



National
Medicaid Managed Care
(with Carved-out Pharmacy Benefit)
FFY 2023 Annual Abbreviated
Drug Utilization Review Report

This National Abbreviated Report on Managed Care Plans (MCPs) covers the period from October 1, 2022 to September 30, 2023. MCPs provided a condensed version of the standard DUR survey in states where pharmacy benefits are managed through the Fee-For-Service (FFS) program. The surveyed MCPs generally only have the portion of benefits for covered outpatient drugs (CODs) administered in doctors' offices and/or outpatient hospitals or clinics, typically undergoing only Retrospective Drug Utilization claim reviews.

PLEASE NOTE: This is an aggregate standalone report. MCPs responses to survey questions throughout the report are identified as the representative state and total MCPs responding and noted in the report as *State (Count of MCPs)*. State MCP Abbreviated report (Individual MCP Abbreviated reports are not posted) attachments, detailed summaries, "other" explanations and narratives pertaining to responses throughout the report can be found on [Medicaid.gov](https://www.Medicaid.gov).

Executive Summary

National Medicaid Drug Utilization Review (DUR)

Managed Care Abbreviated

Federal Fiscal Year (FFY) 2023 Annual Report

(FFY 2023 Data: October 2022-September 2023)

42 C.F.R. § 438.3(s)(4) and (5) require state contracts with any managed care organization (MCO), prepaid inpatient health plan (PIHP), or prepaid ambulatory health plan (PAHP) that covers covered outpatient drugs (CODs) to require these managed care plans (MCPs) to operate a drug utilization review (DUR) program that complies with section 1927(g) of the Act and 42 CFR part 456, subpart K, and submit an annual report on the operation of its DUR program activities.¹

This national Medicaid DUR managed care abbreviated report is a truncated version of the traditional managed care report, tailored for states with MCPs where pharmacy benefits are managed through the state's fee-for-service (FFS) program. This is the first report that compares state-wide responses from these entities. Managed care abbreviated reports offer insight into managed care DUR programs in states with FFS pharmacy benefits. These reports cover the nature and scope of these programs, summarize retrospective DUR (RetroDUR)² interventions, analyze educational efforts, and assess the impact of DUR programs on quality of care.

MCPs with carved-out³ pharmacy benefits may have the portion of benefits for CODs administered in a doctor's office and/or outpatient hospital or clinic. Unlike medications dispensed through retail or mail-order, which are reviewed using Prospective DUR (ProDUR)⁴ tools, drugs administered in clinical settings are generally only subject to RetroDUR. If traditional drug benefits are not part of the benefit package, then the MCP would not be required to have a ProDUR program unless they review a Healthcare Common Procedure Coding System (HCPCS)⁵ request for clinical appropriateness and have a DUR component embedded in that process. However, when drug benefits are managed separately, file transfers of drug claims are expected to ensure coordination of care.

This national managed care abbreviated report covers the period October 1, 2022 to September 30, 2023. CODs are referenced throughout this survey. The definition of a COD can be found at section 1927(k) of the Social Security Act and generally refers to drugs used for a "medically accepted indication" manufactured by labelers participating in the Medicaid Drug Rebate Program (MDRP). If all CODs in Section 1927(g) of the Act are included in FFS pharmacy benefits, the completion of the managed care abbreviated survey is voluntary.⁶

A high-level comparison of states' DUR managed care abbreviated survey responses can be found in this report summary. Detailed individual state responses including this national summary report can also be found on [Medicaid.gov](https://www.medicaid.gov).

I. Enrollee Information

Nine (9) states, encompassing 74 MCPs have submitted a FFY 2023 Medicaid DUR managed care

¹ For the purposes of this report, MCP references MCOs, managed care entities (MCE), PAHPs and PIHPs.

² RetroDUR is a retrospective review of drug therapy after the patient has received the medication.

³ "Carve-out" is a term used to describe MCPs with pharmacy benefits managed by the state's FFS program.

⁴ ProDUR is the process of evaluating a patient's planned drug therapy before a medication is dispensed.

⁵ HCPCS is a national coding system that uses standardized codes to represent medical procedures, services, products, and supplies.

⁶ All data presented within these reports originate from state responses to the FFY 2023 managed care abbreviated DUR survey.

abbreviated annual survey including data from October 1, 2022 - September 30, 2023. Fifty-four (54) MCPs completed the entire survey as 19 MCPs in Missouri and Wisconsin indicated all of their CODs in Section 1927(g) of the Act were included in their FFS pharmacy benefits. Additionally, one (1) MCP from New York (NY) voluntarily completed this survey regardless of having all their CODs in Section 1927(g) of the Act included in their FFS pharmacy benefit. Therefore, fifty-five (55) MCPs, in total, completed this managed care abbreviated survey. The information in this report is focused on national Medicaid DUR managed care abbreviated activities.

- FFY 2023 reported responses include 25,703,380 beneficiaries enrolled nationally in the managed care abbreviated state Medicaid programs.⁷

II. Retrospective DUR (RetroDUR)

RetroDUR involves an ongoing periodic examination of claims data, when applicable, after a prescription has been dispensed to identify patterns of fraud, abuse, gross overuse, medically unnecessary care, and implementation of corrective action(s). The RetroDUR process allows states to use evidence-based literature, clinical data, and existing guidelines, to evaluate patients' prescription data to identify patterns of clinical concerns. These managed care abbreviated state Medicaid programs utilize multiple committees and combinations thereof to include, but not limited to a combination of medical and pharmacy directors, MCP DUR Boards, MCP Pharmacy and Therapeutics (P&T) Board, MCP pharmacy managers, and state DUR Boards to review and approve their RetroDUR criteria.

III. Physician-Administered Drugs (PAD)

PADs are drugs that are covered outpatient drugs under section 1927(k)(2) of the Social Security Act and are administered by a medical professional in a physician's office or other outpatient clinical setting. According to FFY 2023, 27 MCPs (49%) have incorporated PAD into their criteria for RetroDUR reviews while 5 MCPs (18%) plan to incorporate PAD in their RetroDUR reviews in the future.

IV. Fraud, Waste and Abuse (FWA) Detection

A. Lock-in or Patient Review and Restriction Programs

According to FFY 2023 responses, 54 managed care plans (98%) reported having processes in place to identify potential fraud or abuse of controlled substances by beneficiaries. Additionally, 29 MCPs (53%) have a lock-in program for beneficiaries. While the title of this subsection refers to lock-in and Patient Review and Restriction Programs, the survey includes questions also related to the processes used by programs to identify potential fraud or abuse by providers. Fifty-one (51) MCPs (93%) have a documented process in place that identifies possible fraud or abuse of controlled drugs by prescribers and 46 MCPs (84%) have a documented process in place that identifies potential fraud or abuse of controlled drugs by pharmacy providers. These reviews initiate actions such as denying claims written by that prescriber, denying claims submitted by that pharmacy, alerting the state integrity or compliance unit, and/or making referrals to the appropriate licensing board.

B. Prescription Drug Monitoring Program (PDMP)

PDMPs are statewide electronic databases that collect designated data on controlled substances that are prescribed and 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

⁷ In FFY 2023, the California Medicaid program carved-out their pharmacy benefits from all their managed care programs and transitioned all pharmacy services to their fee-for-service (FFS) program. Louisiana and Ohio carved-out their pharmacy benefits from some of their managed care programs.

controlled substances. MCP responses indicate:

- 27 MCPs (49%) have the ability to query the state's PDMP database. Most of the 51% of MCPs not having the ability to query the state's database cited applicable state law and regulations not authorizing managed care plans as PDMP users.
- Of the 27 MCPs with the ability to query the state's database, 16 MCPs (60%) have access to contiguous states' PDMP Information.
- 38 MCPs (69%) confirm there are numerous barriers that hinder their MCP from fully accessing the state PDMP to curb fraud and abuse. Some of these barriers include, but are not limited to:
 - State law and regulations surrounding PDMP access.
 - Prescribers not accessing or routinely checking the PDMP.
 - Pharmacists unable to view prescription history before filling script.
 - Lag time in prescription data being submitted.
 - Inability to access border state PDMP information.

C. Opioids

The FFY 2023 managed care abbreviated survey queried MCPs on a number of opioid-related questions. Noteworthy MCP responses include, but are not limited to:

- 48 MCPs (87%) coordinate with the entity that provides the drug benefit to monitor opioid prescriptions including, but not limited to duplicate therapy, early refills and quantity limits.
- 40 MCPs (73%) have a comprehensive automated retrospective claim reviews process to monitor opioid prescriptions exceeding state defined limitations.
- 42 MCPs (76%) coordinate with the entity that provides the drug benefits to monitor opioids and benzodiazepines being used concurrently.
- 39 MCPs (71%) coordinate with the entity that provides the drug benefits to monitor opioids and sedatives being used concurrently.
- 41 MCPs (75%) coordinate with the entity that provides the drug benefits to monitor opioids and antipsychotics being used concurrently.
- 41 MCPs (75 %) have safety edits or perform automated retrospective claims reviews and/or provider education regarding beneficiaries with a diagnosis or history of opioid use disorder (OUD) or opioid poisoning diagnosis.
- 51 MCPs (93%) provide prescribers with pain management or opioid prescribing guidelines.

D. Morphine Milligram Equivalent (MME) Daily Dose

The FFY 2023 managed care abbreviated survey queried MCPs as to whether they coordinate with the entity that provides drug benefits to monitor MME total daily dose of opioid prescriptions dispensed. Forty-four (44) MCPs (80%) responded they do coordinate with the entity that provides drug benefits to monitor MME total daily dose of opioid prescriptions dispensed.

E. Opioid Use Disorder (OUD) Treatment

The FFY 2023 managed care abbreviated survey queried MCPs as to whether they coordinate with the entity that provides the drug benefit to monitor and manage appropriate use of naloxone to persons at risk of overdose. Forty-four (44) MCPs (80%) responded they do coordinate with the entity that provides the drug benefit to monitor and manage appropriate use of naloxone to persons at risk of overdose.

F. Outpatient Treatment Programs (OTP)

The FFY 2023 managed care abbreviated survey queried MCPs as to whether they cover medications used for opioid use disorder (OUD) through OTPs. Thirty (30) MCPs (55%) do cover medication for OUD through OTPs. These same MCPs also responded that these medications are billed as a medical benefit.

G. Psychotropic Medication for Children

Antipsychotic Medication

According to FFY 2023 reported responses, 49 MCPs (89%) coordinate with the entity that provides the drug benefit to manage and monitor the appropriate use of antipsychotic drugs in children. Two (2) MCPs (4%) have this benefit covered through the state's FFS program.

Stimulant Medication

According to FFY 2023 reported responses, 44 MCPs (80%) coordinate with the entity that provides the drug benefit to manage and monitor the appropriate use of stimulant drugs in children. Five (5) MCPs (9%) have this benefit covered through the state's FFS program.

Antidepressant/Mood Stabilizer/Antianxiety/Sedative Medication

According to FFY 2023 reported responses, 44 MCPs (84%) coordinate with the entity that provides the drug benefit to manage and monitor the appropriate use of other psychotropic medication (antidepressants, mood stabilizers, antianxiety/sedative). Five (5) MCPs (9%) have this benefit covered through the state's FFS program.

V. Innovative Practices

There were no FFY 2023 reported narratives in the managed care abbreviated survey.

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Section I - Enrollee Information

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

Figure 1 - Number of Beneficiaries Enrolled in Each MCP (Total by State)

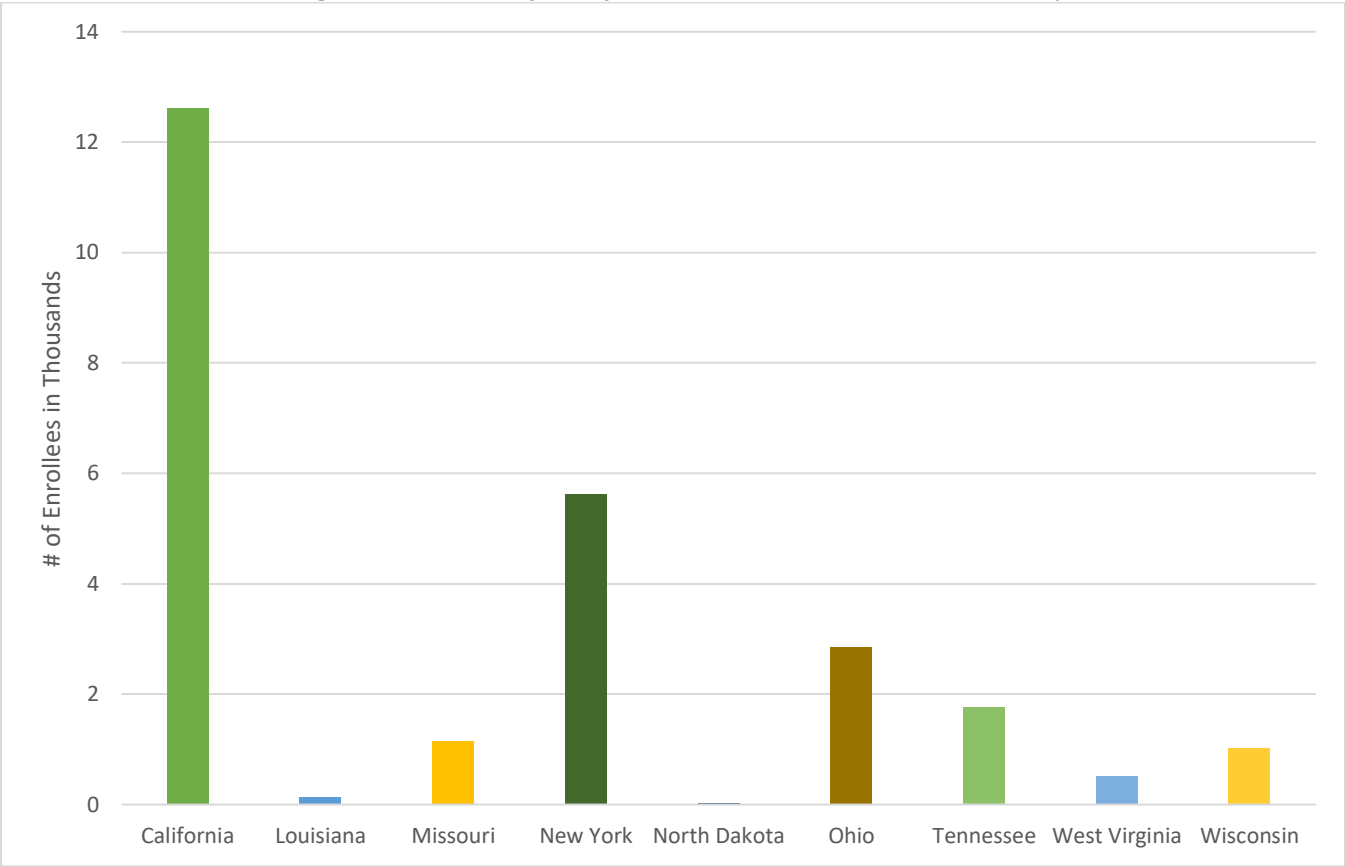


Table 1 - Number of Beneficiaries Enrolled in MCP (Total by State)

State	Number of Beneficiaries Enrolled in MCP by State
California	12,612,311
Louisiana	134,903
Missouri	1,157,936
New York	5,620,654
North Dakota	34,405
Ohio	2,850,493
Tennessee	1,767,380
West Virginia	509,215
Wisconsin	1,016,083
National Totals	25,703,380

2. Are all Section 1927(g) of the Social Security Act (the Act) covered outpatient drugs (CODs) included in Fee-for-Service (FFS) pharmacy benefits (CODs include drugs dispensed in a pharmacy, administered in a doctor's office, outpatient hospital or clinic. Drugs reimbursed at bundled/global rate are not considered outpatient drugs)? If yes, the completion of the remaining survey is voluntary.

Figure 2 - CODs Included in FFS Pharmacy Benefits

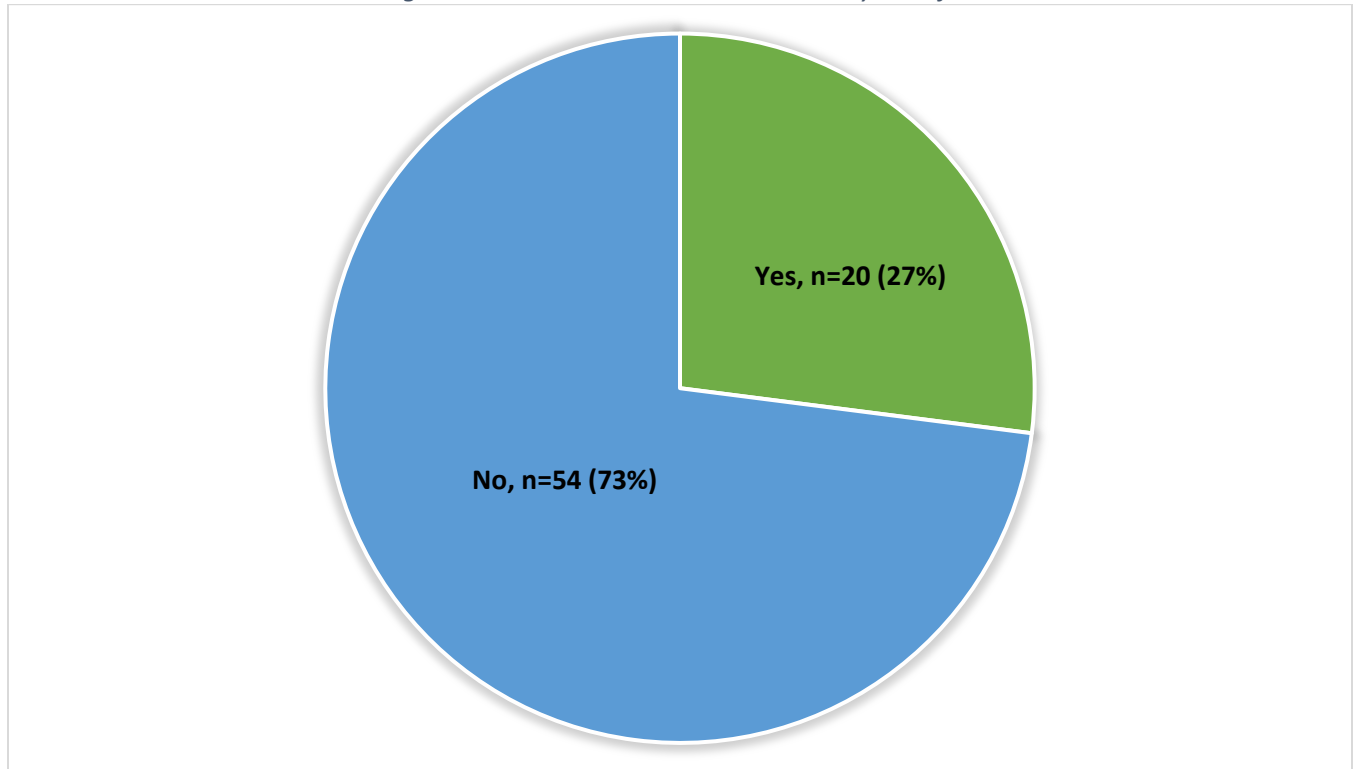


Table 2 - CODs Included in FFS Pharmacy Benefits

Response	States (Count of MCPs)	Count	Percentage
Yes	Missouri (3), New York (1), Wisconsin (16)	20	27.03%
No	California (24), Louisiana (1), New York (14), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (3)	54	72.97%
National Totals		74	100%

3. Please list what CODs are included in the benefits by your MCP (i.e., physician administered drugs (PAD), medication assisted treatment (MAT) at outpatient treatment programs (OTPs), and hospital outpatient drugs). (multiple responses allowed)

Figure 3 - CODs Included in MCP Benefits

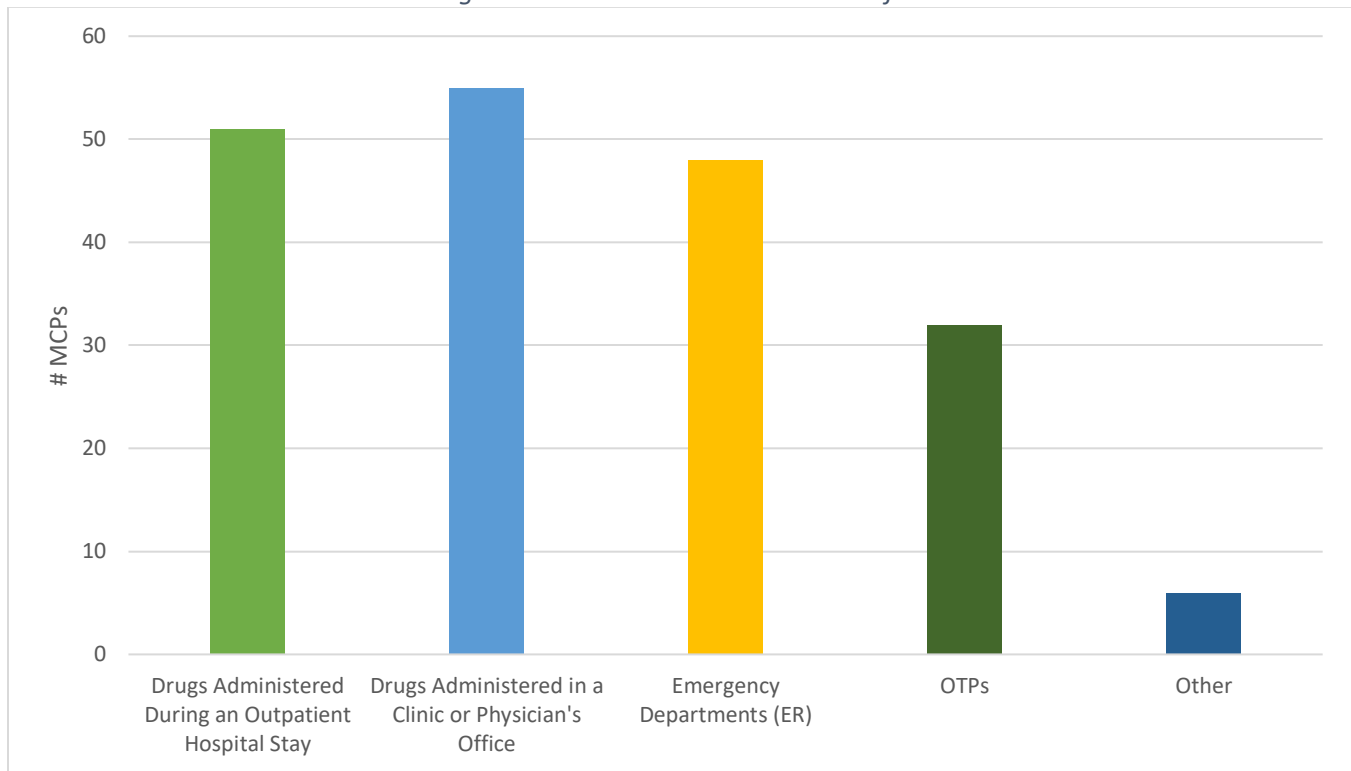


Table 3 - CODs Included in MCP Benefits

Response	States (Count of MCPs)	Count	Percentage
Drugs administered during an outpatient hospital stay	California (22), Louisiana (1), New York (13), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (3)	51	26.56%
Drugs administered in a clinic or physician's office	California (24), Louisiana (1), New York (15), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (3)	55	28.65%
Emergency Departments (ER)	California (21), Louisiana (1), New York (13), North Dakota (1), Ohio (7), Tennessee (3), West Virginia (2)	48	25.00%
OTPs	California (4), Louisiana (1), New York (13), North Dakota (1), Ohio (7), Tennessee (3), West Virginia (3)	32	16.67%
Other	California (2), New York (2), Ohio (1), West Virginia (1)	6	3.12%
National Totals		192	100%

4. What practices and policies do your MCP have in place to share information between providers?
 NOTE: It is expected that if the drug benefit is handled separately there are file transfers of the drug claim file so MCPs can coordinate that aspect of the care.

See the "State MCO Abbreviated Individual Reports" for details at [Medicaid.gov](https://www.Medicaid.gov).

5. Does your MCP have a documented process (i.e., prior authorization (PA), pharmacist or technician reviews, etc.) in place, so that the Medicaid beneficiary or the Medicaid beneficiary's prescriber may access any COD covered under your benefit plan when medically necessary?

Figure 4 - Documented Process in Place for Beneficiaries or Prescribers to Access CODs when Medically Necessary

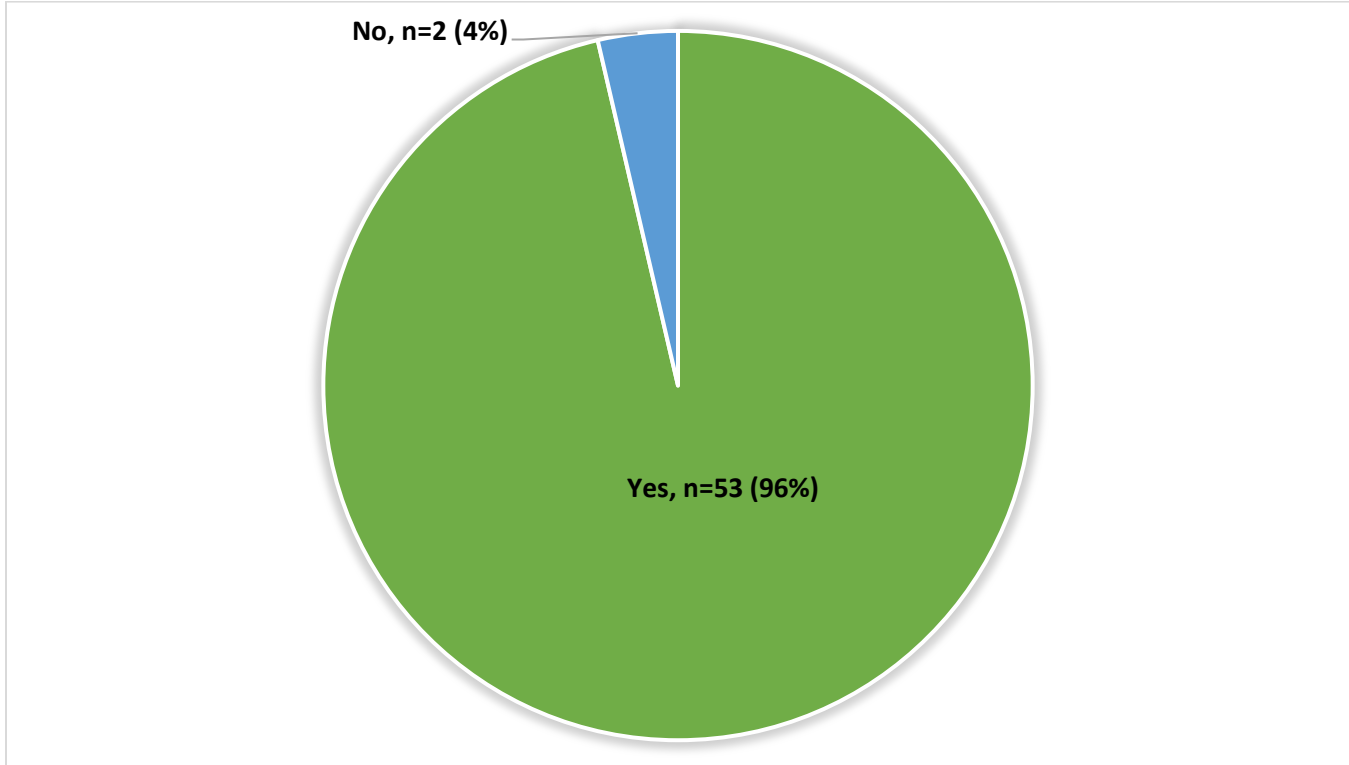


Table 4 - Documented Process in Place for Beneficiaries or Prescribers to Access CODs when Medically Necessary

Response	States (Count of MCPs)	Count	Percentage
Yes, what is the preauthorization (PA) process	California (23), Louisiana (1), New York (15), North Dakota (1), Ohio (7), Tennessee (3), West Virginia (3)	53	96.36%
No, please explain why there is not a process for the beneficiary to access a COD when it is medically necessary	California (1), Ohio (1)	2	3.64%
National Totals		55	100%

Section II - Retrospective DUR (RetroDUR)

1. Who reviews and approves the RetroDUR criteria?

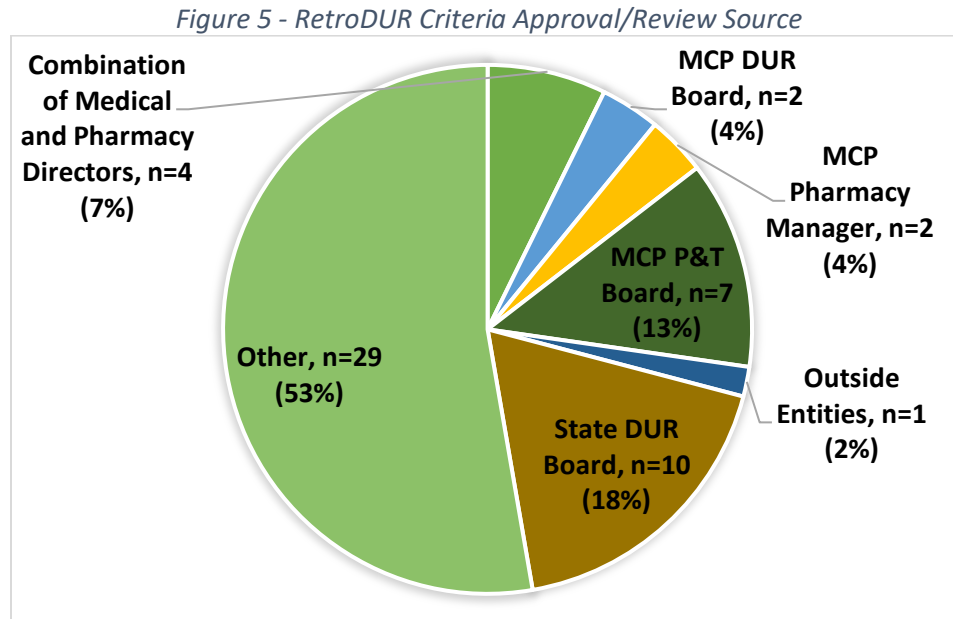


Table 5 - RetroDUR Criteria Approval/Review Source

Response	States (Count of MCPs)	Count	Percentage
Combination of medical and pharmacy directors	New York (4)	4	7.27%
MCP DUR Board	California (1), New York (1)	2	3.64%
MCP P&T Board	California (4), New York (1), Tennessee (1), West Virginia (1)	7	12.73%
MCP pharmacy manager	New York (2)	2	3.64%
Outside entities	North Dakota (1)	1	1.82%
State DUR Board	California (3), Louisiana (1), New York (4), Ohio (2)	10	18.18%
Other, please explain	California (16), New York (3), Ohio (6), Tennessee (2), West Virginia (2)	29	52.73%
National Totals		55	100%

2. Summary 1 - RetroDUR Educational Outreach

RetroDUR Educational Outreach Summary is a report on retrospective profile screening and educational opportunities during the fiscal year reported. This report should be limited to the most prominent problems with the largest number of exceptions. The results of RetroDUR screening and interventions should be included and detailed below.

See the "State MCO Abbreviated Individual Reports" for details at [Medicaid.gov](https://www.medicicaid.gov).

Section III - Physician Administered Drugs

1. 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 claims processing system been designed to evaluate the drug data supplied by the state into your RetroDUR criteria or PA reviews?

Figure 6 - Claims Processing System Designed to Evaluate State-Supplied Drug Data into RetroDUR Criteria or PA Reviews

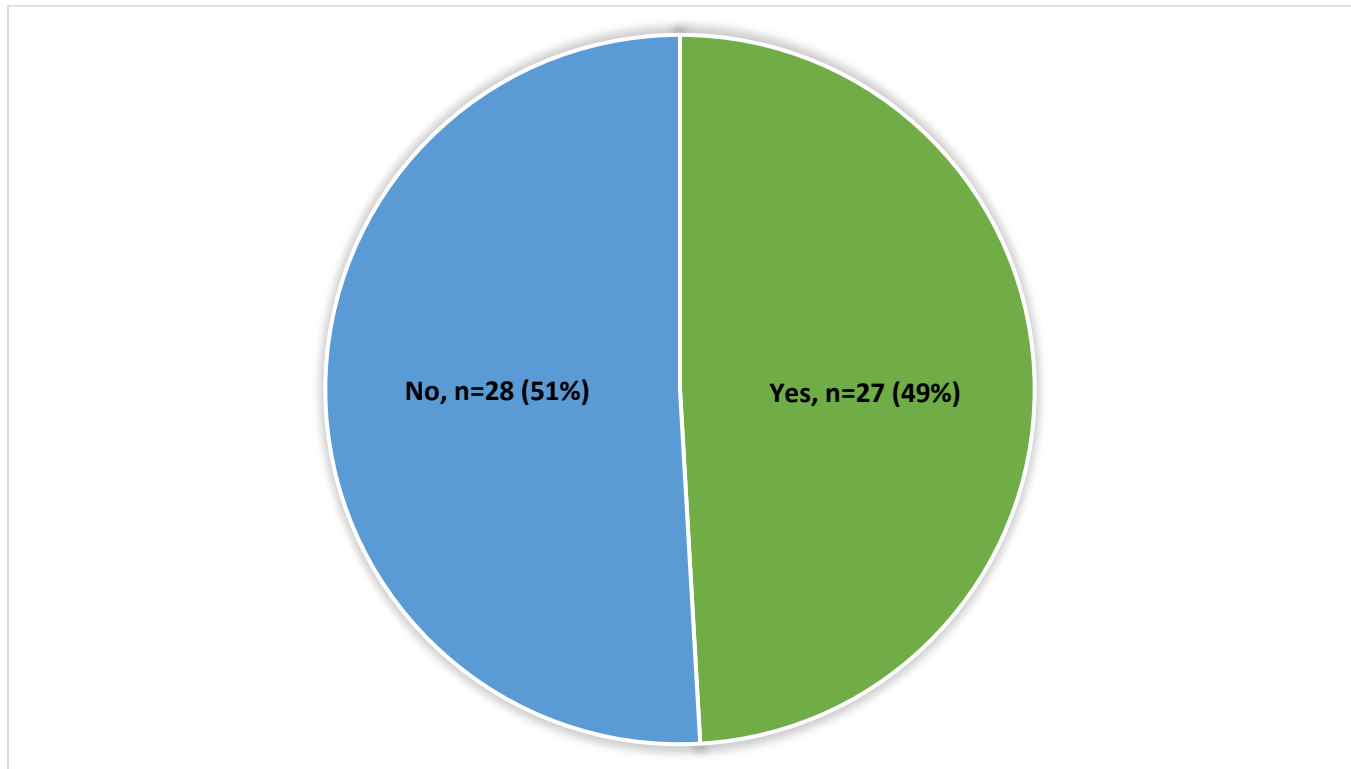


Table 6 - Claims Processing System Designed to Evaluate State-Supplied Drug Data into RetroDUR Criteria or PA Reviews

Response	State (Count of MCPs)	Count	Percentage
Yes	California (6), Louisiana (1), New York (10), North Dakota (1), Ohio (5), Tennessee (1), West Virginia (3)	27	49.09%
No	California (18), New York (5), Ohio (3), Tennessee (2)	28	50.91%
National Totals		55	100%

If “No,” does your MCP have a plan to include this information in your DUR criteria in the future?

Figure 7 - Future Plans to Incorporate Evaluation of State-Supplied Drug Data into RetroDUR Criteria or PA Reviews

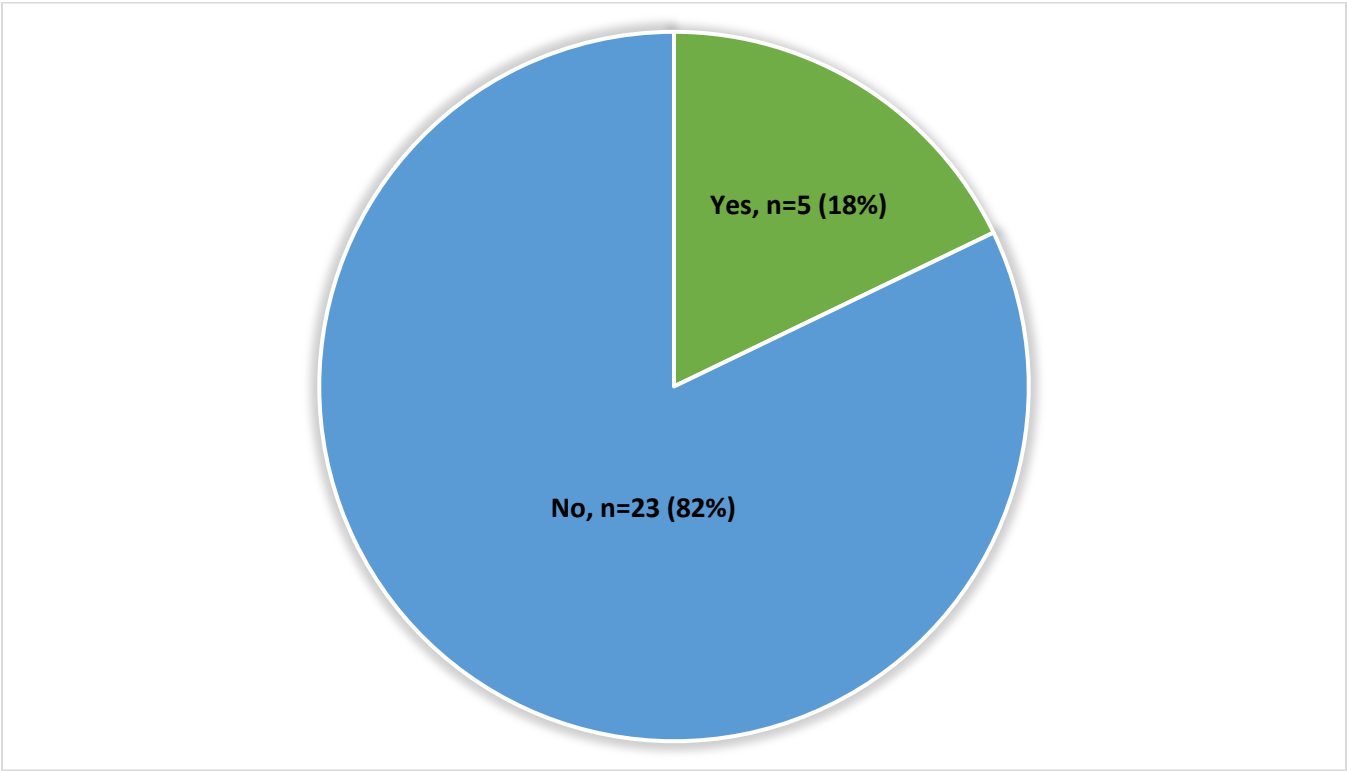


Table 7 - Future Plans to Incorporate Evaluation of State-Supplied Drug Data into RetroDUR Criteria or PA Reviews

Response	States (Count of MCPs)	Count	Percentage
Yes	New York (2), Ohio (1), Tennessee (2)	5	17.86%
No	California (18), New York (3), Ohio (2)	23	82.14%
National Totals		28	100%

Section IV - Fraud, Waste and Abuse (FWA) Detection

A. Lock-in or Patient Review and Restriction Programs

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

Figure 8 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries

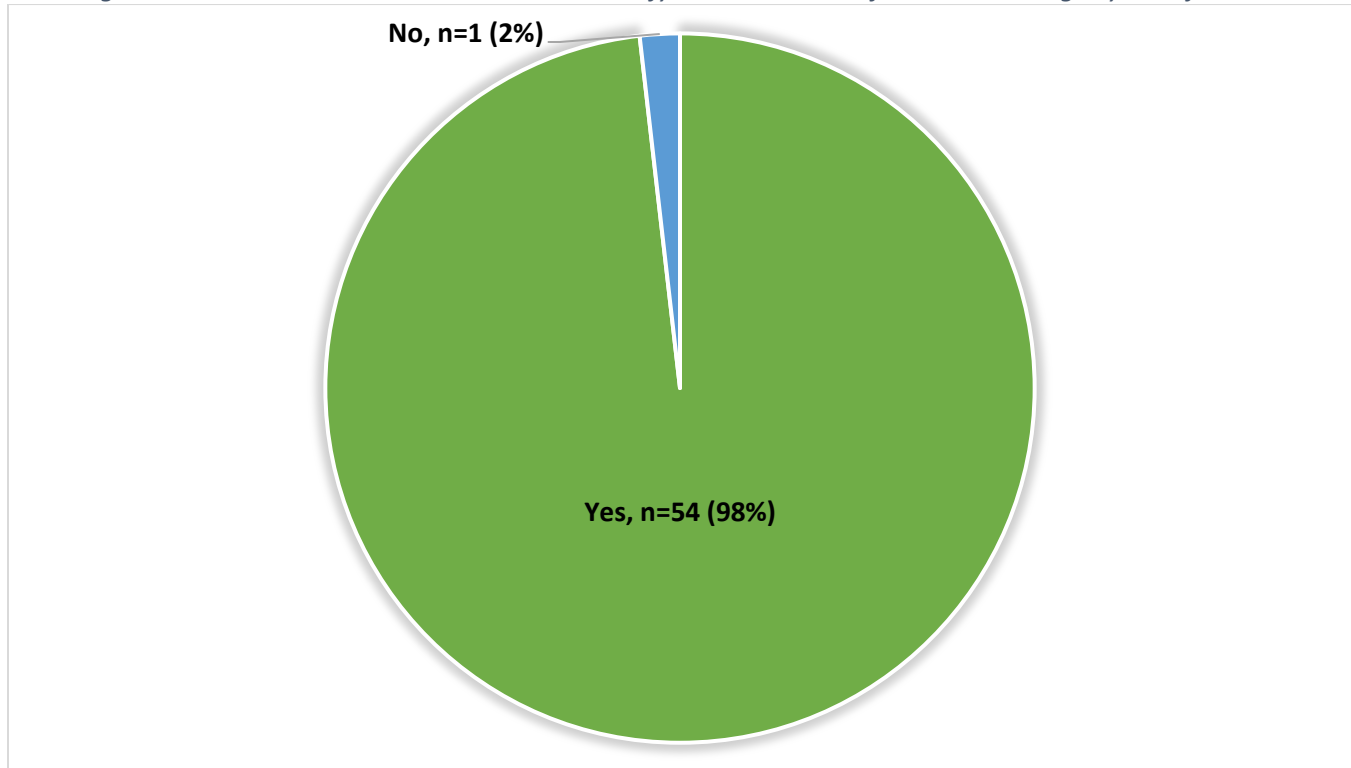


Table 8 - Documented Process in Place to Identify Potential FWA of Controlled Drugs by Beneficiaries

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), Louisiana (1), New York (15), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (2)	54	98.18%
No	West Virginia (1)	1	1.82%
National Totals		55	100%

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If “Yes,” what actions does this process initiate (multiple responses allowed)?

Figure 9 - Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

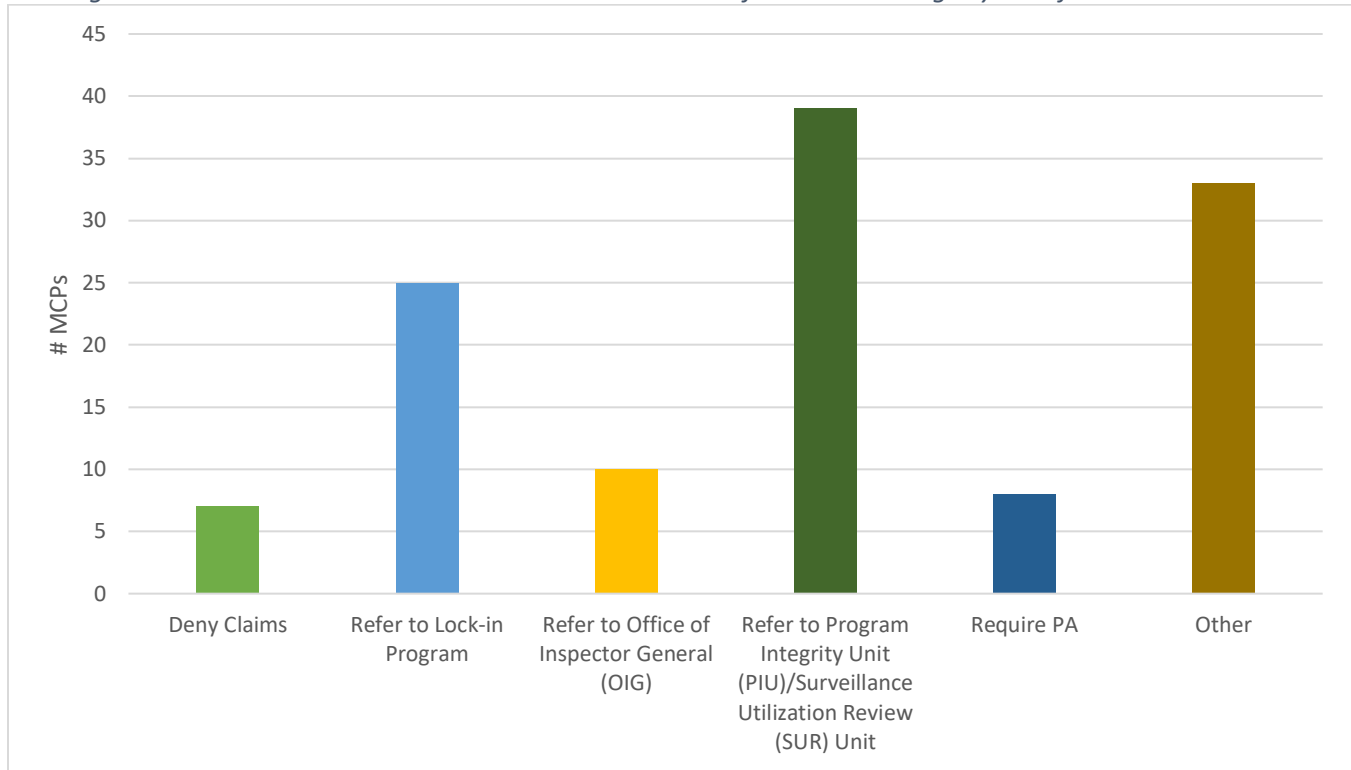


Table 9 - Actions Process Initiates when Potential FWA of Controlled Drugs by Beneficiaries is Detected

Response	States (Count of MCPs)	Count	Percentage
Deny claims	New York (3), Ohio (1), Tennessee (1), West Virginia (2)	7	5.74%
Refer to Lock-in Program	Louisiana (1), New York (15), North Dakota (1), Ohio (4), Tennessee (3), West Virginia (1)	25	20.49%
Refer to Office of Inspector General (OIG)	New York (7), Tennessee (2), West Virginia (1)	10	8.20%
Refer to Program Integrity Unit (PIU)/Surveillance Utilization Review (SUR) Unit	California (22), Louisiana (1), New York (7), Ohio (4), Tennessee (3), West Virginia (2)	39	31.97%
Require PA	California (1), New York (3), Ohio (2), Tennessee (1), West Virginia (1)	8	6.56%
Other, please explain	California (19), New York (4), North Dakota (1), Ohio (5), Tennessee (2), West Virginia (2)	33	27.05%
National Totals		122	100%

2. Does your MCP have a coordinated process in place, such as a lock-in program, for beneficiaries with potential FWA of controlled substances?

Figure 10 - Coordinated Process in Place for Beneficiaries with Potential FWA of Controlled Substances

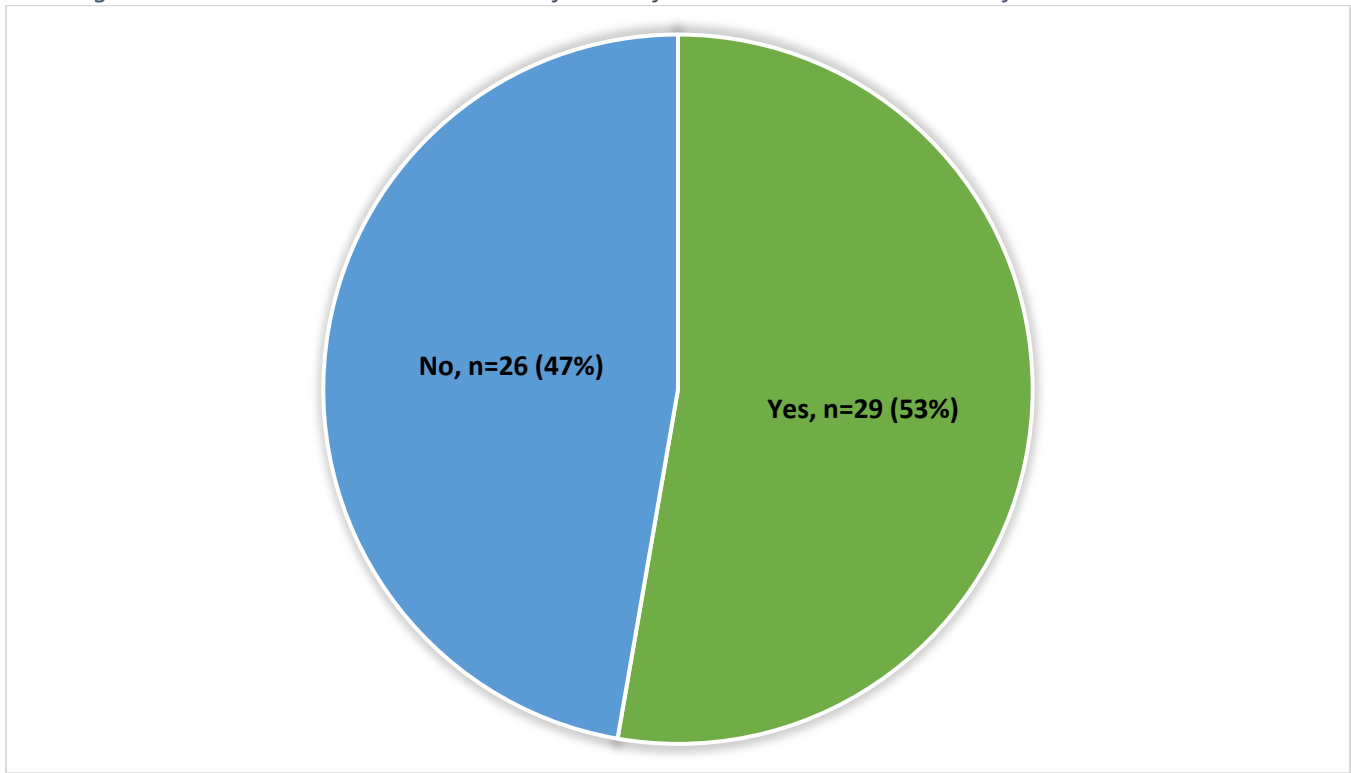


Table 10 - Coordinated Process in Place for Beneficiaries with Potential FWA of Controlled Substances

Response	States (Count of MCPs)	Count	Percentage
Yes	Louisiana (1), New York (15), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (1)	29	52.73%
No	California (24), West Virginia (2)	26	47.27%
National Totals		55	100%

a. If “Yes,” what criteria is used to identify beneficiaries with potential FWA of controlled substances (multiple responses allowed)?

Figure 11 - Criteria Used to Identify Beneficiaries with Potential FWA of Controlled Substances

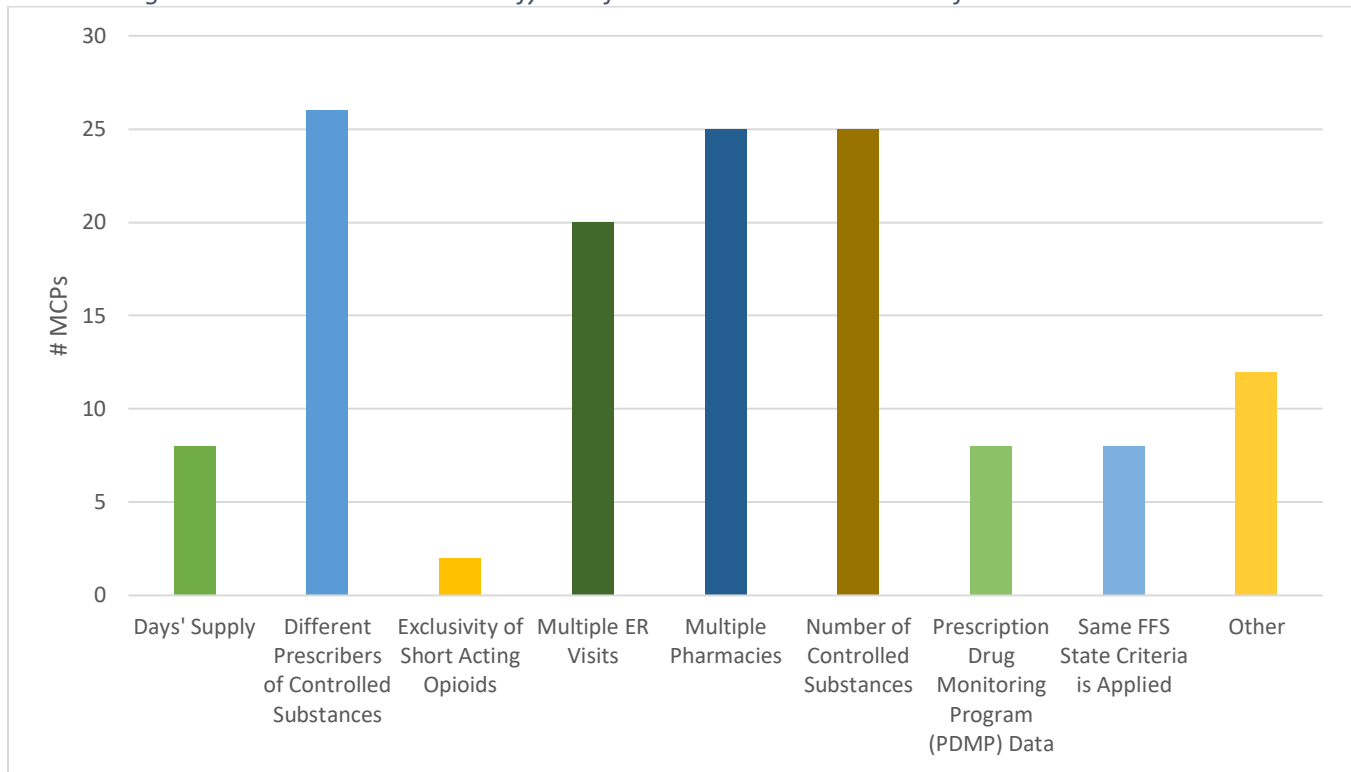


Table 11 - Criteria Used to Identify Beneficiaries with Potential FWA of Controlled Substances

Response	States (Count of MCPs)	Count	Percentage
Days' supply	New York (6), Ohio (1), Tennessee (1)	8	5.97%
Different prescribers of controlled substances	Louisiana (1), New York (15), North Dakota (1), Ohio (5), Tennessee (3), West Virginia (1)	26	19.40%
Exclusivity of short acting opioids	New York (1), Ohio (1)	2	1.49%
Multiple ER visits	New York (13), North Dakota (1), Ohio (2), Tennessee (3), West Virginia (1)	20	14.93%
Multiple pharmacies	Louisiana (1), New York (14), North Dakota (1), Ohio (5), Tennessee (3), West Virginia (1)	25	18.66%
Number of controlled substances	Louisiana (1), New York (15), Ohio (5), Tennessee (3), West Virginia (1)	25	18.66%
Prescription Drug Monitoring Program (PDMP) data	New York (1), Ohio (3), Tennessee (3), West Virginia (1)	8	5.97%
Same FFS State criteria is applied	Louisiana (1), New York (3), Ohio (4)	8	5.97%
Other, please explain	New York (5), North Dakota (1), Ohio (5), Tennessee (1)	12	8.96%
National Totals		134	100%

b. If “Yes,” does your MCP have the capability to restrict the beneficiary to a prescriber only?

Figure 12 - Prescriber Only Restriction Capability

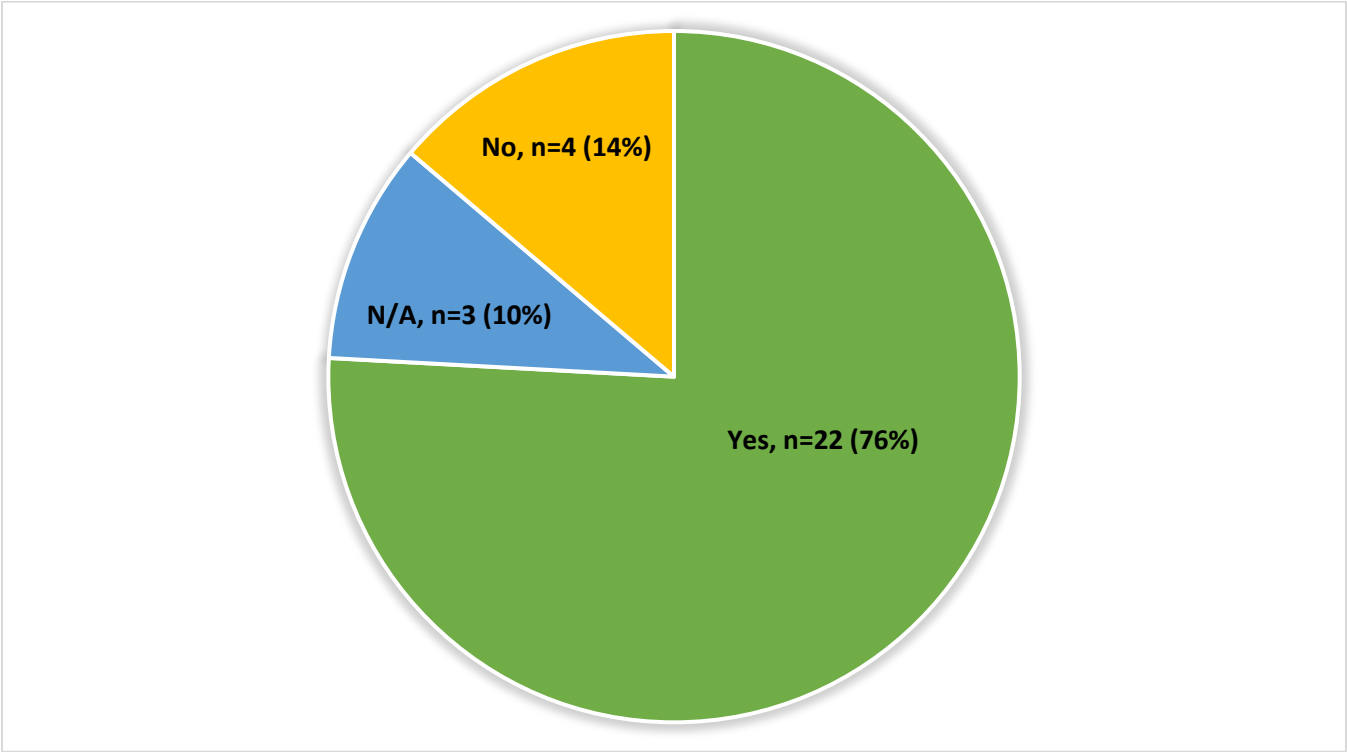


Table 12 - Prescriber Only Restriction Capability

Response	States (Count of MCPs)	Count	Percentage
Yes	Louisiana (1), New York (14), North Dakota (1), Ohio (3), Tennessee (3)	22	75.86%
N/A	New York (1), Ohio (1), West Virginia (1)	3	10.34%
No	Ohio (4)	4	13.79%
National Totals		29	100%

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

Figure 13 - Documented Process to Identify Possible FWA of Controlled Drugs by Prescribers

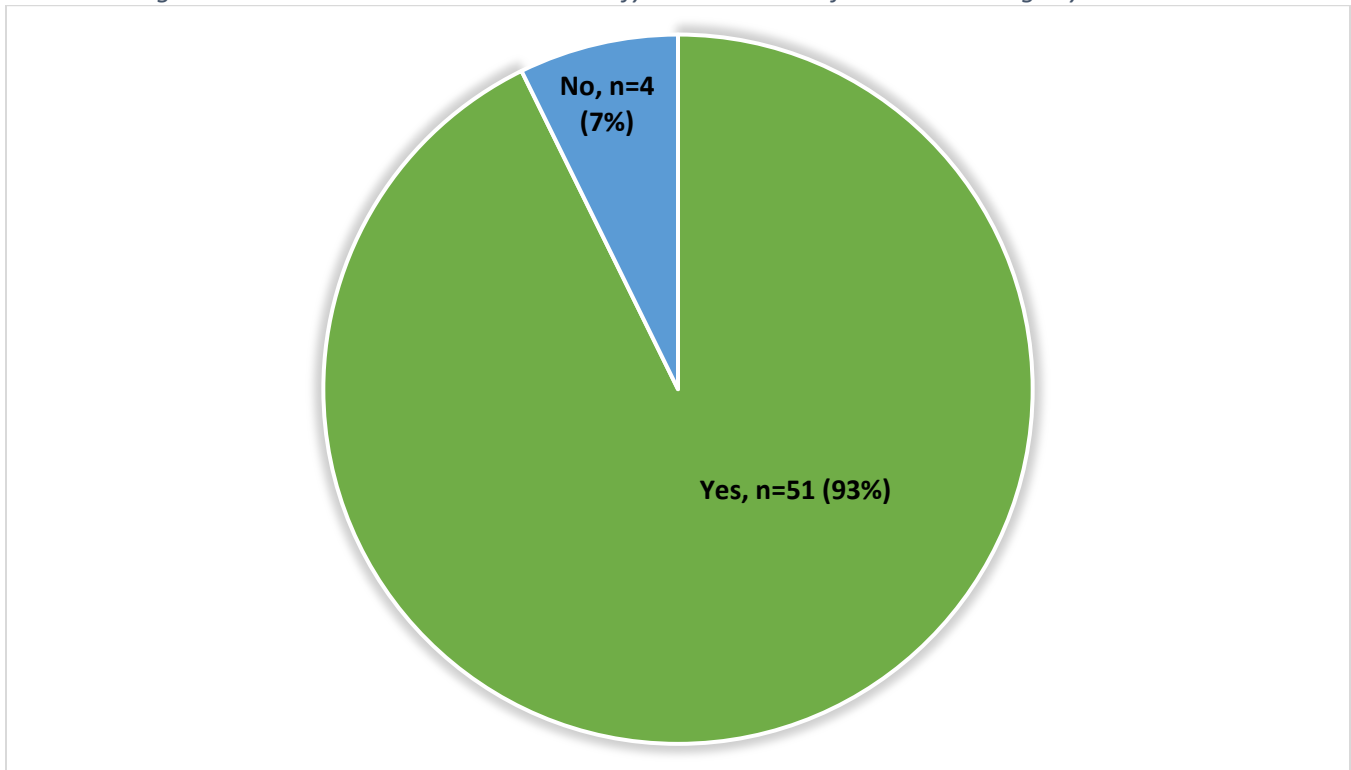


Table 13 - Documented Process to Identify Possible FWA of Controlled Drugs by Prescribers

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), Louisiana (1), New York (13), Ohio (7), Tennessee (3), West Virginia (3)	51	92.73%
No	New York (2), North Dakota (1), Ohio (1)	4	7.27%
National Totals		55	100%

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If “Yes,” what actions does this process initiate (multiple responses allowed)?

Figure 14 - Actions Process Initiates when Possible FWA of Controlled Drugs by Prescribers is Detected

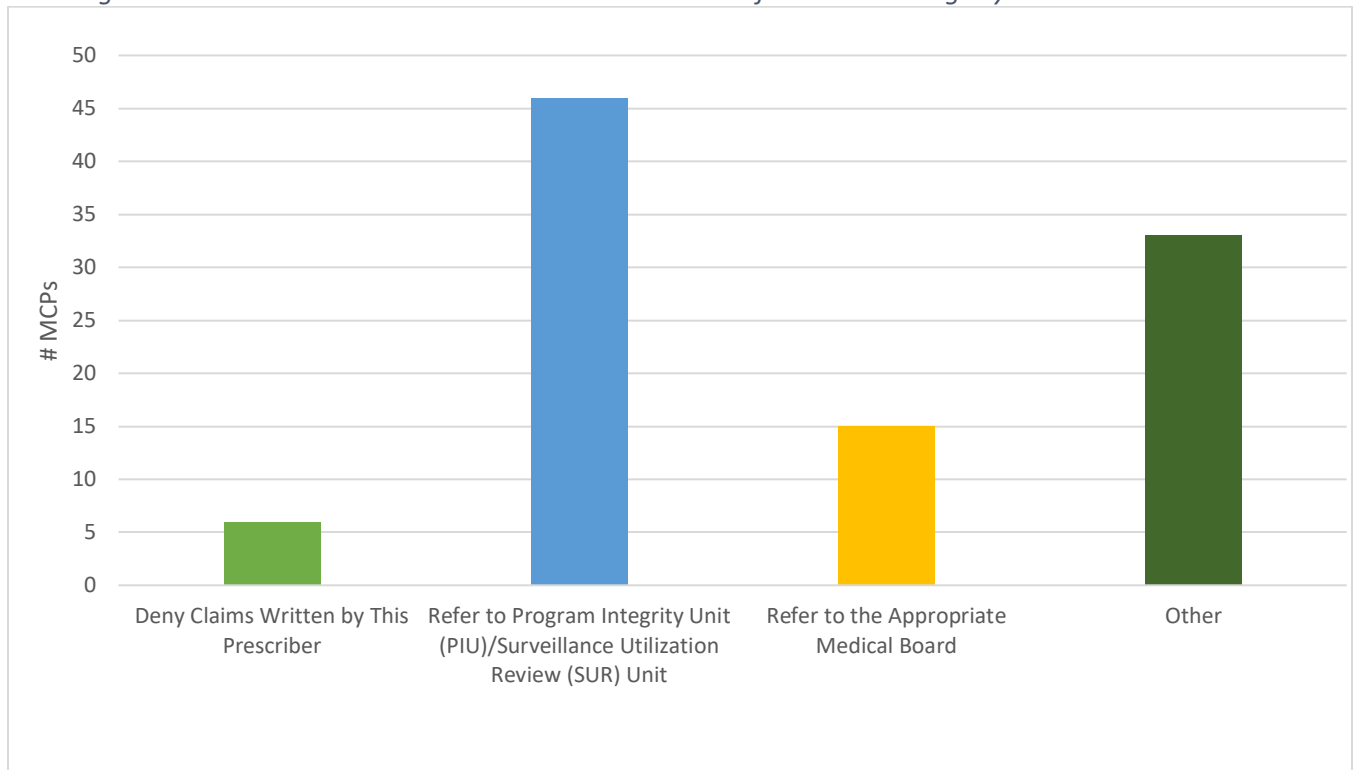


Table 14 - Actions Process Initiates when Possible FWA of Controlled Drugs by Prescribers is Detected

Response	States (Count of MCPs)	Count	Percentage
Deny claims written by this prescriber	New York (2), Ohio (1), West Virginia (3)	6	6.00%
Refer to Program Integrity Unit (PIU)/Surveillance Utilization Review (SUR) Unit	California (24), Louisiana (1), New York (10), Ohio (5), Tennessee (3), West Virginia (3)	46	46.00%
Refer to the appropriate Medical Board	California (3), New York (7), Ohio (2), Tennessee (2), West Virginia (1)	15	15.00%
Other, please explain	California (18), New York (6), Ohio (4), Tennessee (2), West Virginia (3)	33	33.00%
National Totals		100	100%

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

Figure 15 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

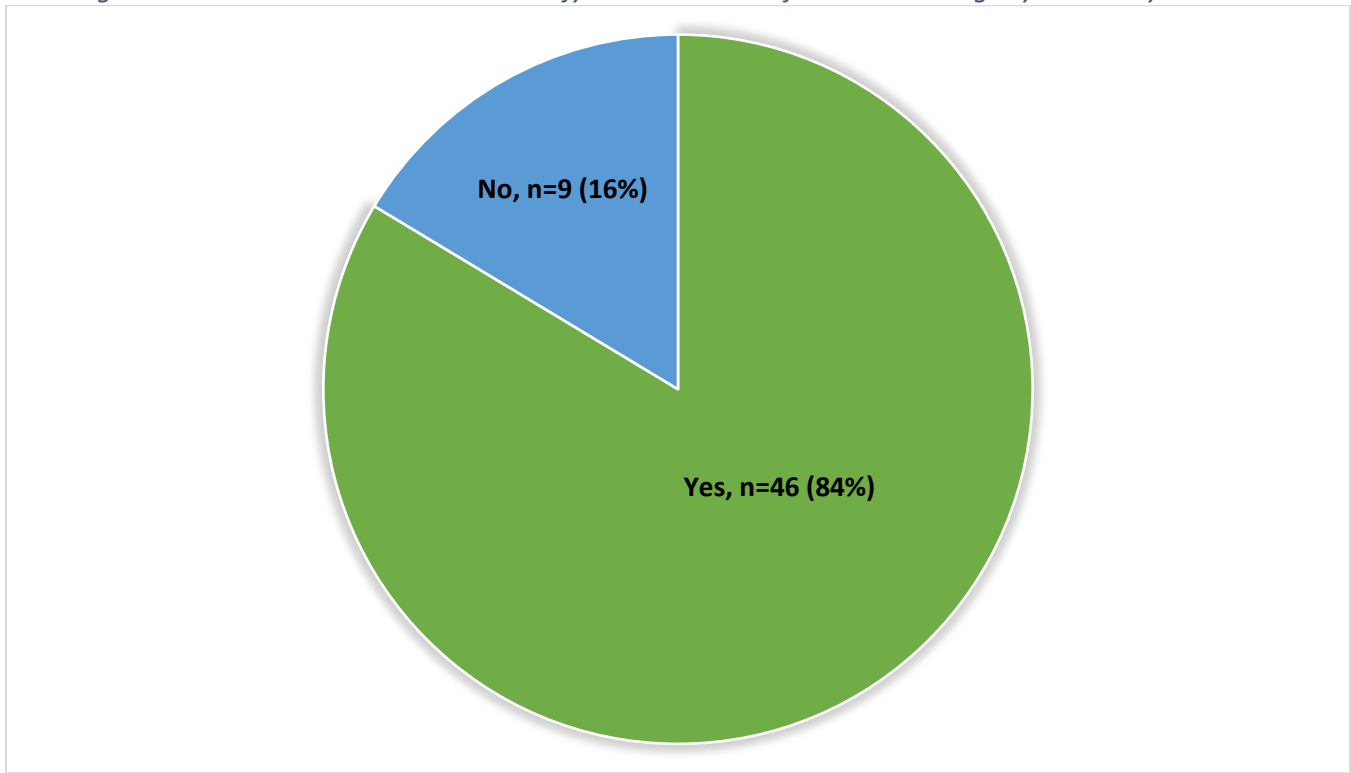


Table 15 - Documented Process to Identify Potential FWA of Controlled Drugs by Pharmacy Providers

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), Louisiana (1), New York (13), Ohio (6), West Virginia (2)	46	83.64%
No	New York (2), North Dakota (1), Ohio (2), Tennessee (3), West Virginia (1)	9	16.36%
National Totals		55	100%

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If “Yes,” what actions does this process initiate (multiple responses allowed)?

Figure 16 - Actions Process Initiates when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

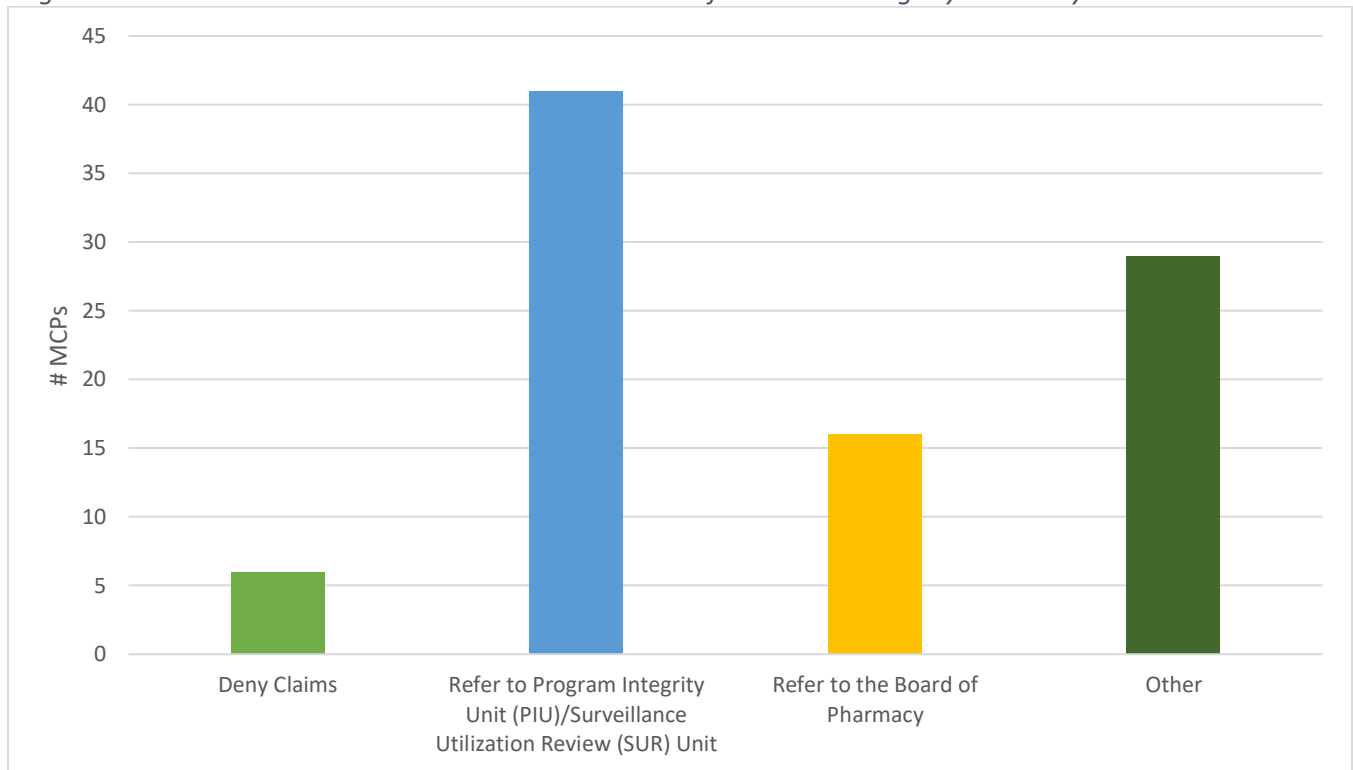


Table 16 - Actions Process Initiates when Potential FWA of Controlled Drugs by Pharmacy Providers is Detected

Response	States (Count of MCPs)	Count	Percentage
Deny claims	New York (3), Ohio (1), West Virginia (2)	6	6.52%
Refer to Program Integrity Unit (PIU)/Surveillance Utilization Review (SUR) Unit	California (24), Louisiana (1), New York (9), Ohio (5), West Virginia (2)	41	44.57%
Refer to the Board of Pharmacy	California (6), New York (6), Ohio (2), West Virginia (2)	16	17.39%
Other, please explain	California (19), New York (6), Ohio (3), West Virginia (1)	29	31.52%
National Totals		92	100%

5. Does your MCP have a documented process in place that identifies and/or prevents potential FWA of non-controlled drugs by beneficiaries, prescribers, and pharmacy providers?

Figure 17 - Documented Process to Identify Potential FWA of Non-Controlled Drugs by Beneficiaries, Prescribers, and Pharmacy Providers

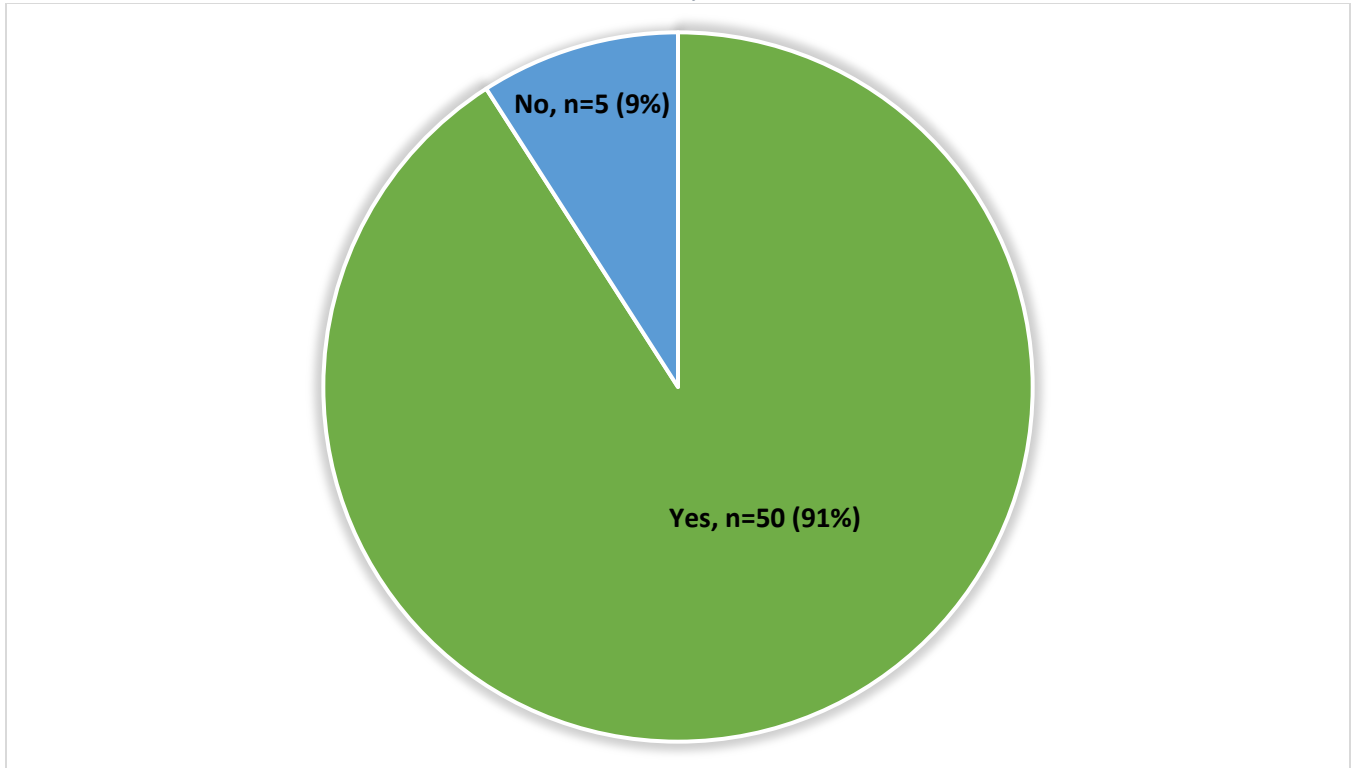


Table 17 - Documented Process to Identify Potential FWA of Non-Controlled Drugs by Beneficiaries, Prescribers, and Pharmacy Providers

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), New York (15), Ohio (7), Tennessee (3), West Virginia (1)	50	90.91%
No	Louisiana (1), North Dakota (1), Ohio (1), West Virginia (2)	5	9.09%
National Totals		55	100%

B. Prescription Drug Monitoring Program (PDMP)

1. Does your MCP have the ability to query the state’s PDMP database?

Figure 18 - MCP has Ability to Query the State’s PDMP Database

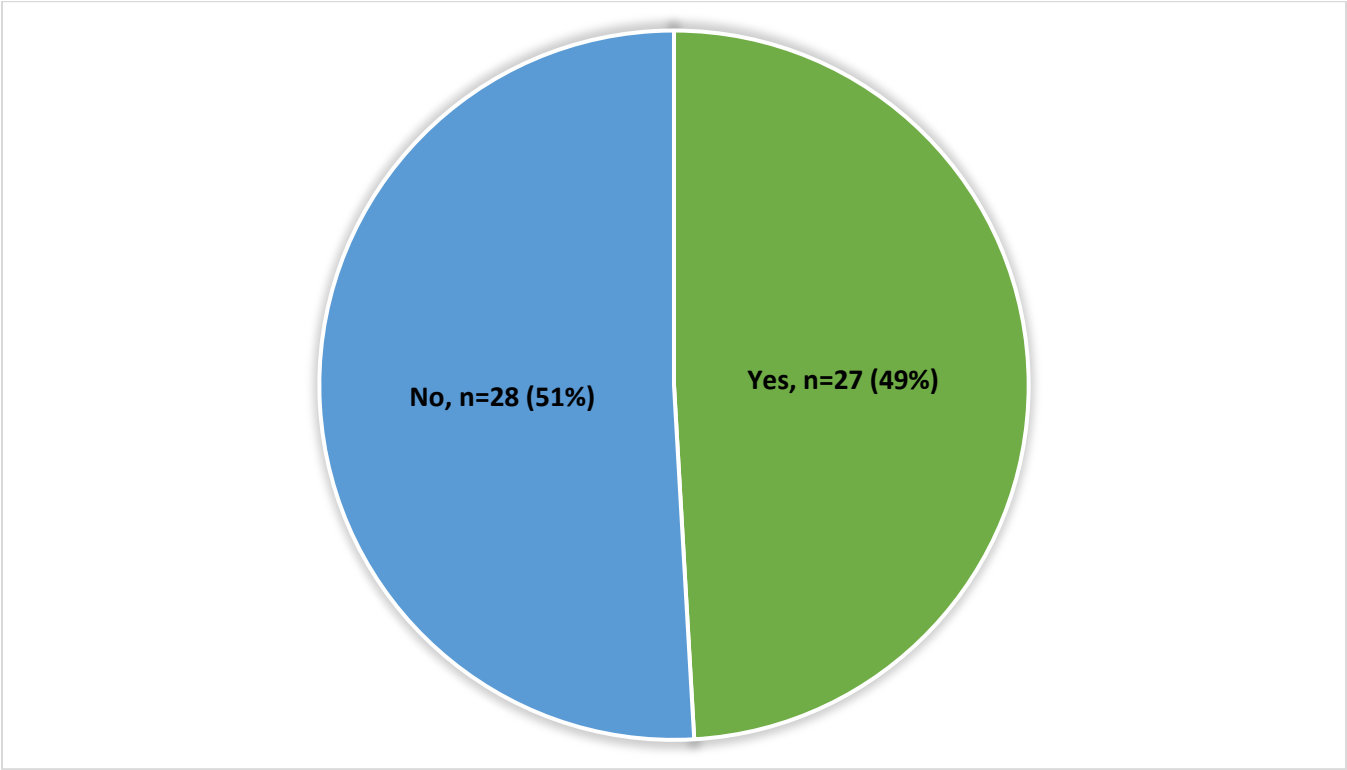


Table 18 - MCP has Ability to Query the State’s PDMP Database

Response	States (Count of MCPs)	Count	Percentage
Yes	California (13), Ohio (8), Tennessee (3), West Virginia (3)	27	49.09%
No	California (11), Louisiana (1), New York (15), North Dakota (1)	28	50.91%
National Totals		55	100%

a. If “Yes,” please check all applicable ways your MCP accesses the PDMP database.

Figure 19 - Ways the MCP has Ability to Query the State’s PDMP Database

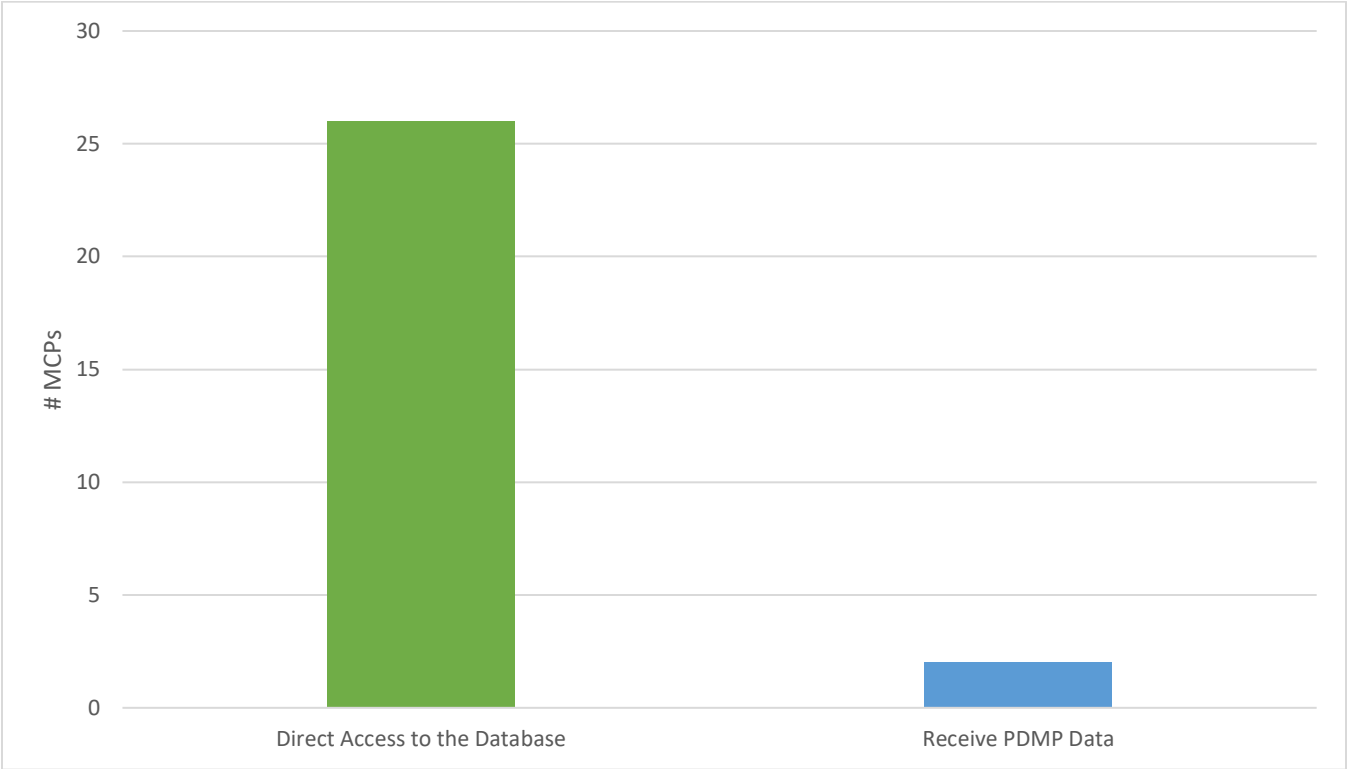


Table 19 - Ways the MCP has Ability to Query the State’s PDMP Database

Response	States (Count of MCPs)	Count	Percentage
Direct access to the database	California (13), Ohio (8), Tennessee (2), West Virginia (3)	26	92.86%
Receive PDMP data	Tennessee (2)	2	7.14%
National Totals		28	100%

i. If “Receive PDMP data,” please indicate how often (multiple responses allowed).

Figure 20 - Frequency of PDMP Data Received

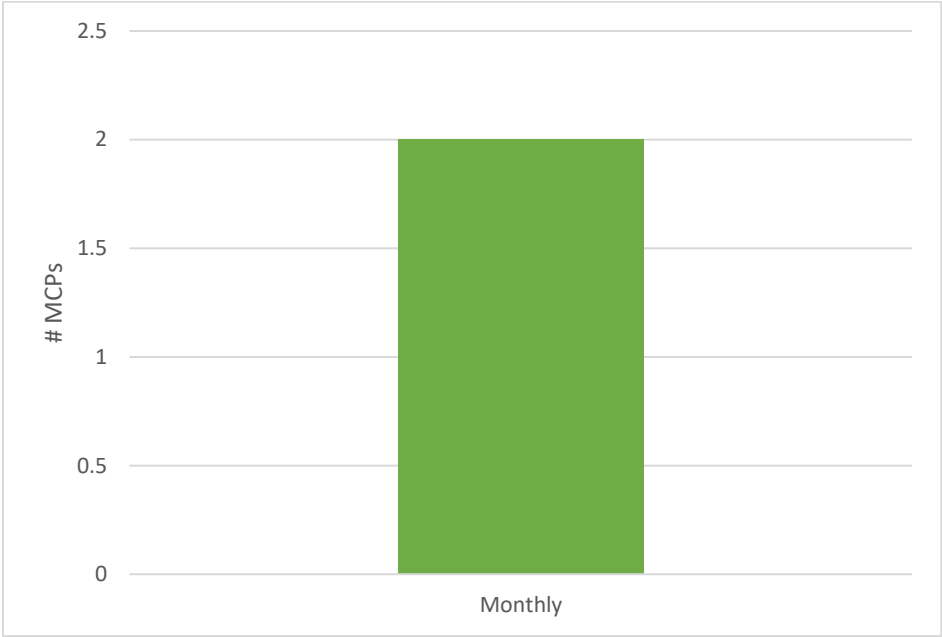


Table 20 - Frequency of PDMP Data Received

Response	States (Count of MCPs)	Count	Percentage
Monthly	Tennessee (2)	2	100.00%
National Totals		2	100%

ii. If “Direct access to the database,” please specify how (multiple responses allowed).

Figure 21 - Query Capability

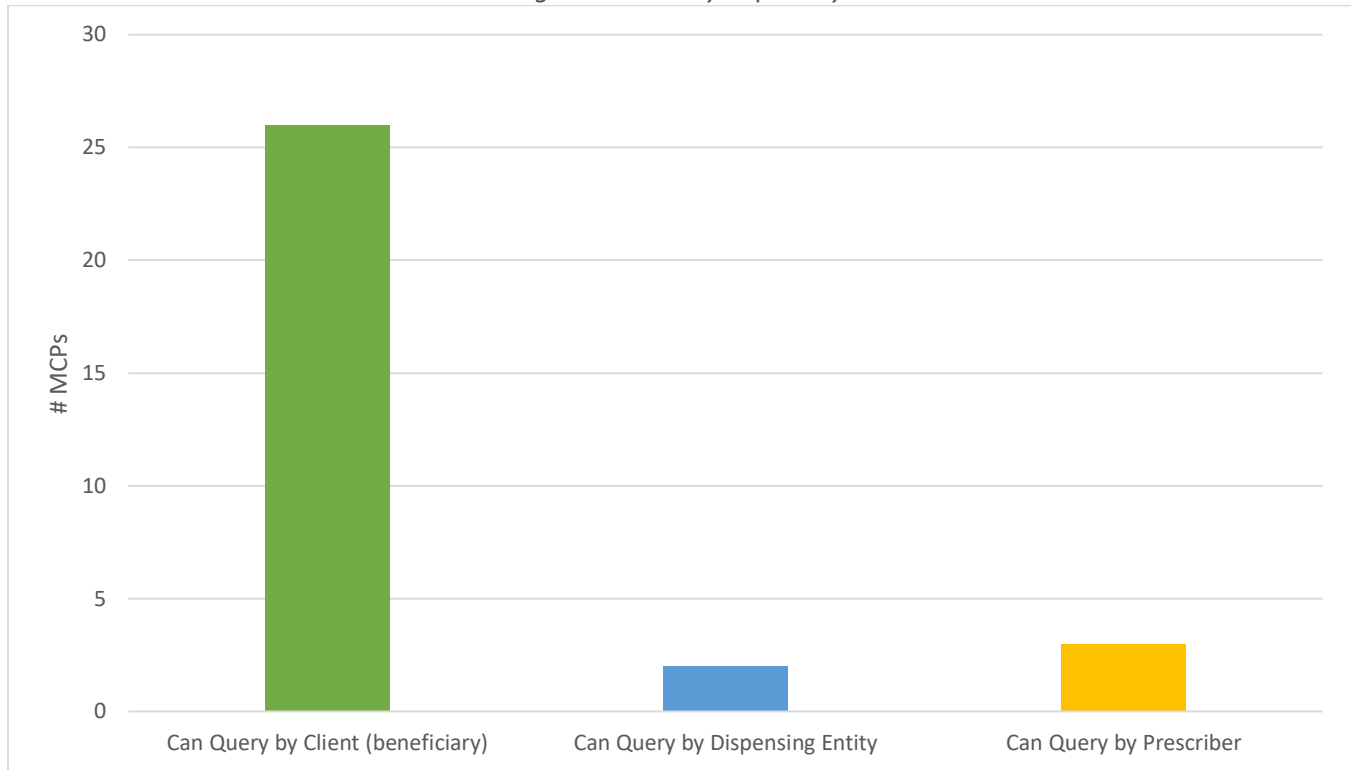


Table 21 - Query Capability

Response	States (Count of MCPs)	Count	Percentage
Can query by client (beneficiary)	California (13), Ohio (8), Tennessee (2), West Virginia (3)	26	83.87%
Can query by dispensing entity	California (1), Ohio (1)	2	6.45%
Can query by prescriber	California (1), Ohio (2)	3	9.68%
National Totals		31	100%

b. If “Yes,” please explain how your MCP applies this information to control FWA of controlled substances.

See the “State MCO Abbreviated Individual Reports” for details at [Medicaid.gov](https://www.Medicaid.gov).

c. Does your state also have access to contiguous states’ PDMP information?

Figure 22 - MCP Access to Contiguous States’ PDMP Information

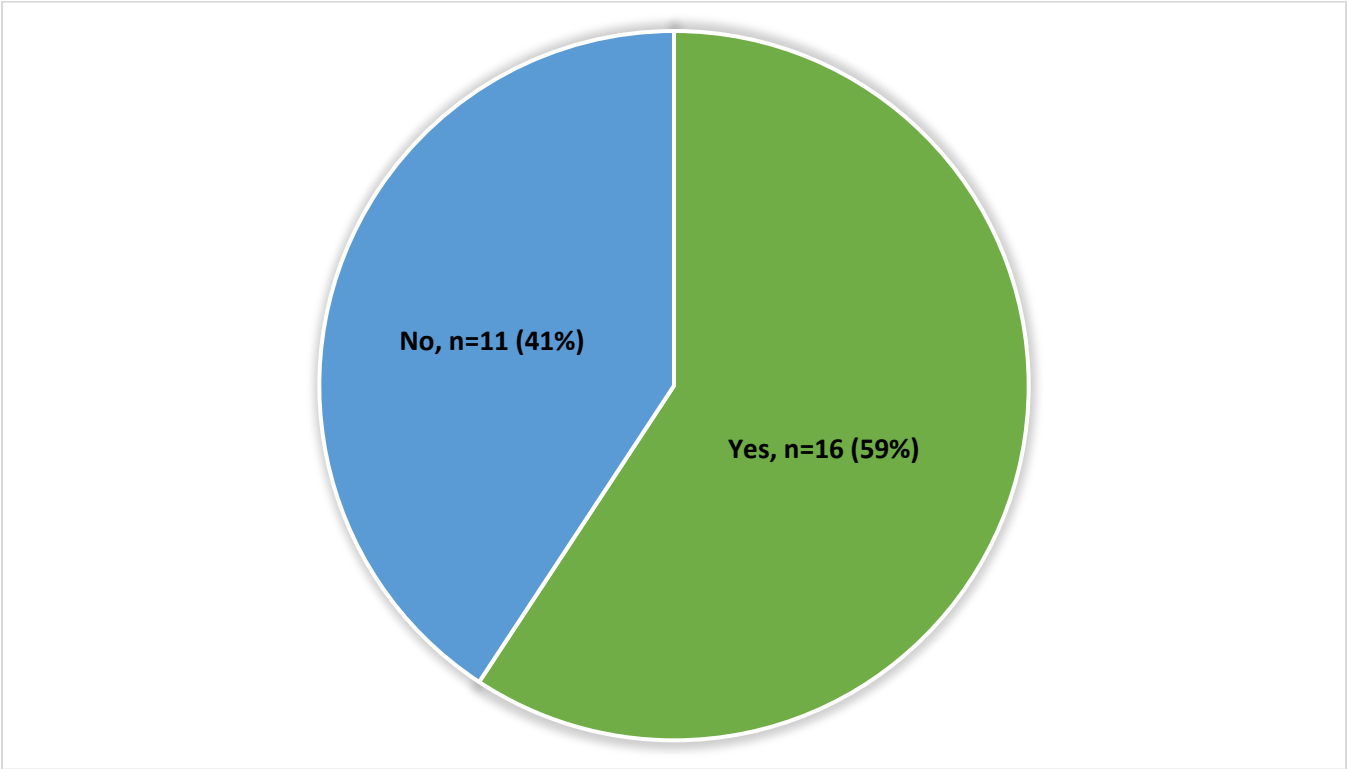


Table 22 - MCP Access to Contiguous States’ PDMP Information

Response	States (Count of MCPs)	Count	Percentage
Yes	California (6), Ohio (6), Tennessee (3), West Virginia (1)	16	59.26%
No	California (7), Ohio (2), West Virginia (2)	11	40.74%
National Totals		27	100%

2. Have you communicated to prescribers who are covered providers that as of October 1, 2021, they are required to check the PDMP before prescribing controlled substances to beneficiaries who are covered individuals?

Figure 23 - Communicated that Prescribers are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

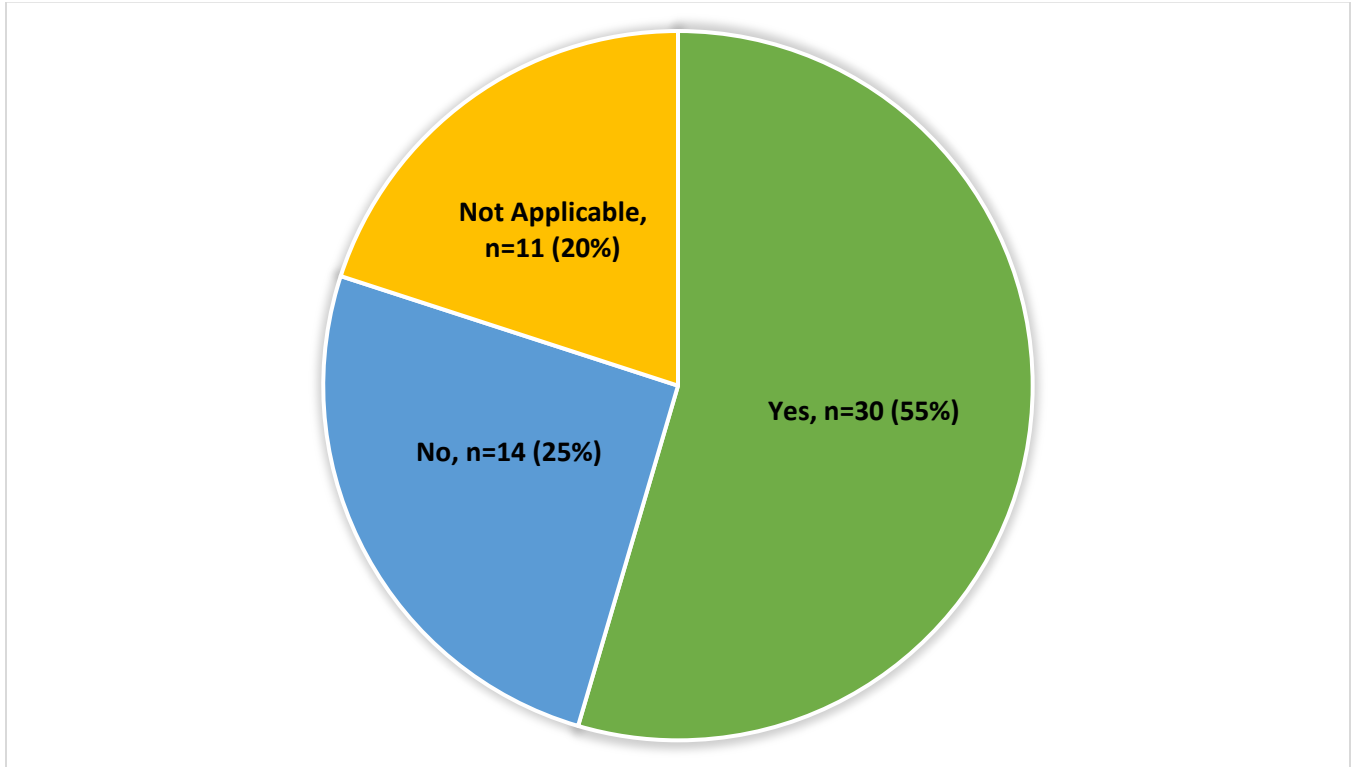


Table 23 - Communicated that Prescribers are Required to Access the PDMP Patient History Before Prescribing Controlled Substances

Response	States (Count of MCPs)	Count	Percentage
Yes	California (23), New York (4), North Dakota (1), Ohio (1), Tennessee (1)	30	54.55%
No	California (1), New York (6), Ohio (3), Tennessee (2), West Virginia (2)	14	25.45%
Not applicable	Louisiana (1), New York (5), Ohio (4), West Virginia (1)	11	20.00%
National Totals		55	100%

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If “Yes,” please check all that apply.

Figure 24 - Ways MCP Has Communicated Requirement

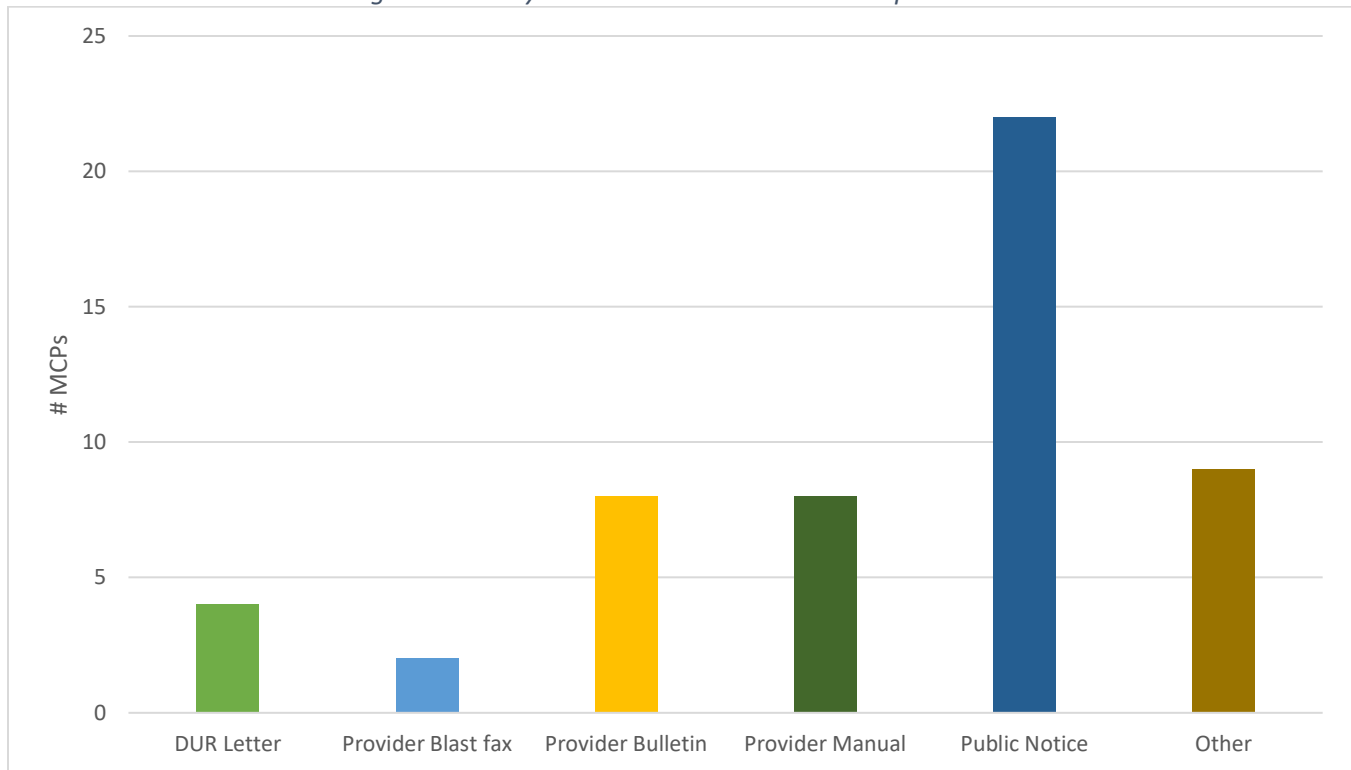


Table 24 - Ways MCP Has Communicated Requirement

Response	States (Count of MCPs)	Count	Percentage
DUR letter	California (3), New York (1)	4	7.55%
Provider blast fax	California (1), New York (1)	2	3.77%
Provider bulletin	California (5), New York (1), Ohio (1), Tennessee (1)	8	15.09%
Provider manual	California (2), New York (3), North Dakota (1), Ohio (1), Tennessee (1)	8	15.09%
Public notice	California (22)	22	41.51%
Other	California (7), New York (1), Tennessee (1)	9	16.98%
National Totals		53	100%

a. If “Yes,” has your MCP specified protocols for prescribers checking the PDMP?

Figure 25 - Protocols Involved in Checking the PDMP

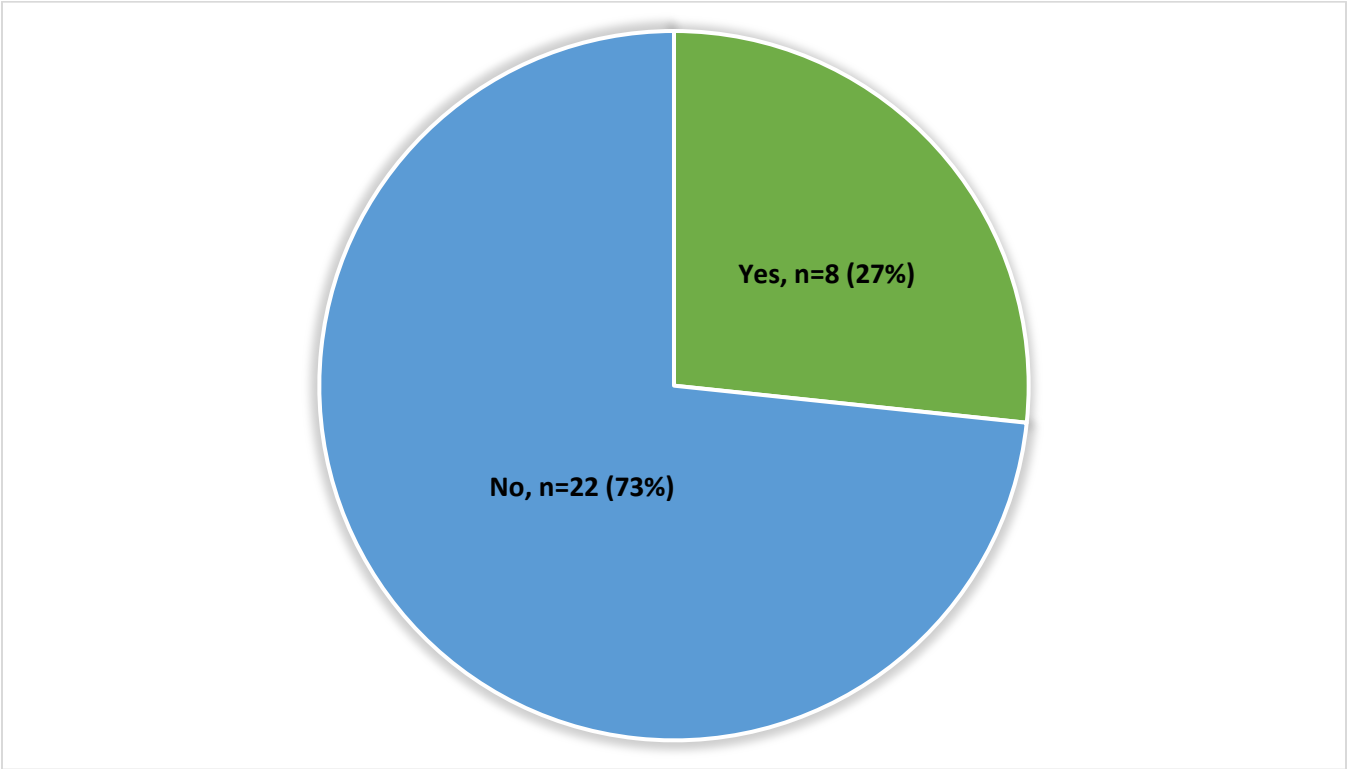


Table 25 - Protocols Involved in Checking the PDMP

Response	States (Count of MCPs)	Count	Percentage
Yes	California (6), New York (1), Tennessee (1)	8	26.67%
No	California (17), New York (3), North Dakota (1), Ohio (1)	22	73.33%
National Totals		30	100%

b. If “Yes,” do providers have protocols for responses to information from the PDMP that is contradictory to information that the practitioner expects to receive based on information from the client (example: when a provider prescribing pain management medication finds medications for opioid use disorder (OUD) during a PDMP check, when client denies opioid use disorder)?

Figure 26 - Providers Having Protocols for Responses to Information from the PDMP that is Contradictory to the Information the Practitioner Expects

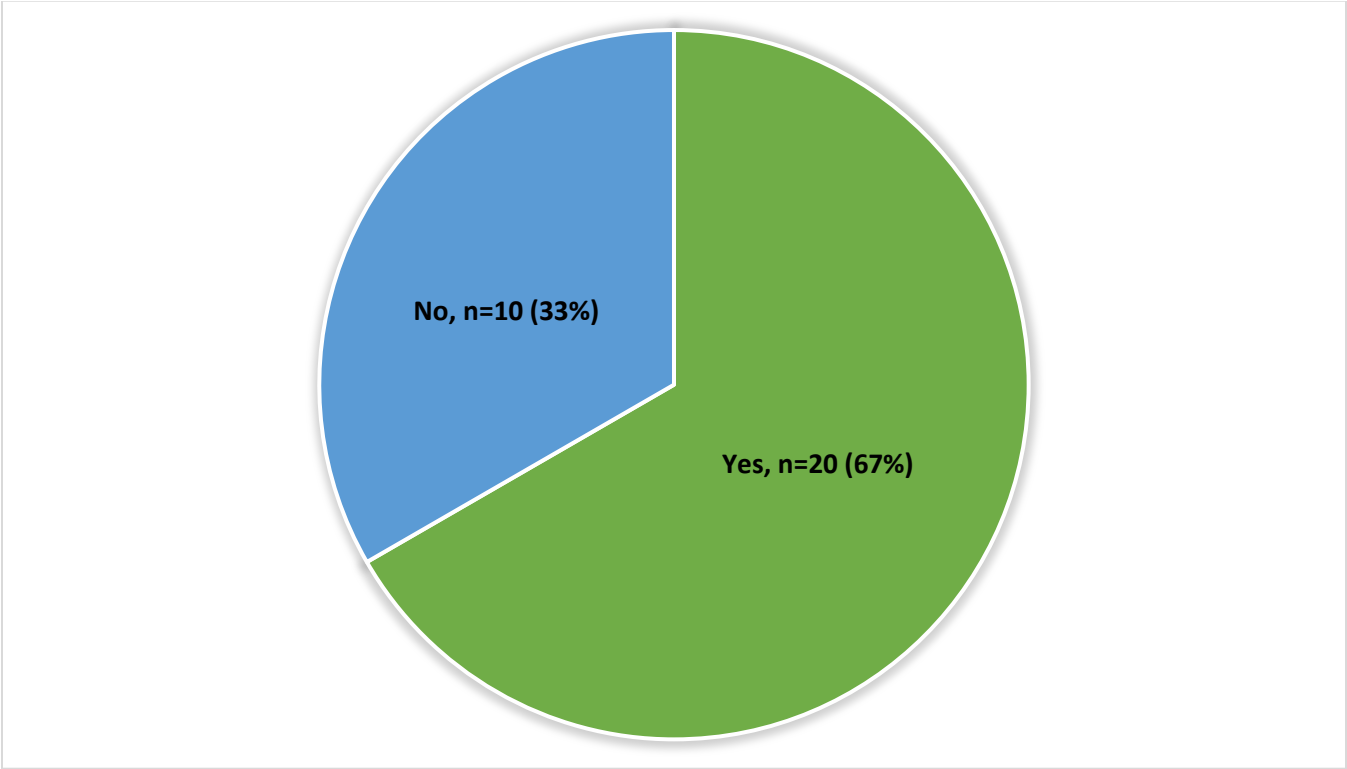


Table 26 - Providers Having Protocols for Responses to Information from the PDMP that is Contradictory to the Information the Practitioner Expects

Response	States (Count of MCPs)	Count	Percentage
Yes	California (18), New York (1), Tennessee (1)	20	66.67%
No	California (5), New York (3), North Dakota (1), Ohio (1)	10	33.33%
National Totals		30	100%

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

Figure 27 - MCP Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

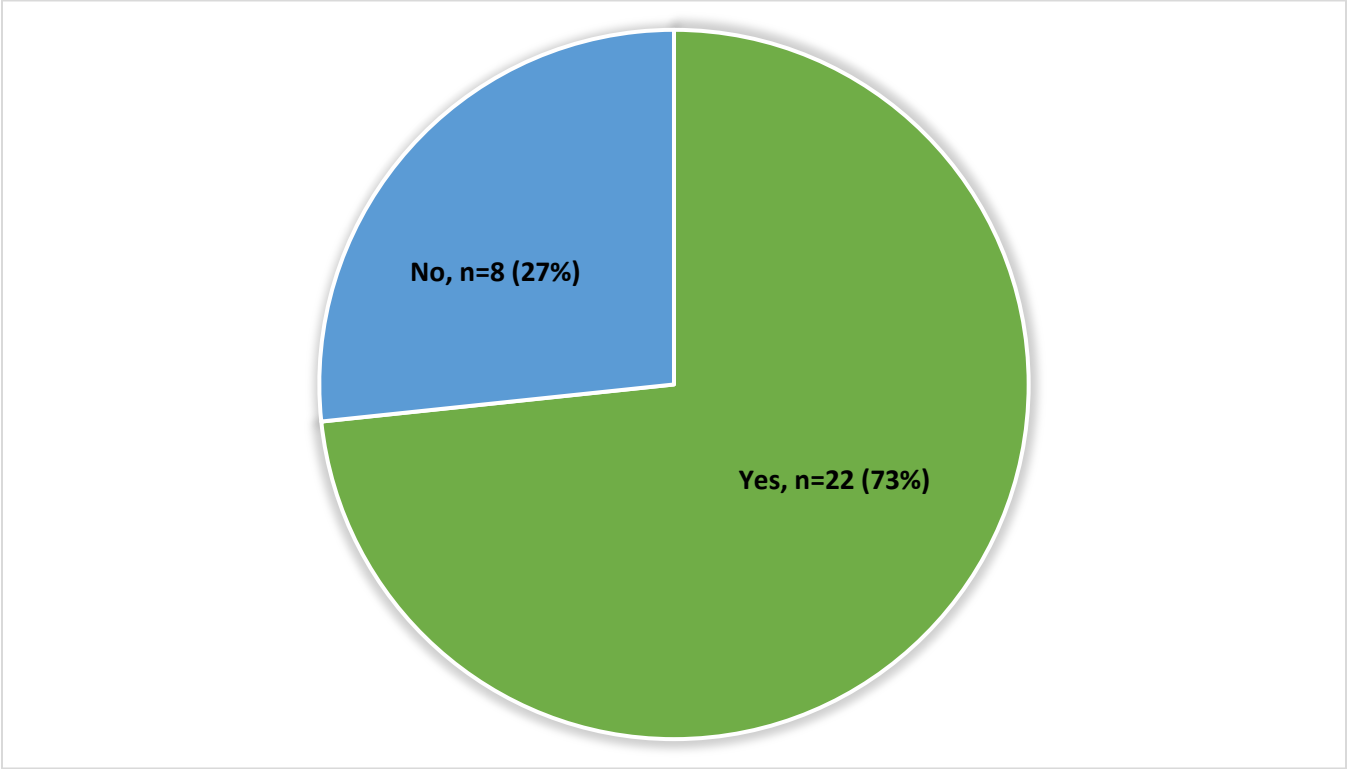


Table 27 - MCP Requires Prescriber to Document a Good Faith Effort if Unable to Conduct a PDMP Check

Response	States (Count of MCPs)	Count	Percentage
Yes	California (17), New York (4), Ohio (1)	22	73.33%
No	California (6), North Dakota (1), Tennessee (1)	8	26.67%
National Totals		30	100%

If “Yes,” does your MCP require the provider to submit, upon request, documentation to the MCP?

Figure 28 - MCP Requires Provider to Submit Documentation

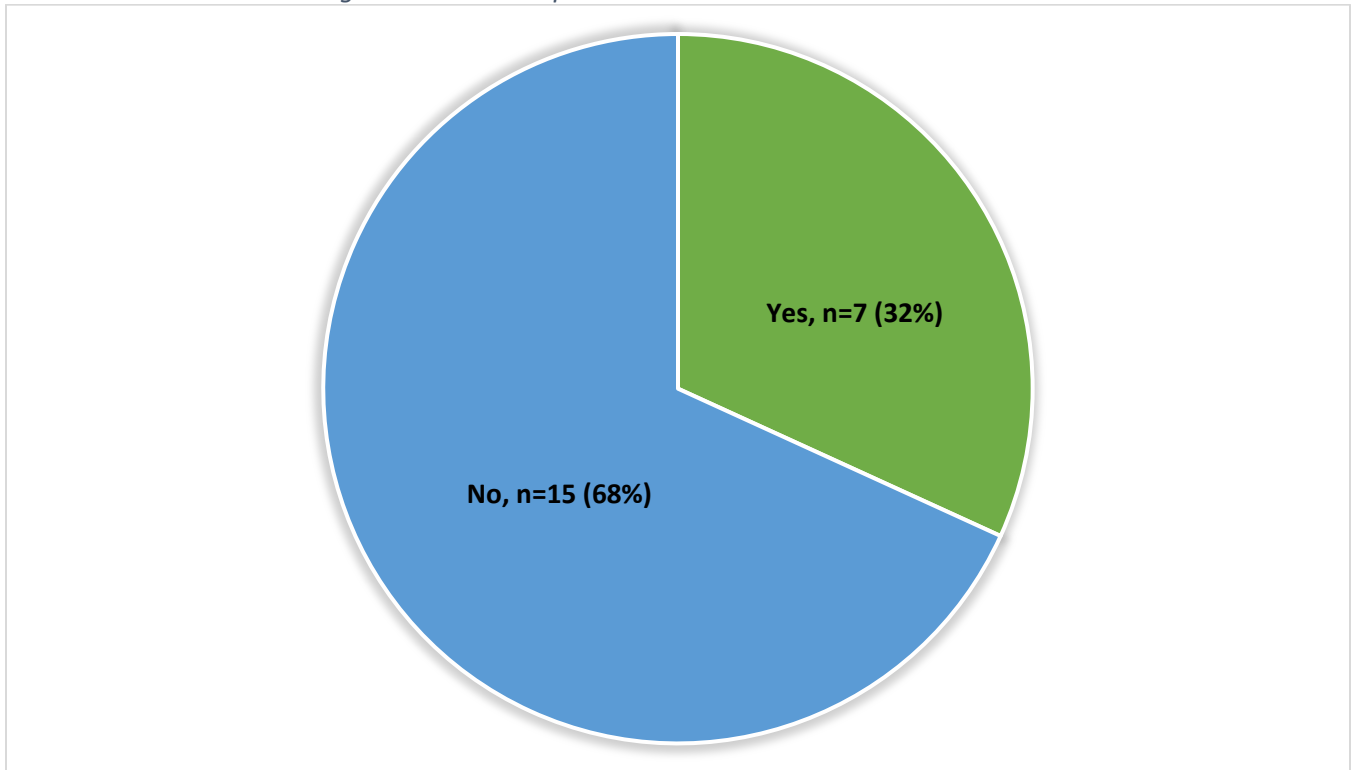


Table 28 - MCP Requires Provider to Submit Documentation

Response	States (Count of MCPs)	Count	Percentage
Yes	California (3), New York (3), Ohio (1)	7	31.82%
No	California (14), New York (1)	15	68.18%
National Totals		22	100%

3. In the state's PDMP system, which of the following beneficiary information is available to prescribers as close to real-time as possible (multiple responses allowed)?

Figure 29 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible

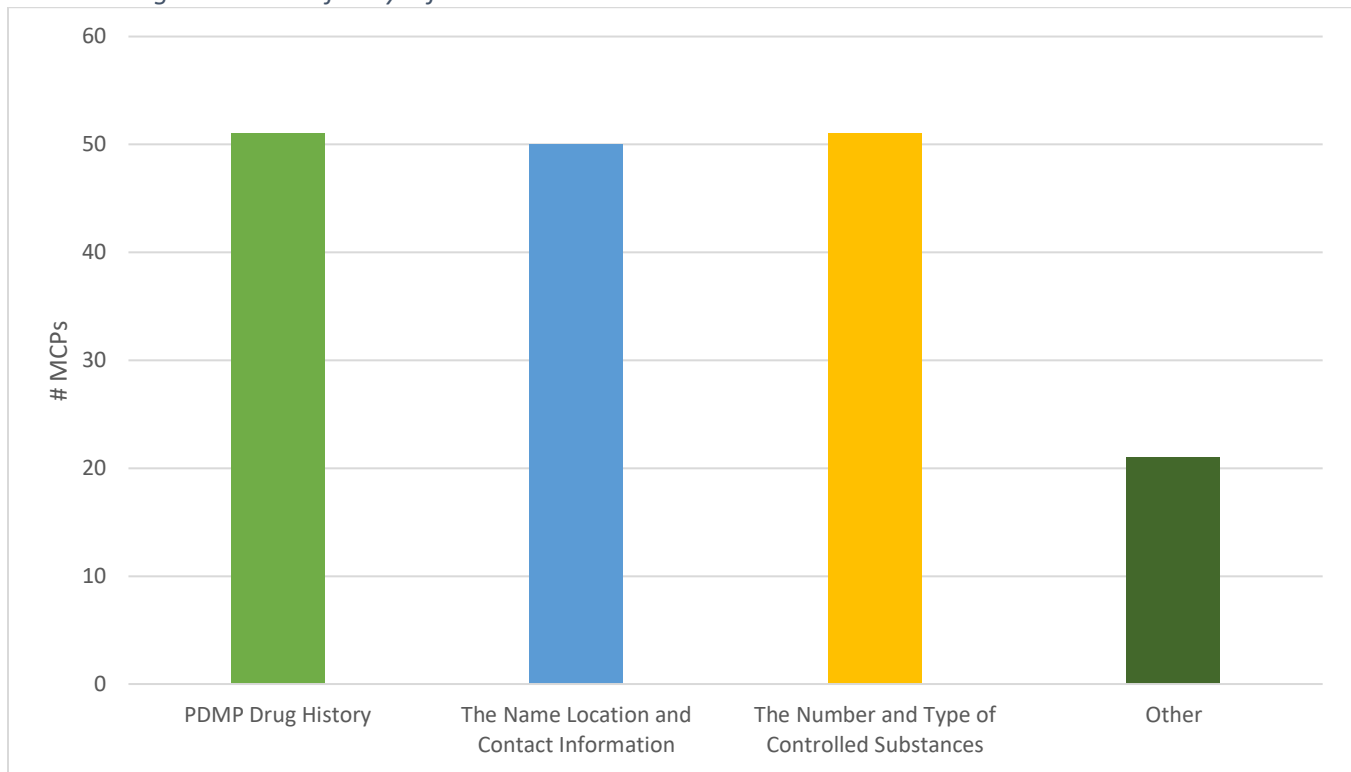


Table 29 - Beneficiary Information Available to Prescribers as Close to Real-Time as Possible

Response	States (Count of MCPs)	Count	Percentage
PDMP drug history	California (24), Louisiana (1), New York (11), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (3)	51	29.48%
The name location and contact information	California (24), Louisiana (1), New York (10), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (3)	50	28.90%
The number and type of controlled substances	California (24), Louisiana (1), New York (11), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (3)	51	29.48%
Other	California (14), New York (4), Ohio (2), Tennessee (1)	21	12.14%
National Totals		173	100%

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

Figure 30 - Barriers Hinder MCP from Fully Accessing the PDMP to Curb FWA

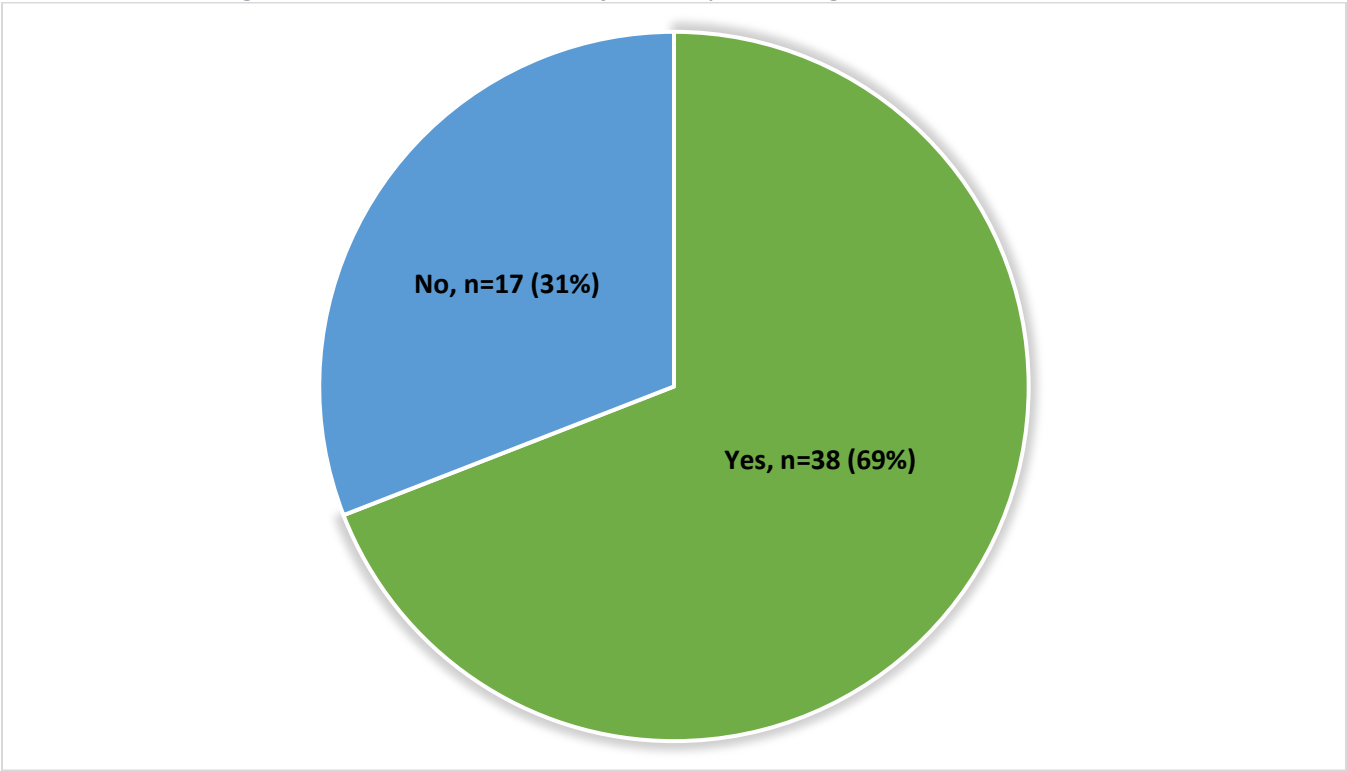


Table 30 - Barriers Hinder MCP from Fully Accessing the PDMP to Curb FWA

Response	States (Count of MCPs)	Count	Percentage
Yes	California (20), Louisiana (1), New York (12), North Dakota (1), Ohio (1), West Virginia (3)	38	69.09%
No	California (4), New York (3), Ohio (7), Tennessee (3)	17	30.91%
National Totals		55	100%

4. Have any changes occurred to your state’s PDMP during this reporting period that improved or detracted from the Medicaid program’s ability to access PDMP data?

Figure 31 - Changes to State PDMP That Have Improved or Detracted from the Medicaid Program’s Ability to Access PDMP Data

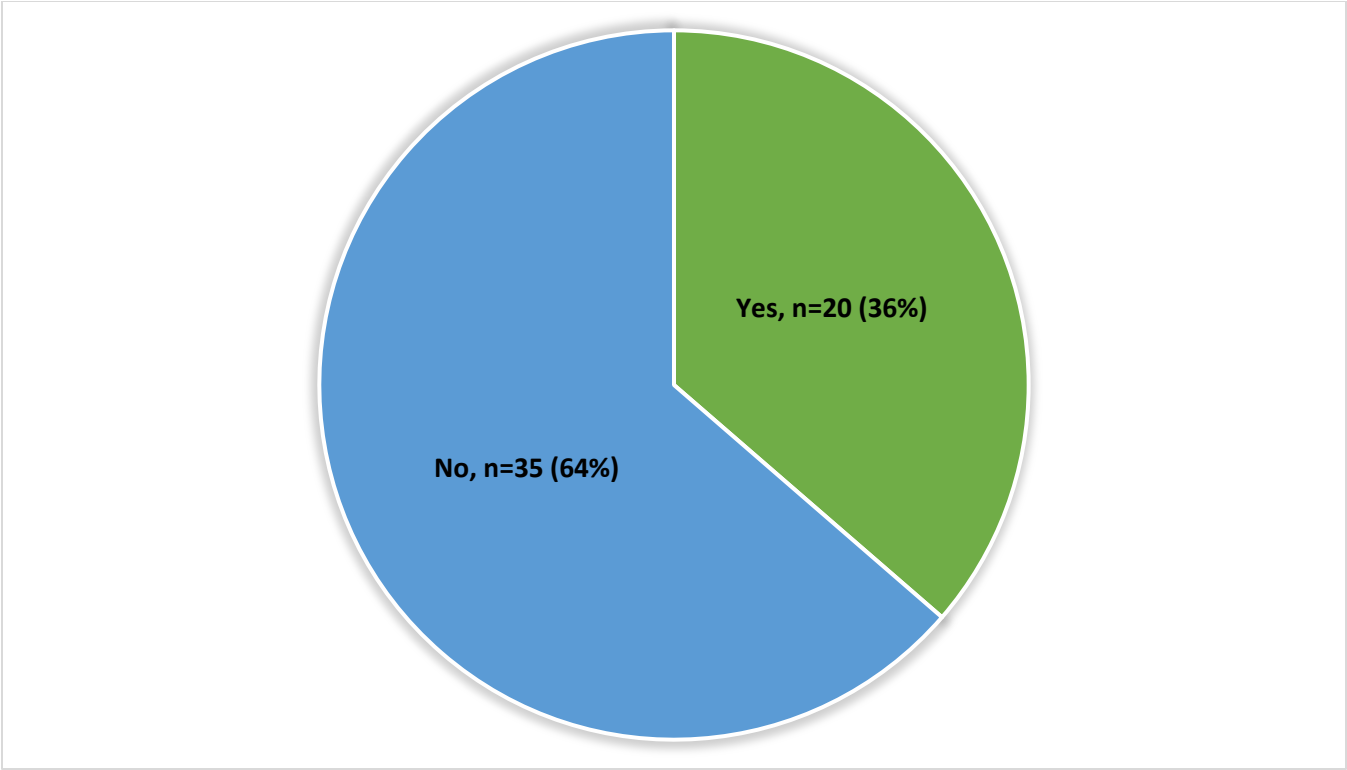


Table 31 - Changes to State PDMP That Have Improved or Detracted from the Medicaid Program’s Ability to Access PDMP Data

Response	States (Count of MCPs)	Count	Percentage
Yes	California (20)	20	36.36%
No	California (4), Louisiana (1), New York (15), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (3)	35	63.64%
National Totals		55	100%

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

Figure 32 - Data or Privacy Breaches of PDMP or PDMP Data During This Reporting Period

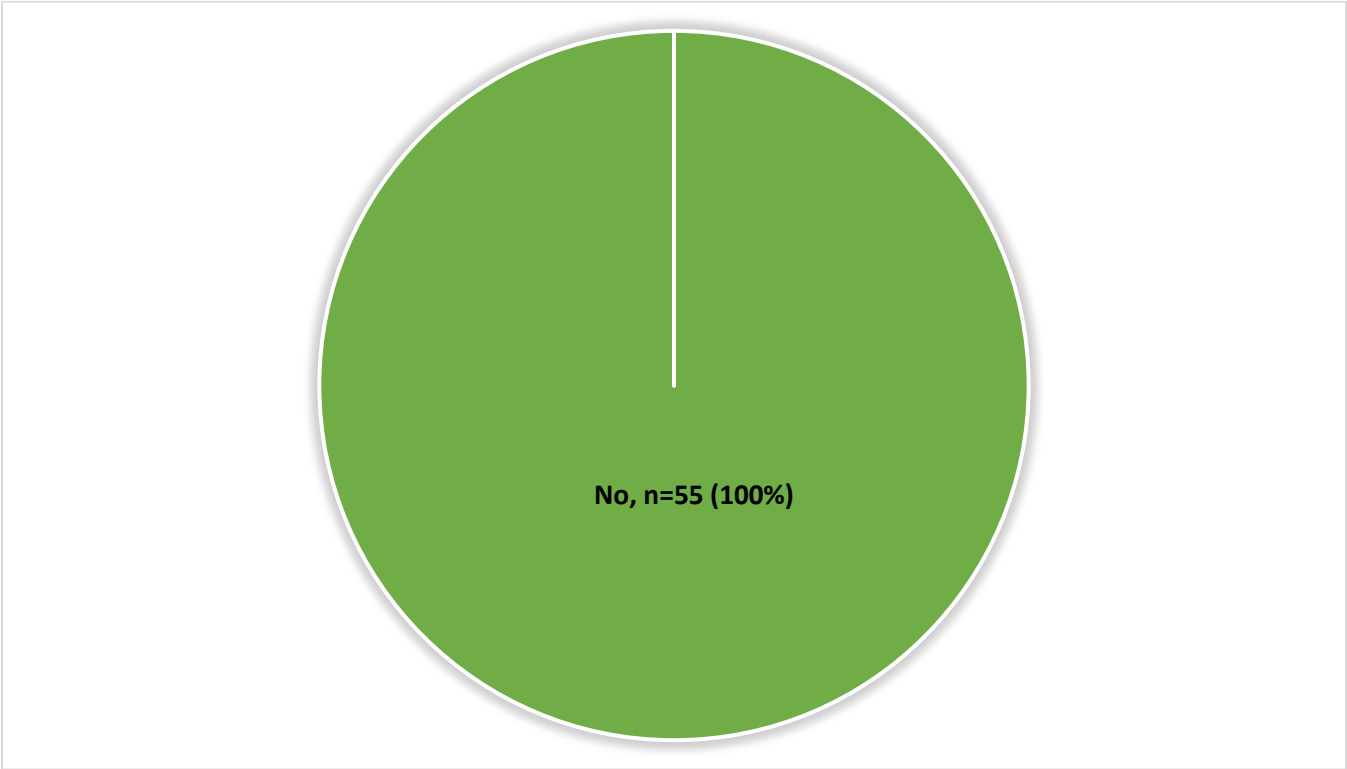


Table 32 - Data or Privacy Breaches of PDMP or PDMP Data During This Reporting Period

Response	States (Count of MCPs)	Count	Percentage
No	California (24), Louisiana (1), New York (15), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (3)	55	100.00%
National Totals		55	100%

C. Opioids

1. Does your MCP coordinate with the entity that provides the drug benefits to monitor opioid prescriptions (duplicate therapy, early refills, quantity limits, etc.)?

Figure 33 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioid Prescriptions

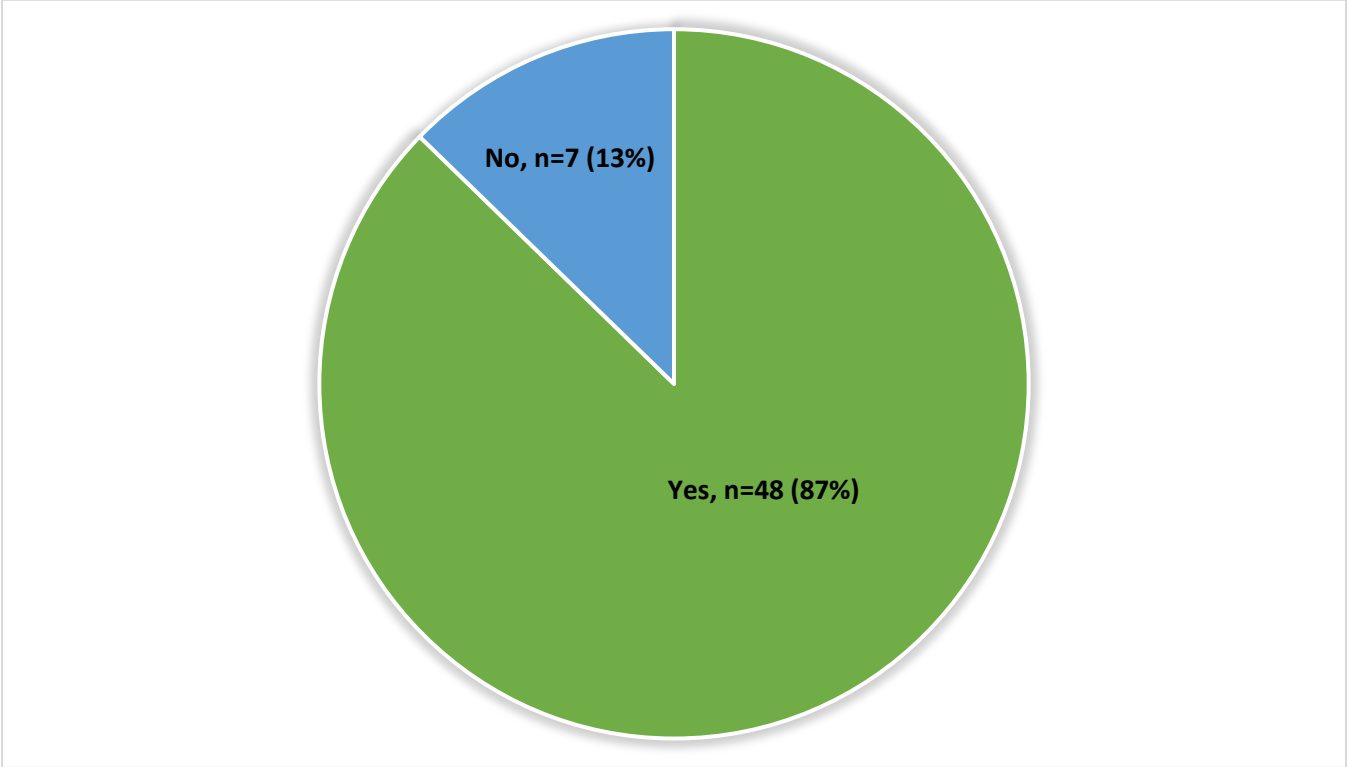


Table 33 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioid Prescriptions

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), Louisiana (1), New York (10), North Dakota (1), Ohio (7), Tennessee (3), West Virginia (2)	48	87.27%
No	New York (5), Ohio (1), West Virginia (1)	7	12.73%
National Totals		55	100%

2. Does your MCP have a comprehensive automated retrospective claim reviews process to monitor opioid prescriptions exceeding state defined limitations?

Figure 34 - Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions in Excess of State Limitations

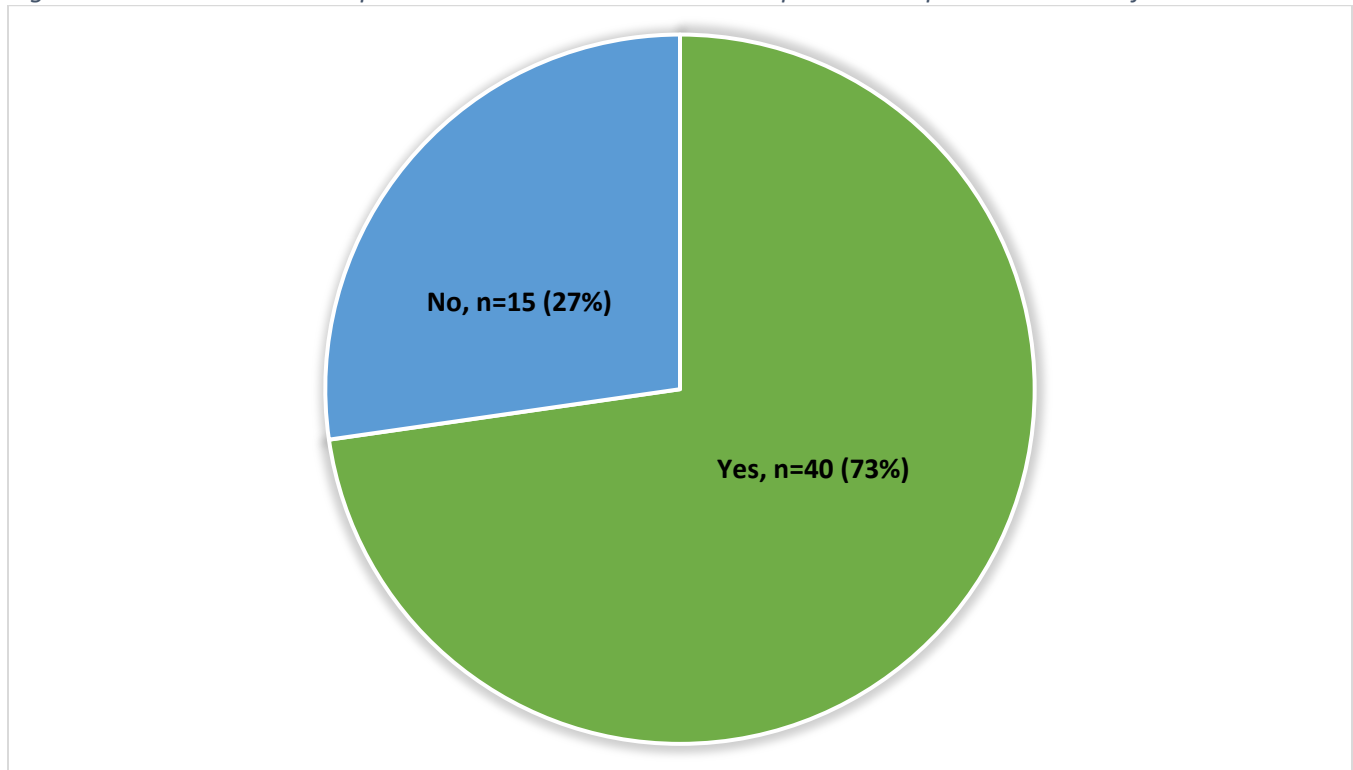


Table 34 - Automated Retrospective Claim Reviews to Monitor Opioid Prescriptions in Excess of State Limitations

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), Louisiana (1), New York (6), Ohio (6), Tennessee (2), West Virginia (1)	40	72.73%
No	New York (9), North Dakota (1), Ohio (2), Tennessee (1), West Virginia (2)	15	27.27%
National Totals		55	100%

3. Does your MCP coordinate with the entity that provides the drug benefits to monitor opioids and benzodiazepines being used concurrently?

Figure 35 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Benzodiazepines Used Concurrently

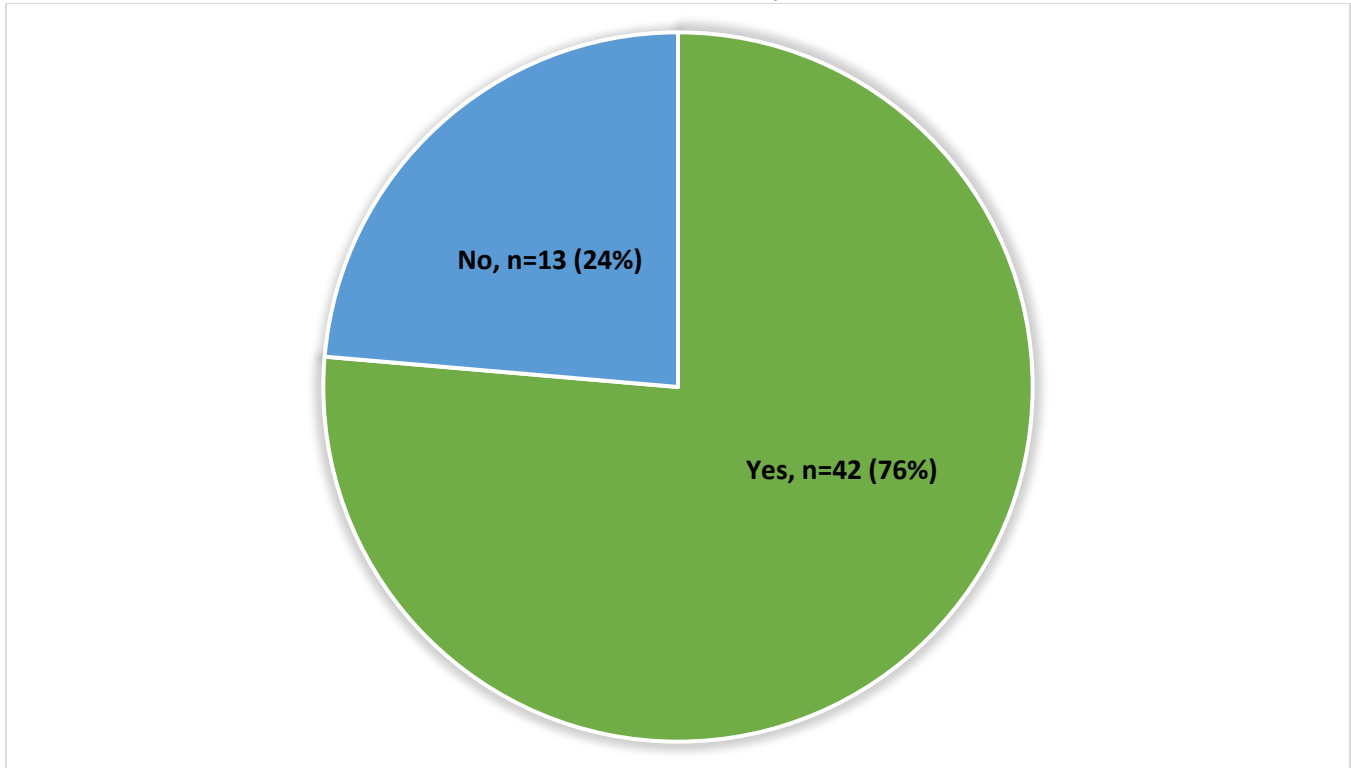


Table 35 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Benzodiazepines Used Concurrently

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), Louisiana (1), New York (6), Ohio (7), Tennessee (3), West Virginia (1)	42	76.36%
No	New York (9), North Dakota (1), Ohio (1), West Virginia (2)	13	23.64%
National Totals		55	100%

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If “Yes,” please check all that apply. (multiple responses allowed)

Figure 36 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Benzodiazepines Used Concurrently

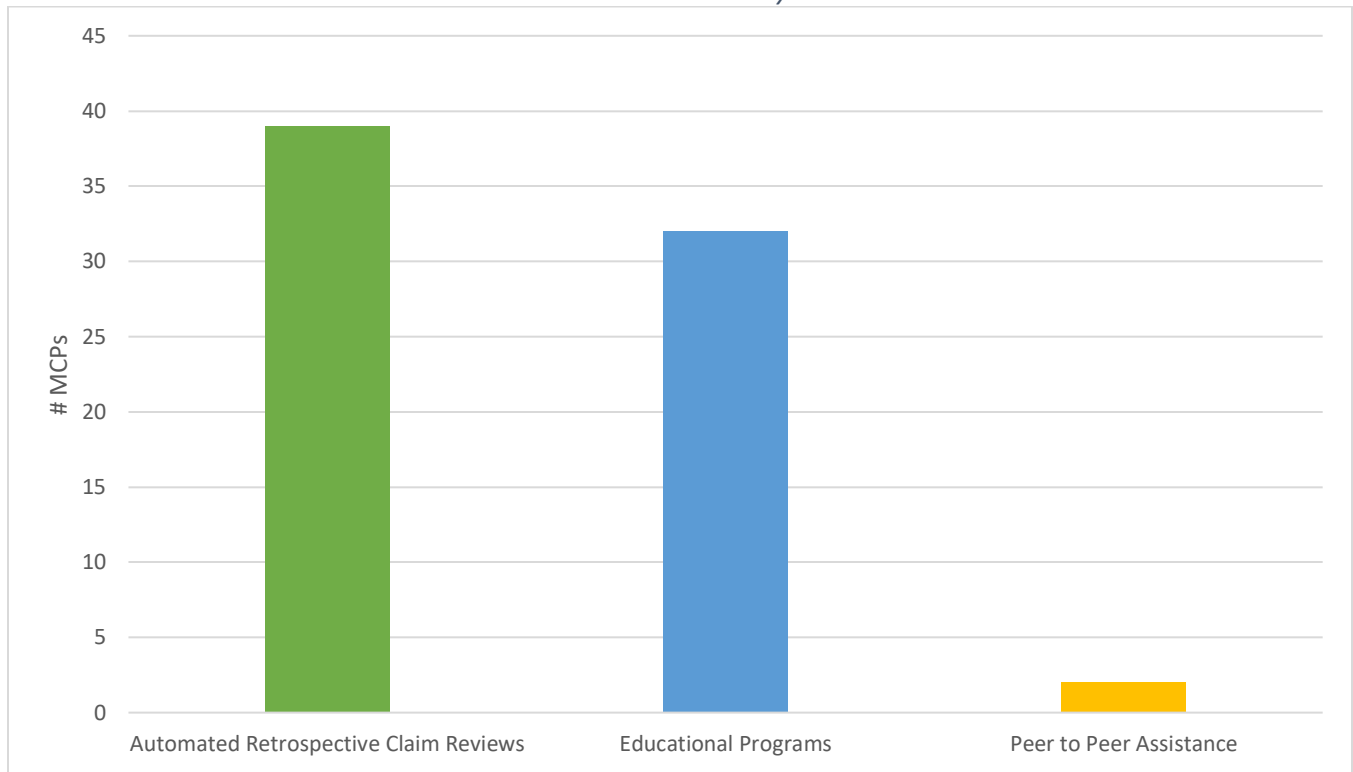


Table 36 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Benzodiazepines Used Concurrently

Response	States (Count of MCPs)	Count	Percentage
Automated retrospective claim reviews	California (24), Louisiana (1), New York (5), Ohio (6), Tennessee (2), West Virginia (1)	39	53.42%
Educational programs	California (22), Louisiana (1), New York (3), Ohio (4), Tennessee (2)	32	43.84%
Peer to peer assistance	New York (1), Tennessee (1)	2	2.74%
National Totals		73	100%

4. Does your MCP coordinate with the entity that provides the drug benefits to monitor opioids and sedatives being used concurrently?

Figure 37 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Sedatives Being Used Concurrently

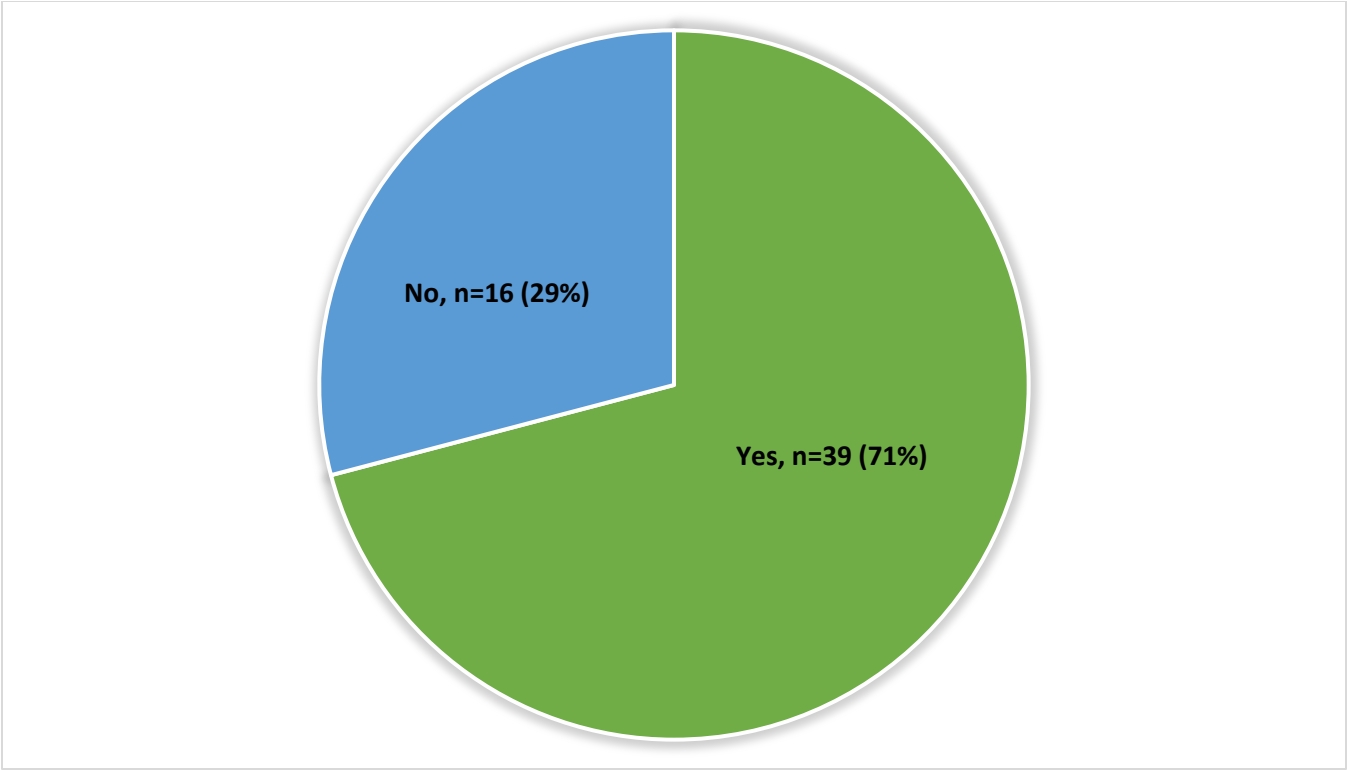


Table 37 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Sedatives Being Used Concurrently

Response	States (Count of MCPs)	Count	Percentage
Yes	California (23), Louisiana (1), New York (4), Ohio (7), Tennessee (3), West Virginia (1)	39	70.91%
No	California (1), New York (11), North Dakota (1), Ohio (1), West Virginia (2)	16	29.09%
National Totals		55	100%

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If “Yes,” please check all that apply. (multiple responses allowed)

Figure 38 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Sedatives Being Used Concurrently

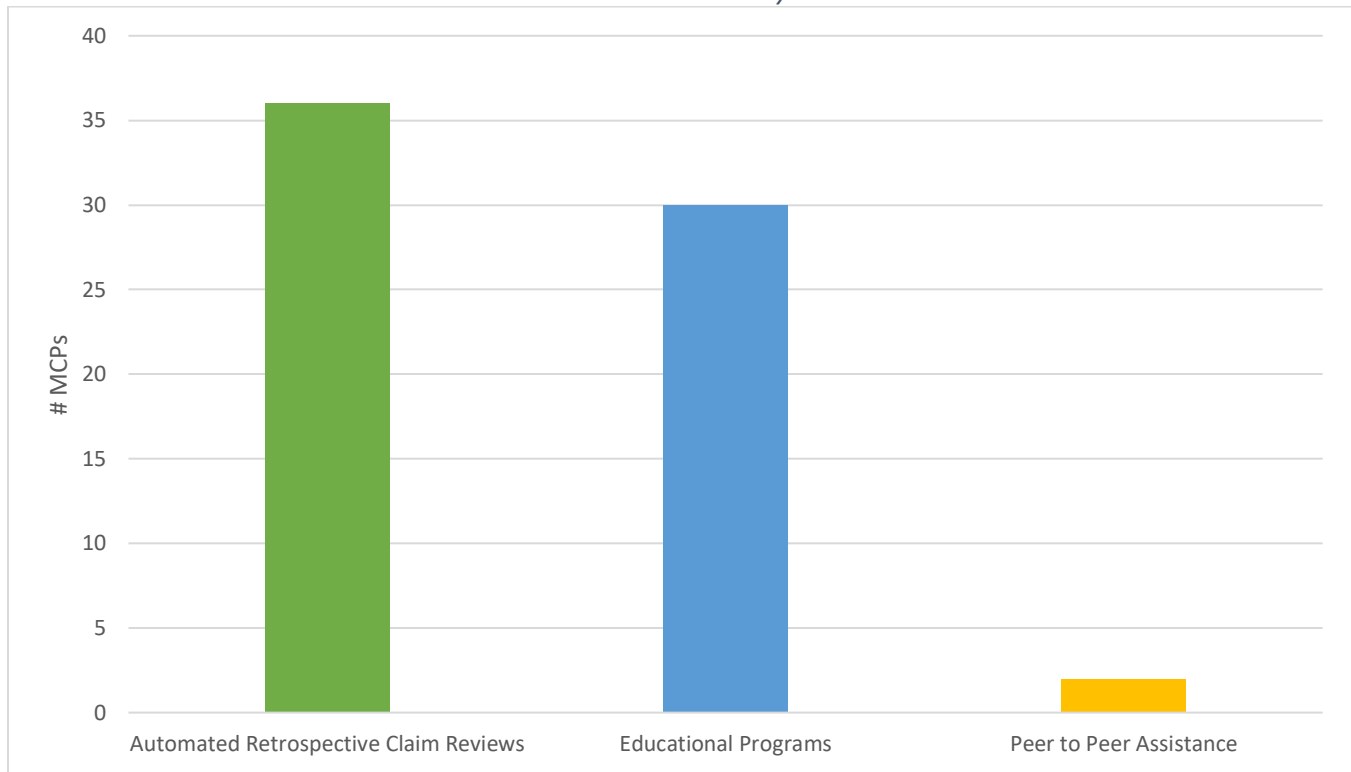


Table 38 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Sedatives Being Used Concurrently

Response	States (Count of MCPs)	Count	Percentage
Automated retrospective claim reviews	California (23), Louisiana (1), New York (3), Ohio (6), Tennessee (2), West Virginia (1)	36	52.94%
Educational programs	California (21), Louisiana (1), New York (2), Ohio (4), Tennessee (2)	30	44.12%
Peer to peer assistance	New York (1), Tennessee (1)	2	2.94%
National Totals		68	100%

5. Does your MCP coordinate with the entity that provides the drug benefits to monitor opioids and antipsychotics being used concurrently?

Figure 39 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Antipsychotics Being Used Concurrently

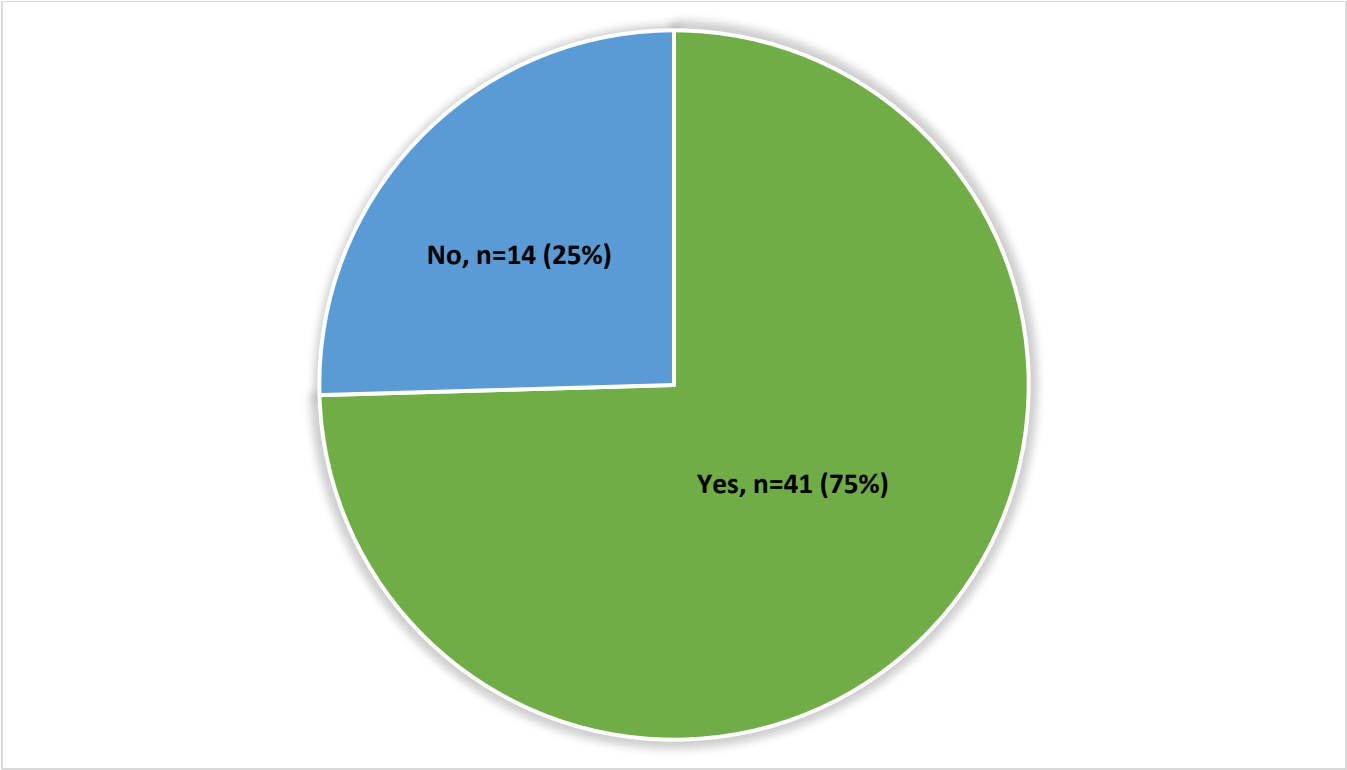


Table 39 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Antipsychotics Being Used Concurrently

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), Louisiana (1), New York (5), Ohio (7), Tennessee (3), West Virginia (1)	41	74.55%
No	New York (10), North Dakota (1), Ohio (1), West Virginia (2)	14	25.45%
National Totals		55	100%

If “Yes,” please check all that apply. (multiple responses allowed)

Figure 40 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Antipsychotics Being Used Concurrently

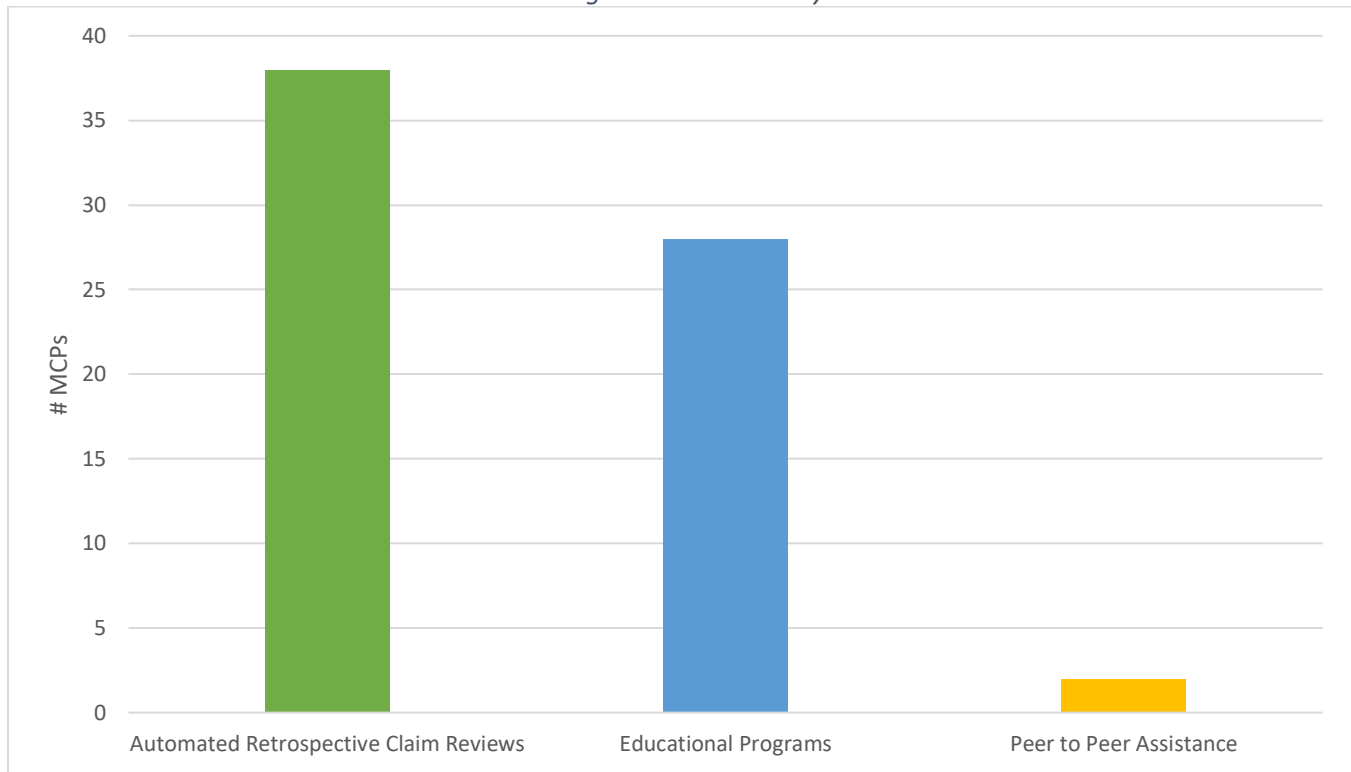


Table 40 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor Opioids and Antipsychotics Being Used Concurrently

Response	States (Count of MCPs)	Count	Percentage
Automated retrospective claim reviews	California (24), Louisiana (1), New York (4), Ohio (6), Tennessee (2), West Virginia (1)	38	55.88%
Educational programs	California (19), Louisiana (1), New York (2), Ohio (4), Tennessee (2)	28	41.18%
Peer to peer assistance	New York (1), Tennessee (1)	2	2.94%
National Totals		68	100%

6. Does your MCP have safety edits or perform automated retrospective claims reviews and/or provider education regarding beneficiaries with a diagnosis or history of opioid use disorder (OUD) or opioid poisoning diagnosis?

Figure 41 - MCP has POS Safety Edits or Performs Automated Retrospective Claims Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

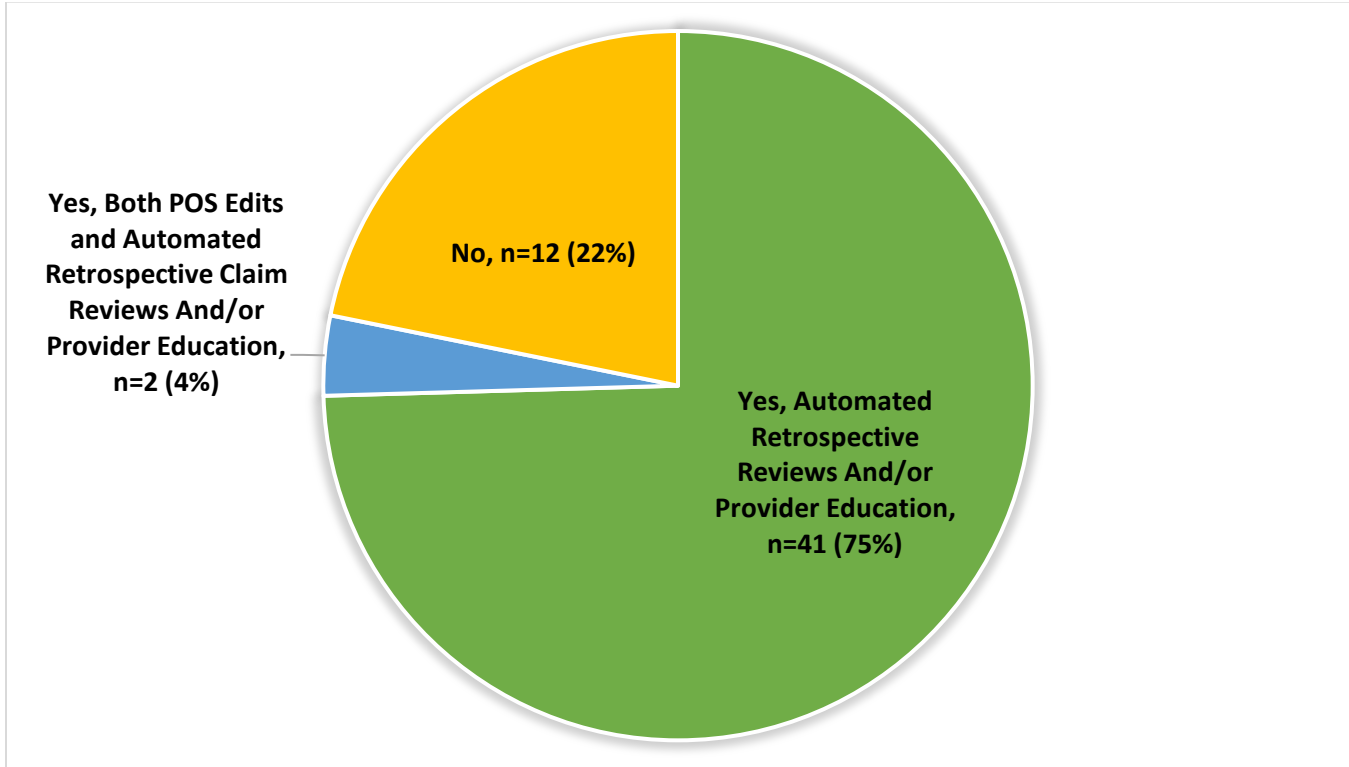


Table 41 - MCP has POS Safety Edits or Performs Automated Retrospective Claims Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	States (Count of MCPs)	Count	Percentage
Yes, automated retrospective reviews and/or provider education	California (22), New York (8), Ohio (6), Tennessee (3), West Virginia (2)	41	74.55%
Yes, both POS edits and automated retrospective claim reviews and/or provider education	Louisiana (1), New York (1)	2	3.64%
No	California (2), New York (6), North Dakota (1), Ohio (2), West Virginia (1)	12	21.82%
National Totals		55	100%

a. If “Yes, automated retrospective claim reviews and/or Yes, provider education,” please indicate how often.

Figure 42 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

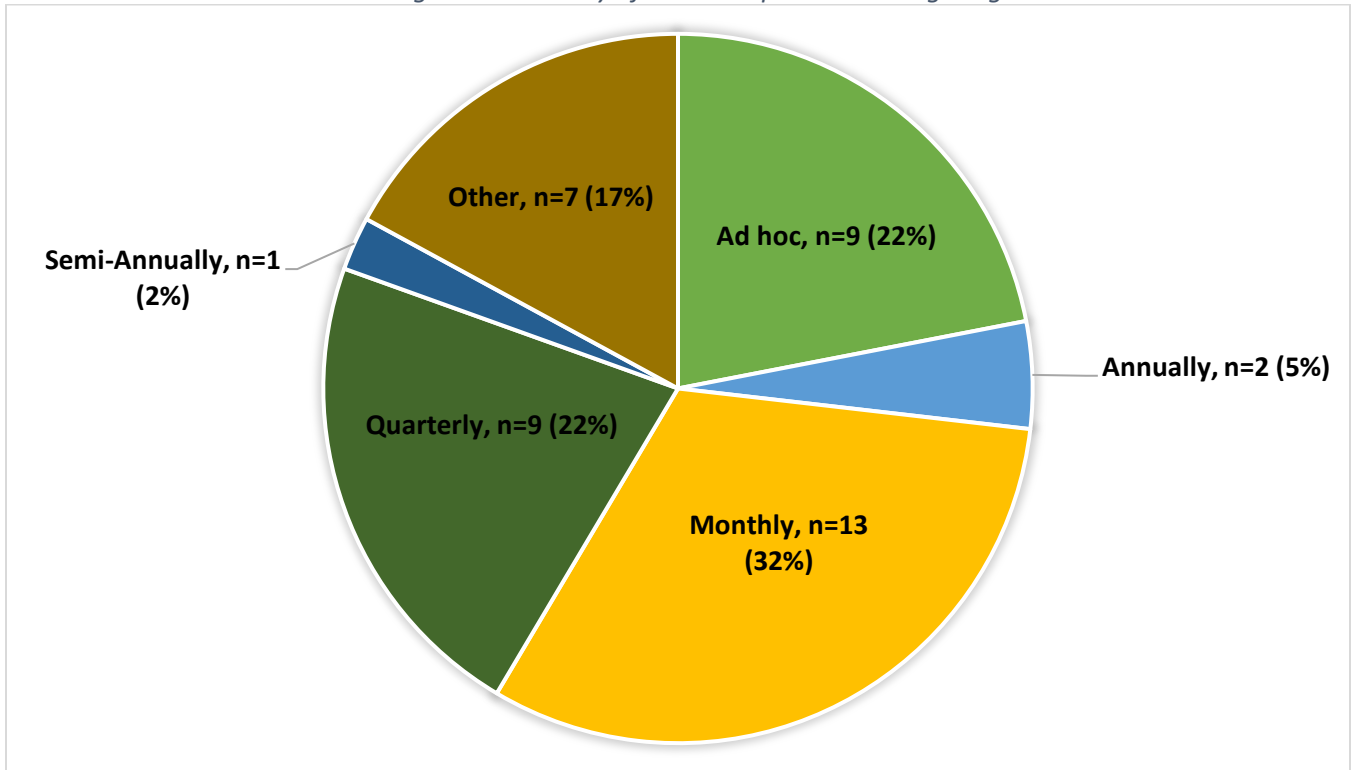


Table 42 - Frequency of Automated Retrospective Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis or History of OUD or Opioid Poisoning Diagnosis

Response	States (Count of MCPs)	Count	Percentage
Ad hoc	California (6), Ohio (2), West Virginia (1)	9	21.95%
Annually	California (1), Tennessee (1)	2	4.88%
Monthly	California (4), New York (5), Ohio (2), Tennessee (1), West Virginia (1)	13	31.71%
Quarterly	California (6), New York (1), Ohio (1), Tennessee (1)	9	21.95%
Semi-Annually	New York (1)	1	2.44%
Other	California (5), New York (1), Ohio (1)	7	17.07%
National Totals		41	100%

If “No,” does your MCP plan on implementing automated retrospective claim reviews and/or provider education regarding beneficiaries with a diagnosis history of OUD or opioid poisoning in the future?

Figure 43 - Plans to Implement Automated Retrospective Claim Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning in the Future

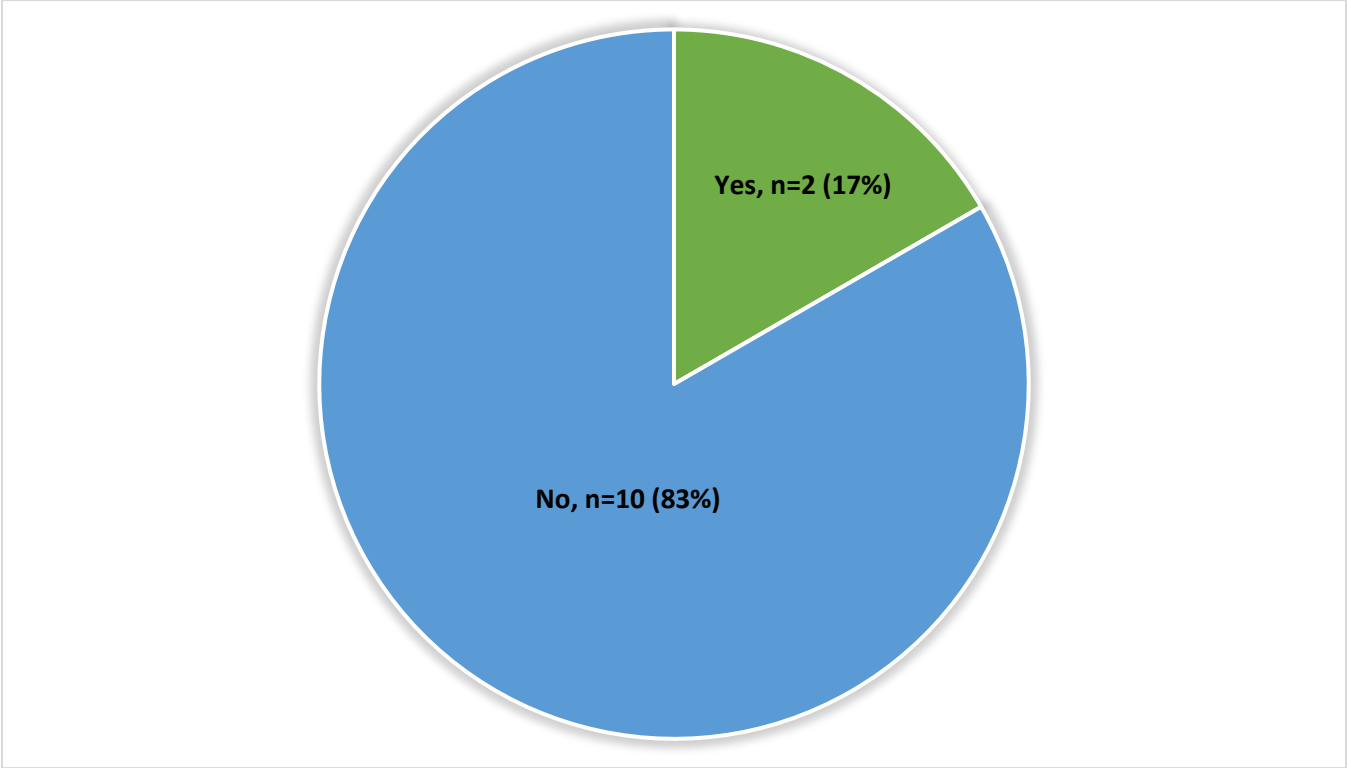


Table 43 - Plans to Implement Automated Retrospective Claim Reviews and/or Provider Education Regarding Beneficiaries with a Diagnosis History of OUD or Opioid Poisoning in the Future

Response	States (Count of MCPs)	Count	Percentage
Yes	California (1), West Virginia (1)	2	16.67%
No	California (1), New York (6), North Dakota (1), Ohio (2)	10	83.33%
National Totals		12	100%

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

Figure 44 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

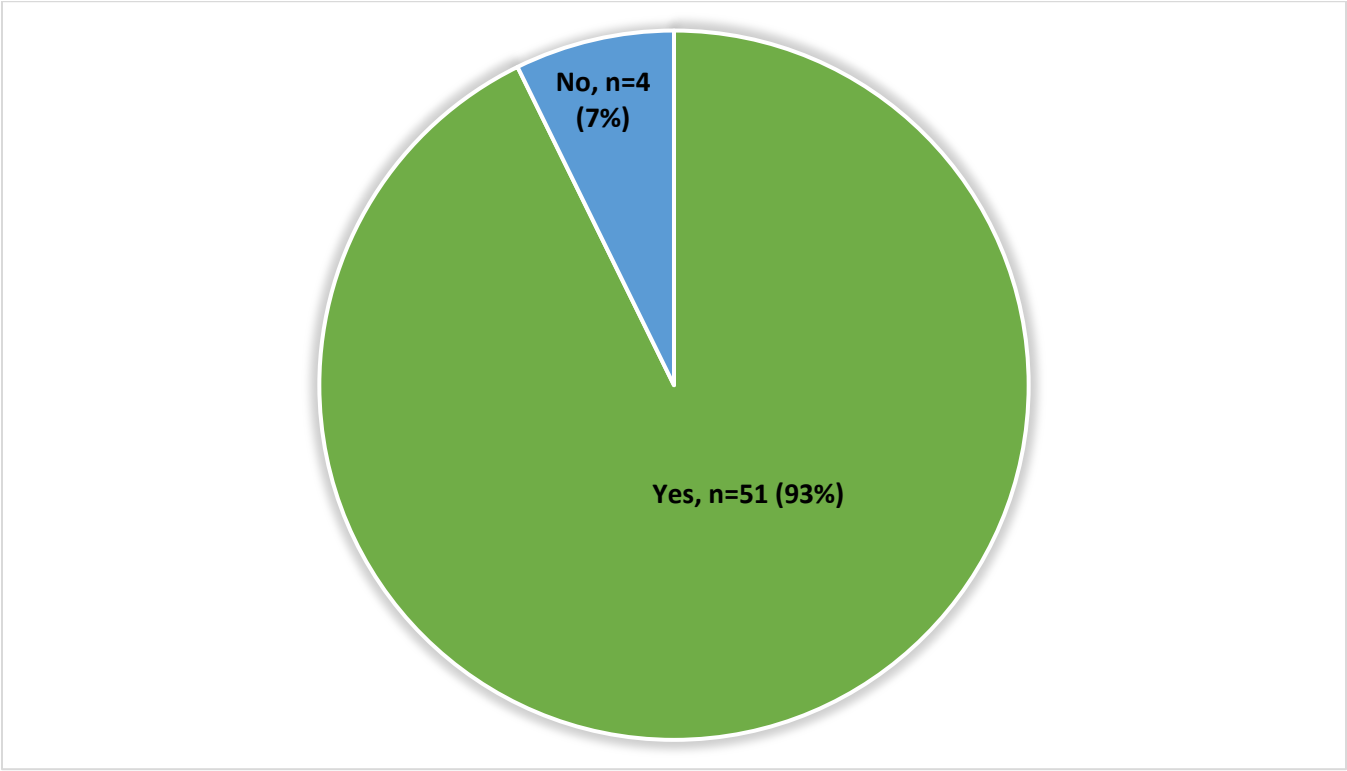


Table 44 - Provide Prescribers with Pain Management or Opioid Prescribing Guidelines

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), Louisiana (1), New York (14), Ohio (6), Tennessee (3), West Virginia (3)	51	92.73%
No	New York (1), North Dakota (1), Ohio (2)	4	7.27%
National Totals		55	100%

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If "Yes," please check all that apply. (multiple responses allowed)

Figure 45 - Pain Management / Opioid Prescribing Guidelines Provided

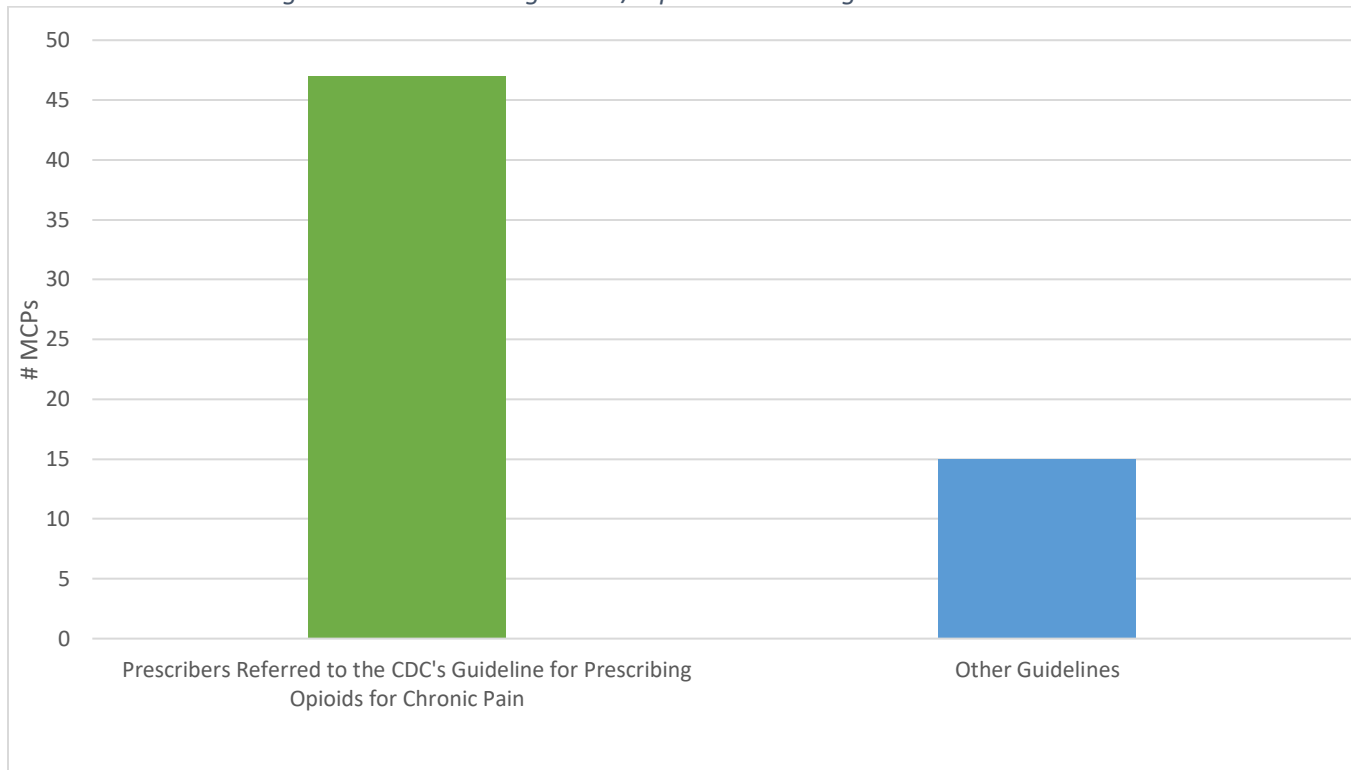


Table 45 - Pain Management / Opioid Prescribing Guidelines Provided

Response	States (Count of MCPs)	Count	Percentage
Your prescribers are referred to the CDC's Guideline for Prescribing Opioids for Chronic Pain.	California (24), Louisiana (1), New York (11), Ohio (5), Tennessee (3), West Virginia (3)	47	75.81%
Other guidelines	California (6), New York (4), Ohio (2), Tennessee (2), West Virginia (1)	15	24.19%
National Totals		62	100%

D. Morphine Milligram Equivalent (MME) Daily Dose

1. Does your MCP coordinate with the entity that provides the drug benefit to monitor MME total daily dose of opioid prescriptions dispensed?

Figure 46 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor MME Total Daily Dose of Opioid Prescriptions Dispensed

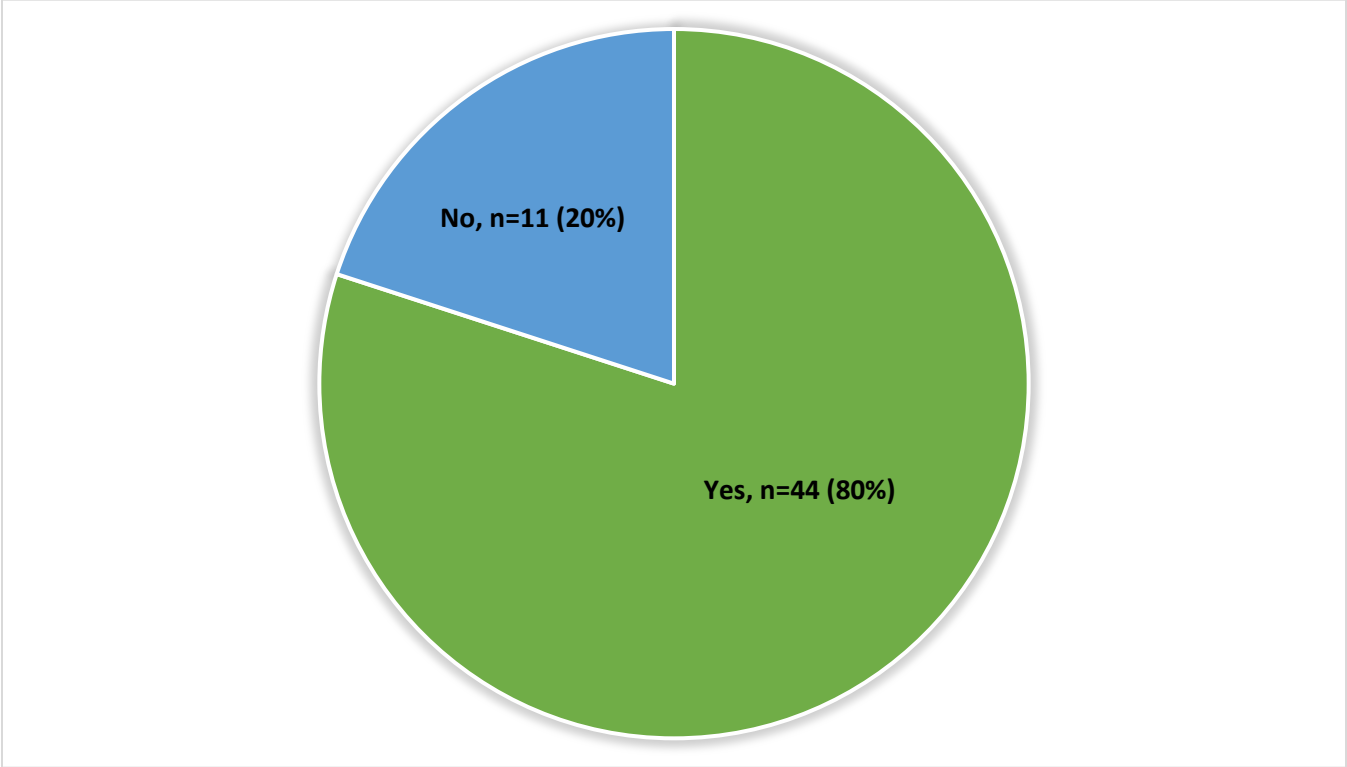


Table 46 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor MME Total Daily Dose of Opioid Prescriptions Dispensed

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), Louisiana (1), New York (8), Ohio (6), Tennessee (3), West Virginia (2)	44	80.00%
No	New York (7), North Dakota (1), Ohio (2), West Virginia (1)	11	20.00%
National Totals		55	100%

E. Opioid Use Disorder (OUD) Treatment

1. Does your MCP coordinate with the entity that provides the drug benefit to monitor and manage appropriate use of naloxone to persons at risk of overdose?

Figure 47 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor and Manage Use of Naloxone

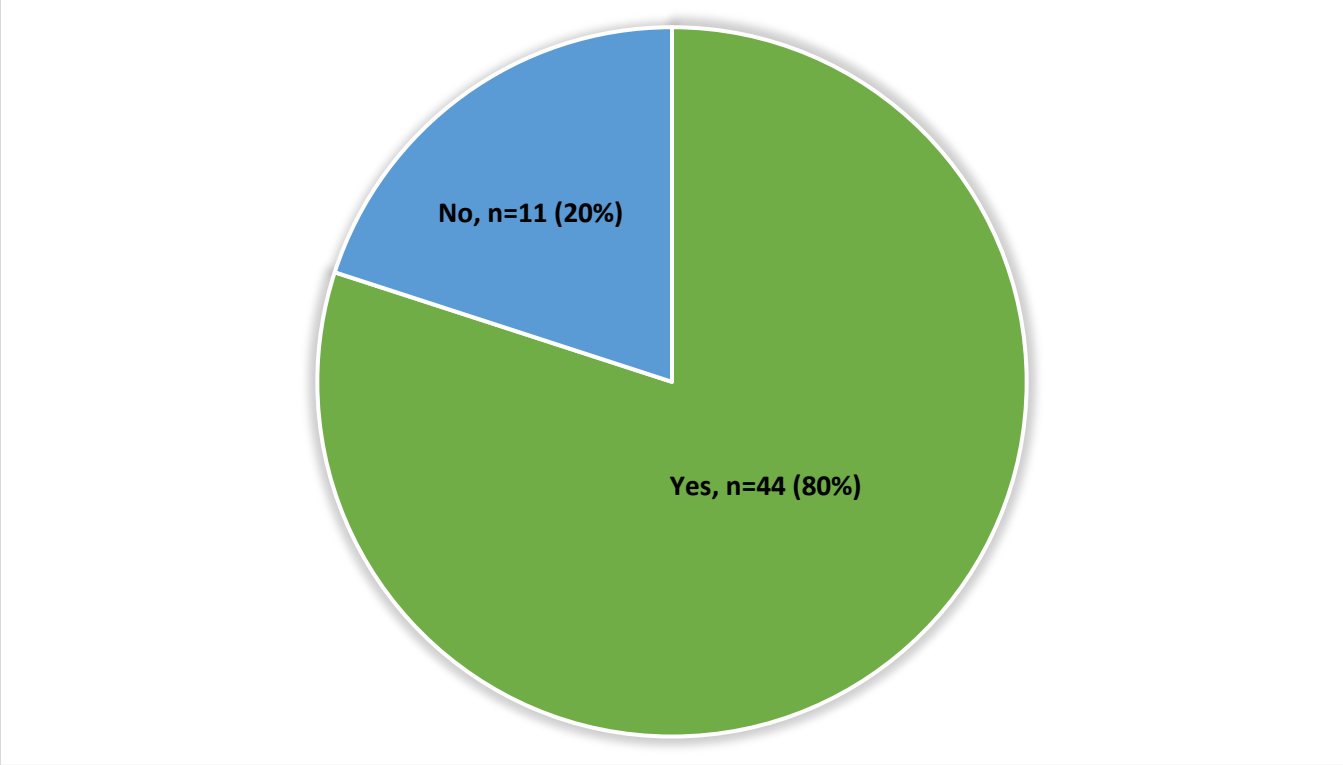


Table 47 - MCP Coordinates with the Entity that Provides Drug Benefits to Monitor and Manage Use of Naloxone

Response	States (Count of MCPs)	Count	Percentage
Yes	California (24), Louisiana (1), New York (7), Ohio (6), Tennessee (3), West Virginia (3)	44	80.00%
No	New York (8), North Dakota (1), Ohio (2)	11	20.00%
National Totals		55	100%

F. Outpatient Treatment Programs (OTP)

1. Does your program cover medications used for OUD through OTPs?

Figure 48 - Program Covers Medications Used for OUD through OTPs

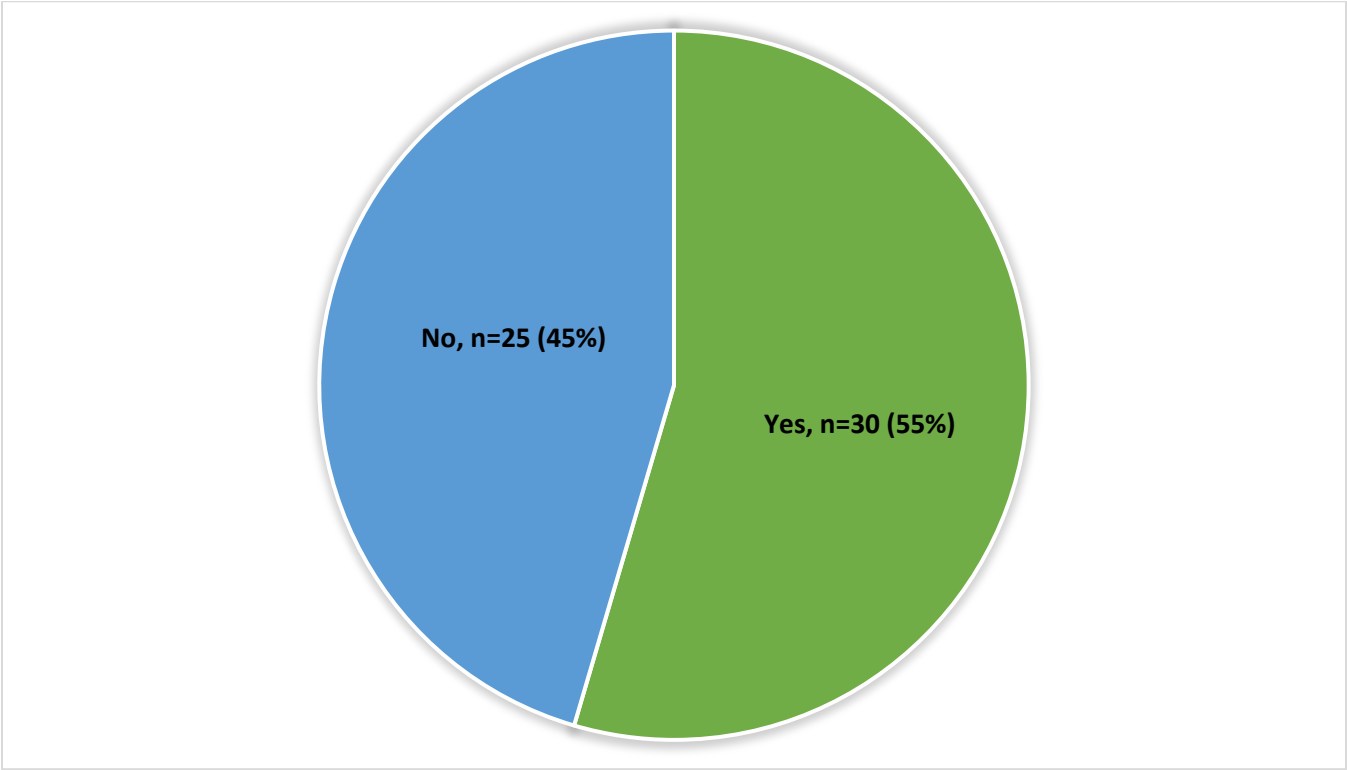


Table 48 - Program Covers Medications Used for OUD through OTPs

Response	States (Count of MCPs)	Count	Percentage
Yes	Louisiana (1), New York (15), North Dakota (1), Ohio (7), Tennessee (3), West Virginia (3)	30	54.55%
No	California (24), Ohio (1)	25	45.45%
National Totals		55	100%

G. Psychotropic Medication for Children

Antipsychotics

1. Does your MCP coordinate with the entity that provides the drug benefit to manage and monitor the appropriate use of antipsychotic drugs in children?

Figure 49 - MCP Coordinates with the Entity Providing Drug Benefits to Manage and Monitor the Appropriate Use of Antipsychotic Drugs in Children

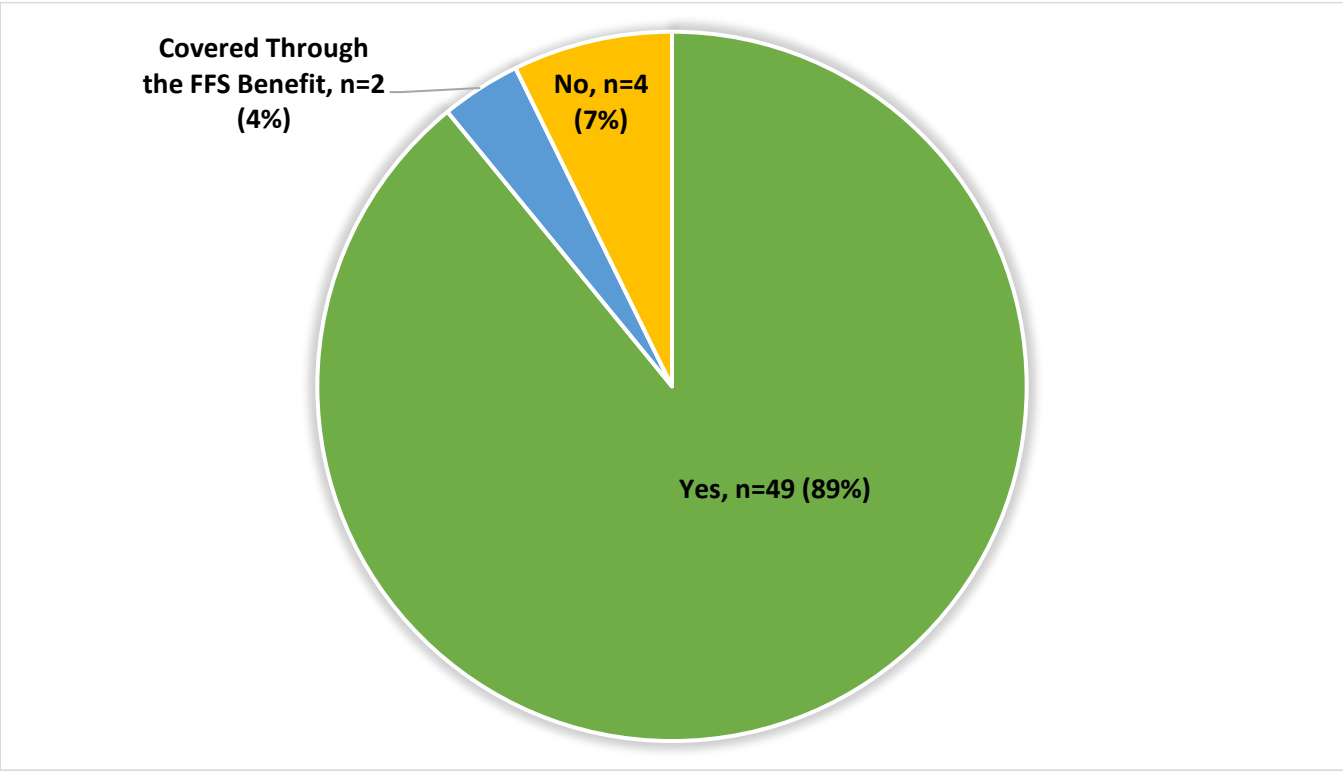


Table 49 - MCP Coordinates with the Entity Providing Drug Benefits to Manage and Monitor the Appropriate Use of Antipsychotic Drugs in Children

Response	States (Count of MCPs)	Count	Percentage
Yes	California (23), Louisiana (1), New York (12), Ohio (7), Tennessee (3), West Virginia (3)	49	89.09%
Covered through the FFS benefit	New York (2)	2	3.64%
No	California (1), New York (1), North Dakota (1), Ohio (1)	4	7.27%
National Totals		55	100%

a. If “Yes,” does your MCP manage and monitor:

Figure 50 - Categories of Children Managed and Monitored for Appropriate Use of Antipsychotic Drugs

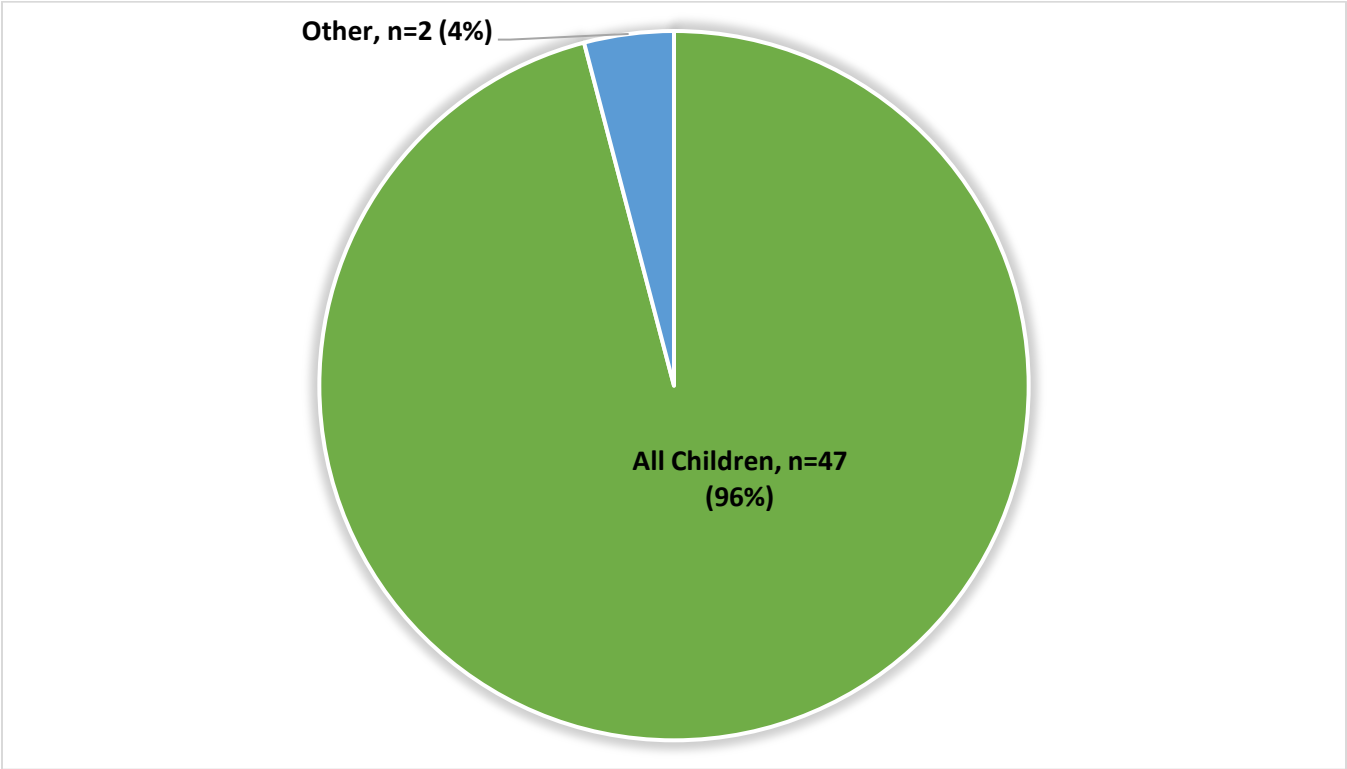


Table 50 - Categories of Children Managed and Monitored for Appropriate Use of Antipsychotic Drugs

Response	States (Count of MCPs)	Count	Percentage
All children	California (23), Louisiana (1), New York (11), Ohio (7), Tennessee (3), West Virginia (2)	47	95.92%
Other	New York (1), West Virginia (1)	2	4.08%
National Totals		49	100%

b. If you do not have a documented antipsychotic monitoring program in place, does your MCP plan on implementing a program in the future?

Figure 51 - Future Plans to Implement an Antipsychotic Monitoring Program

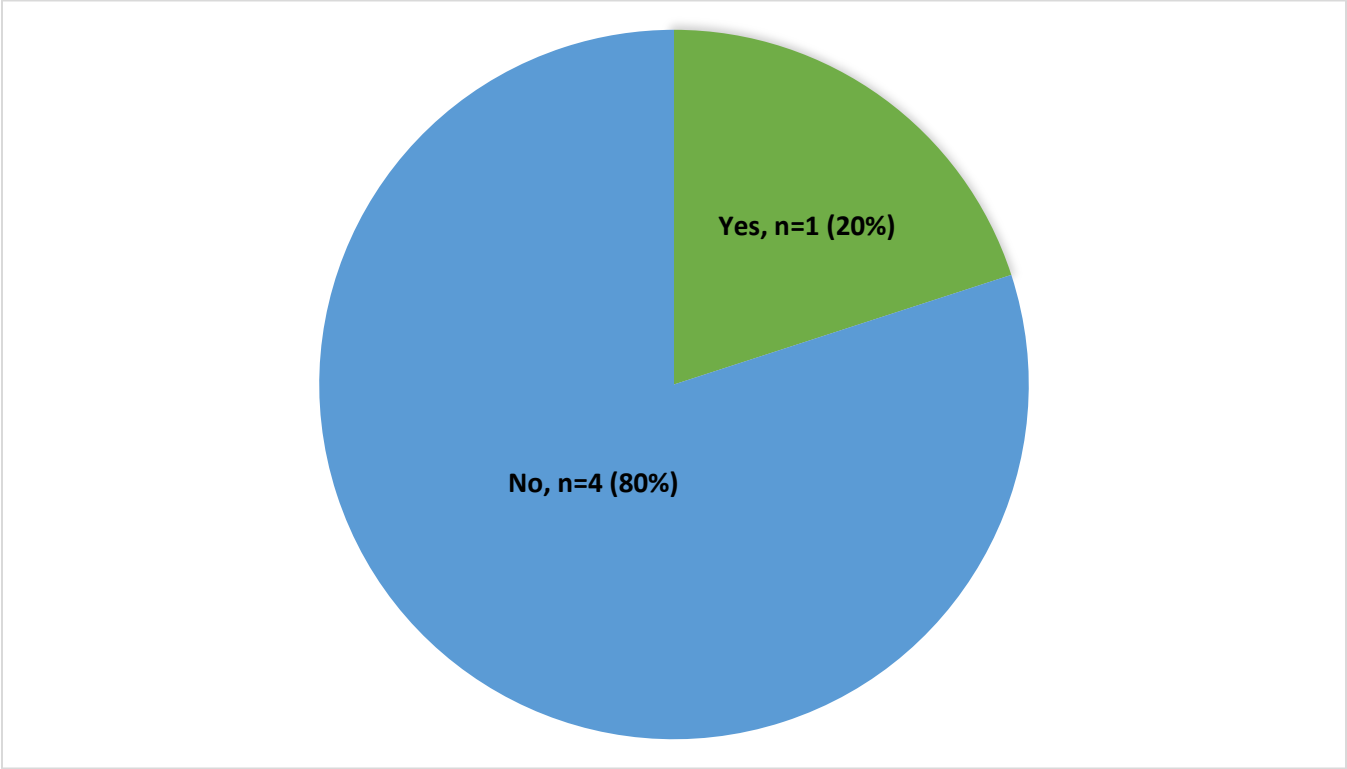


Table 51 - Future Plans to Implement an Antipsychotic Monitoring Program

Response	MCP Names	Count	Percentage
Yes	Ohio (1)	1	20.00%
No	California (1), New York (2), North Dakota (1)	4	80.00%
National Totals		5	100%

Stimulants

2. Does your MCP coordinate with the entity that provides the drug benefit to manage and monitor the appropriate use of stimulant drugs in children?

Figure 52 - MCP Coordinates with the Entity Providing Drug Benefits to Manage and Monitor the Appropriate Use of Stimulant Drugs in Children

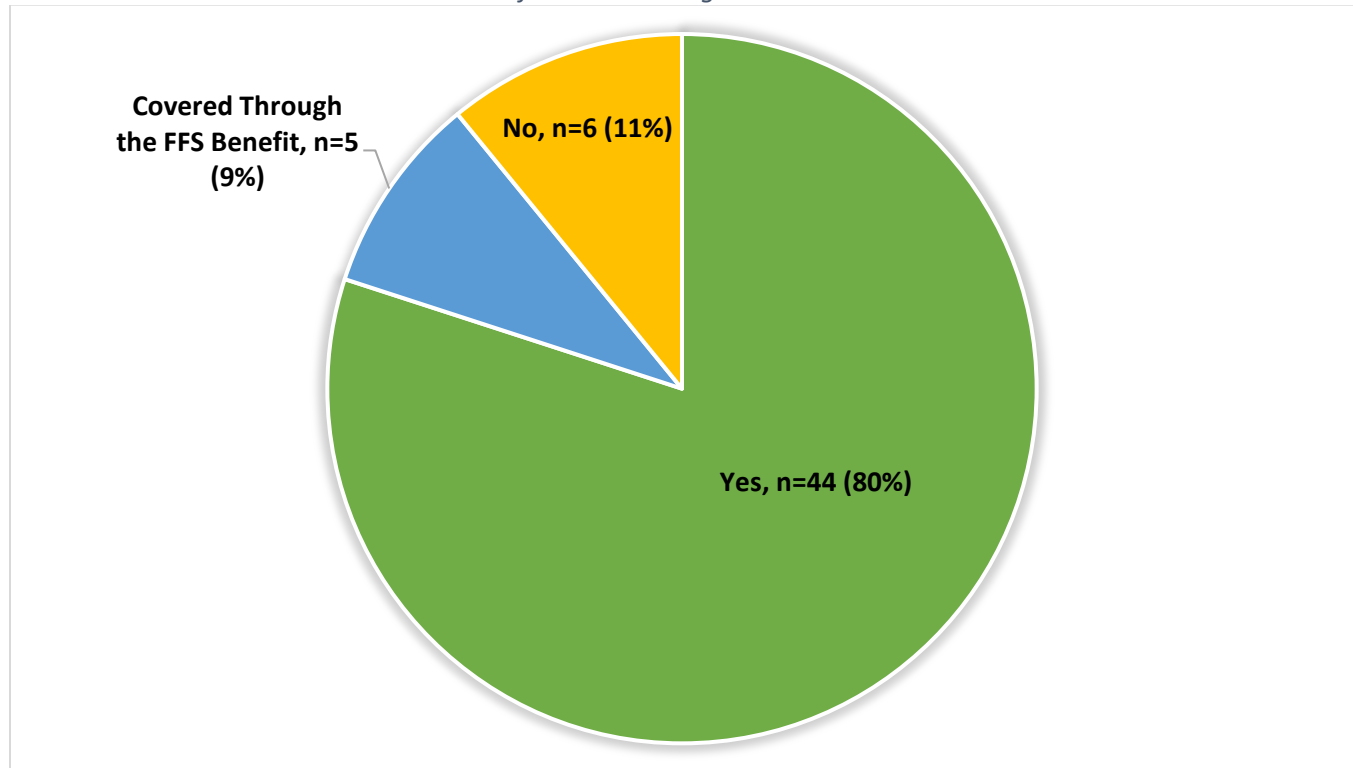


Table 52 - MCP Coordinates with the Entity Providing Drug Benefits to Manage and Monitor the Appropriate Use of Stimulant Drugs in Children

Response	States (Count of MCPs)	Count	Percentage
Yes	California (21), Louisiana (1), New York (10), Ohio (6), Tennessee (3), West Virginia (3)	44	80.00%
Covered through the FFS benefit	California (1), New York (4)	5	9.09%
No	California (2), New York (1), North Dakota (1), Ohio (2)	6	10.91%
National Totals		55	100%

a. If “Yes,” does your MCP manage and monitor:

Figure 53 - Categories of Children Managed and Monitored for Appropriate Use of Stimulant Drugs

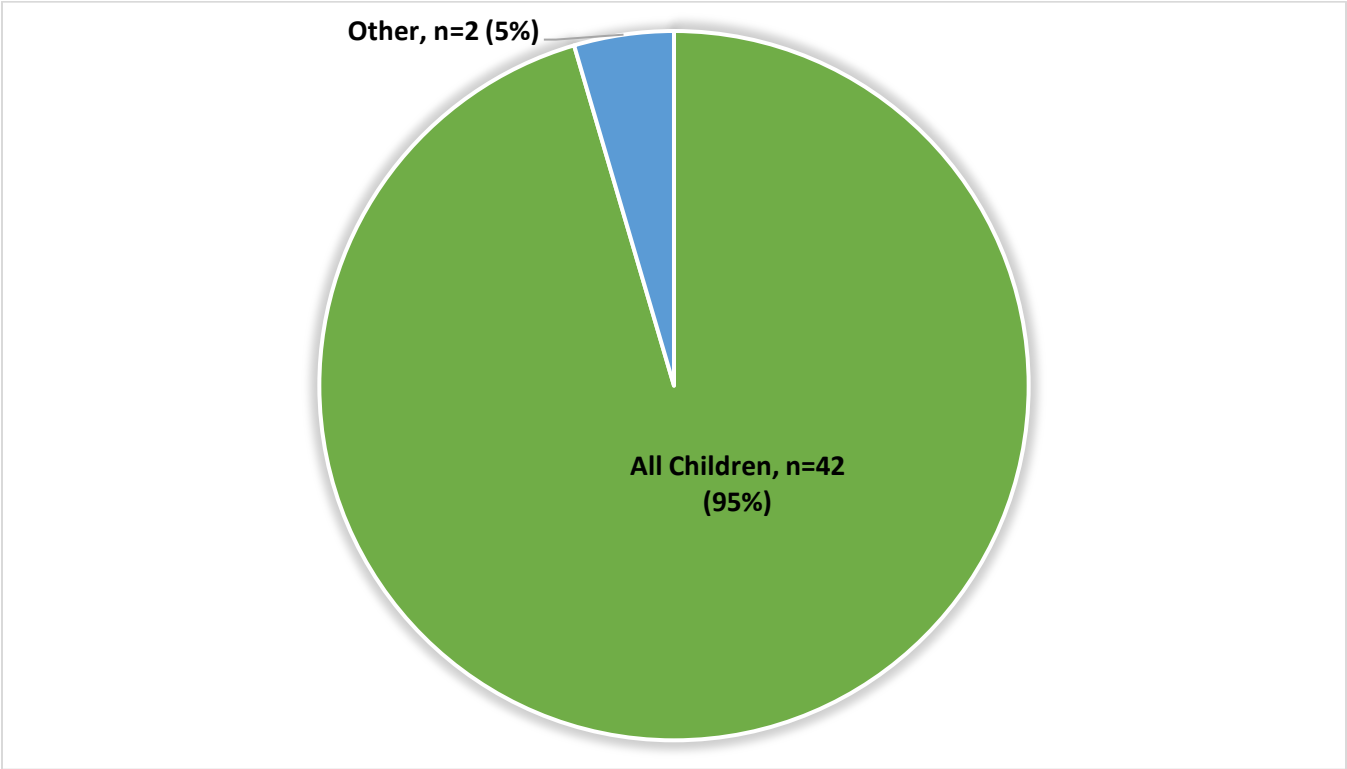


Table 53 - Categories of Children Managed and Monitored for Appropriate Use of Stimulant Drugs

Response	States (Count of MCPs)	Count	Percentage
All children	California (21), Louisiana (1), New York (9), Ohio (6), Tennessee (3), West Virginia (2)	42	95.45%
Other	New York (1), West Virginia (1)	2	4.55%
National Totals		44	100%

b. If you do not have a documented stimulant monitoring program in place, does your MCP plan on implementing a program in the future?

Figure 54 - Future Plans to Implement a Stimulant Monitoring Program

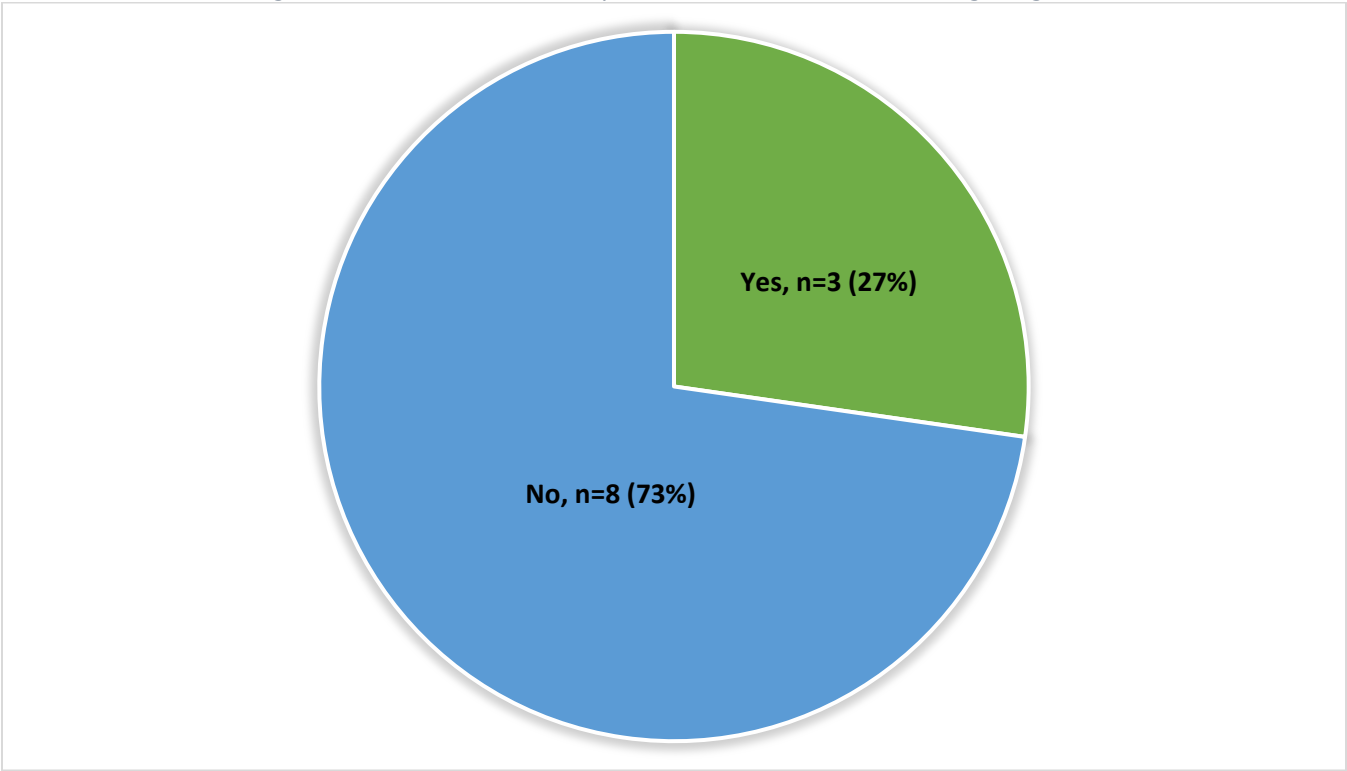


Table 54 - Future Plans to Implement a Stimulant Monitoring Program

Response	States (Count of MCPs)	Count	Percentage
Yes	California (1), Ohio (2)	3	27.27%
No	California (2), New York (5), North Dakota (1)	8	72.73%
National Totals		11	100%

Antidepressant/Mood Stabilizers/Antianxiety/Sedatives

3. Does your MCP coordinate with the entity that provides the drug benefit to manage and monitor the appropriate use of other psychotropic medication (antidepressants, mood stabilizers, antianxiety/sedative) in children?

Figure 55 - Documented Program in Place to Manage and Monitor the Appropriate Use of Other Psychotropic Medication in Children

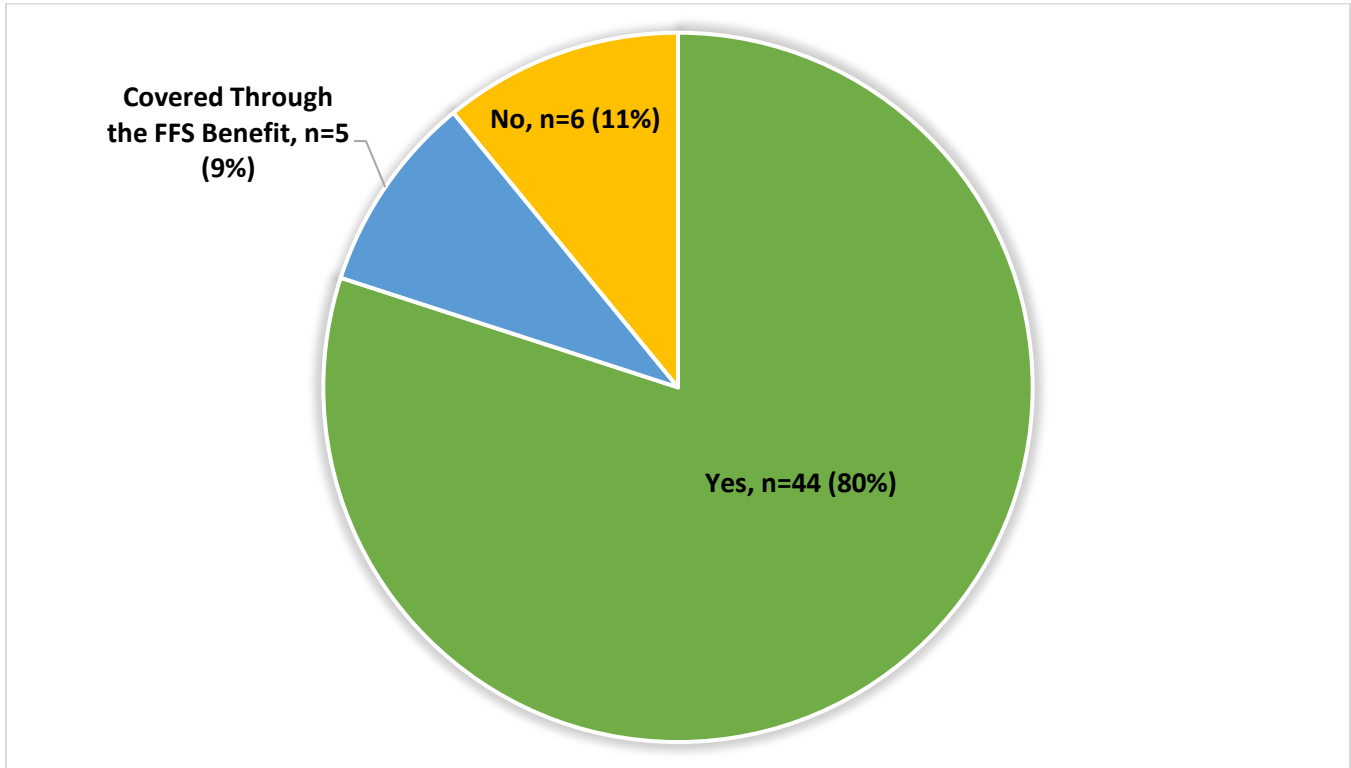


Table 55 - Documented Program in Place to Manage and Monitor the Appropriate Use of Other Psychotropic Medication in Children

Response	States (Count of MCPs)	Count	Percentage
Yes	California (22), Louisiana (1), New York (10), Ohio (6), Tennessee (3), West Virginia (2)	44	80.00%
Covered through the FFS benefit	New York (4), West Virginia (1)	5	9.09%
No	California (2), New York (1), North Dakota (1), Ohio (2)	6	10.91%
National Totals		55	100%

If “Yes,” check all that apply. (multiple responses allowed)

Figure 56 - Categories of Psychotropic Medication Managed and Monitored for Appropriate Use in Children

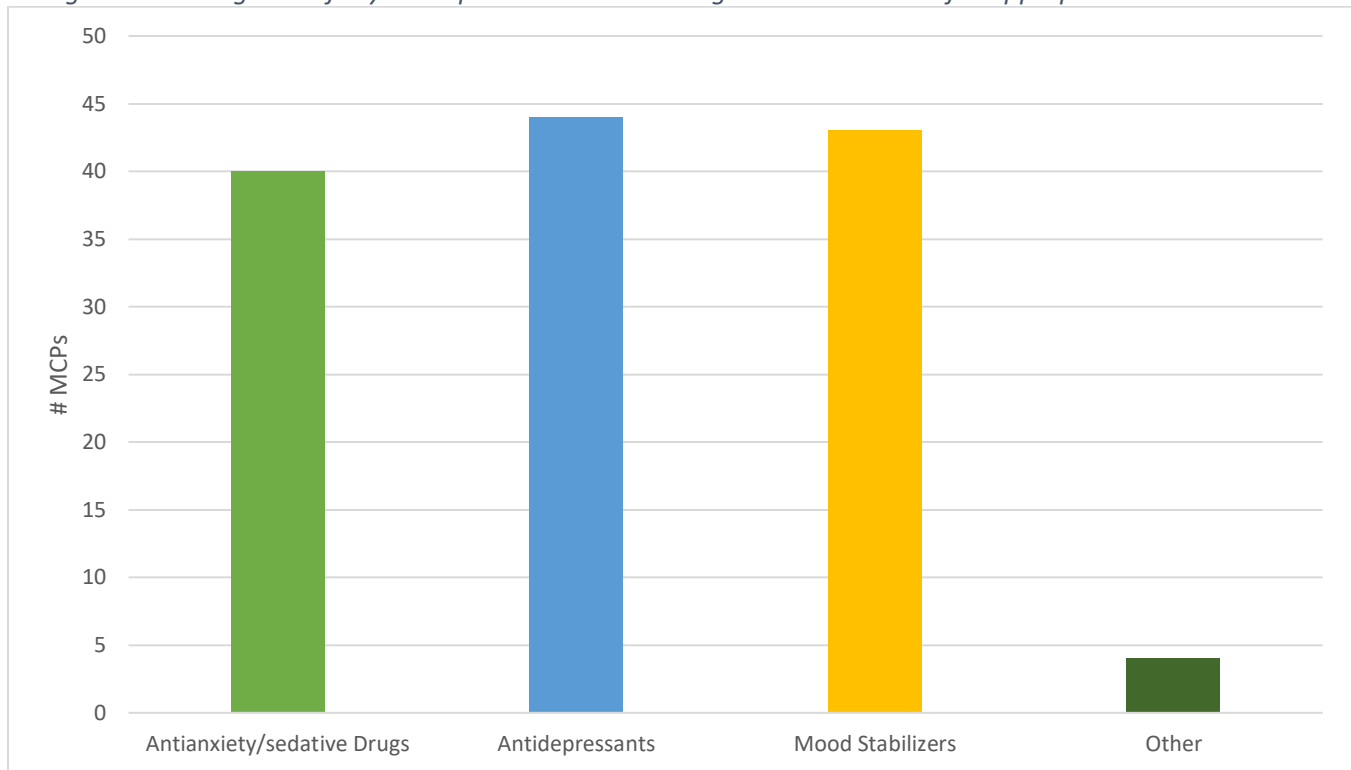


Table 56 - Categories of Psychotropic Medication Managed or Monitored for Appropriate Use in Children

Response	States (Count of MCPs)	Count	Percentage
Antianxiety/sedative drugs	California (19), Louisiana (1), New York (10), Ohio (6), Tennessee (3), West Virginia (1)	40	30.53%
Antidepressants	California (22), Louisiana (1), New York (10), Ohio (6), Tennessee (3), West Virginia (2)	44	33.59%
Mood stabilizers	California (21), Louisiana (1), New York (10), Ohio (6), Tennessee (3), West Virginia (2)	43	32.82%
Other	California (4)	4	3.05%
National Totals		131	100%

a. If “Yes,” does your MCP manage and monitor:

Figure 57 - Categories of Children Managed and Monitored for Appropriate Use of Psychotropic Medication

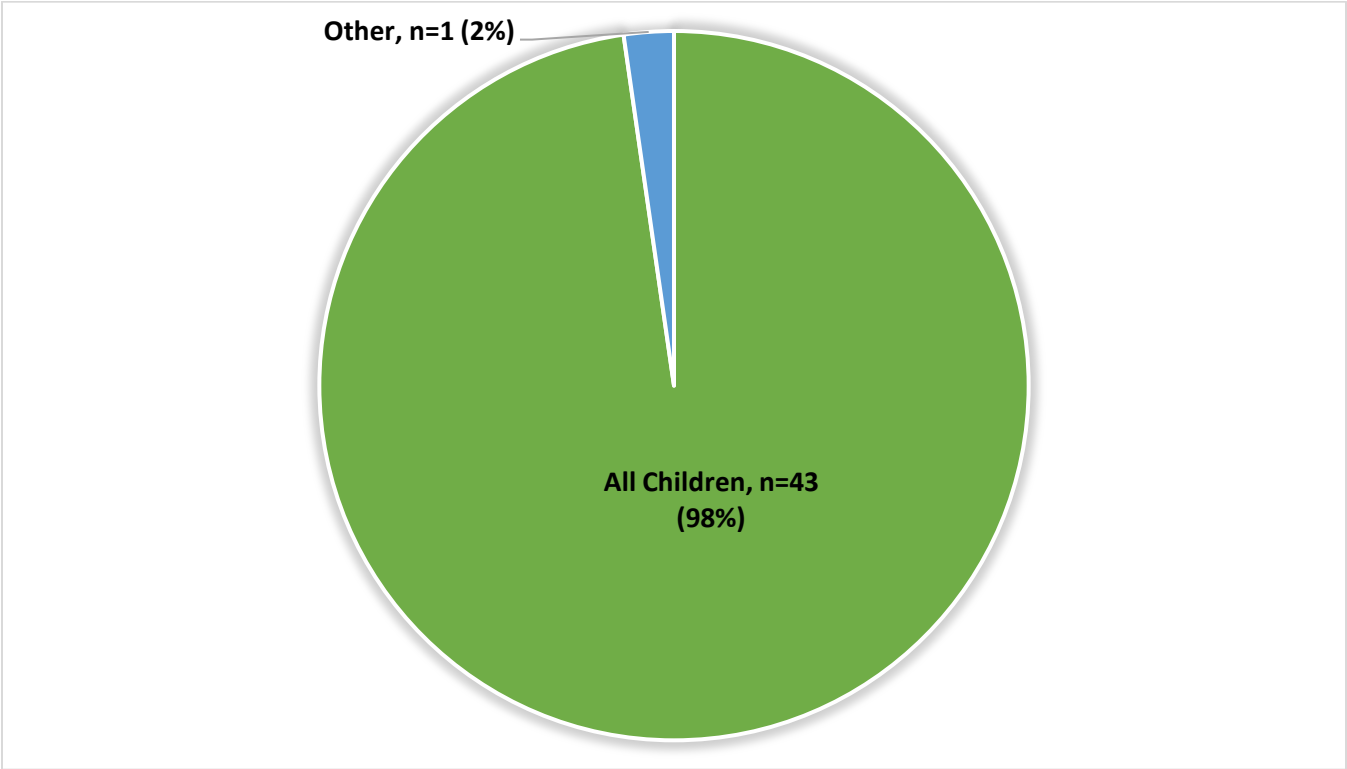


Table 57 - Categories of Children Managed and Monitored for Appropriate Use of Psychotropic Medication

Response	States (Count of MCPs)	Count	Percentage
All children	California (22), Louisiana (1), New York (9), Ohio (6), Tennessee (3), West Virginia (2)	43	97.73%
Other	New York (1)	1	2.27%
National Totals		44	100%

b. If you do not have a documented monitoring program in place, does your MCP plan on implementing a program in the future?

Figure 58 - Future Plans to Implement a Psychotropic Medication Monitoring Program

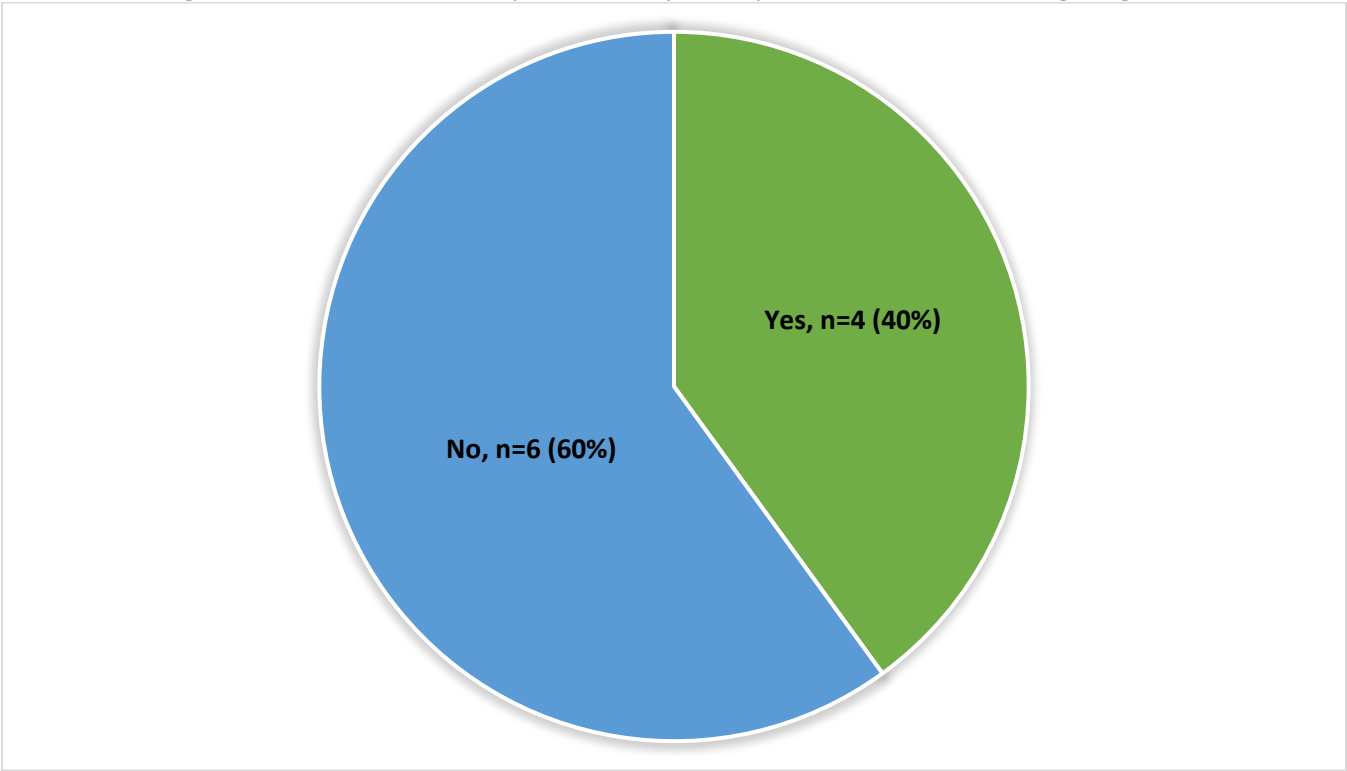


Table 58 - Future Plans to Implement a Psychotropic Medication Monitoring Program

Response	States (Count of MCPs)	Count	Percentage
Yes	California (1), New York (1), Ohio (2)	4	40.00%
No	California (1), New York (3), North Dakota (1), West Virginia (1)	6	60.00%
National Totals		10	100%

Section V - Innovative Practices

1. Does your MCP 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 59 - Demonstrations or Waivers to Allow Importation of Certain Drugs from Canada or Other Countries that are Versions of FDA-Approved Drugs for Dispensing to Medicaid Beneficiaries

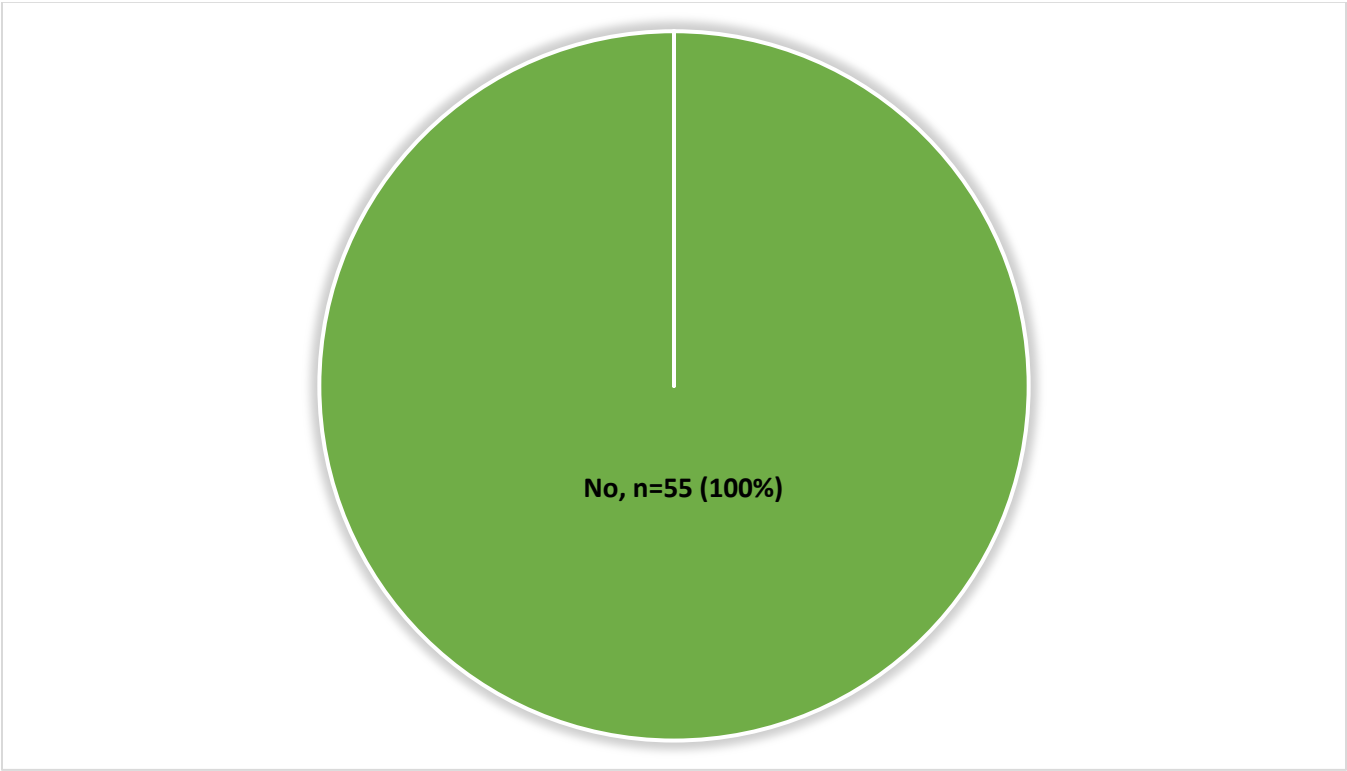


Table 59 - Demonstrations or Waivers to Allow Importation of Certain Drugs from Canada or Other Countries that are Versions of FDA-Approved Drugs for Dispensing to Medicaid Beneficiaries

Response	States (Count of MCPs)	Count	Percentage
No	California (24), Louisiana (1), New York (15), North Dakota (1), Ohio (8), Tennessee (3), West Virginia (3)	55	100.00%
National Totals		55	100%

2. Summary 2 - Innovative Practices

See the “State MCO Abbreviated Individual Reports” for details at [Medicaid.gov](https://www.Medicaid.gov).