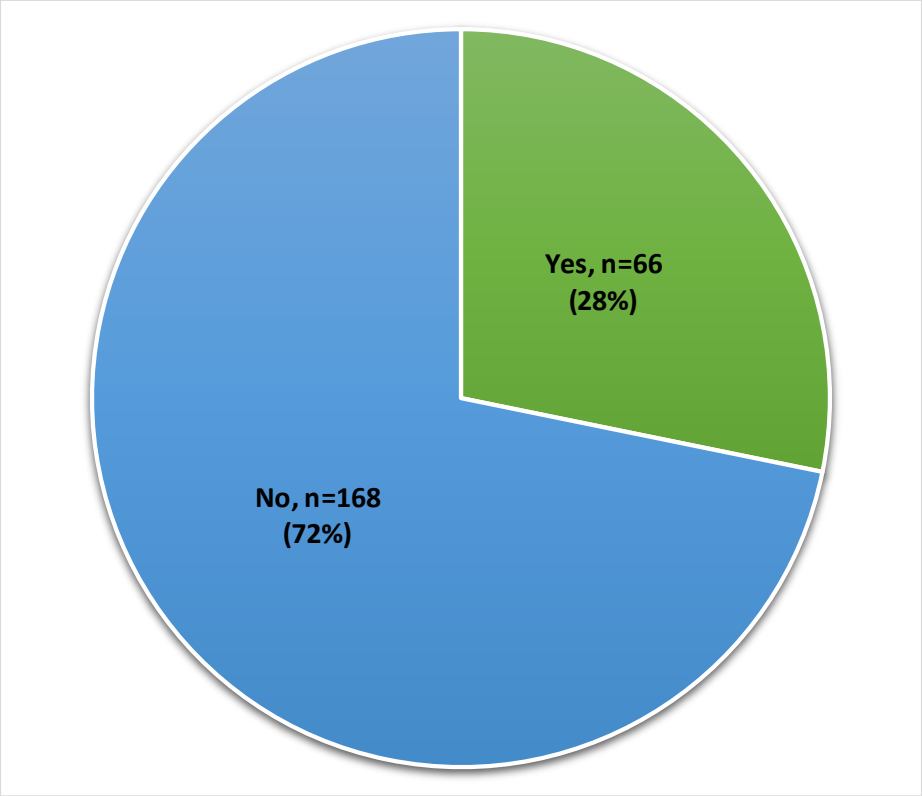

Table 72 – MCO Requires Pharmacists to Check the PDMP Prior to Dispensing

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (8), Florida (2), Georgia (1), Hawaii (4), Illinois (1), Kentucky (2), Louisiana (1), Maryland (6), Massachusetts (2), Michigan (1), Minnesota (2), Mississippi (2), New Hampshire (1), New Jersey (1), New Mexico (1), New York (6), Ohio (3), Pennsylvania (2), Rhode Island (1), South Carolina (1), Texas (16), Utah (1), Washington (1)	66	28.21%
No	Arkansas (3), California (18), Colorado (2), Delaware (2), District of Columbia (4), Florida (14), Georgia (3), Hawaii (2), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (3), Louisiana (4), Maryland (3), Massachusetts (3), Michigan (10), Minnesota (6), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (4), New Mexico (2), New York (12), North Dakota (1), Ohio (2), Oregon (20), Pennsylvania (6), Rhode Island (2), South Carolina (4), Texas (1), Utah (3), Virginia (6), Washington (4)	168	71.79%
National Totals		**234**	**100%**

If "Yes," are there protocols involved in checking the PDMP?

Figure 77 – Protocols in Checking the PDMP

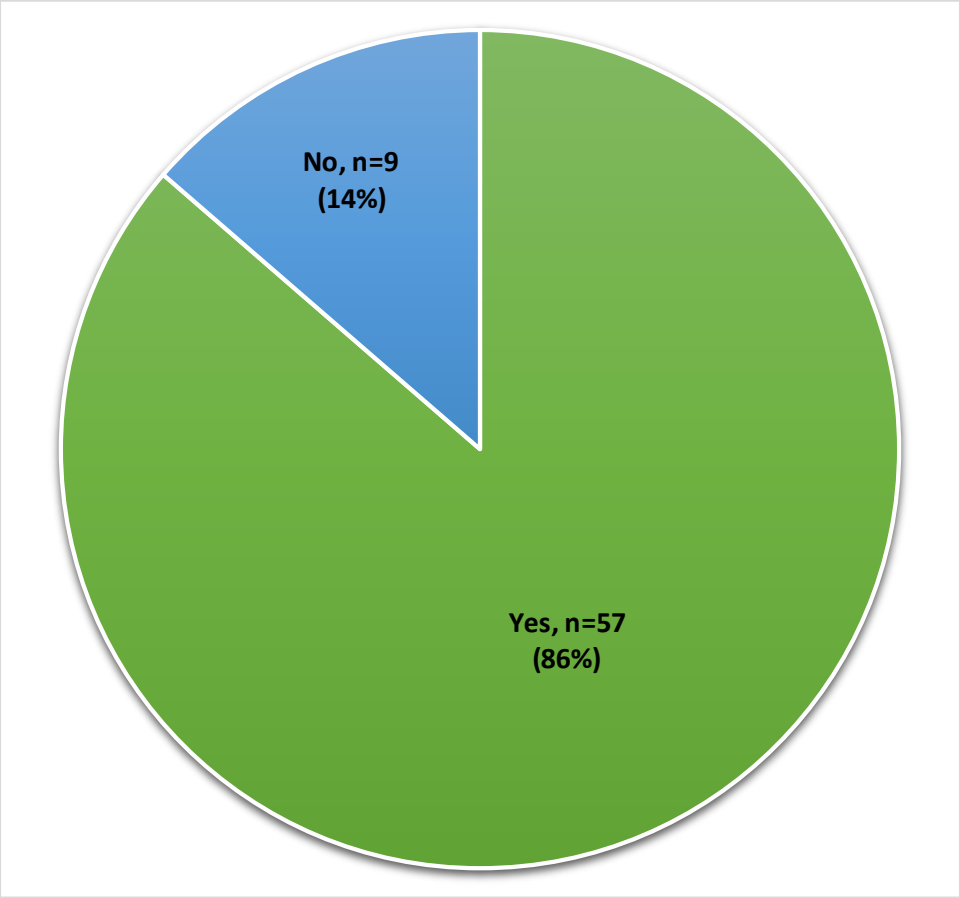

Table 73 – Protocols in Checking the PDMP

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (7), Florida (2), Hawaii (4), Illinois (1), Kentucky (1), Maryland (5), Massachusetts (1), Michigan (1), Minnesota (1), Mississippi (2), New Jersey (1), New Mexico (1), New York (6), Ohio (3), Pennsylvania (2), South Carolina (1), Texas (16), Utah (1), Washington (1)	57	86.36%
No	California (1), Georgia (1), Kentucky (1), Louisiana (1), Maryland (1), Massachusetts (1), Minnesota (1), New Hampshire (1), Rhode Island (1)	9	13.64%
National Totals		**66**	**100%**

4. In the State's PDMP system, which of the following pieces of information with respect to a beneficiary, is available to prescribers as close to real-time as possible?

Figure 78 – Information Available to Prescribers As Close to Real-Time As Possible

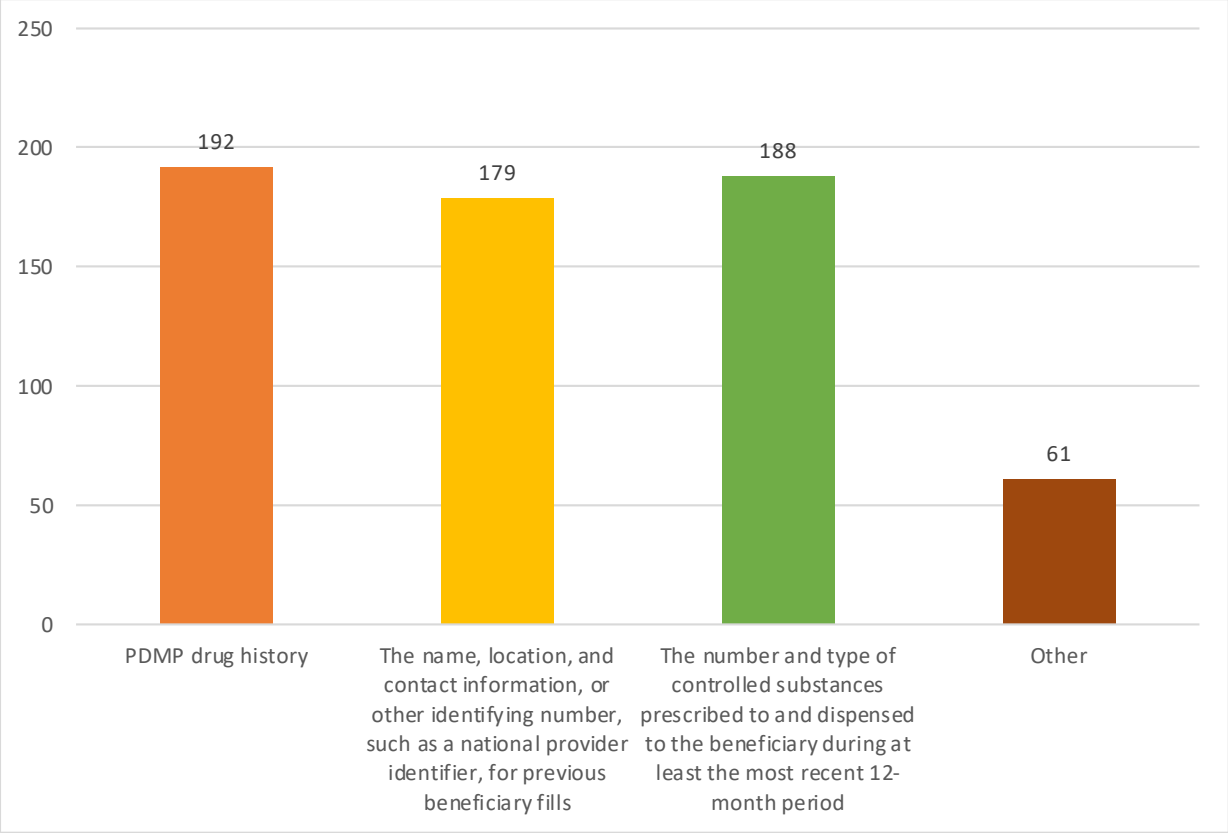

Table 74 – Information Available to Prescribers As Close to Real-Time As Possible

Response	States (Count of MCOs)	Total	Percent of Total
PDMP drug history	Arkansas (3), California (24), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (3), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (3), Maryland (9), Massachusetts (2), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (1), New Hampshire (3), New Jersey (2), New Mexico (3), New York (12), Ohio (5), Oregon (10), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (5)	192	30.97%
The name, location, and contact information, or other identifying number, such as a national provider identifier, for previous beneficiary fills	Arkansas (3), California (22), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (3), Hawaii (3), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (3), Maryland (9), Massachusetts (2), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (1), New Hampshire (3), New Jersey (2), New Mexico (3), New York (8), Ohio (4), Oregon (10), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (16), Utah (3), Virginia (6), Washington (3)	179	28.87%

Response	States (Count of MCOs)	Total	Percent of Total
The number and type of controlled substances prescribed to and dispensed to the beneficiary during at least the most recent 12-month period	Arkansas (3), California (22), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (3), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (3), Maryland (9), Massachusetts (2), Michigan (9), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (1), New Hampshire (3), New Jersey (2), New Mexico (3), New York (11), Ohio (5), Oregon (10), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (16), Utah (3), Virginia (6), Washington (5)	188	30.32%
Other	California (5), Delaware (1), District of Columbia (1), Florida (1), Hawaii (3), Illinois (1), Kansas (1), Kentucky (1), Louisiana (2), Maryland (1), Massachusetts (3), Michigan (3), Minnesota (2), Mississippi (2), Nevada (2), New Hampshire (1), New Jersey (3), New York (6), North Dakota (1), Ohio (1), Oregon (10), Pennsylvania (3), Rhode Island (2), Texas (1), Virginia (2), Washington (2)	61	9.84%
National Totals		**620**	**100%**

Are there barriers that hinder your MCO from fully accessing the PDMP that prevent the program from being utilized the way it was intended to be to curb FWA?

Figure 79– Barriers Hinder MCO from Fully Accessing PDMP that Prevent the Program from Being Utilized the Way It Was Intended to be to Curb FWA

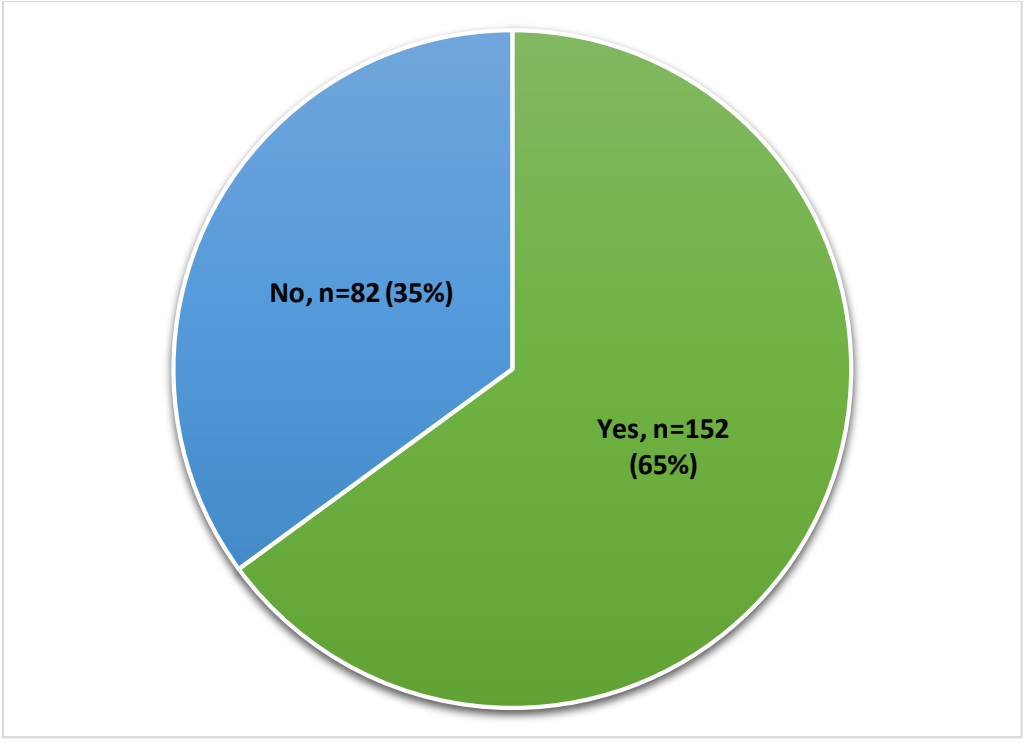

Table 75 – Barriers Hinder MCO from Fully Accessing PDMP that Prevent the Program from Being Utilized the Way It Was Intended to be to Curb FWA

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (13), Colorado (1), Delaware (2), District of Columbia (2), Florida (7), Georgia (4), Hawaii (3), Illinois (2), Indiana (3), Iowa (2), Kansas (3), Kentucky (1), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (7), Minnesota (6), Mississippi (1), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New York (13), North Dakota (1), Ohio (3), Oregon (17), Pennsylvania (4), Rhode Island (3), South Carolina (3), Texas (16), Utah (2), Virginia (1), Washington (2)	152	64.96%
No	Arkansas (2), California (13), Colorado (1), District of Columbia (2), Florida (9), Hawaii (3), Illinois (5), Indiana (1), Kentucky (4), Maryland (3), Massachusetts (1), Michigan (4), Minnesota (2), Mississippi (2), New Mexico (3), New York (5), Ohio (2), Oregon (3), Pennsylvania (4), South Carolina (2), Texas (1), Utah (2), Virginia (5), Washington (3)	82	35.04%
National Totals		**234**	**100%**

If "Yes," please explain the barriers (i.e. lag time in prescription data being submitted, prescribers not accessing, pharmacists unable to view prescription history before filling script).

Please reference individual state MCO reports on Medicaid.gov for more information.

5. In this reporting period, have there been any data or privacy breaches of the PDMP or PDMP data?

Figure 80 – Data or Privacy Breaches of PDMP or PDMP Data This Reporting Period

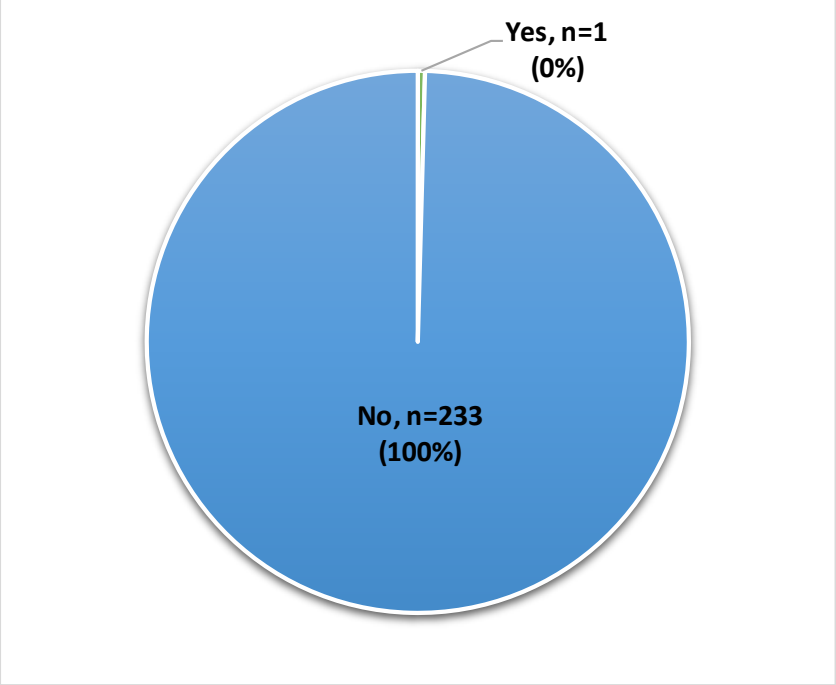

Table 76 – Data or Privacy Breaches of PDMP or PDMP Data This Reporting Period

Response	States (Count of MCOs)	Total	Percent of Total
Yes*	Texas (1)	1	0.43%
No	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (5)	233	99.57%
National Totals		**234**	**100%**

If "Yes," please summarize the breach, number of individuals impacted, a description of the steps the State has taken to address each such breach, and if law enforcement or the affected individuals were notified of the breach.

Please reference individual state MCO reports on Medicaid.gov for more information

C. Opioids

1. Does your MCO currently have a POS edit in place to limit the quantity dispensed of an initial opioid prescription?

Figure 81 – POS Edits in Place to Limit the Quantity Dispensed of an Initial Opioid Prescription

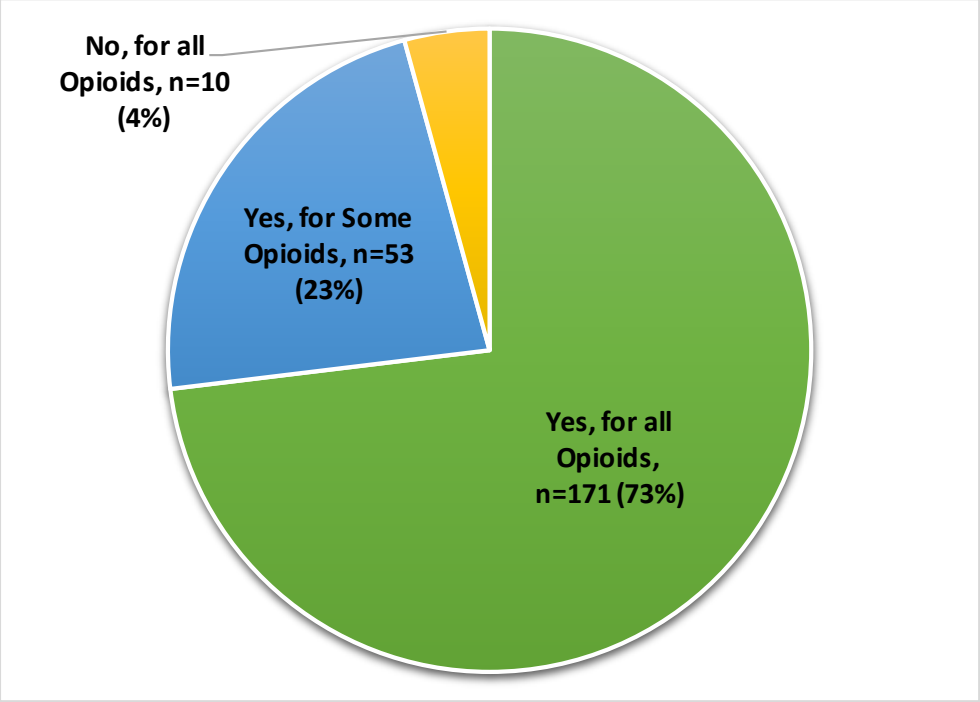

Table 77 – POS Edits in Place to Limit the Quantity Dispensed of An Initial Opioid Prescription

Response	States (Count of MCOs)	Total	Percent of Total
Yes, for all opioids	Arkansas (3), California (19), Colorado (2), Delaware (1), District of Columbia (4), Florida (13), Georgia (4), Hawaii (4), Illinois (4), Indiana (3), Kentucky (5), Louisiana (3), Maryland (6), Massachusetts (3), Michigan (6), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (3), New York (10), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (11), Utah (4), Virginia (3), Washington (4)	171	73.08%
Yes, for some opioids	California (5), Delaware (1), Florida (3), Hawaii (2), Illinois (3), Indiana (1), Kansas (3), Louisiana (2), Maryland (2), Massachusetts (1), Michigan (3), Minnesota (3), Nevada (1), New Jersey (2), New York (8), Pennsylvania (2), Rhode Island (2), Texas (6), Virginia (2), Washington (1)	53	22.65%
No, for all opioids	California (2), Iowa (2), Maryland (1), Massachusetts (1), Michigan (2), New Hampshire (1), Virginia (1)	10	4.27%
National Totals		**234**	**100%**

a. *Is there more than one quantity limit for the various opioids? Additionally, please explain ramifications when addressing COVID-19 if applicable.*

Figure 82 – More Than One Quantity Limit for Various Opioids

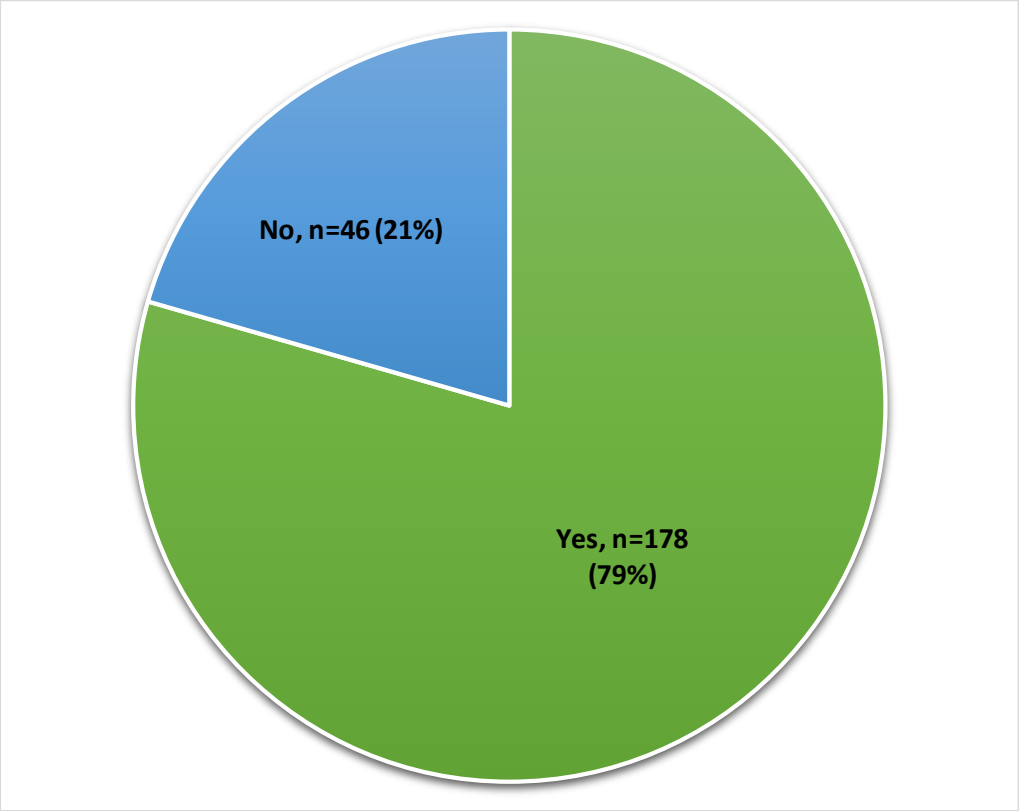

Table 78 – More Than One Quantity Limit for Various Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (21), Colorado (2), Delaware (1), District of Columbia (1), Florida (12), Georgia (2), Hawaii (3), Illinois (7), Indiana (3), Kansas (3), Kentucky (4), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (9), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (2), New Mexico (3), New York (12), North Dakota (1), Ohio (5), Oregon (11), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (16), Utah (4), Virginia (3), Washington (5)	178	79.46%
No	Arkansas (1), California (3), Delaware (1), District of Columbia (3), Florida (4), Georgia (2), Hawaii (3), Indiana (1), Kentucky (1), Maryland (2), Minnesota (2), Nevada (1), New Jersey (3), New York (6), Oregon (9), South Carolina (1), Texas (1), Virginia (2)	46	20.54%
National Totals		**224**	**100%**

b. What is your maximum number of days allowed for an initial opioid prescription for an opioid naïve patient?

Figure 83 – Average Maximum Number of Days Allowed for an Initial Opioid Prescription/Opioid Naïve Patient (State Average)

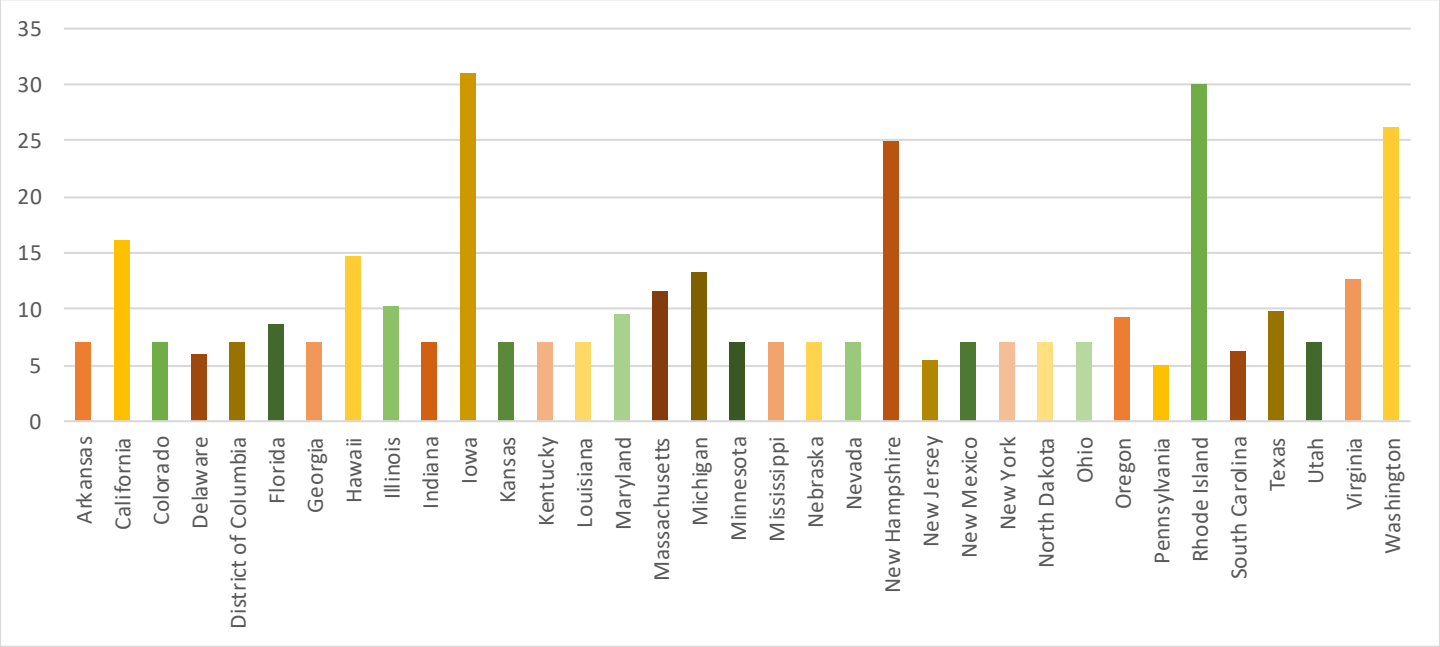

Table 79 – Average Maximum Number of Days Allowed for an Initial Opioid Prescription/Opioid Naïve Patient (State Average)

State	State Average Maximum Number of Days
Arkansas	7
California	16
Colorado	7
Delaware	6
District of Columbia	7
Florida	9
Georgia	7
Hawaii	15
Illinois	10
Indiana	7
Iowa	31
Kansas	7
Kentucky	7
Louisiana	7
Maryland	10
Massachusetts	12
Michigan	13
Minnesota	7

State	State Average Maximum Number of Days
Mississippi	7
Nebraska	7
Nevada	7
New Hampshire	25
New Jersey	5
New Mexico	7
New York	7
North Dakota	7
Ohio	7
Oregon	9
Pennsylvania	5
Rhode Island	30
South Carolina	6
Texas	10
Utah	7
Virginia	13
Washington	26
National Average	**11**

c. Does this days' supply limit apply to all opioid prescriptions?

Figure 84 – Initial Day Limit Applies to All Opioid Prescriptions

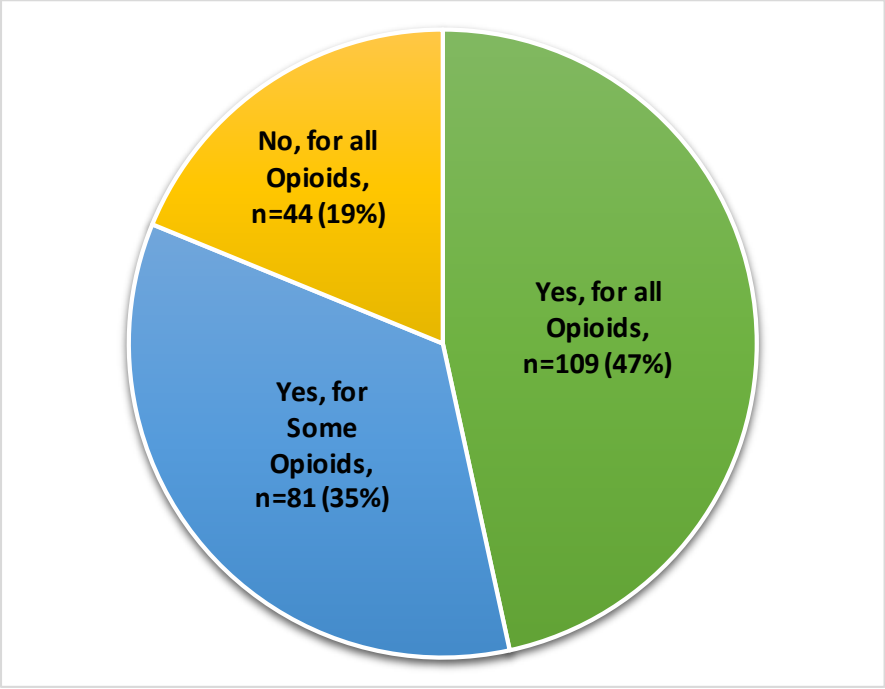

Table 80 – Initial Day Limit Applies to All Opioid Prescriptions

Response	States (Count of MCOs)	Total	Percent of Total
Yes, for all opioids	Arkansas (1), California (17), Colorado (2), Delaware (1), District of Columbia (2), Florida (7), Georgia (2), Hawaii (5), Illinois (3), Iowa (2), Kentucky (2), Maryland (3), Massachusetts (2), Michigan (5), Minnesota (4), Nebraska (2), Nevada (1), New Hampshire (3), New Jersey (2), New Mexico (1), New York (7), North Dakota (1), Oregon (14), Pennsylvania (1), Rhode Island (2), South Carolina (1), Texas (13), Virginia (2), Washington (1)	109	46.58%
Yes, for some opioids	Arkansas (1), California (7), Delaware (1), District of Columbia (1), Florida (4), Georgia (1), Hawaii (1), Illinois (2), Indiana (3), Kansas (3), Louisiana (3), Maryland (4), Massachusetts (1), Michigan (4), Minnesota (4), Mississippi (3), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (2), New York (5), Ohio (3), Oregon (5), Pennsylvania (5), Rhode Island (1), Texas (3), Utah (4), Virginia (3), Washington (3)	81	34.62%
No, for all opioids	Arkansas (1), California (2), District of Columbia (1), Florida (5), Georgia (1), Illinois (2), Indiana (1), Kentucky (3), Louisiana (2), Maryland (2), Massachusetts (2), Michigan (2), Nevada (1), New Jersey (1), New York (6), Ohio (2), Oregon (1), Pennsylvania (2), South Carolina (4), Texas (1), Virginia (1), Washington (1)	44	18.80%
National Totals		**234**	**100%**

2. For subsequent prescriptions, does your MCO have POS edits in place to limit the quantity dispensed of short-acting (SA) opioids?

Figure 85 – POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

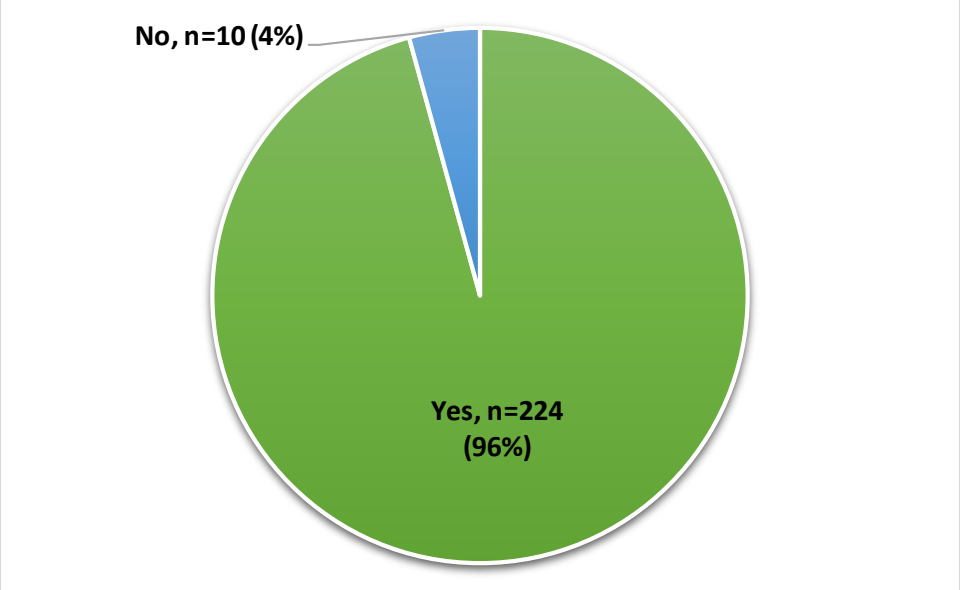

Table 81 – POS Edits in Place to Limit the Quantity Dispensed of Short-Acting Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (7), Utah (4), Virginia (6), Washington (5)	224	95.73%
No	Texas (10)	10	4.27%
National Totals		**234**	**100%**

If "Yes," what is your maximum days' supply per prescription limitation?

Figure 86 – Short-Acting Opioid Maximum Days' Supply per Prescription Limitation

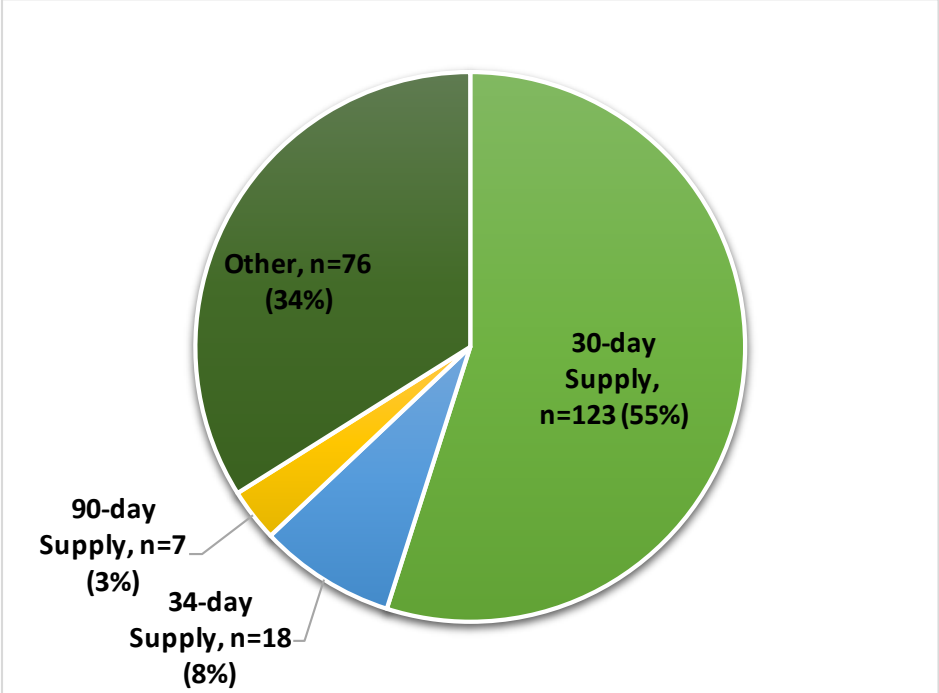

Table 82 – Short-Acting Opioid Maximum Days' Supply per Prescription Limitation

Response	States (Count of MCOs)	Total	Percent of Total
30-day supply	California (21), Colorado (1), Delaware (1), District of Columbia (1), Florida (8), Georgia (1), Hawaii (6), Illinois (5), Indiana (1), Kentucky (2), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (10), Minnesota (2), Nebraska (2), Nevada (1), New Hampshire (1), New Jersey (4), New York (11), North Dakota (1), Ohio (2), Oregon (13), Pennsylvania (2), Rhode Island (3), South Carolina (2), Utah (4), Washington (3)	123	54.91%
34-day supply	Michigan (1), Minnesota (4), New Hampshire (2), New Mexico (1), Pennsylvania (4), Texas (3), Virginia (2), Washington (1)	18	8.04%

Response	States (Count of MCOs)	Total	Percent of Total
90-day supply	California (1), Colorado (1), Maryland (1), New York (2), Texas (2)	7	3.12%
Other	Arkansas (3), California (4), Delaware (1), District of Columbia (3), Florida (8), Georgia (3), Illinois (2), Indiana (3), Iowa (2), Kansas (3), Kentucky (3), Maryland (2), Massachusetts (1), Minnesota (2), Mississippi (3), Nebraska (1), Nevada (2), New Jersey (1), New Mexico (2), New York (5), Ohio (3), Oregon (7), Pennsylvania (2), South Carolina (3), Texas (2), Virginia (4), Washington (1)	76	33.93%
National Totals		**224**	**100%**

3. Does your MCO currently have POS edits in place to limit the quantity dispensed of long-acting (LA) opioids?

Figure 87 – POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

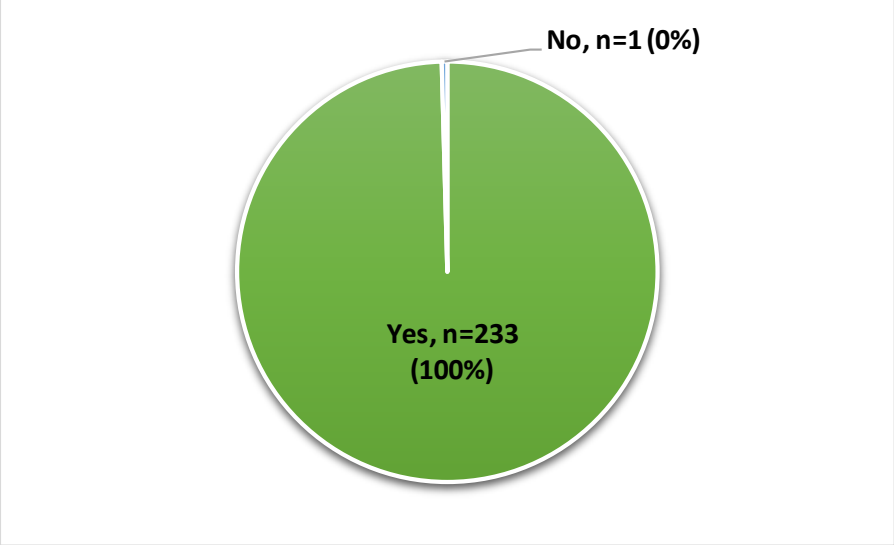

Table 83 – POS Edits in Place to Limit the Quantity Dispensed of Long-Acting Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (19), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	233	99.57%
No	Oregon (1)	1	0.43%
National Totals		**234**	**100%**

If "Yes," what is your maximum days' supply per prescription limitation?

Figure 88 – Long-Acting Opioid Maximum Days Supply per Prescription Limitation

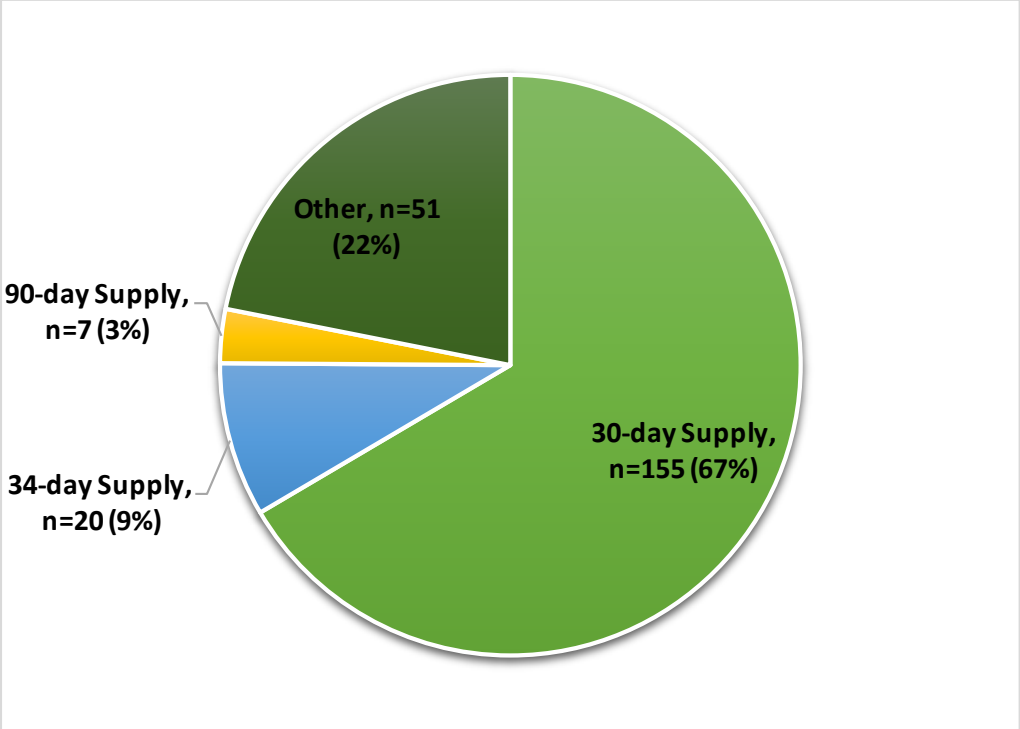

Table 84 – Long-Acting Opioid Maximum Days Supply per Prescription Limitation

Response	States (Count of MCOs)	Total	Percent of Total
30-day supply	California (22), Colorado (1), Delaware (1), District of Columbia (2), Florida (15), Georgia (4), Hawaii (6), Illinois (5), Indiana (3), Kansas (1), Kentucky (5), Louisiana (5), Maryland (6), Massachusetts (4), Michigan (10), Minnesota (4), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (5), New York (13), North Dakota (1), Ohio (3), Oregon (14), Pennsylvania (3), Rhode Island (3), South Carolina (3), Texas (1), Utah (4), Virginia (1), Washington (4)	155	66.52%
34-day supply	Maryland (1), Michigan (1), Minnesota (3), New Hampshire (2), New Mexico (1), Pennsylvania (4), Texas (5), Virginia (2), Washington (1)	20	8.58%
90-day supply	California (1), Colorado (1), Maryland (1), New York (2), Texas (2)	7	3.00%
Other	Arkansas (3), California (3), Delaware (1), District of Columbia (2), Florida (1), Illinois (2), Indiana (1), Iowa (2), Kansas (2), Maryland (1), Massachusetts (1), Minnesota (1), Mississippi (3), Nevada (1), New Mexico (2), New York (3), Ohio (2), Oregon (5), Pennsylvania (1), South Carolina (2), Texas (9), Virginia (3)	51	21.89%
National Totals		**233**	**100%**

4. Does your MCO have measures other than restricted quantities and days' supply in place to either monitor or manage the prescribing of opioids?

Figure 89 – Have Measures Other Than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

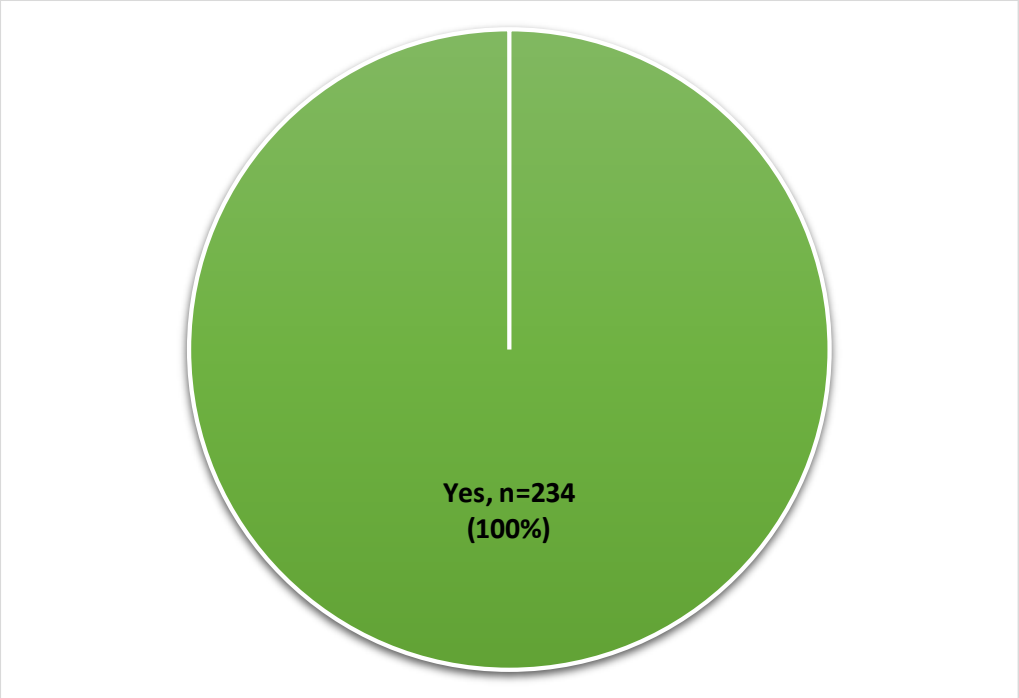

Table 85 – Have Measures Other Than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	234	100.00%
National Totals		**234**	**100%**

If "Yes," please continue.

Figure 90 – Measures Other Than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

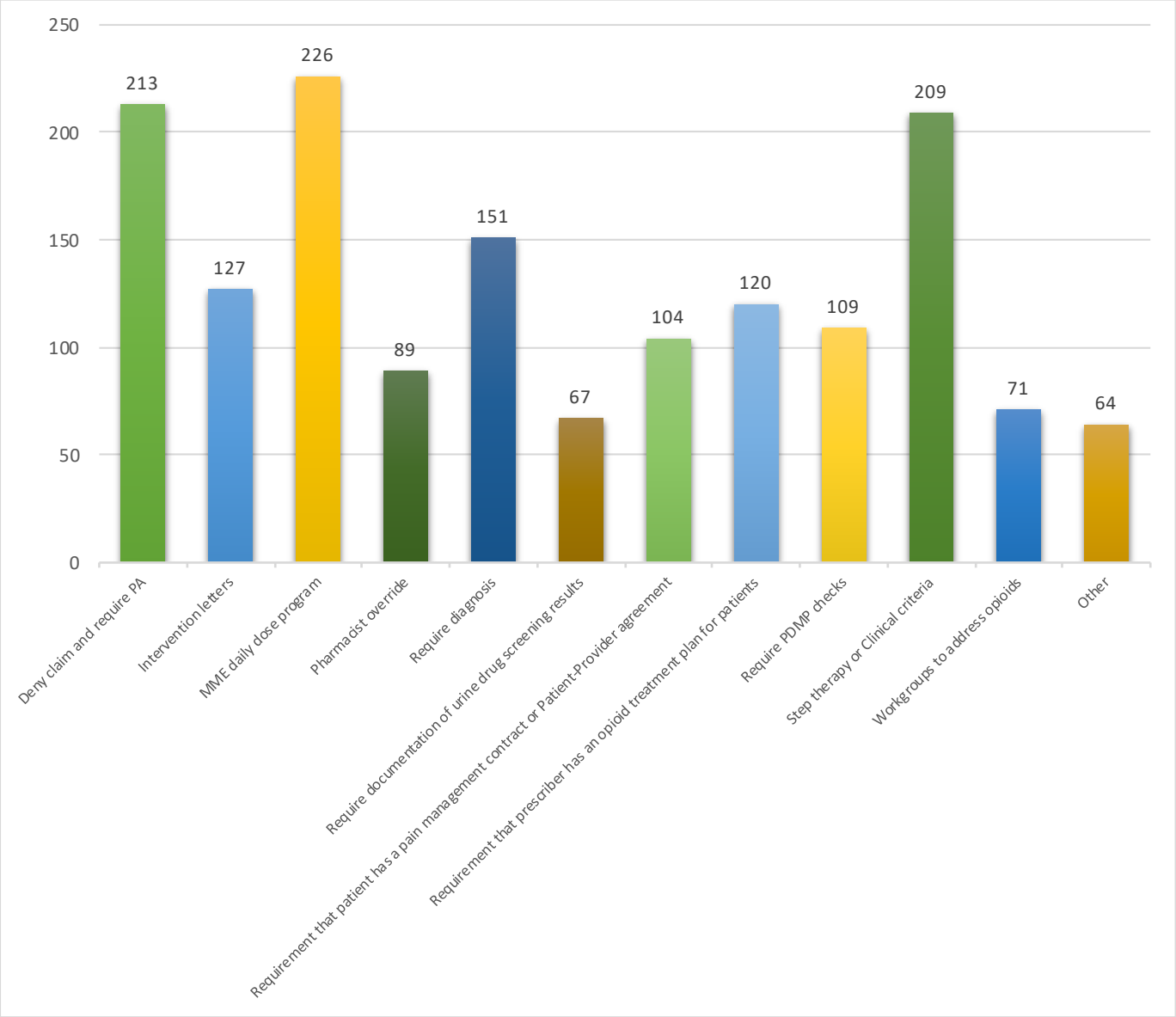

Table 86 – Measures Other Than Restricted Quantities and Days' Supply in Place to Either Monitor or Manage the Prescribing of Opioids

Response	States (Count of MCOs)	Total	Percent of Total
Deny claim and require PA	Arkansas (3), California (24), Colorado (2), Delaware (2), District of Columbia (3), Florida (15), Georgia (3), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (7), Massachusetts (5), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (3), New York (13), North Dakota (1),	213	13.74%

Response	States (Count of MCOs)	Total	Percent of Total
	Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (4), Texas (17), Utah (4), Virginia (6), Washington (5)		
Intervention letters	Arkansas (2), California (14), Delaware (2), District of Columbia (1), Florida (4), Georgia (4), Hawaii (2), Illinois (3), Indiana (3), Kansas (1), Kentucky (3), Louisiana (5), Maryland (4), Massachusetts (2), Michigan (7), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (2), New Jersey (2), New Mexico (2), New York (12), Ohio (5), Oregon (13), Pennsylvania (4), Rhode Island (2), South Carolina (2), Texas (6), Utah (2), Virginia (5), Washington (3)	127	8.19%
MME daily dose program	Arkansas (3), California (23), Colorado (2), Delaware (1), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (19), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	226	14.58%
Pharmacist override	Arkansas (1), California (10), Colorado (2), Delaware (1), Florida (7), Georgia (1), Hawaii (4), Illinois (2), Kansas (1), Kentucky (1), Louisiana (2), Maryland (2), Massachusetts (3), Michigan (4), Minnesota (4), Mississippi (2), Nebraska (2), Nevada (1), New Jersey (3), New Mexico (1), New York (7), Ohio (2), Oregon (13), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (1), Utah (1), Virginia (3), Washington (5)	89	5.74%
Require diagnosis	Arkansas (1), California (15), Colorado (1), Delaware (2), District of Columbia (3), Florida (11), Georgia (2), Hawaii (4), Illinois (3), Indiana (4), Kansas (2), Kentucky (3), Louisiana (3), Maryland (6), Massachusetts (3), Michigan (5), Minnesota (4), Mississippi (2), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (1), New York (7), Ohio (3), Oregon (14), Pennsylvania (8), Rhode Island (3), South Carolina (2), Texas (13), Utah (4), Virginia (6), Washington (4)	151	9.74%
Require documentation of urine drug screening results	California (6), Colorado (1), Delaware (2), District of Columbia (1), Florida (9), Georgia (1), Hawaii (1), Illinois (2), Kansas (1), Kentucky (1), Louisiana (1), Maryland (4), Massachusetts (1), Michigan (3), Minnesota (2), Nebraska (1), New Hampshire (1), New York (1), Ohio (2), Oregon (7), Pennsylvania (8), South Carolina (1), Utah (3), Virginia (5), Washington (2)	67	4.32%
Require PDMP checks	Arkansas (1), California (11), Colorado (1), Delaware (2), District of Columbia (2), Florida (6), Georgia (2), Hawaii (3), Illinois (3), Indiana (1), Iowa (2), Kansas (3), Kentucky (2), Louisiana (3), Maryland (8), Michigan (4), Minnesota (6), Mississippi (3), Nebraska (1), Nevada (2), New Hampshire (2), New Jersey (2), New Mexico (1), New York (4), Ohio (4), Oregon (3), Pennsylvania (8), Rhode Island (1), South Carolina (3), Texas (2), Utah (4), Virginia (6), Washington (3)	109	7.03%
Requirement that patient has a pain	California (12), Colorado (1), Delaware (2), District of Columbia (1), Florida (8), Georgia (1), Hawaii (3), Illinois (2), Indiana (1),	104	6.71%

Response	States (Count of MCOs)	Total	Percent of Total
management contract or Patient-Provider agreement	Iowa (2), Kansas (3), Kentucky (3), Louisiana (2), Maryland (8), Massachusetts (3), Michigan (5), Minnesota (5), Mississippi (1), Nebraska (1), New Hampshire (3), New Jersey (1), New York (5), North Dakota (1), Ohio (3), Oregon (6), Pennsylvania (5), Rhode Island (2), South Carolina (2), Texas (1), Utah (4), Virginia (5), Washington (2)		
Requirement that prescriber has an opioid treatment plan for patients	California (14), Colorado (1), Delaware (2), District of Columbia (2), Florida (5), Georgia (2), Hawaii (3), Illinois (3), Indiana (3), Kansas (3), Kentucky (3), Louisiana (3), Maryland (5), Massachusetts (2), Michigan (5), Minnesota (5), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (2), New Jersey (3), New Mexico (1), New York (9), North Dakota (1), Ohio (4), Oregon (9), Pennsylvania (7), Rhode Island (1), South Carolina (2), Texas (2), Utah (4), Virginia (5), Washington (3)	120	7.74%
Step therapy or Clinical criteria	Arkansas (2), California (20), Colorado (2), Delaware (2), District of Columbia (3), Florida (16), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (7), Massachusetts (5), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (17), Pennsylvania (6), Rhode Island (3), South Carolina (4), Texas (16), Utah (4), Virginia (6), Washington (5)	209	13.48%
Workgroups to address opioids	Arkansas (1), California (13), Colorado (1), Delaware (1), Florida (2), Hawaii (2), Illinois (2), Indiana (1), Kansas (1), Kentucky (1), Louisiana (2), Maryland (3), Michigan (1), Minnesota (2), Mississippi (1), Nebraska (1), New Jersey (1), New Mexico (2), New York (5), Ohio (3), Oregon (12), Pennsylvania (4), South Carolina (2), Texas (1), Utah (2), Virginia (2), Washington (2)	71	4.58%
Other	Arkansas (1), California (12), Delaware (1), Florida (1), Georgia (1), Illinois (2), Indiana (2), Kansas (1), Kentucky (3), Louisiana (4), Maryland (1), Massachusetts (2), Michigan (2), Minnesota (3), Mississippi (2), Nevada (1), New Hampshire (1), New Mexico (2), New York (5), Ohio (2), Oregon (4), Pennsylvania (3), South Carolina (2), Texas (3), Utah (2), Virginia (1)	64	4.13%
National Totals		**1,550**	**100%**

Please provide details on these opioid prescribing controls are in place.

Please reference individual state MCO reports on Medicaid.gov for more information.

If "No," please explain what you do in lieu of the above or why you do not have measures in place to either manage or monitor the prescribing of opioids.

Please reference individual state MCO reports on Medicaid.gov for more information.

5. Does your MCO have POS edits to monitor duplicate therapy of opioid prescriptions? This excludes regimens that include a single extended-release product and a breakthrough short acting agent.

Figure 91 – POS Edits in Place to Monitor Duplicate Therapy of Opioids Prescriptions

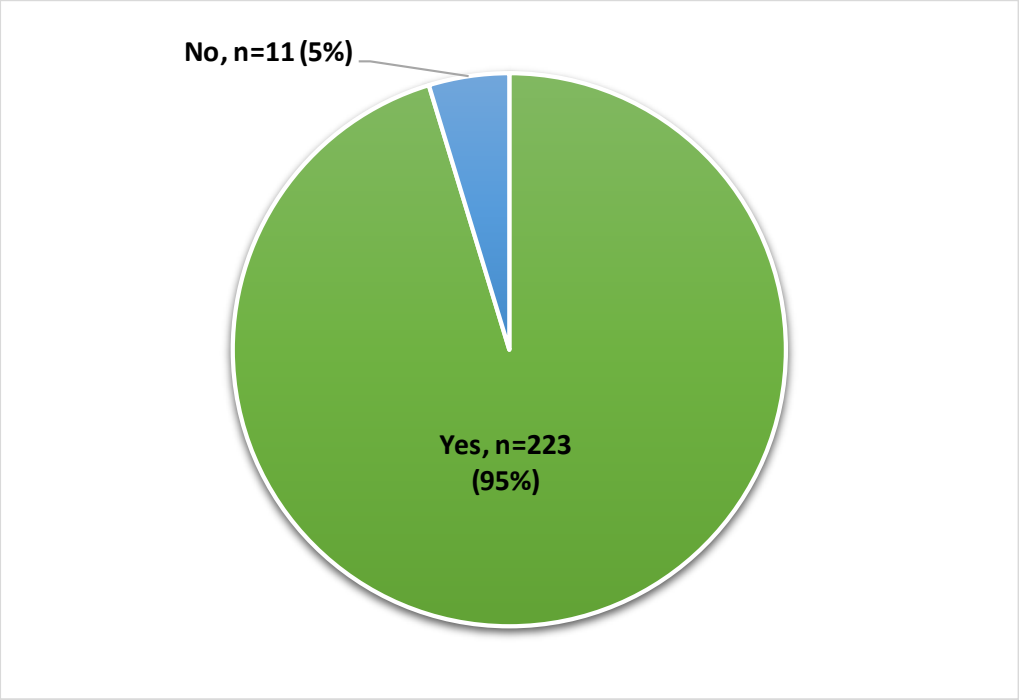

Table 87 – POS Edits in Place to Monitor Duplicate Therapy of Opioids Prescriptions

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (20), Colorado (2), Delaware (2), District of Columbia (4), Florida (14), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), Ohio (5), Oregon (20), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	223	95.30%
No	California (6), Florida (2), Michigan (1), North Dakota (1), Pennsylvania (1)	11	4.70%
National Totals		**234**	**100%**

6. Does your MCO have POS edits and an automated retrospective claims review process to monitor early refills of opioid prescriptions dispensed?

Figure 92 – POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

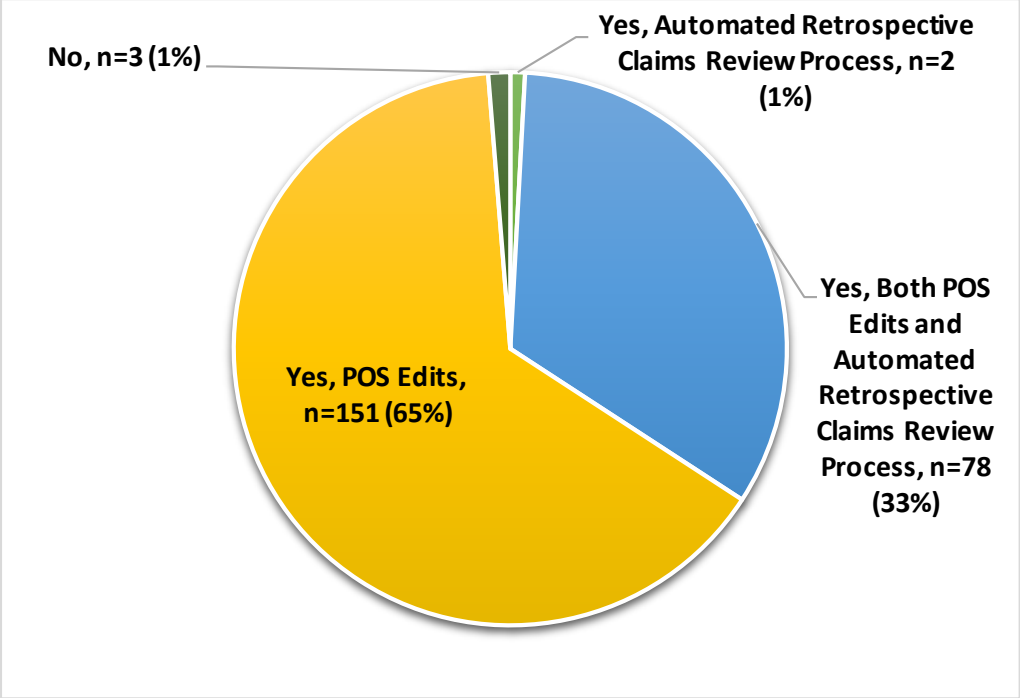

Table 88 – POS Edits to Monitor Early Refills of Opioid Prescriptions Dispensed

Response	States (Count of MCOs)	Total	Percent of Total
Yes, automated retrospective claims review process	Michigan (1), Washington (1)	2	0.85%
Yes, both POS edits and automated retrospective claims review process	California (4), District of Columbia (2), Florida (6), Georgia (1), Hawaii (4), Illinois (1), Indiana (1), Iowa (2), Kansas (3), Kentucky (1), Louisiana (5), Maryland (6), Michigan (3), Minnesota (1), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (1), New Jersey (3), New York (5), North Dakota (1), Ohio (4), Oregon (7), Pennsylvania (2), Rhode Island (2), Texas (2), Utah (1), Virginia (3), Washington (1)	78	33.33%
Yes, POS edits	Arkansas (3), California (21), Colorado (2), Delaware (2), District of Columbia (2), Florida (10), Georgia (3), Hawaii (2), Illinois (5), Indiana (3), Kentucky (4), Maryland (3), Massachusetts (5), Michigan (7), Minnesota (7), Mississippi (2), Nevada (1), New Hampshire (2), New Jersey (2), New Mexico (3), New York (13), Ohio (1), Oregon (13), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (15), Utah (2), Virginia (3), Washington (3)	151	64.53%
No	California (1), Illinois (1), Utah (1)	3	1.28%
National Totals		**234**	**100%**

7. Does your MCO have a comprehensive automated retrospective claims review process to monitor opioid prescriptions exceeding state limitations?

Figure 93 – Comprehensive Claims Review Automated Retrospective Process to Monitor Opioid Prescriptions in Excess of State Limitations

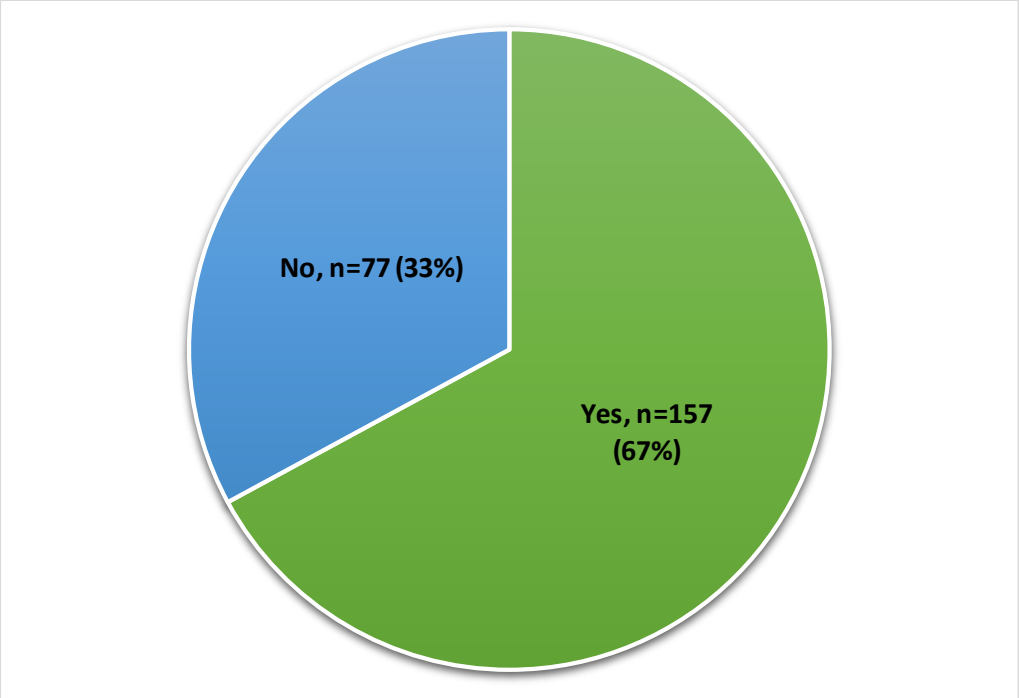

Table 89 – Comprehensive Claims Review Automated Retrospective Process to Monitor Opioid Prescriptions in Excess of State Limitations

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (18), Colorado (1), Delaware (1), District of Columbia (3), Florida (11), Georgia (4), Hawaii (6), Illinois (4), Indiana (1), Iowa (2), Kansas (2), Kentucky (2), Louisiana (5), Maryland (6), Massachusetts (5), Michigan (4), Minnesota (3), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (13), Ohio (5), Oregon (20), Pennsylvania (5), Rhode Island (2), South Carolina (5), Texas (4), Utah (3), Virginia (2), Washington (3)	157	67.09%
No	Arkansas (1), California (8), Colorado (1), Delaware (1), District of Columbia (1), Florida (5), Illinois (3), Indiana (3), Kansas (1), Kentucky (3), Maryland (3), Michigan (7), Minnesota (5), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (5), North Dakota (1), Pennsylvania (3), Rhode Island (1), Texas (13), Utah (1), Virginia (4), Washington (2)	77	32.91%
National Totals		**234**	**100%**

8. Does your MCO currently have POS edits in place or an automated retrospective claims review process to monitor opioids and benzodiazepines being used concurrently?

Figure 94 – POS Edits or Retrospective Claims Review to Monitor Opioids and Benzodiazepines Used Concurrently

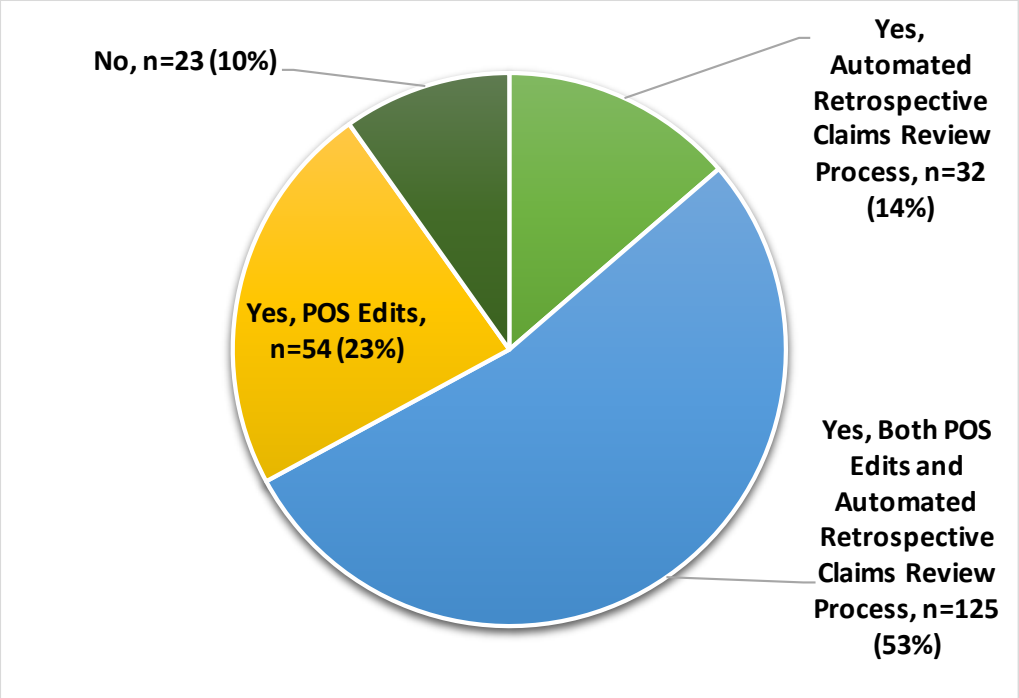

Table 90 – POS Edits or Retrospective Claims Review to Monitor Opioids and Benzodiazepines Used Concurrently

Response	States (Count of MCOs)	Total	Percent of Total
Yes, automated retrospective claims review process	California (6), Delaware (1), Florida (2), Georgia (1), Illinois (1), Massachusetts (1), Michigan (3), Minnesota (2), Mississippi (1), North Dakota (1), Ohio (1), Oregon (10), Texas (1), Washington (1)	32	13.68%
Yes, both POS edits and automated retrospective claims review process	Arkansas (2), California (13), Colorado (1), District of Columbia (2), Florida (8), Georgia (3), Hawaii (4), Illinois (3), Indiana (2), Iowa (2), Kansas (3), Kentucky (1), Louisiana (5), Massachusetts (3), Michigan (1), Minnesota (4), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (16), Ohio (4), Oregon (9), Pennsylvania (4), Rhode Island (3), South Carolina (3), Texas (5), Virginia (3), Washington (3)	125	53.42%
Yes, POS edits	Arkansas (1), California (6), Colorado (1), Delaware (1), District of Columbia (2), Florida (6), Hawaii (1), Illinois (2), Indiana (2), Kentucky (3), Maryland (1), Massachusetts (1), Michigan (1), Minnesota (2), New Hampshire (1), New York (2), Oregon (1), Pennsylvania (3), South Carolina (2), Texas (11), Virginia (3), Washington (1)	54	23.08%

Response	States (Count of MCOs)	Total	Percent of Total
No	California (1), Hawaii (1), Illinois (1), Kentucky (1), Maryland (8), Michigan (6), Pennsylvania (1), Utah (4)	23	9.83%
National Totals		**234**	**100%**

Please explain the above response and detail the scope and nature of these reviews and/or edits. Additionally, please explain any potential titration processes utilized for those patients chronically on benzodiazepines and how the state justifies pain medications, i.e. Oxycodone/APAP, for breakthrough pain without jeopardizing patient care (i.e. quantity limits/practitioner education titration programs).

Please reference individual state MCO reports on Medicaid.gov for more information.

9. Does your MCO currently have POS edits in place or an automated retrospective claims review process to monitor opioids and sedatives being used concurrently?

Figure 95 - POS Edits or Retrospective Claims Review to Monitor Opioids and Sedatives Being Used Concurrently

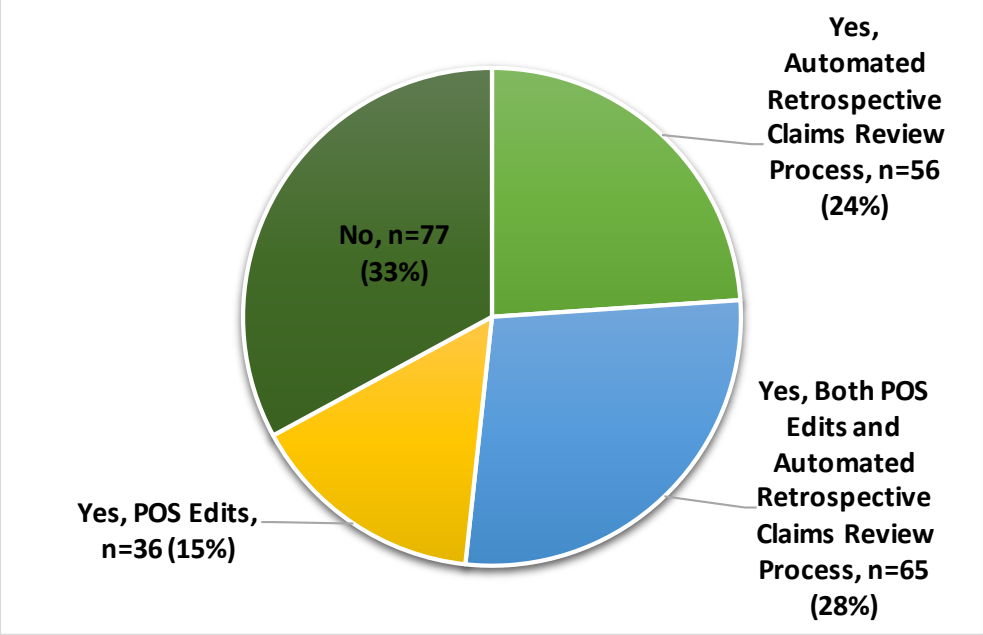

Table 91 – POS Edits or Retrospective Claims Review to Monitor Opioids and Sedatives Being Used Concurrently

Response	States (Count of MCOs)	Total	Percent of Total
Yes, automated retrospective claims review process	California (7), Delaware (1), Florida (3), Georgia (2), Illinois (1), Indiana (2), Kansas (1), Kentucky (1), Louisiana (4), Massachusetts (2), Michigan (3), Minnesota (1), Mississippi (1), Nevada (1), New Jersey (1), New Mexico (1), New York (3), North Dakota (1), Ohio (1), Oregon (10), Pennsylvania (1), Rhode Island (1), South Carolina (1), Texas (5), Washington (1)	56	23.93%

Response	States (Count of MCOs)	Total	Percent of Total
Yes, both POS edits and automated retrospective claims review process	Arkansas (2), California (7), Delaware (1), District of Columbia (2), Florida (4), Georgia (1), Hawaii (4), Illinois (3), Indiana (1), Kentucky (1), Louisiana (1), Massachusetts (1), Minnesota (4), Mississippi (1), Nebraska (2), New Hampshire (1), New Jersey (2), New Mexico (2), New York (9), Ohio (2), Oregon (4), Pennsylvania (2), South Carolina (2), Texas (1), Utah (1), Virginia (2), Washington (2)	65	27.78%
Yes, POS edits	Arkansas (1), California (6), Florida (6), Hawaii (1), Kentucky (1), Massachusetts (1), Minnesota (1), Mississippi (1), Nevada (1), New Hampshire (1), New York (4), Oregon (3), Pennsylvania (3), South Carolina (1), Texas (3), Virginia (1), Washington (1)	36	15.38%
No	California (6), Colorado (2), District of Columbia (2), Florida (3), Georgia (1), Hawaii (1), Illinois (3), Indiana (1), Iowa (2), Kansas (2), Kentucky (2), Maryland (9), Massachusetts (1), Michigan (8), Minnesota (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (2), Ohio (2), Oregon (3), Pennsylvania (2), Rhode Island (2), South Carolina (1), Texas (8), Utah (3), Virginia (3), Washington (1)	77	32.91%
National Totals		**234**	**100%**

10. Does your MCO currently have POS edits in place or an automated retrospective claims review process to monitor opioids and antipsychotics being used concurrently?

Figure 96 – POS Edits or Retrospective Claims Review to Monitor Opioids and Antipsychotics Being Used Concurrently

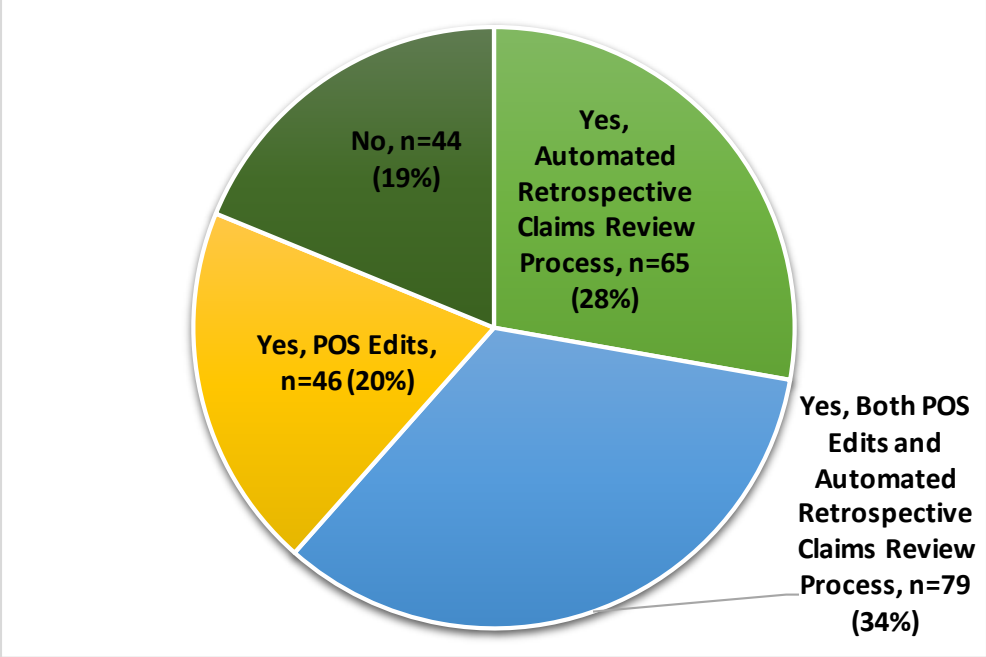

Table 92 – POS Edits or Retrospective Claims Review to Monitor Opioids and Antipsychotics Being Used Concurrently

Response	States (Count of MCOs)	Total	Percent of Total
Yes, automated retrospective claims review process	California (6), Florida (2), Georgia (1), Hawaii (1), Illinois (1), Indiana (1), Kansas (3), Kentucky (1), Louisiana (4), Michigan (4), Minnesota (4), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New York (3), North Dakota (1), Oregon (16), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (2), Virginia (2), Washington (2)	65	27.78%
Yes, both POS edits and automated retrospective claims review process	Arkansas (2), California (7), Delaware (1), District of Columbia (2), Florida (6), Georgia (3), Hawaii (4), Illinois (3), Indiana (1), Iowa (2), Kentucky (2), Louisiana (1), Massachusetts (4), Minnesota (3), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (2), New York (10), Ohio (5), Oregon (2), Pennsylvania (2), Rhode Island (2), South Carolina (2), Texas (2), Virginia (2), Washington (1)	79	33.76%
Yes, POS edits	Arkansas (1), Colorado (2), Delaware (1), District of Columbia (2), Florida (5), Illinois (1), Indiana (2), Kentucky (1), Massachusetts (1), Michigan (1), Minnesota (1), Mississippi (1), New Hampshire (2), New Mexico (1), New York (5), Oregon (1), Pennsylvania (1), South Carolina (2), Texas (12), Virginia (2), Washington (1)	46	19.66%
No	California (13), Florida (3), Hawaii (1), Illinois (2), Kentucky (1), Maryland (9), Michigan (6), Oregon (1), Pennsylvania (2), Texas (1), Utah (4), Washington (1)	44	18.80%
National Totals		**234**	**100%**

11. Does your MCO have POS safety edits or perform automated respective claims review and/or provider education in regard to beneficiaries with a diagnosis or history of opioid use disorder (OUD) or opioid poisoning diagnosis?

Figure 97 – POS Safety Edits or Automated Claims Review and/or Provider Education for OUD/Opioid Poisoning Diagnosis

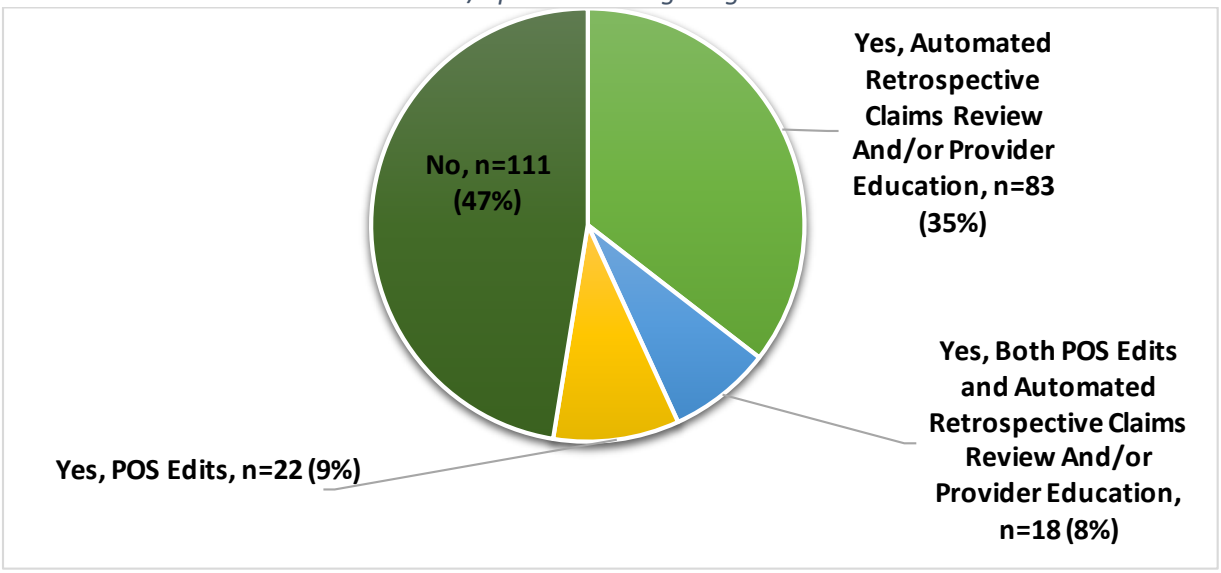

Table 93 – POS Safety Edits or Automated Claims Review and/or Provider Education for OUD/Opioid Poisoning Diagnosis

Response	States (Count of MCOs)	Total	Percent of Total
Yes, automated retrospective claims review and/or provider education	Arkansas (1), California (13), Delaware (2), District of Columbia (2), Florida (6), Georgia (3), Hawaii (1), Illinois (1), Indiana (3), Kentucky (1), Louisiana (2), Michigan (3), Minnesota (2), Mississippi (2), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (1), New York (7), North Dakota (1), Ohio (3), Oregon (7), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (5), Utah (2), Virginia (3), Washington (2)	83	35.47%
Yes, both POS edits and automated retrospective claims review and/or provider education	Arkansas (1), California (1), Colorado (1), Florida (1), Indiana (1), Kentucky (1), Maryland (1), Michigan (1), New Mexico (1), New York (5), Oregon (1), Pennsylvania (1), Texas (1), Washington (1)	18	7.69%
Yes, POS edits	District of Columbia (1), Florida (2), Illinois (2), Louisiana (1), Maryland (1), Nevada (1), New Hampshire (1), New York (2), Oregon (1), Texas (9), Virginia (1)	22	9.40%
No	Arkansas (1), California (12), Colorado (1), District of Columbia (1), Florida (7), Georgia (1), Hawaii (5), Illinois (4), Iowa (2), Kansas (3), Kentucky (3), Louisiana (2), Maryland (7), Massachusetts (5), Michigan (7), Minnesota (6), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (1), New York (4), Ohio (2), Oregon (11), Pennsylvania (4), Rhode Island (2), South Carolina (3), Texas (2), Utah (2), Virginia (2), Washington (2)	111	47.44%
National Totals		**234**	**100%**

a. If "Yes, automated retrospective claims review and/or provider education", please indicate how often.

Figure 98 – Frequency of Automated Retrospective Claims Reviews and/or Provider Education Reviews

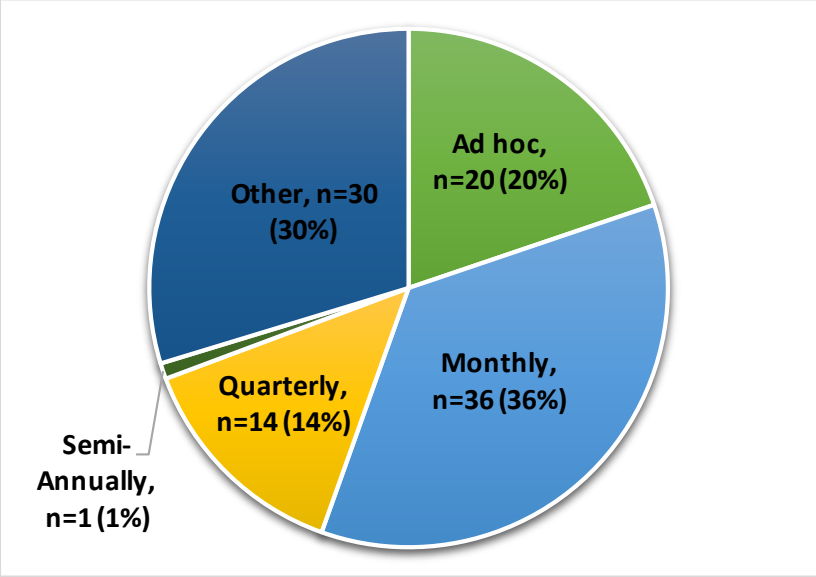

Table 94 – Frequency of Automated Retrospective Claims Reviews and/or Provider Education Reviews

Response	States (Count of MCOs)	Total	Percent of Total
Ad hoc	California (4), Colorado (1), Indiana (1), Kentucky (1), Louisiana (1), Maryland (1), New York (5), Ohio (1), Oregon (2), Pennsylvania (1), Utah (1), Washington (1)	20	19.80%
Monthly	Arkansas (2), California (1), Delaware (1), District of Columbia (2), Florida (3), Georgia (2), Illinois (1), Indiana (2), Kentucky (1), Louisiana (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New Mexico (2), New York (5), Oregon (1), South Carolina (1), Texas (3), Virginia (2), Washington (1)	36	35.64%
Quarterly	California (4), Florida (1), Georgia (1), Indiana (1), Michigan (2), Minnesota (1), New York (1), North Dakota (1), Pennsylvania (1), Rhode Island (1)	14	13.86%
Semi-Annually	Hawaii (1)	1	0.99%
Other	California (5), Delaware (1), Florida (3), Michigan (2), Minnesota (1), Mississippi (1), New York (1), Ohio (2), Oregon (5), Pennsylvania (2), South Carolina (1), Texas (3), Utah (1), Virginia (1), Washington (1)	30	29.70%
National Totals		**101**	**100%**

b. Please explain the nature and scope of edits, reviews and/or provider education reviews performed.

Please reference individual state MCO reports on Medicaid.gov for more information.

c. If "No", does your MCO plan on implementing automated retrospective claims review and/or provider education in regard to beneficiaries with a diagnosis or history of OUD or opioid poisoning in the future?

Figure 99 – Plan to Implement an Automated Retrospective Claims Review and/or Provider Education for Beneficiaries with OUD/Opioid Poisoning Diagnosis

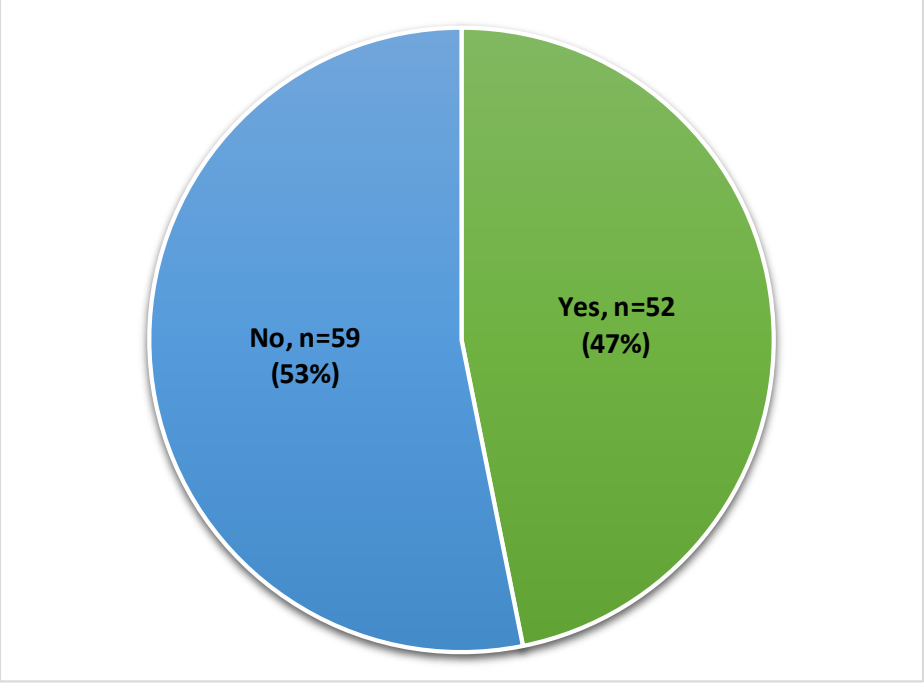

Table 95 – Plan to Implement an Automated Retrospective Claims Review and/or Provider Education for Beneficiaries with OUD/Opioid Poisoning Diagnosis

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (6), Colorado (1), District of Columbia (1), Florida (2), Hawaii (2), Illinois (2), Iowa (2), Kansas (3), Louisiana (2), Maryland (2), Michigan (2), Mississippi (1), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New York (2), Ohio (1), Oregon (11), Pennsylvania (1), Rhode Island (1), Texas (1), Utah (1), Virginia (1), Washington (2)	52	46.85%
No	California (6), Florida (5), Georgia (1), Hawaii (3), Illinois (2), Kentucky (3), Maryland (5), Massachusetts (5), Michigan (5), Minnesota (6), Nebraska (1), New Hampshire (1), New Jersey (2), New Mexico (1), New York (2), Ohio (1), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (1), Utah (1), Virginia (1)	59	53.15%
National Totals		**111**	**100%**

12. Does your MCO program develop and provide prescribers with pain management or opioid prescribing guidelines?

Figure 100 – Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

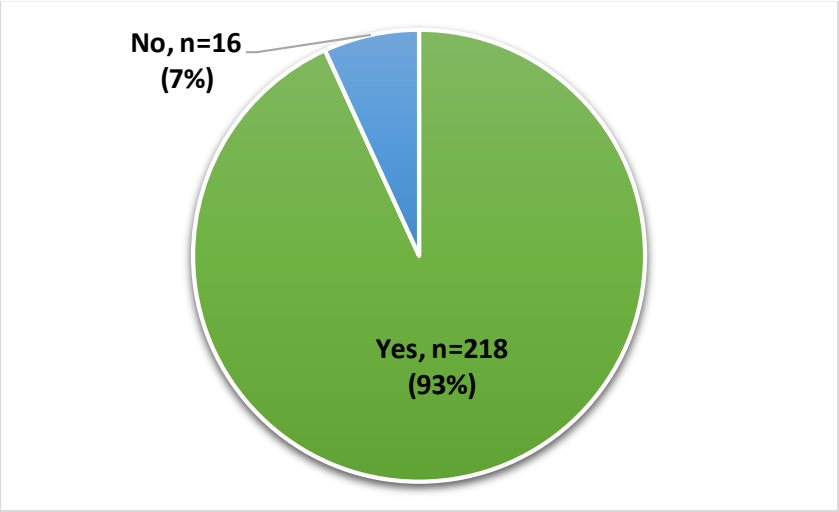

Table 96 – Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (26), Colorado (1), Delaware (2), District of Columbia (3), Florida (13), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (11), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (12), Utah (3), Virginia (6), Washington (5)	218	93.16%
No	Colorado (1), District of Columbia (1), Florida (3), Illinois (1), Massachusetts (1), Minnesota (1), Mississippi (1), Rhode Island (1), Texas (5), Utah (1)	16	6.84%
National Totals		**234**	**100%**

If "Yes," please continue.

Figure 101 – Pain Management / Opioid Prescribing Guidelines Provided

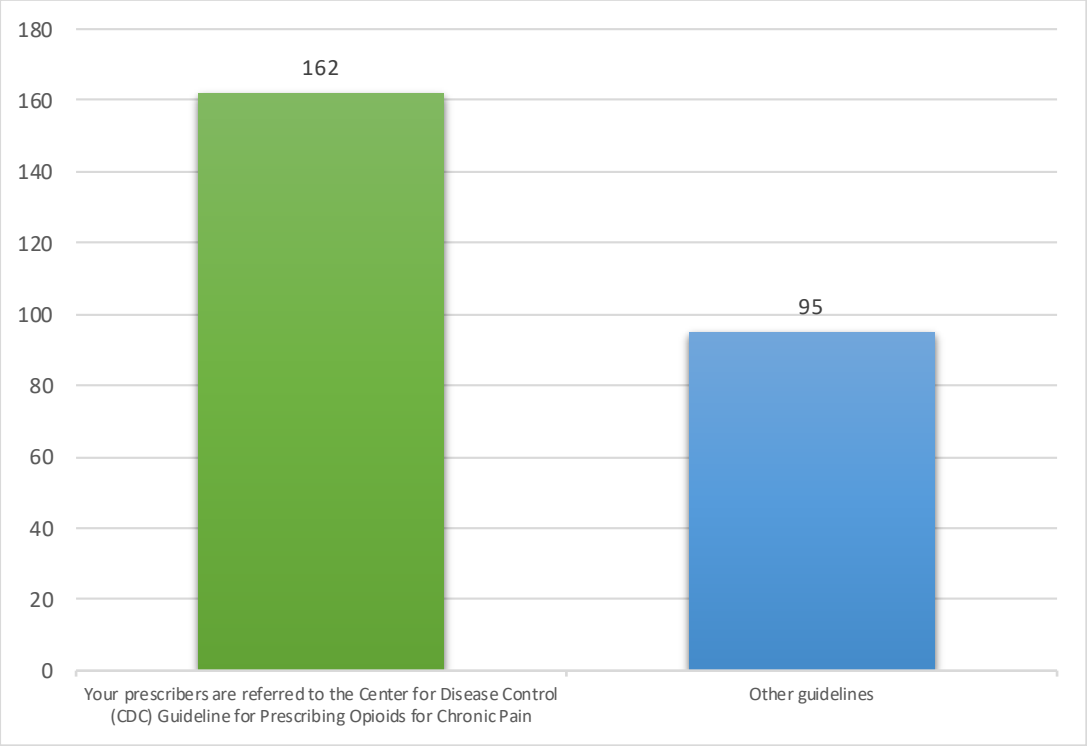

Table 97 – Pain Management / Opioid Prescribing Guidelines Provided

Response	States (Count of MCOs)	Total	Percent of Total
Your prescribers are referred to the Center for Disease Control (CDC) Guideline for Prescribing Opioids for Chronic Pain	Arkansas (3), California (23), Colorado (1), Delaware (2), District of Columbia (3), Florida (9), Georgia (3), Hawaii (6), Illinois (6), Indiana (1), Iowa (2), Kansas (2), Kentucky (4), Louisiana (4), Maryland (6), Massachusetts (3), Michigan (8), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (3), New York (16), North Dakota (1), Ohio (1), Oregon (14), Pennsylvania (6), Rhode Island (1), South Carolina (3), Texas (7), Utah (3), Virginia (3), Washington (2)	162	63.04%
Other guidelines	Arkansas (1), California (6), Delaware (1), District of Columbia (1), Florida (4), Georgia (2), Hawaii (1), Illinois (1), Indiana (3), Kansas (1), Kentucky (2), Louisiana (1), Maryland (4), Massachusetts (2), Michigan (4), Minnesota (6), Mississippi (1), Nebraska (2), Nevada (1), New Hampshire (2), New Jersey (1), New York (4), Ohio (4), Oregon (15), Pennsylvania (3), Rhode Island (1), South Carolina (3), Texas (6), Utah (1), Virginia (6), Washington (5)	95	36.96%
National Totals		**257**	**100%**

13. Does your MCO have a drug utilization management strategy that supports abuse deterrent opioid use to prevent opioid misuse and abuse (i.e. presence of an abuse deterrent opioid with preferred status on your preferred drug list)?

Figure 102 – Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

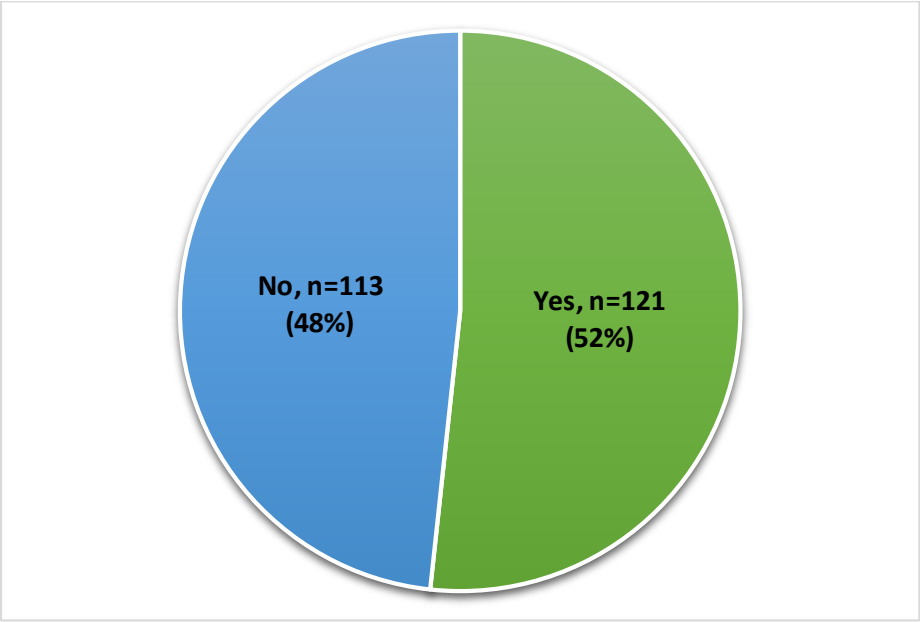

Table 98 – Drug Utilization Management Strategy that Supports Abuse Deterrent Opioid Use

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (11), Delaware (2), Florida (12), Georgia (1), Hawaii (3), Illinois (5), Indiana (1), Kansas (3), Kentucky (1), Louisiana (4), Maryland (1), Massachusetts (3), Michigan (5), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (1), New Hampshire (2), New Jersey (2), New York (10), North Dakota (1), Ohio (2), Oregon (11), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (17), Utah (3), Virginia (3), Washington (3)	121	51.71%
No	Arkansas (3), California (15), Colorado (2), District of Columbia (4), Florida (4), Georgia (3), Hawaii (3), Illinois (2), Indiana (3), Iowa (2), Kentucky (4), Louisiana (1), Maryland (8), Massachusetts (2), Michigan (6), Minnesota (6), Nevada (2), New Hampshire (1), New Jersey (3), New Mexico (3), New York (8), Ohio (3), Oregon (9), Pennsylvania (5), Rhode Island (2), South Carolina (3), Utah (1), Virginia (3), Washington (2)	113	48.29%
National Totals		**234**	**100%**

D. Morphine Milligram Equivalent (MME) Daily Dose

1. Have you set recommended maximum MME daily dose measures?

Figure 103 – MCO Recommended MME Daily Dose Measures

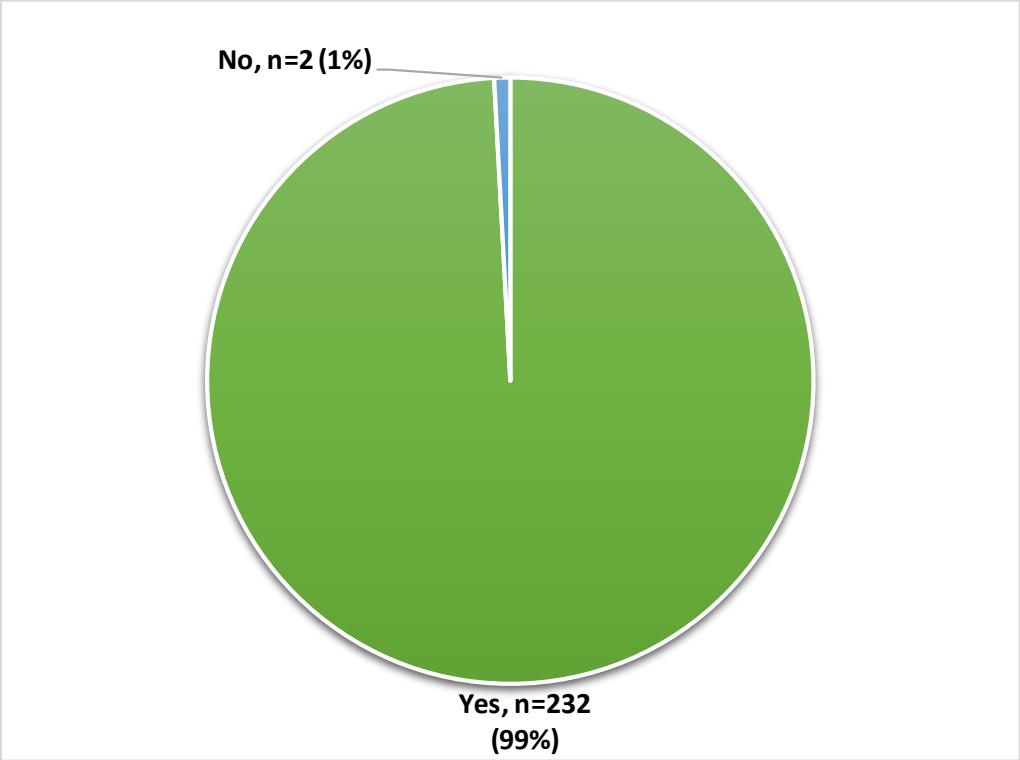

Table 99 – MCO Recommended MME Daily Dose Measures

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	232	99.15%
No	California (1), New York (1)	2	0.85%
National Totals		**234**	**100%**

If "Yes," please continue.

a. What is your maximum MME daily dose limit in milligrams?

Figure 104 – Maximum Morphine Equivalent Daily Dose Limit in Milligrams

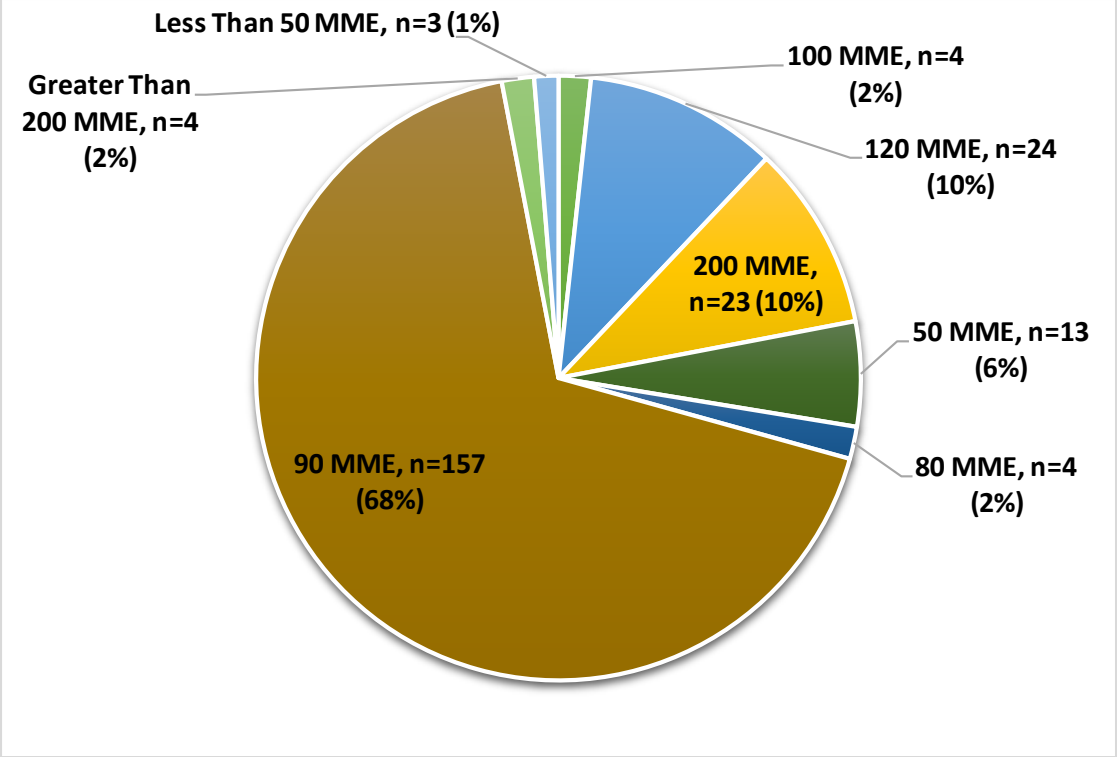

Table 100 – Maximum Morphine Equivalent Daily Dose Limit in Milligrams

Response	States (Count of MCOs)	Total	Percent of Total
100 MME	Massachusetts (1), New Hampshire (3)	4	1.72%
120 MME	California (3), Hawaii (3), Michigan (7), Nebraska (2), New Jersey (3), Utah (1), Washington (5)	24	10.34%
200 MME	California (8), Colorado (1), Illinois (2), Kentucky (1), Maryland (1), Michigan (2), New York (6), North Dakota (1), Oregon (1)	23	9.91%
50 MME	California (1), Georgia (1), Indiana (3), Kentucky (1), Pennsylvania (7)	13	5.60%
80 MME	Kentucky (1), Ohio (3)	4	1.72%
90 MME	Arkansas (3), California (11), Delaware (2), District of Columbia (4), Florida (15), Georgia (3), Hawaii (3), Illinois (5), Indiana (1), Iowa (2), Kansas (3), Kentucky (2), Louisiana (5), Maryland (8), Massachusetts (3), Michigan (2), Minnesota (8), Mississippi (3), Nebraska (1), Nevada (3), New Jersey (2), New Mexico (3), New York (11), Ohio (1), Oregon (19), Rhode Island (3), South Carolina (5), Texas (17), Utah (3), Virginia (6)	157	67.67%
Greater than 200 MME	California (2), Colorado (1), Florida (1)	4	1.72%
Less than 50 MME	Massachusetts (1), Ohio (1), Pennsylvania (1)	3	1.29%
National Totals		**232**	**100%**

b. Please explain nature and scope of dose limit (i.e. who does the edit apply to? Does the limit apply to all opioids? Are you in the process of tapering patients to achieve this limit?).

Please reference individual state MCO reports on Medicaid.gov for more information.

2. Does your MCO have an edit in your POS system that alerts the pharmacy provider that the MME daily dose prescribed has been exceeded?

Figure 105 – Edit in POS System that Alerts Pharmacy Provider MME Daily Dose Exceeded

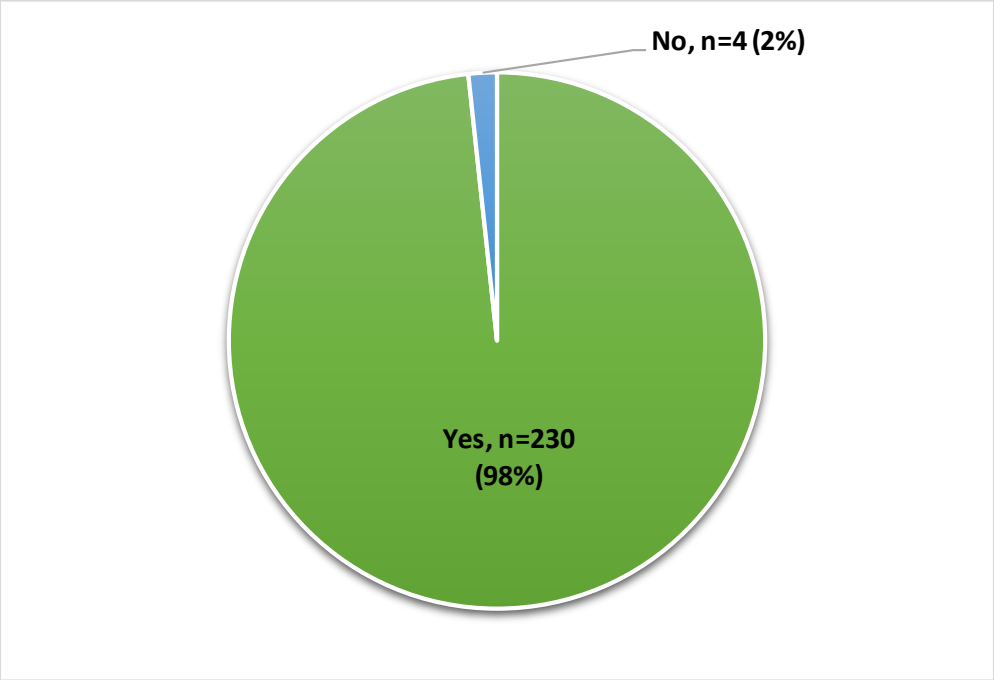

Table 101 – Edit in POS System that Alerts Pharmacy Provider MME Daily Dose Exceeded

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (25), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (19), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	230	98.29%
No	California (1), Kentucky (1), Oregon (1), Pennsylvania (1)	4	1.71%
National Totals		**234**	**100%**

If "Yes," does your MCO require PA if the MME limit is exceeded?

Figure 106 – MCO Require PA if MME Limit Exceeded

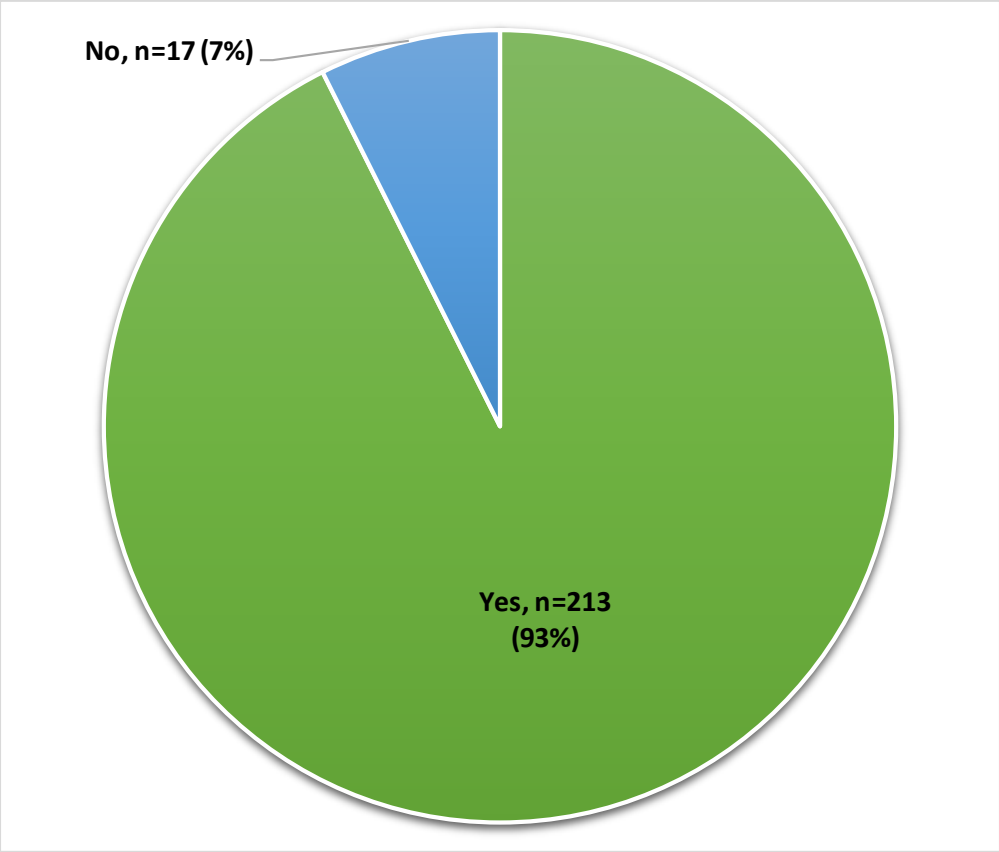

Table 102 – MCO Require PA if MME Limit Exceeded

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (23), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (3), Hawaii (5), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (10), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (14), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (16), Utah (4), Virginia (6), Washington (5)	213	92.61%
No	California (2), Florida (1), Georgia (1), Hawaii (1), Massachusetts (1), Michigan (1), Minnesota (1), New Jersey (1), New York (1), Oregon (5), Rhode Island (1), Texas (1)	17	7.39%
National Totals		**230**	**100%**

3. Does your MCO have automated retrospective claims review to monitor the MME total daily dose of opioid prescriptions dispensed?

Figure 107 – MCO Has Automated Retrospective Claims Review to Monitor MME Total Daily Dose

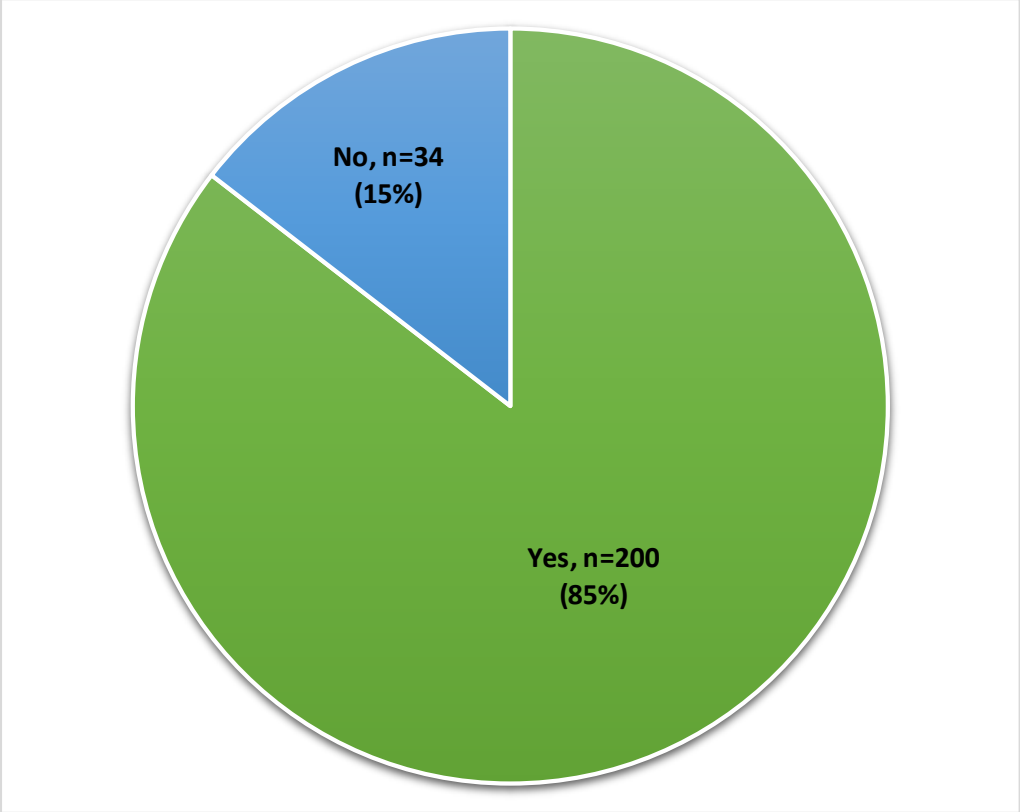

Table 103 – MCO Has Automated Retrospective Claims Review to Monitor MME Total Daily Dose

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (21), Colorado (1), Delaware (1), District of Columbia (3), Florida (11), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (3), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (10), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (14), Utah (3), Virginia (4), Washington (4)	200	85.47%
No	Arkansas (1), California (5), Colorado (1), Delaware (1), District of Columbia (1), Florida (5), Illinois (1), Kentucky (2), Massachusetts (1), Michigan (1), Minnesota (3), New York (3), Pennsylvania (2), Texas (3), Utah (1), Virginia (2), Washington (1)	34	14.53%
National Totals		**234**	**100%**

4. Does your MCO provide information to your prescribers on how to calculate the morphine equivalent daily dosage or does your MCO provide a calculator developed elsewhere?

Figure 108 – Provides Information to Prescribers on How to Calculate the Morphine Equivalent Daily Dosage or Provides a Calculator Developed Elsewhere

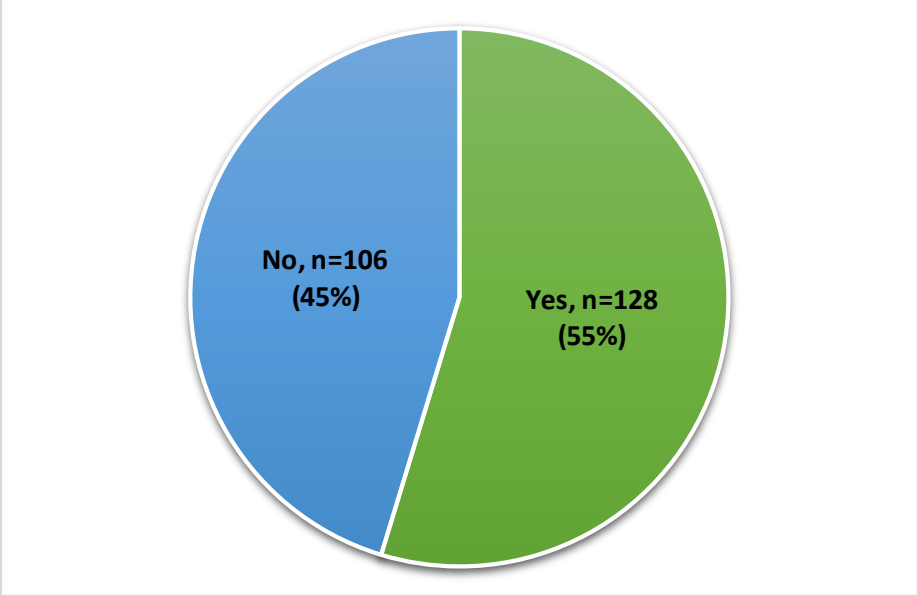

Table 104 – Provides Information to Prescribers on How to Calculate the Morphine Equivalent Daily Dosage or Provides a Calculator Developed Elsewhere

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (15), Colorado (1), Delaware (1), District of Columbia (1), Florida (6), Georgia (1), Hawaii (3), Illinois (5), Indiana (2), Iowa (2), Kansas (3), Kentucky (2), Louisiana (2), Maryland (6), Massachusetts (1), Michigan (6), Minnesota (3), Mississippi (3), Nebraska (1), Nevada (1), New Hampshire (2), New Jersey (3), New Mexico (2), New York (7), Ohio (4), Oregon (18), Pennsylvania (4), Rhode Island (1), South Carolina (3), Texas (7), Utah (2), Virginia (5), Washington (4)	128	54.70%
No	Arkansas (2), California (11), Colorado (1), Delaware (1), District of Columbia (3), Florida (10), Georgia (3), Hawaii (3), Illinois (2), Indiana (2), Kentucky (3), Louisiana (3), Maryland (3), Massachusetts (4), Michigan (5), Minnesota (5), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (2), New Mexico (1), New York (11), North Dakota (1), Ohio (1), Oregon (2), Pennsylvania (4), Rhode Island (2), South Carolina (2), Texas (10), Utah (2), Virginia (1), Washington (1)	106	45.30%
National Totals		**234**	**100%**

If "Yes," please continue.

a. Please name the developer of the calculator.

Figure 109 – Developer of the Morphine Equivalent Daily Dosage Calculator

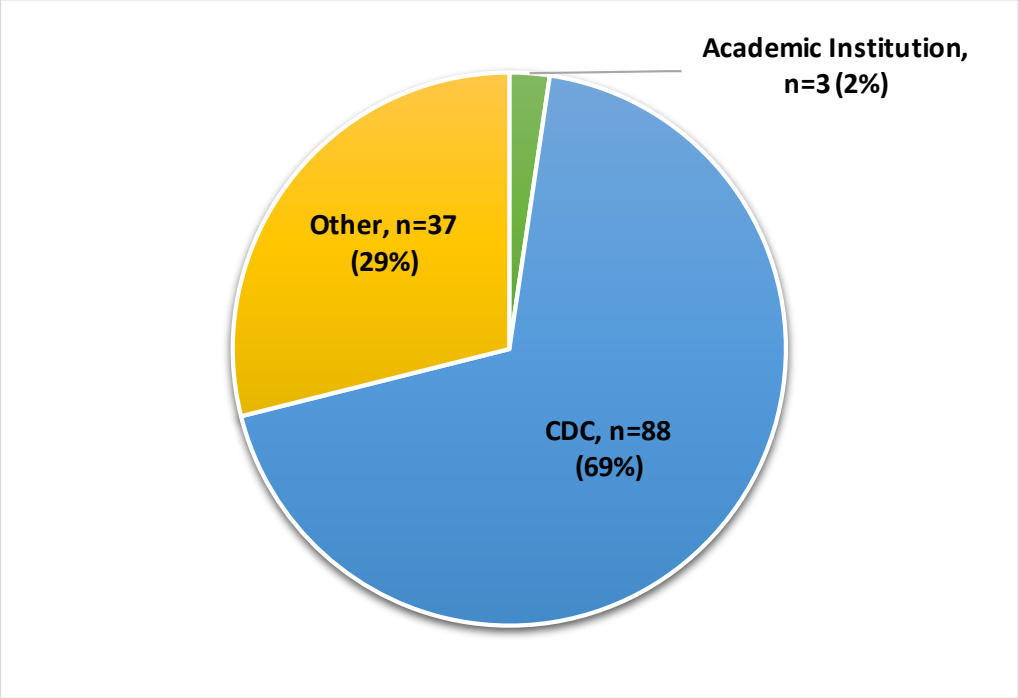

Table 105 – Developer of the Morphine Equivalent Daily Dosage Calculator

Developer	State (Count of MCOs)	Total	Percent of Total
Academic Institution	Arkansas (1), Massachusetts (1), New Hampshire (1)	3	2.34%
CDC	California (11), Colorado (1), Delaware (1), District of Columbia (1), Florida (6), Georgia (1), Hawaii (2), Illinois (4), Indiana (1), Iowa (2), Kansas (3), Kentucky (2), Louisiana (2), Maryland (4), Michigan (5), Minnesota (3), Mississippi (3), Nebraska (1), Nevada (1), New Jersey (3), New Mexico (2), New York (6), Ohio (3), Oregon (3), Pennsylvania (4), Rhode Island (1), South Carolina (1), Texas (6), Utah (1), Virginia (3), Washington (1)	88	68.75%
Other	California (4), Hawaii (1), Illinois (1), Indiana (1), Maryland (2), Michigan (1), New Hampshire (1), New York (1), Ohio (1), Oregon (15), South Carolina (2), Texas (1), Utah (1), Virginia (2), Washington (3)	37	28.91%
National Totals		**128**	**100%**

b. How is the information disseminated?

Figure 110 – Information Dissemination Routes

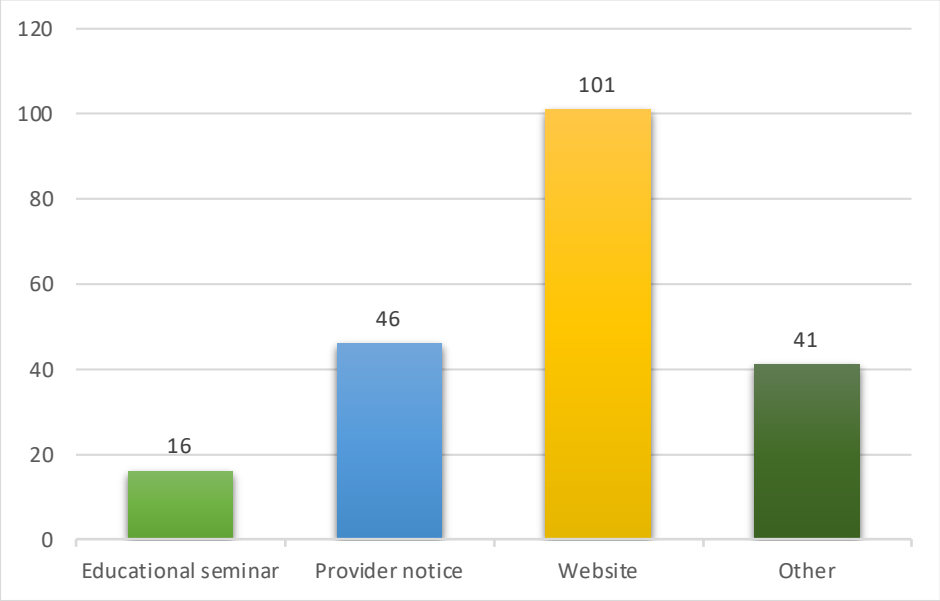

Table 106 – Information Dissemination Routes

Response	States (Count of MCOs)	Total	Percent of Total
Educational seminar	California (3), Delaware (1), Hawaii (1), Maryland (1), Minnesota (1), Oregon (7), Pennsylvania (1), Washington (1)	16	7.84%
Provider notice	California (10), District of Columbia (1), Florida (2), Hawaii (2), Illinois (1), Maryland (1), Michigan (1), Mississippi (2), New Jersey (1), New York (4), Ohio (2), Oregon (9), Pennsylvania (2), South Carolina (3), Texas (2), Utah (1), Virginia (1), Washington (1)	46	22.55%
Website	Arkansas (1), California (10), Colorado (1), Delaware (1), Florida (5), Georgia (1), Hawaii (2), Illinois (5), Indiana (1), Iowa (2), Kansas (3), Kentucky (2), Louisiana (2), Maryland (6), Massachusetts (1), Michigan (5), Minnesota (2), Mississippi (3), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (2), New York (5), Ohio (4), Oregon (14), Pennsylvania (3), Rhode Island (1), South Carolina (2), Texas (6), Utah (1), Virginia (3), Washington (4)	101	49.51%
Other	California (3), District of Columbia (1), Florida (2), Hawaii (1), Illinois (1), Indiana (1), Kansas (1), Kentucky (1), Louisiana (1), Maryland (2), Michigan (4), Minnesota (2), New Hampshire (1), New Jersey (1), New Mexico (2), New York (2), Oregon (8), Texas (3), Utah (1), Virginia (2), Washington (1)	41	20.10%
National Totals		**204**	**100%**

E. Opioid Use Disorder (OUD) Treatment

1. Does your MCO have utilization controls (i.e. PDL, PA, QL) to either monitor or manage the prescribing of Medication Assisted Treatment (MAT) drugs for OUD?

Figure 111 – MCO Has Utilization Controls to Monitor/Manage Prescribing MAT Drugs for OUD

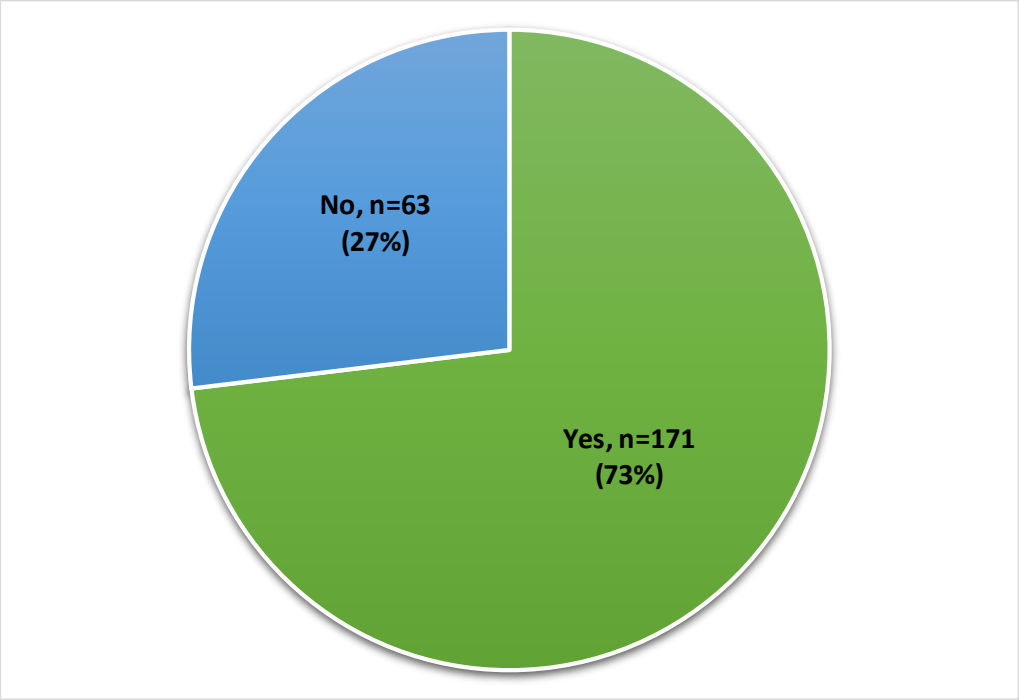

Table 107 – MCO Has Utilization Controls to Monitor/Manage Prescribing MAT Drugs for OUD

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (4), Colorado (2), Delaware (2), District of Columbia (3), Florida (13), Georgia (4), Hawaii (5), Illinois (3), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (4), Michigan (2), Minnesota (8), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (5), New Mexico (3), New York (14), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	171	73.08%
No	Arkansas (1), California (22), District of Columbia (1), Florida (3), Hawaii (1), Illinois (4), Maryland (9), Massachusetts (1), Michigan (9), Mississippi (1), Nevada (1), New York (4), Oregon (2), Utah (4)	63	26.92%
National Totals		**234**	**100%**

2. Does your MCO set total mg per day limits on the use of buprenorphine and buprenorphine/naloxone combination drugs?

Figure 112 – MCO Sets Total Milligram per Day Limits on The Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

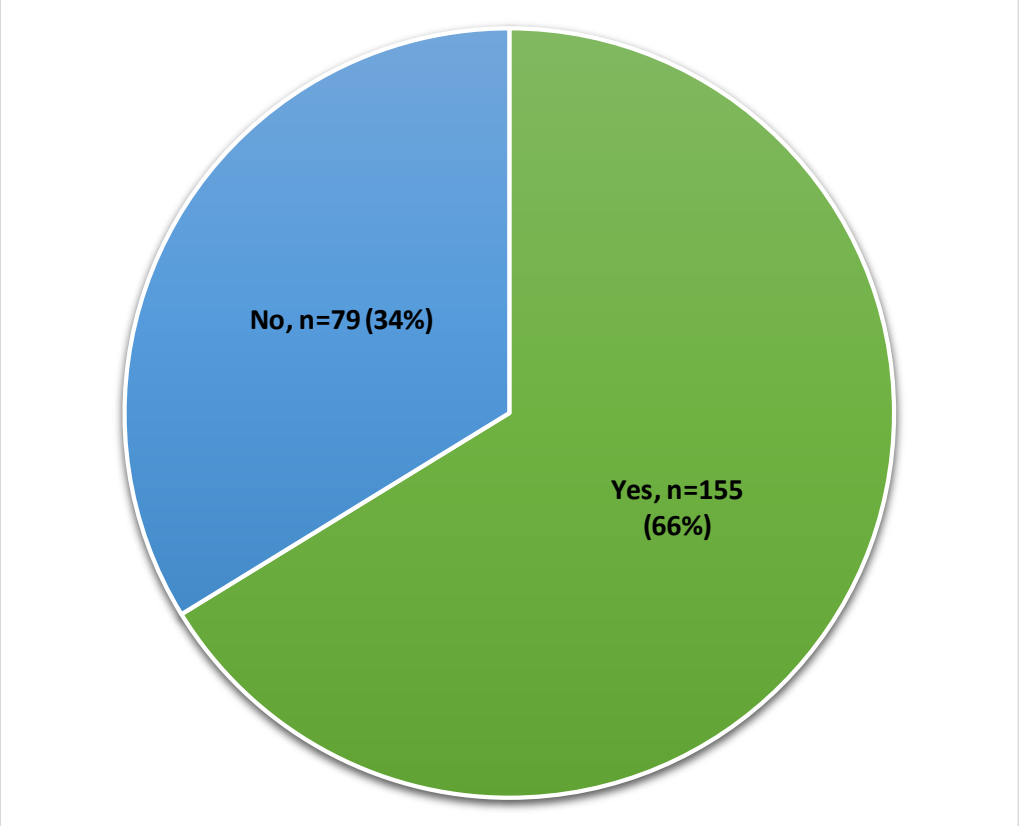

Table 108 – MCO Sets Total Milligram per Day Limits on The Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (2), Colorado (2), Delaware (2), District of Columbia (4), Florida (13), Georgia (4), Hawaii (4), Illinois (2), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (8), Mississippi (3), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Dakota (1), Ohio (5), Oregon (16), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (4), Virginia (6), Washington (5)	155	66.24%
No	Arkansas (1), California (24), Florida (3), Hawaii (2), Illinois (5), Maryland (9), Michigan (10), Nebraska (1), New York (3), Oregon (4), Texas (13), Utah (4)	79	33.76%
National Totals		**234**	**100%**

If "Yes," please specify the total mg/day.

Figure 113 – Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

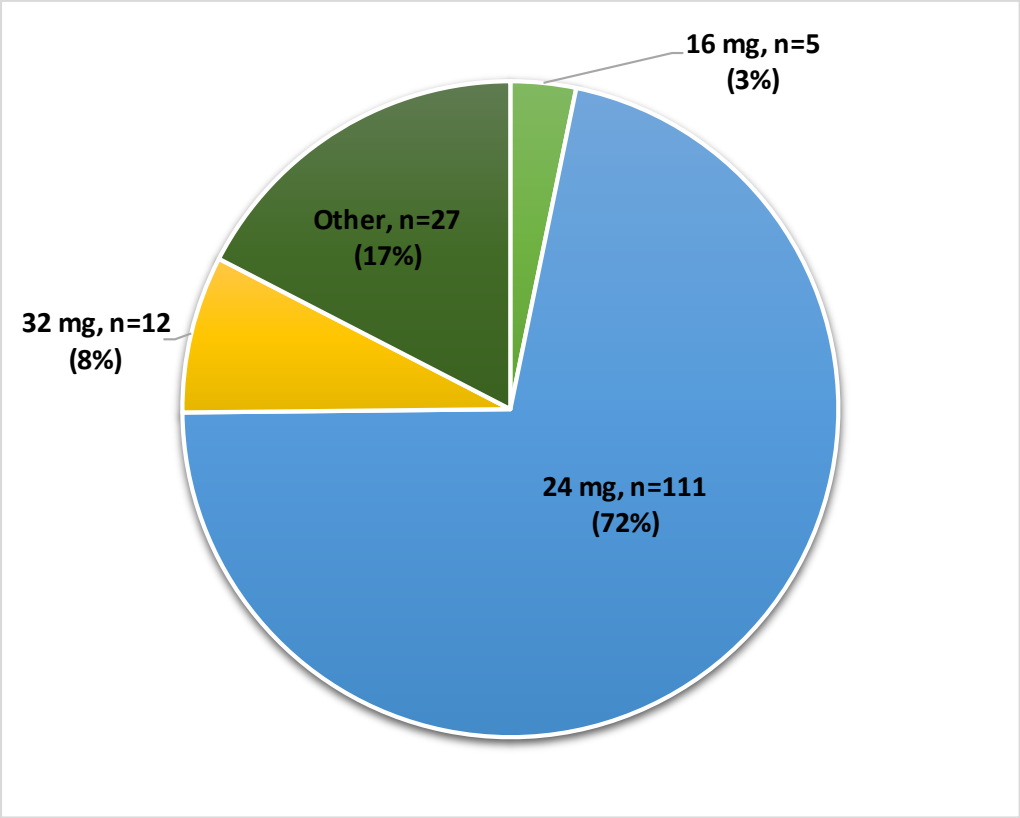

Table 109 – Total Milligrams/Day Limit on the Use of Buprenorphine and Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
16 mg	Minnesota (1), Mississippi (1), New Hampshire (2), Pennsylvania (1)	5	3.23%
24 mg	Arkansas (2), California (1), Colorado (2), District of Columbia (4), Florida (7), Georgia (4), Hawaii (4), Illinois (2), Indiana (4), Iowa (2), Kansas (2), Kentucky (5), Louisiana (3), Massachusetts (1), Minnesota (7), Nebraska (1), Nevada (3), New Hampshire (1), New Mexico (1), New York (14), Ohio (5), Oregon (16), Pennsylvania (6), Rhode Island (1), South Carolina (4), Texas (3), Virginia (6)	111	71.61%
32 mg	Massachusetts (1), Nebraska (1), New Jersey (5), Washington (5)	12	7.74%
Other	California (1), Delaware (2), Florida (6), Kansas (1), Louisiana (2), Massachusetts (3), Michigan (1), Mississippi (2), New Mexico (2), New York (1), North Dakota (1), Pennsylvania (1), Rhode Island (2), South Carolina (1), Texas (1)	27	17.42%
National Totals		**155**	**100%**

3. What are your limitations on the allowable length of this treatment?

Figure 114 – Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

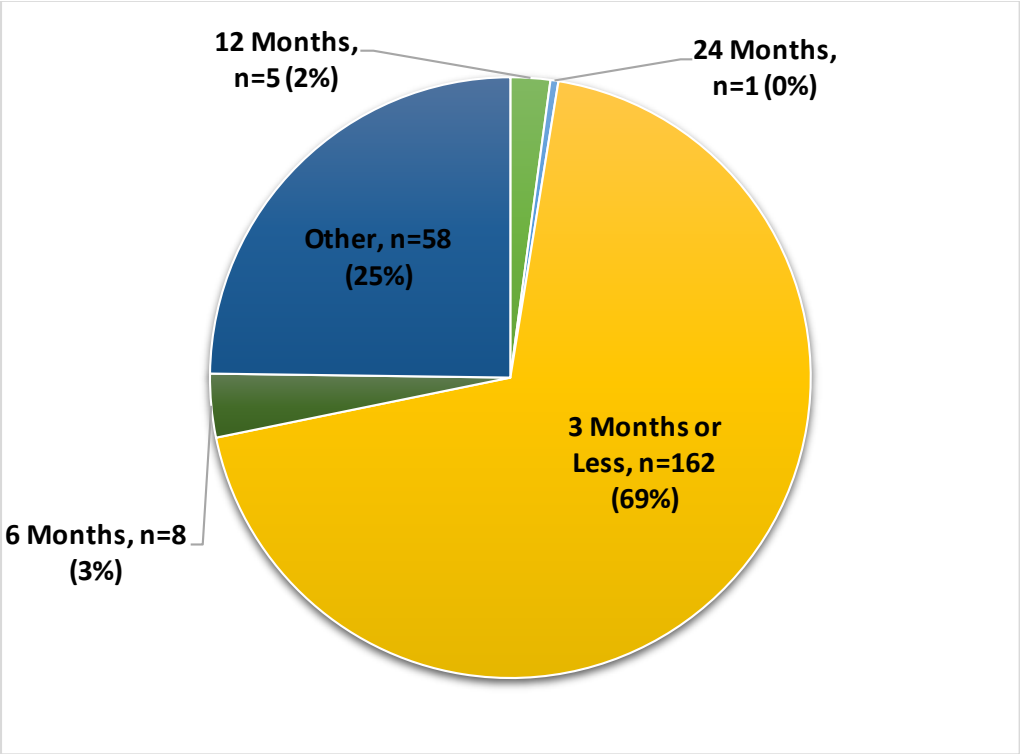

Table 110 – Limitations on Allowable Length of Treatment of Buprenorphine/Naloxone Combination Drugs

Response	States (Count of MCOs)	Total	Percent of Total
12 months	Georgia (1), Hawaii (2), Kentucky (1), New York (1)	5	2.14%
24 months	Nevada (1)	1	0.43%
3 months or less	Arkansas (3), California (8), Colorado (2), Delaware (2), District of Columbia (4), Florida (11), Georgia (3), Hawaii (4), Illinois (7), Indiana (3), Iowa (2), Kansas (2), Kentucky (3), Louisiana (5), Maryland (1), Massachusetts (4), Michigan (3), Minnesota (7), Mississippi (2), Nebraska (3), Nevada (2), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Dakota (1), Oregon (20), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (10), Virginia (5), Washington (4)	162	69.23%
6 months	Florida (1), Ohio (5), Texas (2)	8	3.42%
Other	California (18), Florida (4), Indiana (1), Kansas (1), Kentucky (1), Maryland (8), Massachusetts (1), Michigan (8), Minnesota (1), Mississippi (1), New York (2), Pennsylvania (1), Texas (5), Utah (4), Virginia (1), Washington (1)	58	24.79%
National Totals		**234**	**100%**

4. Does your MCO require that the maximum mg per day allowable be reduced after a set period of time?

Figure 115 – Maximum Milligrams per Day Reduction After A Set Period of Time

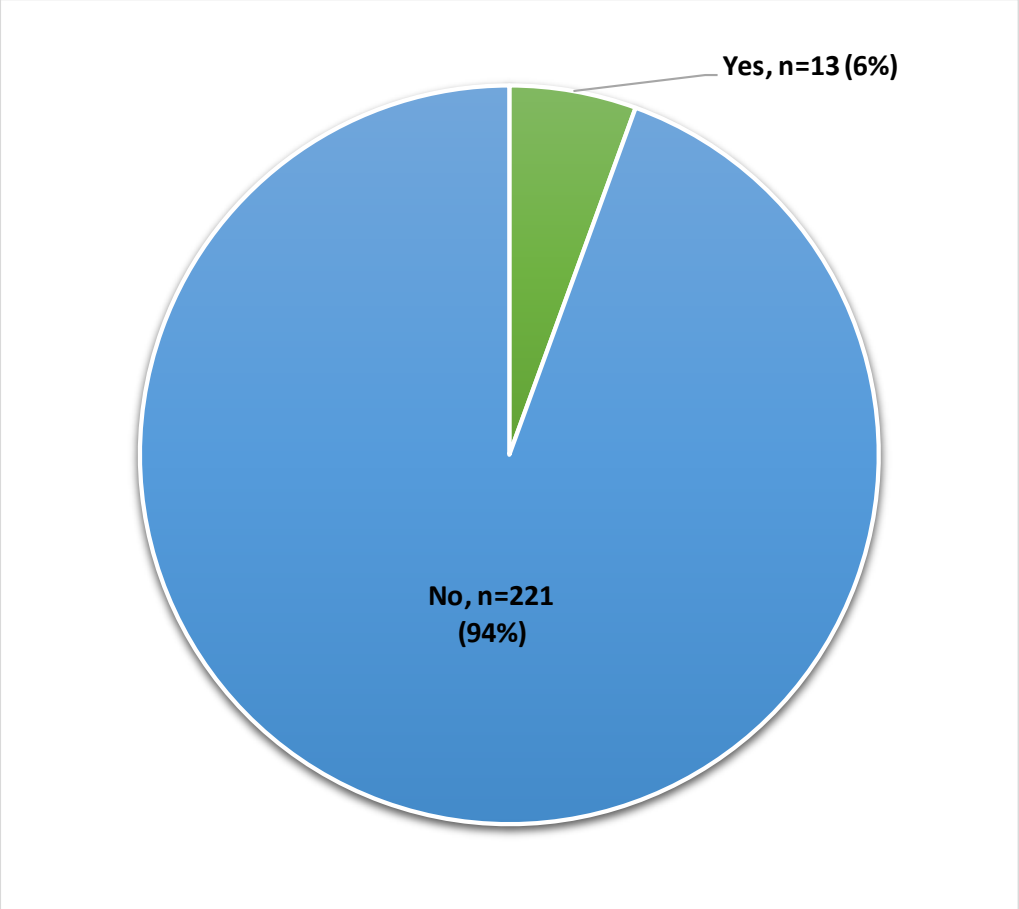

Table 111 – Maximum Milligrams per Day Reduction After A Set Period of Time

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Florida (1), Massachusetts (1), Minnesota (1), Mississippi (3), Ohio (5), Pennsylvania (1), Rhode Island (1)	13	5.56%
No	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (15), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (4), Michigan (11), Minnesota (7), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Oregon (20), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	221	94.44%
National Totals		**234**	**100%**

If "Yes," please continue.

a. What is your reduced (maintenance) dosage?

Figure 116 – Reduced (Maintenance) Dosage

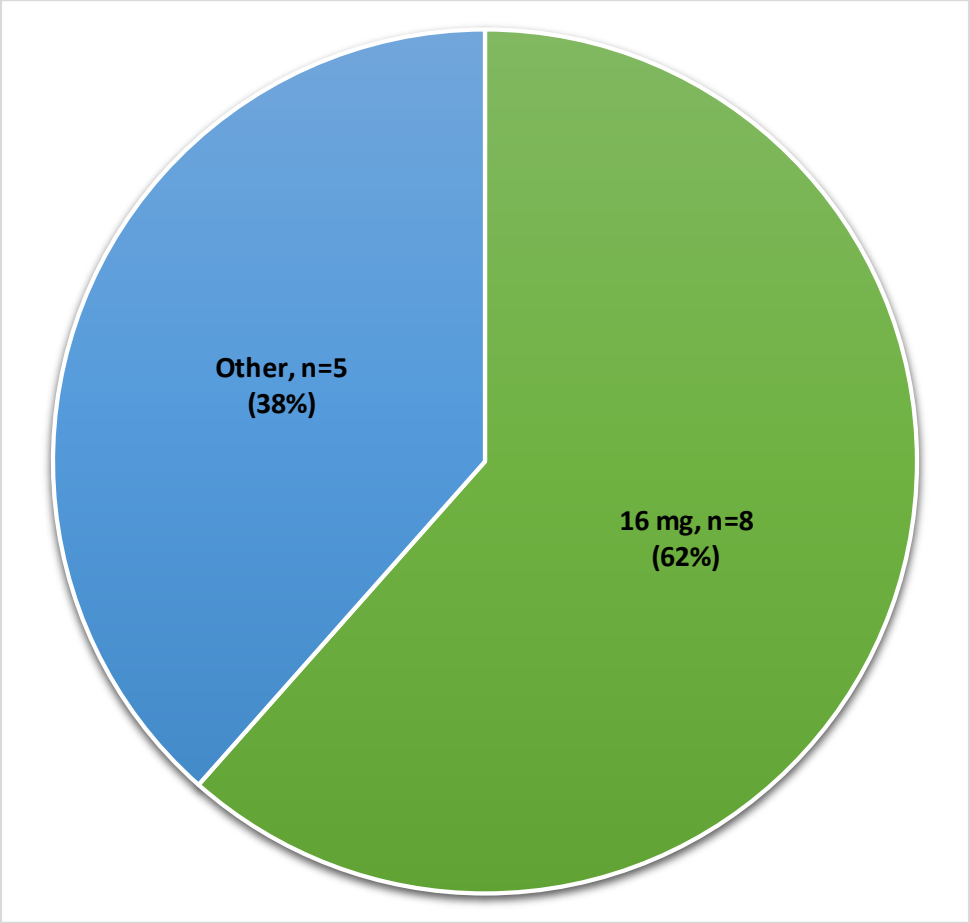

Table 112 – Reduced (Maintenance) Dosage

Response	States (Count of MCOs)	Total	Percent of Total
16 mg	Mississippi (3), Ohio (5)	8	61.54%
Other	Florida (1), Massachusetts (1), Minnesota (1), Pennsylvania (1), Rhode Island (1)	5	38.46%
National Totals		**13**	**100%**

b. What are your limitations on the allowable length of the reduced dosage treatment?

Figure 117 – Limitations on Length of the Reduced Dosage Treatment

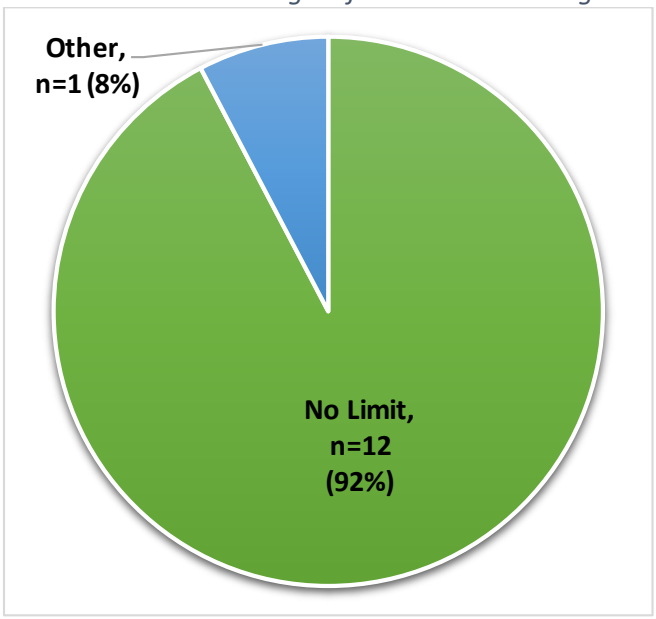

Table 113 – Limitations on Allowable Length of the Reduced Dosage Treatment

Response	States (Count of MCOs)	Total	Percent of Total
No limit	Massachusetts (1), Minnesota (1), Mississippi (3), Ohio (5), Pennsylvania (1), Rhode Island (1)	12	92.31%
Other	Florida (1)	1	7.69%
National Totals		**13**	**100%**

5. Does your MCO have at least one buprenorphine/naloxone combination product available without PA?

Figure 118 – Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

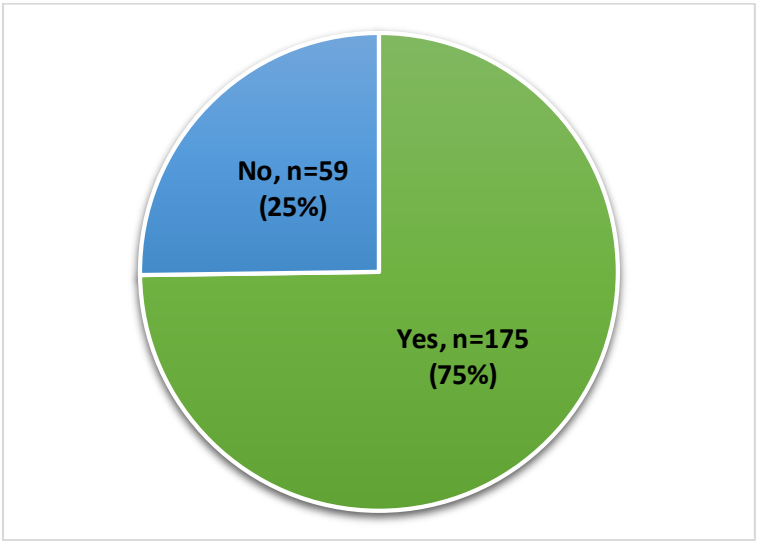

Table 114 – Buprenorphine/Naloxone Combination Product Available Without Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (7), Colorado (2), Delaware (2), District of Columbia (4), Florida (9), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (1), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), Ohio (5), Oregon (20), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (8), Virginia (6), Washington (5)	175	74.79%
No	California (19), Florida (7), Maryland (8), Michigan (10), North Dakota (1), Pennsylvania (1), Texas (9), Utah (4)	59	25.21%
National Totals		**234**	**100%**

6. Does your MCO currently have edits in place to monitor opioids being used concurrently with any buprenorphine drug or any form of MAT?

Figure 119 – Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug/MAT

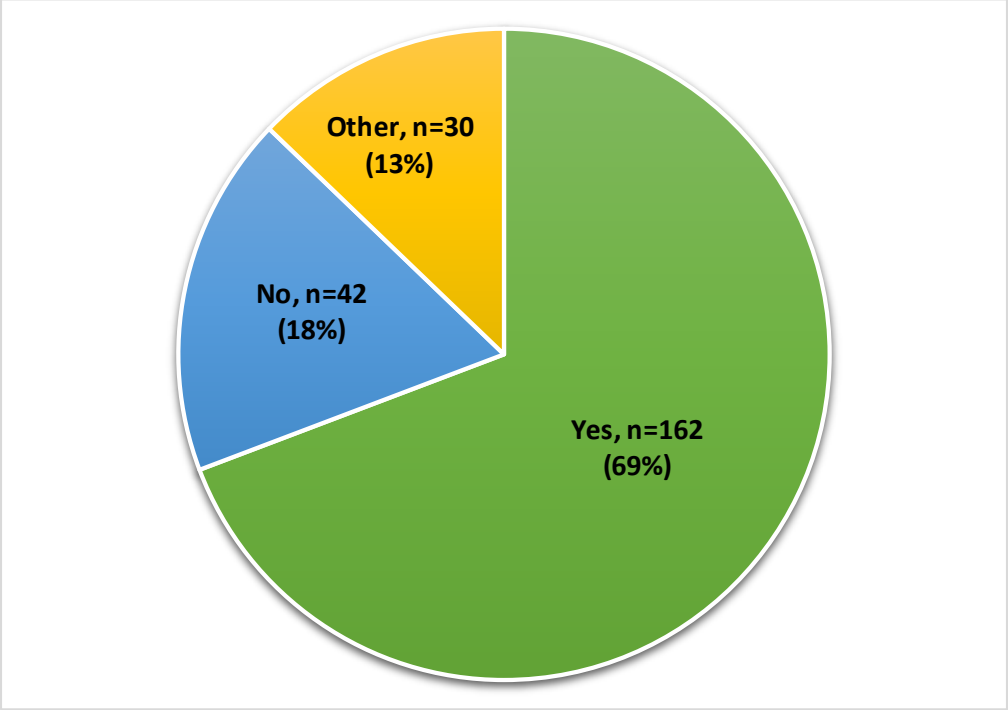

Table 115 – Edits in Place to Monitor Opioids Being Used Concurrently with any Buprenorphine Drug/MAT

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (5), Colorado (2), Delaware (2), District of Columbia (4), Florida (14), Georgia (4), Hawaii (4), Illinois (4), Indiana (3), Kentucky (4), Louisiana (5), Massachusetts (4), Michigan (1), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (13), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (14), Virginia (6), Washington (4)	162	69.23%
No	Arkansas (1), California (13), Florida (1), Hawaii (1), Illinois (3), Iowa (2), Kansas (2), Kentucky (1), Maryland (4), Michigan (5), Oregon (6), Texas (1), Utah (1), Washington (1)	42	17.95%
Other	California (8), Florida (1), Hawaii (1), Indiana (1), Kansas (1), Maryland (5), Massachusetts (1), Michigan (5), New Hampshire (1), Oregon (1), Texas (2), Utah (3)	30	12.82%
National Totals		**234**	**100%**

If "Yes," can the POS pharmacist override the edit?

Figure 120 – POS Pharmacist Override Edit

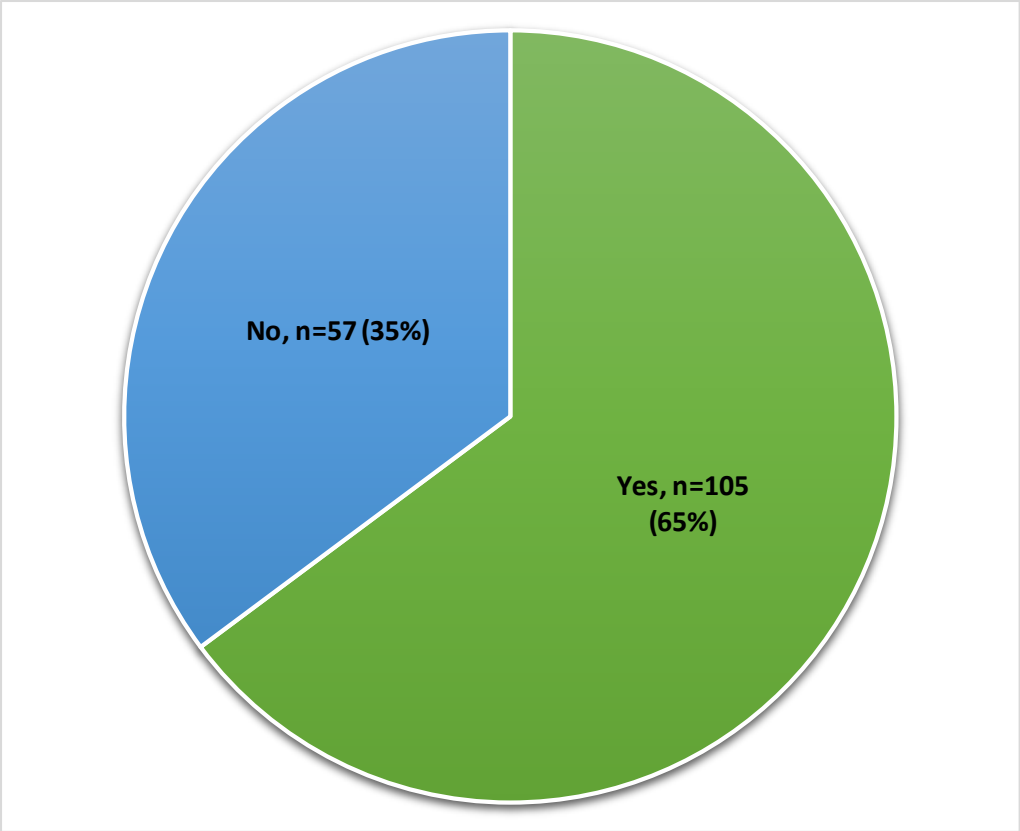

Table 116 – POS Pharmacist Override Edit

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (4), Colorado (1), Delaware (1), District of Columbia (2), Florida (10), Georgia (3), Hawaii (4), Illinois (3), Indiana (2), Kentucky (3), Louisiana (1), Massachusetts (4), Michigan (1), Minnesota (4), Mississippi (1), Nebraska (2), Nevada (2), New Hampshire (1), New Jersey (4), New Mexico (1), New York (10), North Dakota (1), Ohio (4), Oregon (11), Pennsylvania (1), Rhode Island (3), South Carolina (2), Texas (10), Virginia (4), Washington (4)	105	64.81%
No	Arkansas (1), California (1), Colorado (1), Delaware (1), District of Columbia (2), Florida (4), Georgia (1), Illinois (1), Indiana (1), Kentucky (1), Louisiana (4), Minnesota (4), Mississippi (2), Nebraska (1), Nevada (1), New Hampshire (1), New Jersey (1), New Mexico (2), New York (8), Ohio (1), Oregon (2), Pennsylvania (7), South Carolina (3), Texas (4), Virginia (2)	57	35.19%
National Totals		**162**	**100%**

7. Is there at least one formulation of naltrexone for OUD available without PA?

Figure 121 – Formulation of Naltrexone for OUD Available Without PA

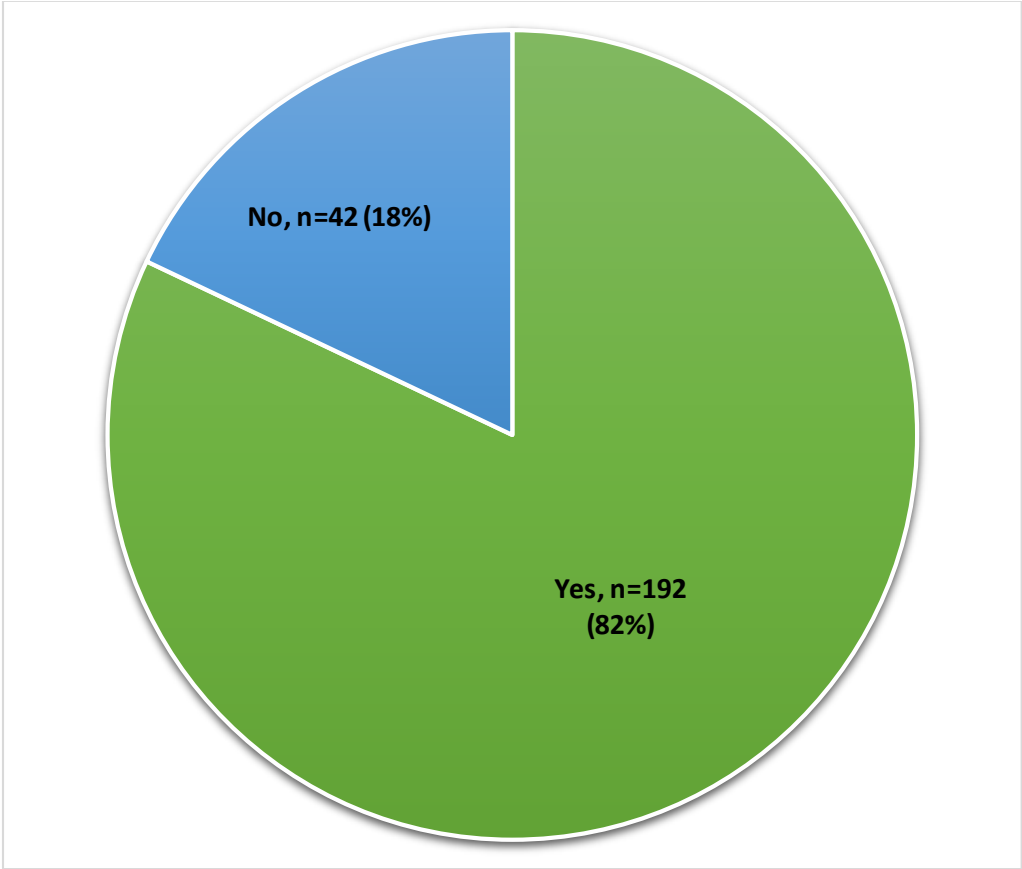

Table 117 – Formulation of Naltrexone for OUD Available Without PA

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (6), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (2), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	192	82.05%
No	California (20), Maryland (8), Michigan (9), North Dakota (1), Utah (4)	42	17.95%
National Totals		**234**	**100%**

8. Does your MCO have at least one naloxone opioid overdose product available without PA?

Figure 122 – Naloxone Opioid Overdose Product Available Without Prior Authorization

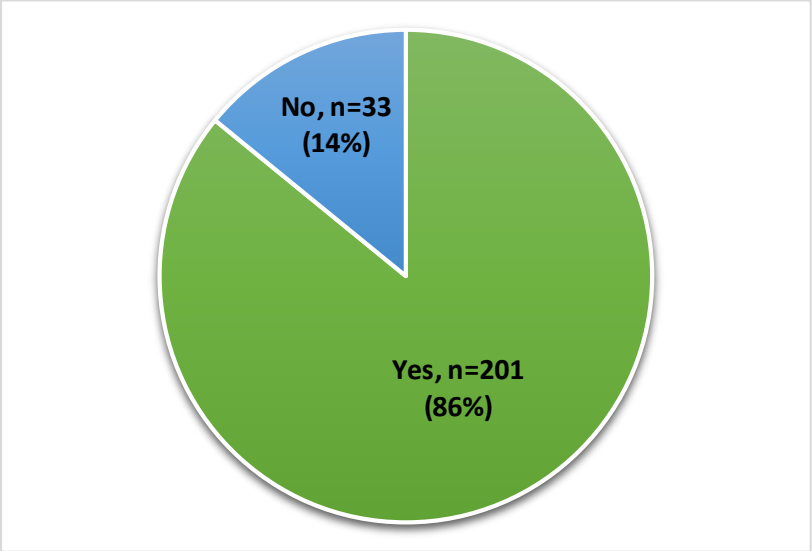

Table 118 – Naloxone Opioid Overdose Product Available Without Prior Authorization

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (6), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (10), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	201	85.90%
No	California (20), Maryland (8), Michigan (1), Utah (4)	33	14.10%
National Totals		**234**	**100%**

9. Does your MCO retrospectively monitor and manage appropriate use of naloxone to persons at risk of overdose?

Figure 123 – Retrospectively Monitor and Manage Appropriate use of Naloxone to Persons at Risk of Overdose

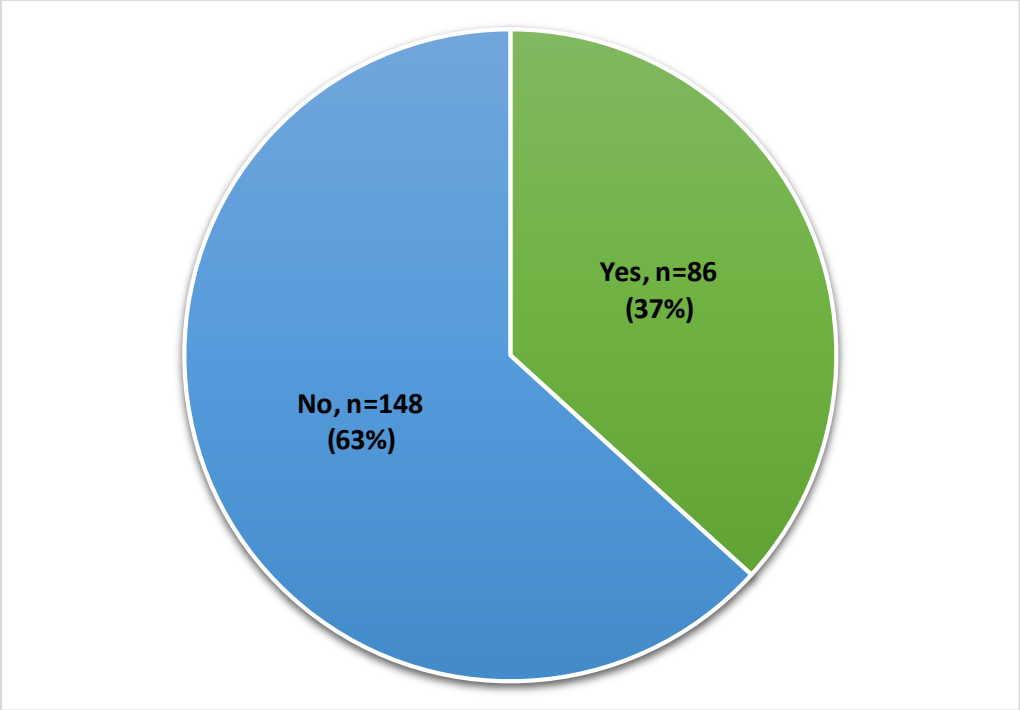

Table 119 – Retrospectively Monitor and Manage Appropriate use of Naloxone to Persons at Risk of Overdose

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (1), California (8), Colorado (1), Delaware (2), District of Columbia (2), Florida (4), Georgia (2), Hawaii (2), Illinois (1), Indiana (3), Kansas (1), Kentucky (2), Louisiana (1), Maryland (1), Massachusetts (1), Michigan (6), Minnesota (1), Nevada (3), New Hampshire (3), New Jersey (3), New Mexico (1), New York (9), Ohio (3), Oregon (11), Pennsylvania (4), South Carolina (2), Texas (1), Utah (1), Virginia (3), Washington (3)	86	36.75%
No	Arkansas (2), California (18), Colorado (1), District of Columbia (2), Florida (12), Georgia (2), Hawaii (4), Illinois (6), Indiana (1), Iowa (2), Kansas (2), Kentucky (3), Louisiana (4), Maryland (8), Massachusetts (4), Michigan (5), Minnesota (7), Mississippi (3), Nebraska (3), New Jersey (2), New Mexico (2), New York (9), North Dakota (1), Ohio (2), Oregon (9), Pennsylvania (4), Rhode Island (3), South Carolina (3), Texas (16), Utah (3), Virginia (3), Washington (2)	148	63.25%
National Totals		**234**	**100%**

10. Does your MCO allow pharmacists to dispense naloxone prescribed independently or by collaborative practice agreements, or standing orders, or other predetermined protocols?

Figure 124 – MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

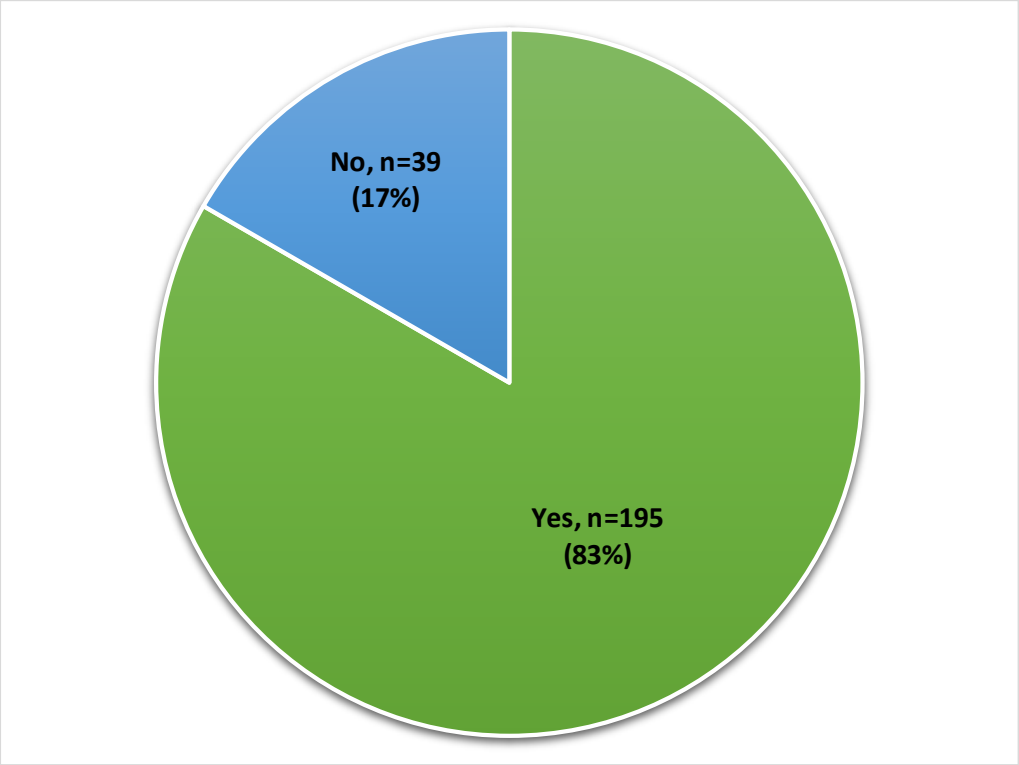

Table 120 – MCO Allows Pharmacists to Dispense Naloxone Prescribed Independently or By Collaborative Practice Agreements, Standing Orders, Or Other Predetermined Protocols

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (15), Colorado (2), Delaware (2), District of Columbia (3), Florida (13), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (2), Massachusetts (5), Michigan (10), Minnesota (6), Mississippi (3), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (6), Utah (3), Virginia (6), Washington (4)	195	83.33%
No	California (11), District of Columbia (1), Florida (3), Maryland (7), Michigan (1), Minnesota (2), Nebraska (1), Texas (11), Utah (1), Washington (1)	39	16.67%
National Totals		**234**	**100%**

F. Outpatient Treatment Programs (OTP)

1. Does your MCO cover OTPs that provide behavioral health (BH) and MAT through OTPs?

Figure 125 – MCO Covers OTPs That Provide BH and MAT Through OTPs

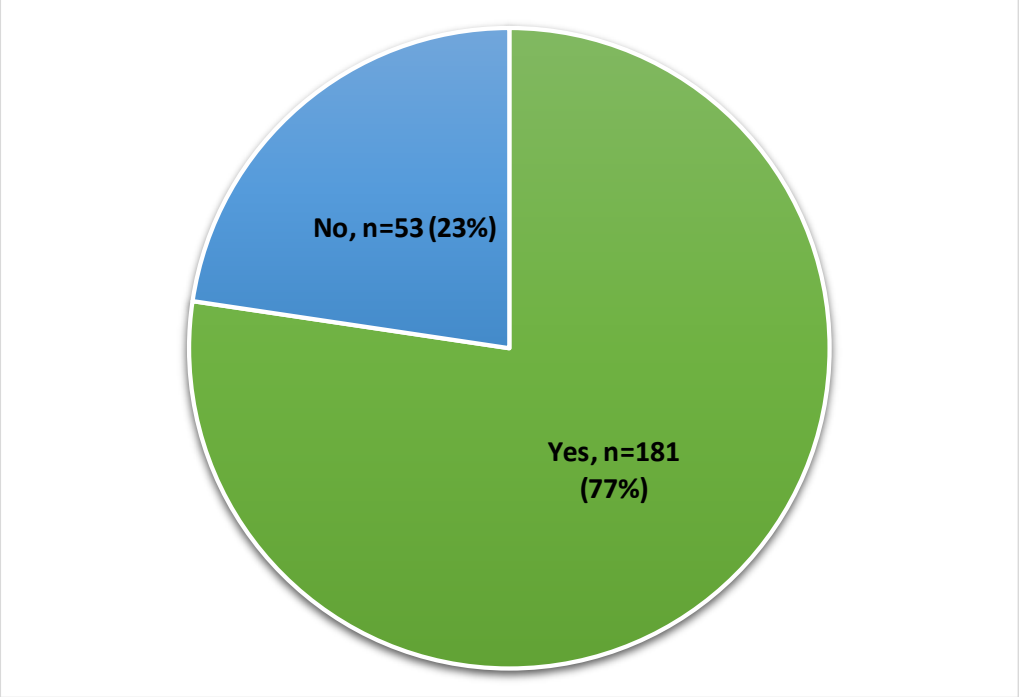

Table 121 – MCO Covers OTPs That Provide BH and MAT Through OTPs

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (4), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (4), Michigan (1), Minnesota (8), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (17), Utah (1), Virginia (6), Washington (5)	181	77.35%
No	California (22), Illinois (1), Maryland (9), Massachusetts (1), Michigan (10), Mississippi (3), Nebraska (1), New York (1), Pennsylvania (2), Utah (3)	53	22.65%
National Totals		**234**	**100%**

If "Yes," is a referral needed for OUD treatment through OTPs?

Figure 126 – Referral Required for OUD Treatment Through OTPs

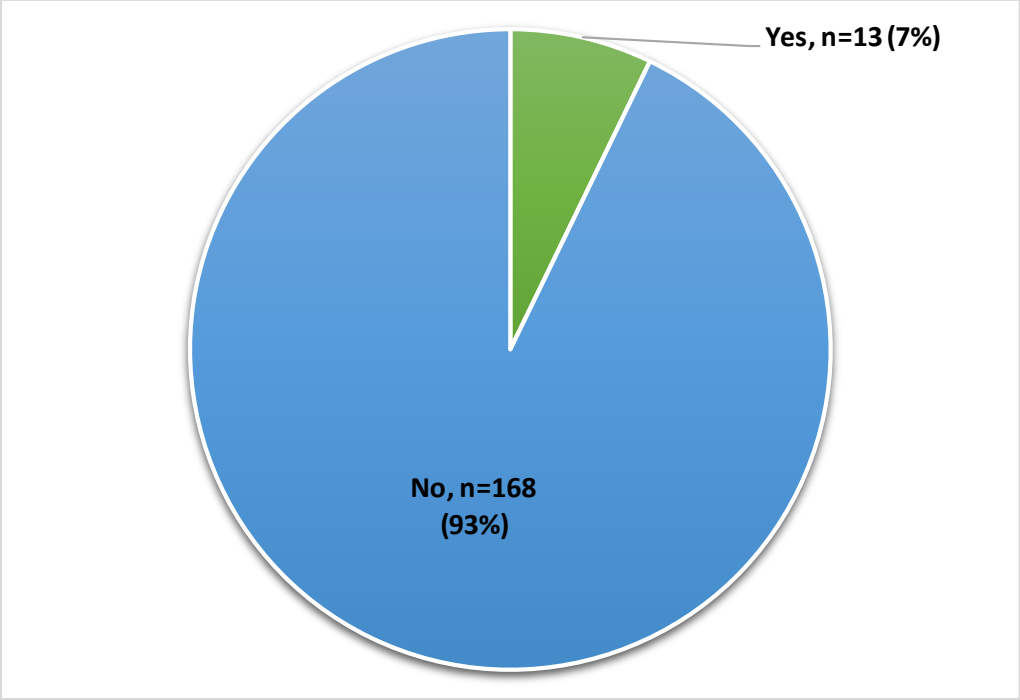

Table 122 – Referral Required for OUD Treatment Through OTPs

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (2), District of Columbia (1), Florida (1), Hawaii (3), Minnesota (1), New Jersey (1), Texas (2), Virginia (1), Washington (1)	13	7.18%
No	Arkansas (3), California (2), Colorado (2), Delaware (2), District of Columbia (3), Florida (15), Georgia (4), Hawaii (3), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (4), Michigan (1), Minnesota (7), Nebraska (2), Nevada (3), New Hampshire (3), New Jersey (4), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (6), Rhode Island (3), South Carolina (5), Texas (15), Utah (1), Virginia (5), Washington (4)	168	92.82%
National Totals		**181**	**100%**

2. Does your MCO cover buprenorphine or buprenorphine/naloxone for diagnoses of OUD as part of a comprehensive MAT treatment plan through OTPs?

Figure 127 – MCO Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

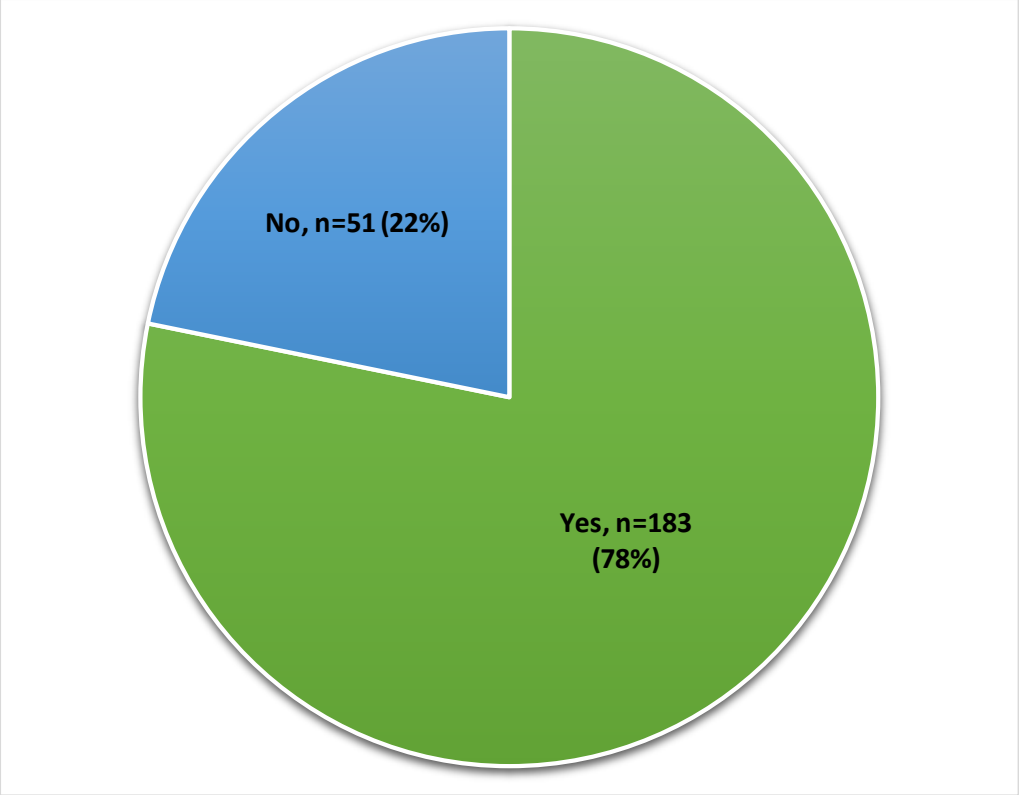

Table 123 – MCO Covers Buprenorphine or Buprenorphine/Naloxone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (5), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (5), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (4), Minnesota (8), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	183	78.21%
No	California (21), Hawaii (1), Illinois (1), Maryland (9), Massachusetts (1), Michigan (11), Mississippi (3), Utah (4)	51	21.79%
National Totals		**234**	**100%**

3. Does your MCO cover naltrexone for diagnoses of OUD as part of a comprehensive MAT treatment plan?

Figure 128 – MCO Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

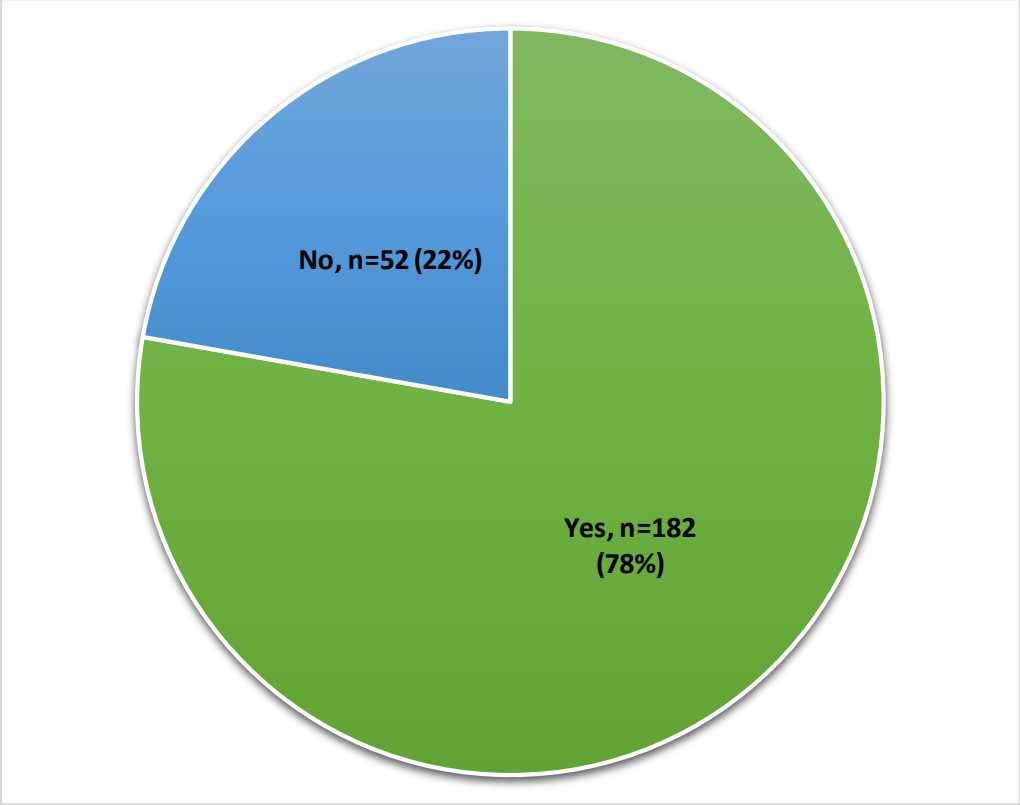

Table 124 – MCO Covers Naltrexone for Diagnoses of OUD as Part of a MAT Treatment Plan

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (4), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (1), Massachusetts (5), Michigan (1), Minnesota (8), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	182	77.78%
No	California (22), Louisiana (4), Maryland (9), Michigan (10), Mississippi (3), Utah (4)	52	22.22%
National Totals		**234**	**100%**

4. Does your MCO cover Methadone for substance use disorder (i.e. OTPs, Methadone Clinics)?

Figure 129 – MCO Covers Methadone for Substance Use Disorder

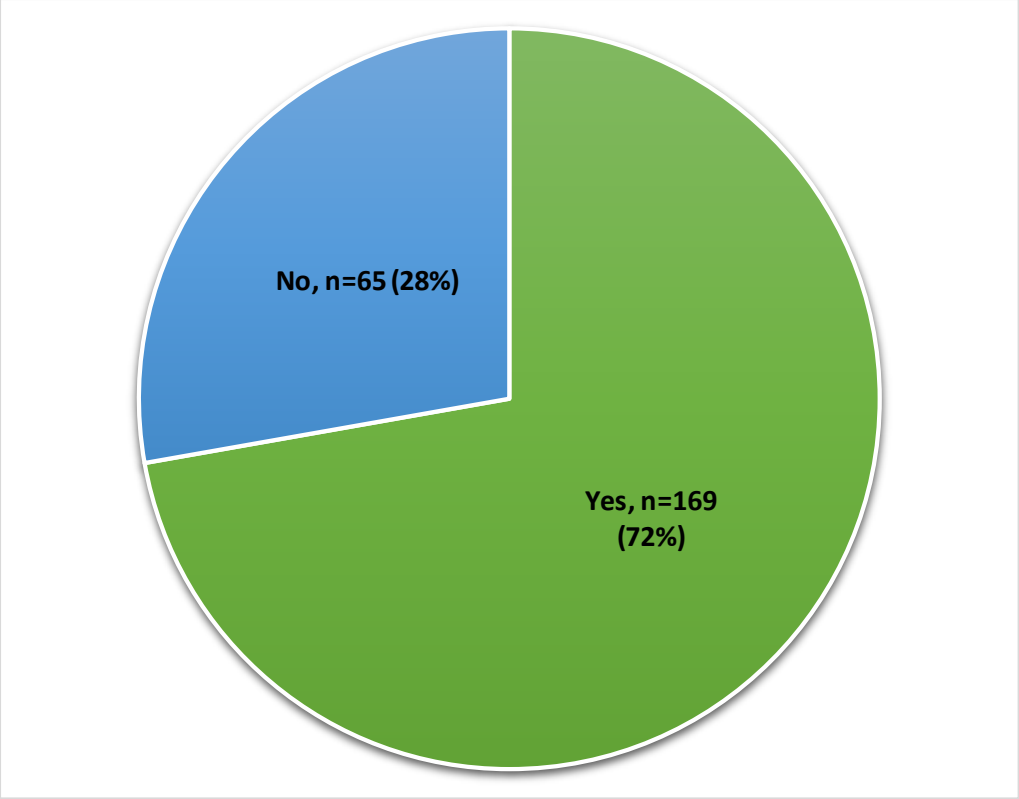

Table 125 – MCO Covers Methadone for Substance Use Disorder

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (9), Colorado (2), Delaware (2), District of Columbia (2), Florida (12), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kentucky (3), Louisiana (5), Maryland (1), Massachusetts (5), Minnesota (8), Nebraska (1), Nevada (2), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (4), Rhode Island (3), South Carolina (4), Texas (17), Virginia (6), Washington (5)	169	72.22%
No	Arkansas (1), California (17), District of Columbia (2), Florida (4), Illinois (1), Kansas (3), Kentucky (2), Maryland (8), Michigan (11), Mississippi (3), Nebraska (2), Nevada (1), New York (1), Pennsylvania (4), South Carolina (1), Utah (4)	65	27.78%
National Totals		**234**	**100%**

G. Antipsychotics/Stimulants

Antipsychotics

1. Does your MCO currently have restrictions in place to limit the quantity of antipsychotics?

Figure 130 – Restrictions to Limit Quantity of Antipsychotics

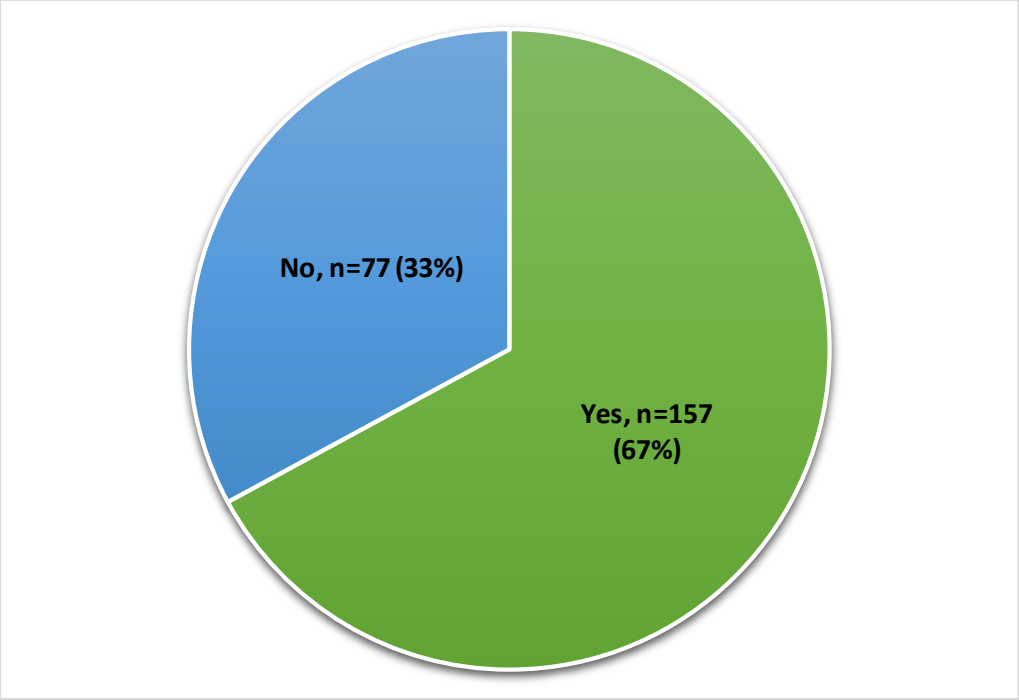

Table 126 – Restrictions to Limit Quantity of Antipsychotics

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (2), Colorado (2), Delaware (2), District of Columbia (3), Florida (16), Georgia (4), Hawaii (4), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (4), Minnesota (5), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), North Dakota (1), Ohio (5), Oregon (5), Pennsylvania (8), Rhode Island (2), South Carolina (5), Texas (17), Virginia (5), Washington (4)	157	67.09%
No	Arkansas (1), California (24), District of Columbia (1), Hawaii (2), Maryland (9), Massachusetts (1), Michigan (11), Minnesota (3), New York (3), Oregon (15), Rhode Island (1), Utah (4), Virginia (1), Washington (1)	77	32.91%
National Totals		**234**	**100%**

2. Does your MCO have a documented program in place to either manage or monitor the appropriate use of antipsychotic drugs in children?

Figure 131 – Documented Program in Place for Either Managing or Monitoring Appropriate Use of Antipsychotic Drugs in Children

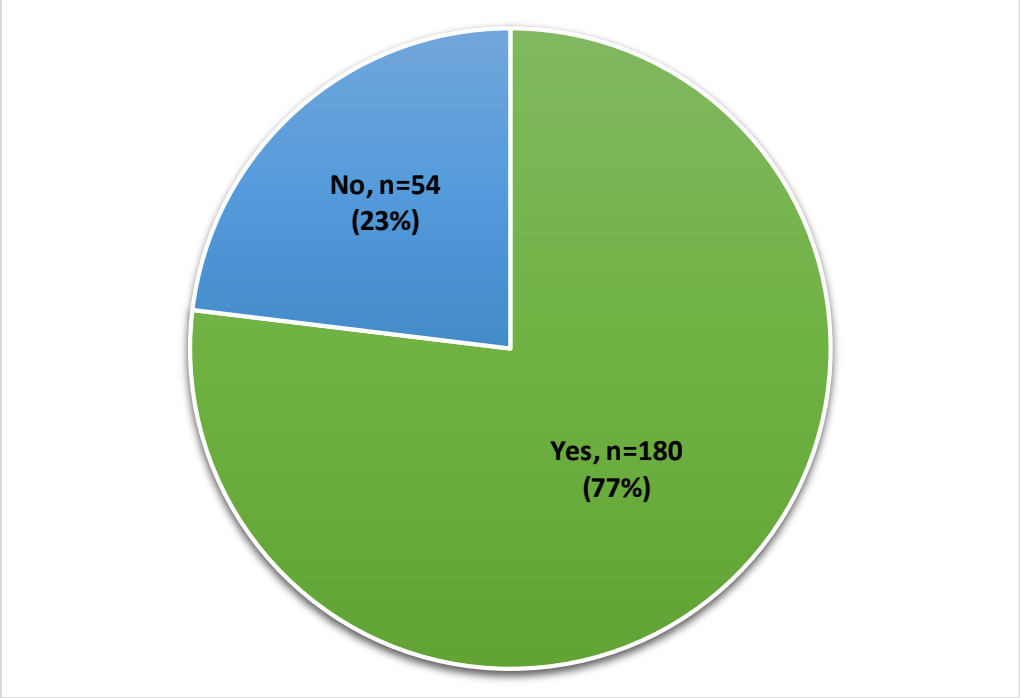

Table 127 – Documented Program in Place for Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (9), Colorado (1), Delaware (2), District of Columbia (3), Florida (15), Georgia (4), Hawaii (6), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (1), Massachusetts (5), Michigan (6), Minnesota (7), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), Ohio (5), Oregon (9), Pennsylvania (7), Rhode Island (3), South Carolina (5), Texas (16), Virginia (6), Washington (5)	180	76.92%
No	California (17), Colorado (1), District of Columbia (1), Florida (1), Illinois (2), Maryland (8), Michigan (5), Minnesota (1), North Dakota (1), Oregon (11), Pennsylvania (1), Texas (1), Utah (4)	54	23.08%
National Totals		**234**	**100%**

a. Does your MCO either manage or monitor:

Figure 132 – Categories of Children Either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

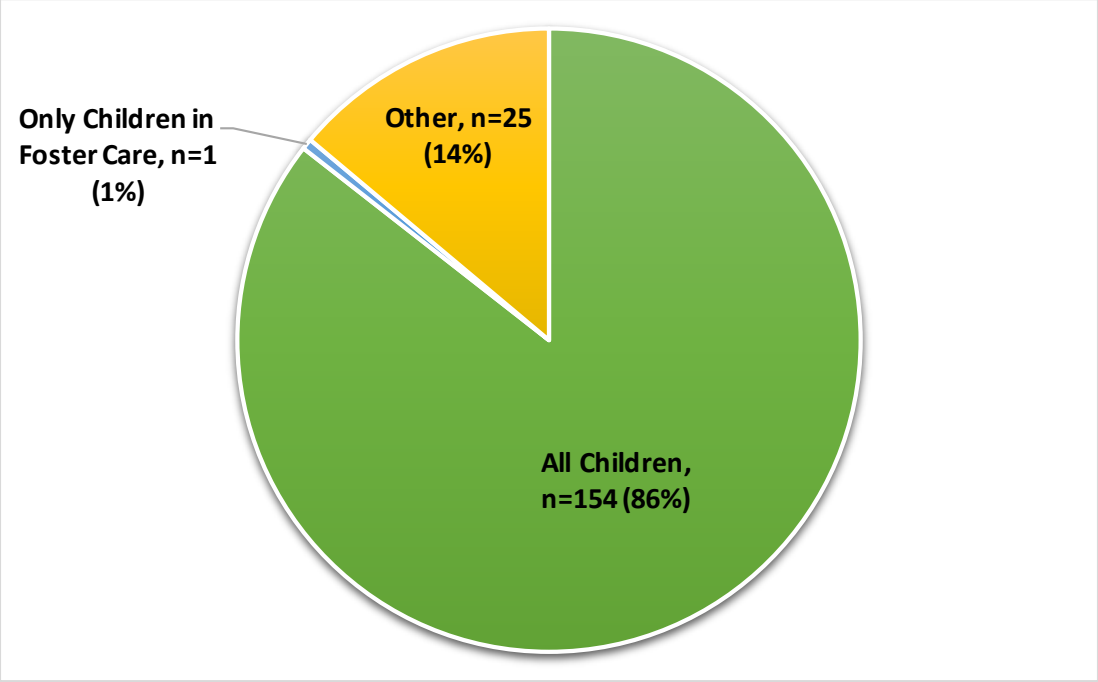

Table 128 – Categories of Children Either Managed or Monitored for Appropriate Use of Antipsychotic Drugs

Response	States (Count of MCOs)	Total	Percent of Total
All children	Arkansas (3), California (7), Colorado (1), Delaware (2), District of Columbia (3), Florida (12), Georgia (3), Hawaii (4), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (4), Louisiana (4), Maryland (1), Massachusetts (5), Michigan (5), Minnesota (7), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (3), New York (16), Ohio (4), Oregon (6), Pennsylvania (7), Rhode Island (2), South Carolina (4), Texas (15), Virginia (5), Washington (5)	154	85.56%
Only children in foster care	Michigan (1)	1	0.56%
Other	California (2), Florida (3), Georgia (1), Hawaii (2), Kentucky (1), Louisiana (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (2), New York (2), Ohio (1), Oregon (3), Rhode Island (1), South Carolina (1), Texas (1), Virginia (1)	25	13.89%
National Totals		**180**	**100%**

b. Does your MCO have edits in place to monitor:

Figure 133 – Antipsychotic Edits in Place to Monitor Children

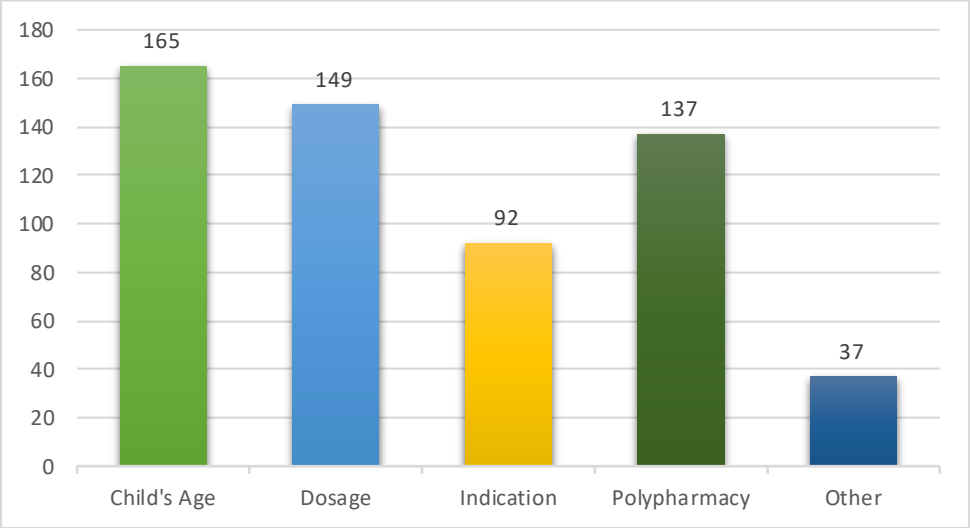

Table 129 – Antipsychotic Edits in Place to Monitor Children

Response	States (Count of MCOs)	Total	Percent of Total
Child's Age	Arkansas (3), California (6), Colorado (1), Delaware (2), District of Columbia (2), Florida (15), Georgia (4), Hawaii (4), Illinois (5), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (5), Minnesota (6), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), Ohio (5), Oregon (6), Pennsylvania (7), Rhode Island (1), South Carolina (5), Texas (16), Virginia (6), Washington (5)	165	28.45%
Dosage	Arkansas (3), California (5), Delaware (2), District of Columbia (2), Florida (13), Georgia (4), Hawaii (6), Illinois (5), Indiana (4), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (3), Minnesota (2), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (12), Ohio (5), Oregon (6), Pennsylvania (7), Rhode Island (2), South Carolina (5), Texas (16), Virginia (6), Washington (5)	149	25.69%
Indication	Arkansas (2), California (6), Delaware (2), District of Columbia (1), Florida (5), Georgia (2), Hawaii (4), Illinois (3), Indiana (2), Kansas (3), Kentucky (2), Louisiana (5), Massachusetts (2), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (1), New Hampshire (1), New Jersey (3), New Mexico (1), New York (8), Ohio (2), Pennsylvania (5), Rhode Island (1), South Carolina (3), Texas (13), Virginia (4), Washington (3)	92	15.86%
Polypharmacy	Arkansas (2), California (6), Delaware (2), District of Columbia (2), Florida (9), Georgia (4), Hawaii (6), Illinois (3), Indiana (4), Iowa (2), Kansas (2), Kentucky (3), Louisiana (4), Maryland (1), Massachusetts (5), Michigan (3), Minnesota (4), Mississippi (1), Nebraska (3),	137	23.62%

Response	States (Count of MCOs)	Total	Percent of Total
	Nevada (2), New Hampshire (3), New Jersey (3), New Mexico (2), New York (15), Ohio (5), Oregon (6), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (14), Virginia (4), Washington (5)		
Other	Arkansas (1), California (2), Colorado (1), District of Columbia (1), Florida (6), Georgia (1), Hawaii (1), Illinois (2), Indiana (1), Kansas (3), Kentucky (1), Louisiana (1), Maryland (1), Michigan (1), Minnesota (1), New Jersey (1), New York (1), Oregon (3), Pennsylvania (1), Rhode Island (1), Texas (2), Virginia (2), Washington (2)	37	6.38%
National Totals		**580**	**100%**

c. Please briefly explain the specifics of your documented antipsychotic monitoring program(s).

Please reference individual state MCO reports on Medicaid.gov for more information.

If "No," please continue.

d. Does your MCO plan on implementing a program in the future?

Figure 134 – Future Monitoring Program for Appropriate Use of Antipsychotic Drugs in Children

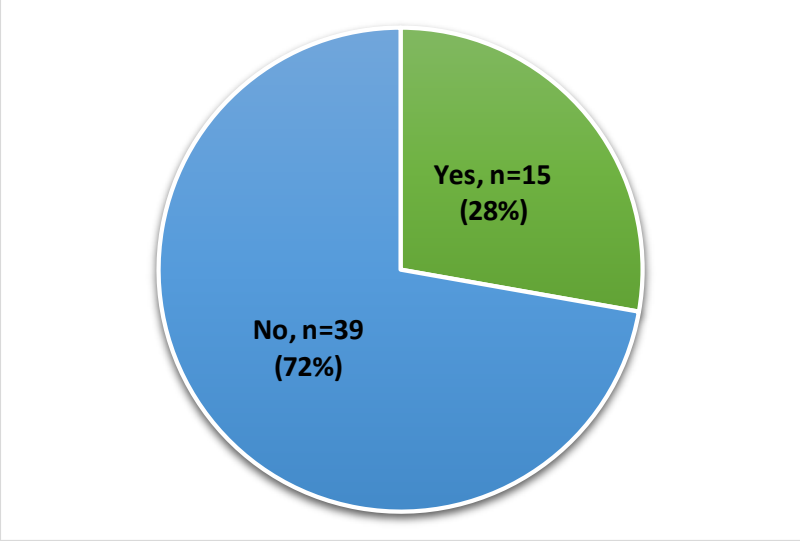

Table 130 – Future Monitoring Program for Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (6), Colorado (1), District of Columbia (1), Illinois (1), Michigan (2), Minnesota (1), Oregon (1), Utah (2)	15	27.78%
No	California (11), Florida (1), Illinois (1), Maryland (8), Michigan (3), North Dakota (1), Oregon (10), Pennsylvania (1), Texas (1), Utah (2)	39	72.22%
National Totals		**54**	**100%**

If "Yes," please specify when you plan on implementing a program to monitor the appropriate use of antipsychotic drugs in children.

Please reference individual state MCO reports on Medicaid.gov for more information.

If "No," please explain why you will not be implementing a program to monitor the appropriate use of antipsychotic drugs in children.

Please reference individual state MCO reports on Medicaid.gov for more information.

Stimulants

3. Does your MCO currently have restrictions in place to limit the quantity of stimulants?

Figure 135 – Restrictions in Place to Limit the Quantity of Stimulants

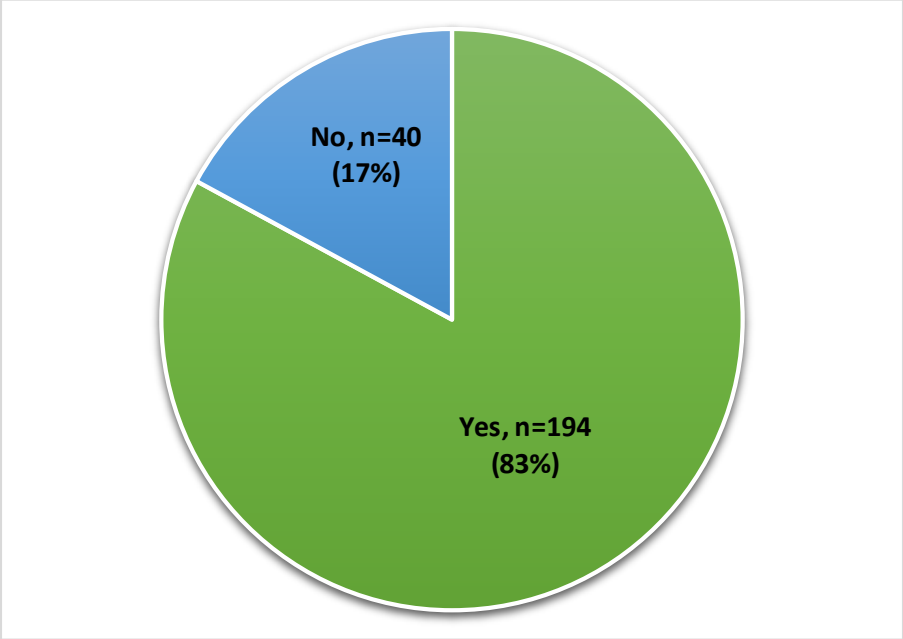

Table 131 – Restrictions in Place to Limit the Quantity of Stimulants

Response	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (2), California (23), Colorado (1), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (6), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (1), Massachusetts (5), Minnesota (7), Mississippi (3), Nebraska (1), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), North Dakota (1), Ohio (5), Oregon (18), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Virginia (6), Washington (5)	194	82.91%
No	Arkansas (1), California (3), Colorado (1), Illinois (1), Louisiana (4), Maryland (9), Michigan (11), Minnesota (1), Nebraska (2), New York (1), Oregon (2), Utah (4)	40	17.09%
National Totals		**234**	**100%**

4. Do you have a documented program in place to either manage or monitor the appropriate use of stimulant drugs in children?

Figure 136 – Documented Program in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

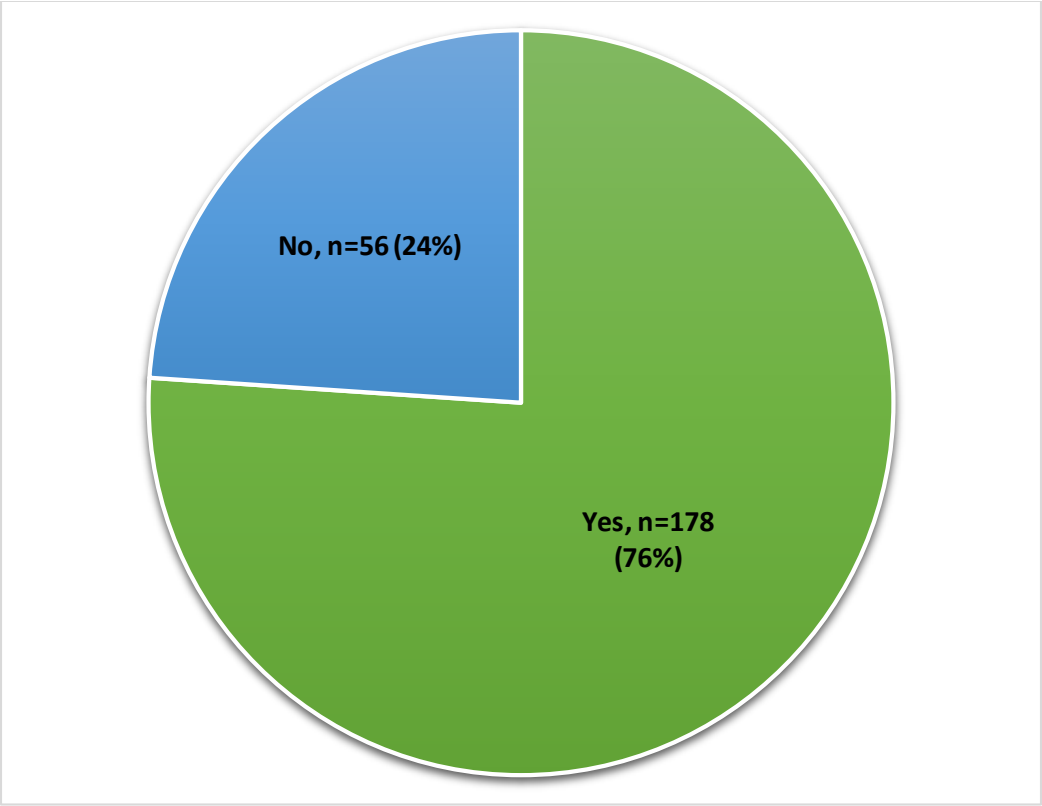

Table 132 – Documented Program in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

Responses	States (Count of MCOs)	Total	Percent of Total
Yes	Arkansas (3), California (19), Delaware (2), District of Columbia (3), Florida (15), Georgia (4), Hawaii (4), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (2), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (17), Ohio (5), Oregon (16), Pennsylvania (6), Rhode Island (2), South Carolina (5), Texas (16), Virginia (5), Washington (5)	178	76.07%
No	California (7), Colorado (2), District of Columbia (1), Florida (1), Hawaii (2), Illinois (3), Maryland (9), Michigan (10), Minnesota (6), New York (1), North Dakota (1), Oregon (4), Pennsylvania (2), Rhode Island (1), Texas (1), Utah (4), Virginia (1)	56	23.93%
National Totals		**234**	**100%**

a. Does your MCO either manage or monitor:

Figure 137 – Categories of Children Either Managing or Monitoring the Appropriate Use of Stimulant Drugs

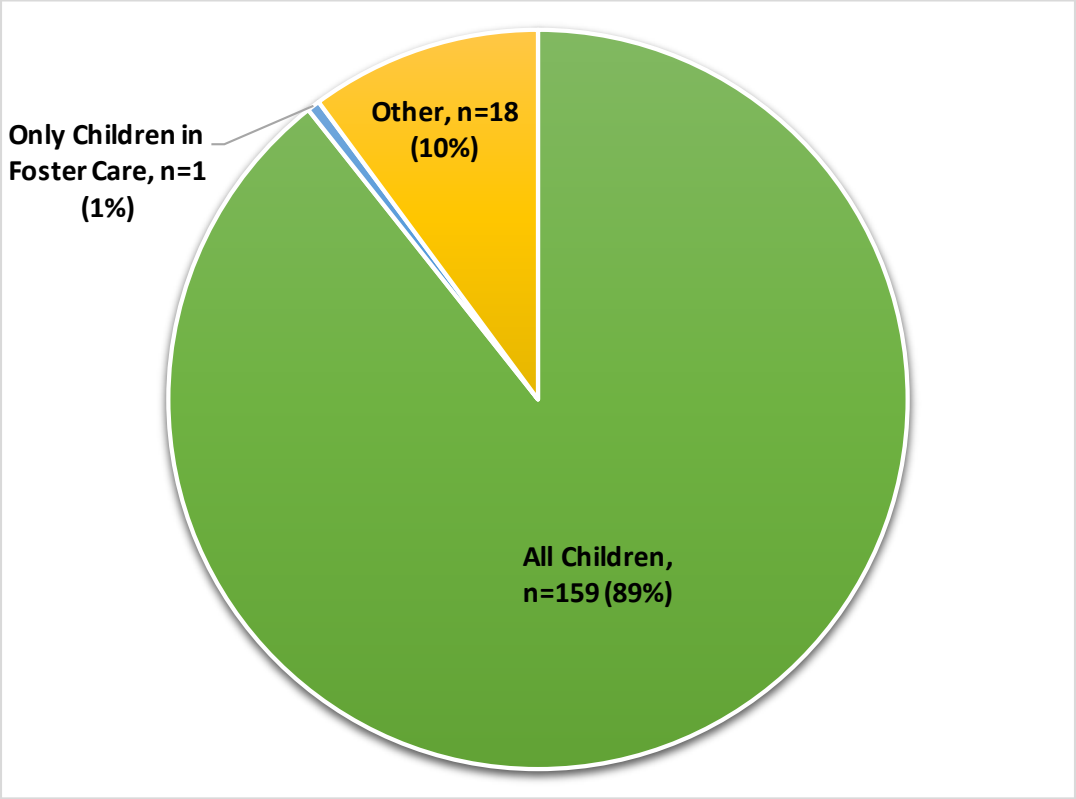

Table 133 – Categories of Children Either Managing or Monitoring the Appropriate Use of Stimulant Drugs

Response	States (Count of MCOs)	Total	Percent of Total
All children	Arkansas (3), California (16), Delaware (2), District of Columbia (3), Florida (13), Georgia (4), Hawaii (4), Illinois (4), Indiana (4), Iowa (2), Kansas (2), Kentucky (5), Louisiana (4), Massachusetts (5), Minnesota (2), Mississippi (2), Nebraska (2), Nevada (2), New Hampshire (3), New Jersey (4), New Mexico (3), New York (16), Ohio (4), Oregon (16), Pennsylvania (4), Rhode Island (1), South Carolina (5), Texas (15), Virginia (4), Washington (5)	159	89.33%
Only children in foster care	Michigan (1)	1	0.56%
Other	California (3), Florida (2), Kansas (1), Louisiana (1), Mississippi (1), Nebraska (1), Nevada (1), New Jersey (1), New York (1), Ohio (1), Pennsylvania (2), Rhode Island (1), Texas (1), Virginia (1)	18	10.11%
National Totals		**178**	**100%**

b. Do you have edits in place to monitor:

Figure 138 – Edits in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

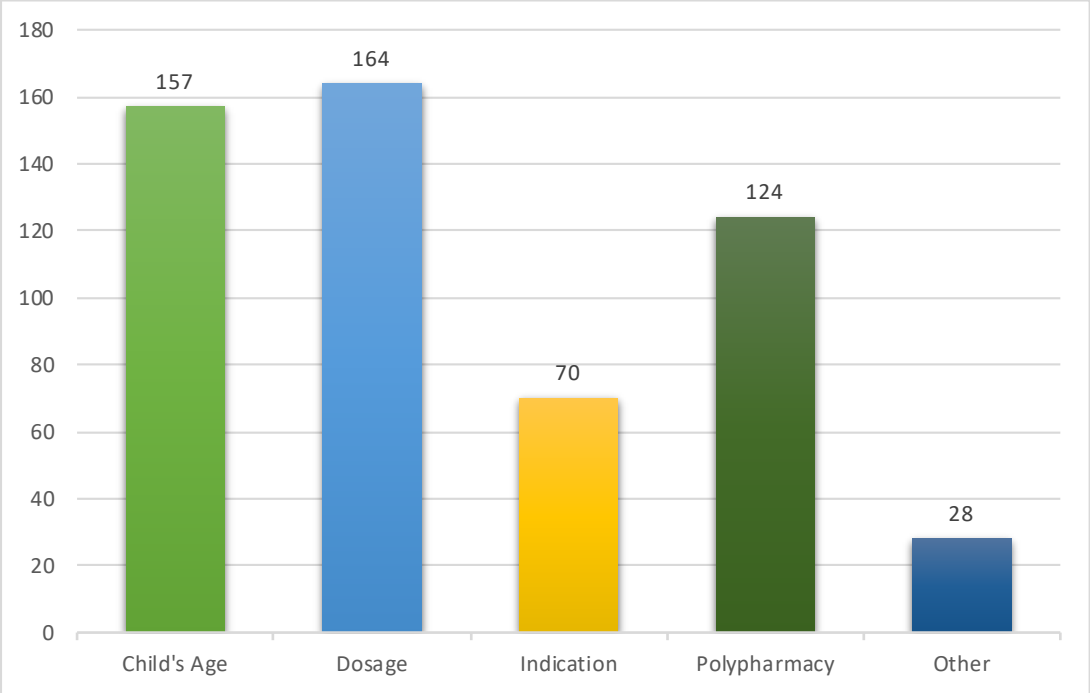

Table 134 – Edits in Place to Either Manage or Monitor the Appropriate Use of Stimulant Drugs in Children

Response	States (Count of MCOs)	Total	Percent of Total
Child's Age	Arkansas (3), California (13), Delaware (2), District of Columbia (2), Florida (13), Georgia (4), Hawaii (3), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Massachusetts (5), Michigan (1), Minnesota (1), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (15), Ohio (5), Oregon (10), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (16), Virginia (5), Washington (5)	157	28.91%
Dosage	Arkansas (3), California (17), Delaware (2), District of Columbia (2), Florida (14), Georgia (4), Hawaii (4), Illinois (4), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (4), Massachusetts (5), Michigan (1), Minnesota (1), Mississippi (2), Nebraska (3), Nevada (3), New Hampshire (2), New Jersey (5), New Mexico (3), New York (14), Ohio (5), Oregon (15), Pennsylvania (5), Rhode Island (1), South Carolina (5), Texas (16), Virginia (5), Washington (5)	164	30.20%
Indication	Arkansas (1), California (4), Delaware (1), District of Columbia (1), Florida (4), Georgia (2), Hawaii (3), Indiana (2), Kansas (1), Kentucky (2), Louisiana (5), Massachusetts (2), Mississippi (2), Nebraska (3), Nevada (1), New Hampshire (1), New Jersey (3), New York (6), Ohio (1), Oregon (2), Pennsylvania (3), Rhode Island (1), South Carolina (1), Texas (13), Virginia (2), Washington (3)	70	12.89%

Response	States (Count of MCOs)	Total	Percent of Total
Polypharmacy	Arkansas (3), California (10), Delaware (1), District of Columbia (2), Florida (9), Georgia (3), Hawaii (4), Illinois (2), Indiana (3), Kansas (2), Kentucky (3), Louisiana (3), Massachusetts (5), Michigan (1), Minnesota (1), Mississippi (1), Nebraska (3), Nevada (2), New Hampshire (2), New Jersey (4), New Mexico (3), New York (13), Ohio (3), Oregon (6), Pennsylvania (6), Rhode Island (1), South Carolina (5), Texas (15), Virginia (3), Washington (5)	124	22.84%
Other	California (3), District of Columbia (1), Florida (3), Georgia (1), Indiana (2), Kansas (3), Kentucky (1), Louisiana (1), Minnesota (1), Mississippi (1), New Hampshire (1), New Jersey (1), New York (1), Oregon (1), Pennsylvania (2), Rhode Island (1), Texas (1), Virginia (1), Washington (2)	28	5.16%
National Totals		**543**	**100%**

c. Please briefly explain the specifics of your documented stimulant monitoring program(s).

Please reference individual state MCO reports on Medicaid.gov for more information.

If "No," please continue.

d. Does your MCO plan on implementing a program in the future?

Figure 139 – Future Implementation of a Stimulant Monitoring Program

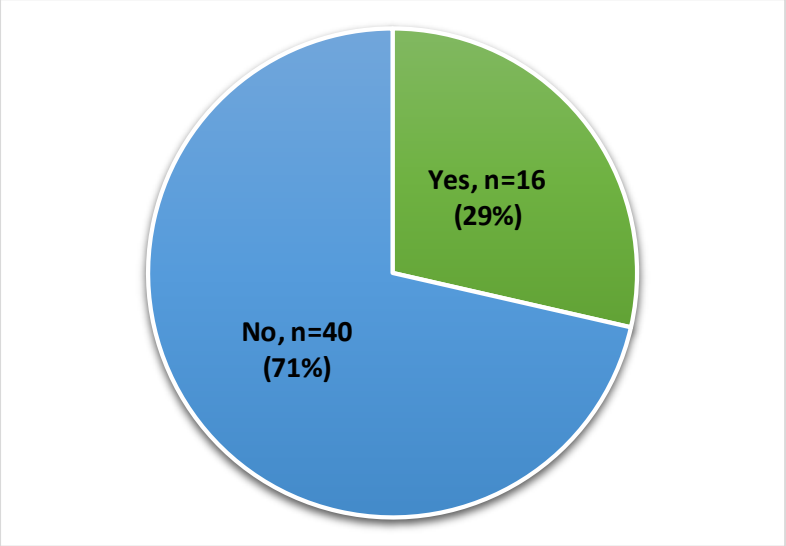

Table 135 – Future Implementation of a Stimulant Monitoring Program

Response	States (Count of MCOs)	Total	Percent of Total
Yes	California (4), Colorado (2), District of Columbia (1), Hawaii (1), Illinois (1), Maryland (1), Minnesota (2), Oregon (2), Utah (1), Virginia (1)	16	28.57%
No	California (3), Florida (1), Hawaii (1), Illinois (2), Maryland (8), Michigan (10), Minnesota (4), New York (1), North Dakota (1), Oregon (2), Pennsylvania (2), Rhode Island (1), Texas (1), Utah (3)	40	71.43%
National Totals		**56**	**100%**

If "Yes," please specify when you plan on implementing a program to monitor the appropriate use of stimulant drugs in children.

Please reference individual state MCO reports on Medicaid.gov for more information.

If "No," please explain why you will not be implementing a program to monitor the appropriate use of stimulant drugs in children.

Please reference individual state MCO reports on Medicaid.gov for more information.

VIII - Innovative Practices

1. Does your MCO participate in any demonstrations or have any waivers to allow importation of certain drugs from Canada or other countries that are versions of FDA-approved drugs for dispensing to Medicaid Beneficiaries?

Figure 140 – MCO Participates in Demonstrations/Have Waivers to Allow Importation of Certain Drugs from Other Countries that are FDA-Approved for Dispensing to Medicaid Beneficiaries

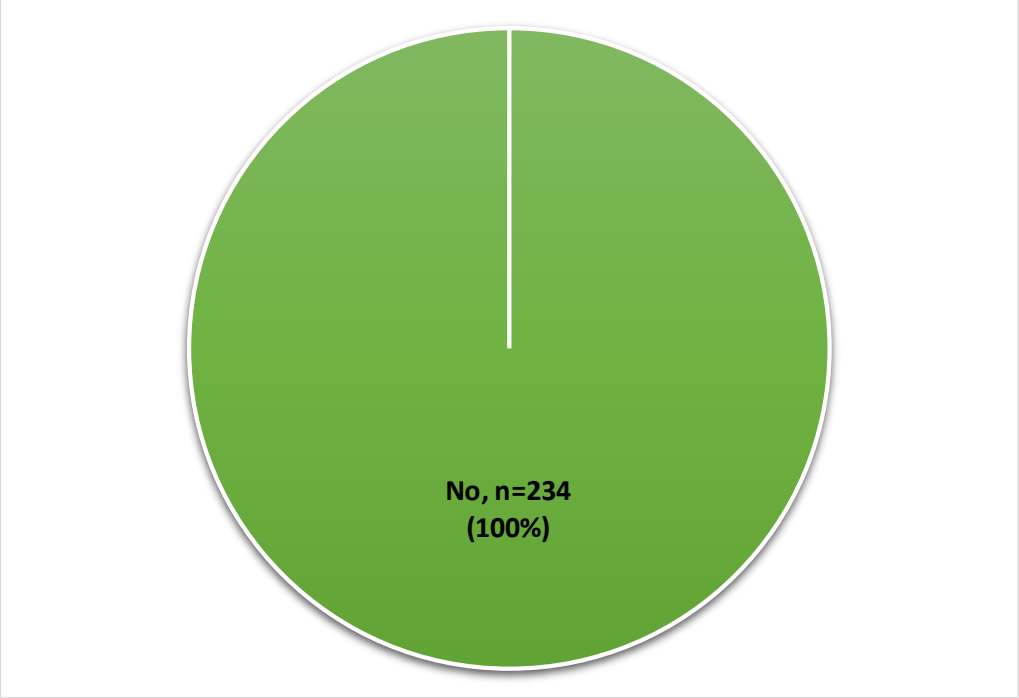

Table 136 – MCO Participates in Demonstrations/Have Waivers to Allow Importation of Certain Drugs from Other Countries that are FDA-Approved for Dispensing to Medicaid Beneficiaries

Response	States (Count of MCOs)	Total	Percent of Total
No	Arkansas (3), California (26), Colorado (2), Delaware (2), District of Columbia (4), Florida (16), Georgia (4), Hawaii (6), Illinois (7), Indiana (4), Iowa (2), Kansas (3), Kentucky (5), Louisiana (5), Maryland (9), Massachusetts (5), Michigan (11), Minnesota (8), Mississippi (3), Nebraska (3), Nevada (3), New Hampshire (3), New Jersey (5), New Mexico (3), New York (18), North Dakota (1), Ohio (5), Oregon (20), Pennsylvania (8), Rhode Island (3), South Carolina (5), Texas (17), Utah (4), Virginia (6), Washington (5)	234	100.00%
National Totals		**234**	**100%**

2. Summary 4: Innovative Practices

Have you developed any innovative practices during the past year (i.e. Substance Use Disorder, Hepatitis C, Cystic Fibrosis, MMEs, Value Based Purchasing)? Please describe in detailed narrative any innovative practices that you believe have improved the administration of your DUR program, the appropriateness of prescription drug use and/or have helped to control costs (i.e. disease management, academic detailing, automated PA, continuing education programs).

Please reference individual state MCO reports on Medicaid.gov for more information.

IX - Executive Summary

Summary 5: Executive Summary

Please include a general overview and summary of program highlights from FFY 2020 as well as objectives, tools and outcomes of initiatives accomplished, and goals for FFY 2020. Include a summary of program oversight and initiatives.

Please reference individual state MCO reports on Medicaid.gov for more information.