Attachment 4.19-B
5.a.v (page 2)

ID-9-HUGR325S-4 MEDICAL SERVICES ANALYSIS FOR IDAHO MEDICAID PAGE NO. 1

RUN DATE - 01/08/97 PROVIDER PEER GROUP SUMMARY PROFILE REPORT PERIOD - OCT 95 DEC 96

CATEGORY OF SERVICE - 4 - PHYSICIAN

REPORT--LOCALITY - IDA - IN STATE TYPE - X30 - PHYSICIAN SPECIALTY - X01 - GP[redacted]

REFERENCE PERIOD - JUL 96-SEP 96 FYTD PERIOD - JUL 96-DEC 96 REFERENCE PERIOD PEER GROUP COUNT - 478

----------ACTIVITY SUMMARY----------		TREND	OCT 96 DEC 96	JUL 96 SEP 96	APR 96 JUN 96	JAN 96 MAR 96	OCT 95 DEC 95
NUMBER OF PROVIDERS REPORTING			452	478	487	486	500
NUMBER OF DIFFERENT PATIENTS			11,625	15,438	17,784	18,581	19,445
01-VOLUME SUMMARY SECTION							
02-AMOUNT BILLED - MEDICAID		- 16.58	1,449,404.51	1,653,576.60	3,256,878.72	3,368,445.50	3,441,430.94
03-AMOUNT PAID - MEDICAID	↑50%	- 15.50	825,216.02	1,403,270.92	1,699,713.32	1,746,757.89	1,804,252.96
04-AMOUNT PAID - MEDICARE		- 19.26	40,291.34	70,150.61	84,332.59	143,583.03	85,117.13
05-AMOUNT PAID - TOTAL		- 15.70	865,507.36	1,473,421.53	1,729,045.91	1,890,340.87	1,889,370.09
06-PAID AS PCT OF BILLED		↑ 1.90	56.93	52.88	50.49	51.85	52.42
07-RECIPIENTS SERVED - XIX	↑SD1	- 12.96	11,913.00	16,665.00	19,589.00	20,371.00	21,760.00
08-RECIPIENTS SERVED - XVIII	↑SD1	- 9.60	1,729.00	2,369.00	2,514.00	2,657.00	2,734.00
09-RECIPIENTS SERVED - TOTAL		- 12.59	13,552.00	18,932.00	22,002.00	22,921.00	24,377.00
10-AVG. PAYMENT/RECIPIENT	↑SD1	- 5.55	69.27	84.20	83.96	85.74	82.91
11-AVG. CHARGE/RECIPIENT	↑SD1	- 5.13	121.66	159.23	166.26	165.35	158.15
12-RELATIONAL SUMMARY SECTION							
13-NUMBER OF MEDICAL VISITS		- 16.62	11,673.00	18,152.00	22,227.00	23,003.00	25,737.00
14-PERCENT INITIAL VISITS	↑SD1	- 2.27	27.53	36.76	34.02	31.67	33.77
15-PERCENT EXTENDED VISITS	↑SD1	- 1.50	14.31	14.35	14.93	14.06	15.16
16-AVG. NO. VISITS/RECIPIENT	↑SD1	- 4.53	0.97	1.08	1.13	1.16	1.18
17-AVG. CHG. OFFICE VSI/RECIP	↑SD1	- 1.51	30.44	27.66	29.89	32.20	30.44
18-NUMBER OF INJECTIONS		- 21.26	285.00	331.00	458.00	554.00	660.00
19-PAYMENTS FOR INJECTIONS		- 18.46	822.46	987.74	1,736.39	1,394.69	1,878.15
20-AVG. PAYMENT/INJECTION	↑SD1	↑ 1.83	2.88	2.98	3.79	2.51	2.84
21-RATIO INJECTIONS/VISITS	↑SD1	- 5.56	0.02	0.01	0.02	0.02	0.02
22-NO. OF SURGICAL PROCEDURES		- 15.96	779.00	2,179.00	2,479.00	2,615.00	2,473.00
23-PAYMENTS FOR SURGERY		- 15.59	210,454.95	457,749.79	507,617.07	520,344.72	525,444.86
24-RATIO SURGERIES/RECIPIENT	↑SD1	- 9.46	0.08	0.13	0.12	0.12	0.11
25-NO. DIAGNOSTIC X-RAYS		- 13.44	1,118.00	1,820.00	2,225.00	2,225.00	2,205.00
26-PMTS FOR DIAG. X-RAYS		- 10.69	35,326.72	59,634.89	65,891.20	64,012.75	63,849.65
27-RATIO DIAG. X-RAYS/VISIT	↑SD1	↑ 3.26	0.07	0.10	0.10	0.09	0.08
28-NO. LAB PROCEDURES		- 15.78	2,053.00	3,042.00	3,740.00	4,363.00	4,127.00
29-PMTS FOR LAB PROCEDURES		- 15.00	17,500.29	23,991.54	29,628.94	35,180.70	32,078.97
30-RATIO LAB PROCS/VISITS	↑SD1	↑ 0.00	0.17	0.16	0.16	0.18	0.16
31-OTHER DIAG. PROCEDURES		- 11.82	578.00	937.00	1,219.00	1,250.00	1,012.00
32-PMTS FOR OTHER DIAG. PROCS		- 12.78	17,244.08	29,112.08	38,444.51	39,972.03	31,826.37
33-RATIO OTHER DIAG. PROCS/VSTS	↑SD1	↑ 4.65	0.04	0.05	0.05	0.05	0.03
34-PCT INCOME - DIAG SVCS	↑SD1	↑ 3.56	8.50	8.03	8.14	7.96	7.12
35-NUMBER OF CONSULTATIONS	↑5	- 10.64	240.00	387.00	446.00	449.00	415.00
36-PAYMENTS FOR CONSULTATIONS		- 10.41	15,511.65	23,713.70	26,791.88	27,328.89	26,140.32
37-AVG PAYMENT/CONSULTATION	↑SD1	↑ 0.60	64.63	61.27	60.07	60.86	62.98
38-NO. PSYCH VISITS/PSYCH RECIP	↑SD1	↑ 3.37	7.17	9.15	10.33	8.16	6.28
39-NO. ALL OTHER SERVICES		- 9.59	7,899.00	9,487.00	10,471.00	11,431.00	11,031.00
40-PAYMENTS FOR ALL OTHER SERVICES		- 17.98	84,384.35	130,176.51	166,209.62	192,831.82	190,444.20

FYTD TOTALS TITLE XIX	SVCS	64225	BILLED	4,102,981.11	ALLOWED	2,260,604.19	PAID	2,228,486.94	PCT/PAID/BILLED 54.31
TITLE XVIII		11211		648,011.12		110,737.94		110,441.95	17.04

Attachment 4.19-B
5.a.v. (page 3)

ID-9-HUGH325G-4 | MEDICAL SERVICES ANALYSIS FOR IDAHO MEDICAID | PAGE NO. 7

RUN DATE - 01/08/97 | PROVIDER PEER GROUP SUMMARY PROFILE REPORT | PERIOD - OCT 95 DEC 96

CATEGORY OF SERVICE - 4 - PHYSICIAN

REPORT--LOCALITY - IDA - IN STATE | TYPE - X20 - PHYSICIAN | SPECIALTY - X08 - FAMILY PRACTICE

REFERENCE PERIOD - JUL 96-SEP 96 | FYID PERIOD - JUL 96-DEC 96 | REFERENCE PERIOD PEER GROUP COUNT - 215

----------ACTIVITY SUMMARY----------		TREND	OCT 96 DEC 96	JUL 96 SEP 96	APR 96 JUN 96	JAN 96 MAR 96	OCT 95 DEC 95
NUMBER OF PROVIDERS REPORTING			201	215	205	195	188
NUMBER OF DIFFERENT PATIENTS			7,273	9,185	9,568	9,764	10,001
01-VOLUME SUMMARY SECTION							
02-AMOUNT BILLED - MEDICAID		- 8.36	051,476.19	1,402,890.15	1,509,079.75	1,412,765.56	1,325,306.00
03-AMOUNT PAID - MEDICAID	↑50%	- 6.88	529,949.65	814,406.60	832,792.92	796,448.36	790,253.02
04-AMOUNT PAID - MEDICARE		- 15.62	17,244.58	25,944.75	33,777.50	58,375.30	26,277.62
05-AMOUNT PAID - TOTAL		- 7.24	540,194.23	840,351.35	866,570.42	854,823.66	816,530.64
06-PAID AS PCT OF BILLED		↑ 1.95	61.41	58.05	55.36	56.37	56.63
07-RECIPIENTS SERVED - XIX	↑SD1	- 6.55	7,129.00	9,393.00	9,608.00	9,705.00	9,966.00
08-RECIPIENTS SERVED - XVIII	↑SD1	- 6.98	948.00	1,081.00	1,170.00	1,213.00	1,279.00
09-RECIPIENTS SERVED - TOTAL		- 6.72	7,911.00	10,318.00	10,597.00	10,742.00	11,102.00
10-AVG. PAYMENT/RECIPIENT	↑SD1	- 0.87	73.40	86.70	86.67	82.06	79.29
11-AVG. CHARGE/RECIPIENT	↑SD1	- 2.61	119.52	149.35	156.54	145.57	140.00
12-RELATIONAL SUMMARY SECTION							
13-NUMBER OF MEDICAL VISITS		- 11.53	7,663.00	10,882.00	12,114.00	12,990.00	13,157.00
14-PERCENT INITIAL VISITS	↑SD1	- 2.80	15.29	18.50	17.31	16.48	10.72
15-PERCENT EXTENDED VISITS	↑SD1	- 2.05	12.16	14.23	12.72	13.39	13.99
16-AVG. NO. VISITS/RECIPIENT	↑SD1	- 5.55	1.07	1.15	1.26	1.33	1.32
17-AVG. CHG. OFFICE VSI/RECIP	↑SD1	- 1.40	38.44	38.63	39.97	41.51	39.77
18-NUMBER OF INJECTIONS		- 2.16	297.00	257.00	326.00	291.00	312.00
19-PAYMENTS FOR INJECTIONS		↑ 5.52	596.25	734.24	491.47	594.12	505.00
20-AVG. PAYMENT/INJECTION	↑SD1	↑ 7.95	2.00	2.85	1.50	2.04	1.61
21-RATIO INJECTIONS/VISITS	↑SD1	↑ 9.09	0.03	0.02	0.02	0.02	0.02
22-NO. OF SURGICAL PROCEDURES		- 7.18	590.00	1,130.00	1,183.00	1,077.00	972.00
23-PAYMENTS FOR SURGERY		- 3.46	189,930.62	338,205.62	329,550.81	275,611.22	269,808.65
24-RATIO SURGERIES/RECIPIENT	↑SD1	- 0.96	0.08	0.12	0.12	0.11	0.09
25-NO. DIAGNOSTIC X-RAYS		- 10.26	179.00	301.00	317.00	306.00	305.00
26-PMTS FOR DIAG. X-RAYS		- 10.12	5,434.95	8,714.39	8,732.52	10,135.37	8,973.06
27-RATIO DIAG. X-RAYS/VISIT	↑SD1	↑ 0.00	0.02	0.02	0.02	0.02	0.02
28-NO. LAB PROCEDURES		- 9.69	1,414.00	2,134.00	2,403.00	2,444.00	2,304.00
29-PMTS FOR LAB PROCEDURES		- 8.15	11,936.29	16,254.10	18,813.13	18,661.00	17,500.97
30-RATIO LAB PROCS/VISITS	↑SD1	↑ 1.63	0.18	0.19	0.20	0.18	0.17
31-OTHER DIAG. PROCEDURES		- 19.71	98.00	147.00	173.00	189.00	197.00
32-PMTS FOR OTHER DIAG. PROCS		- 6.25	2,177.52	3,052.80	3,603.41	3,623.26	2,854.40
33-RATIO OTHER DIAG. PROCS/VSITS	↑SD1	↑ 0.00	0.01	0.01	0.01	0.01	0.01
34-PCT INCOME - DIAG SVCS	↑SD1	- 1.58	3.73	3.44	3.74	4.07	3.71
35-NUMBER OF CONSULTATIONS	↑5	↑ 32.08	14.00	19.00	11.00	5.00	4.00
36-PAYMENTS FOR CONSULTATIONS		↑ 34.13	757.12	735.20	494.00	191.23	213.15
37-AVG PAYMENT/CONSULTATION	↑SD1	↑ 0.45	54.08	38.69	44.90	38.24	53.20
38-NO. PSYCH VISITS/PSYCH RECIP	↑SD1	↑ 5.43	3.60	7.66	9.47	6.41	2.61
39-NO. ALL OTHER SERVICES		- 2.85	7,507.00	8,524.00	8,887.00	8,697.00	8,623.00
40-PAYMENTS FOR ALL OTHER SERVICES		- 6.17	52,849.57	80,832.55	79,375.51	78,772.15	76,607.90

FYID TOTALS TITLE XIX SVCS 41266 BILLED 2,254,366.34 ALLOWED 1,352,866.32 PAID 1,337,356.25 PCT/PAID/BILLED 59.32

TITLE XVIII 6526 220,299.90 43,309.98 43,189.33 19.60

Attachment 4.19-B
5.a.v. (page 4)

CATEGORY OF SERVICE - 4 - PHYSICIAN

REPORT--LOCALITY - IDA - IN STATE TYPE - X20 - PHYSICIAN SPECIALTY - X16 - OB-GYN

REFERENCE PERIOD - JUL 96-SEP 96 FYTD PERIOD - JUL 96-DEC 96 REFERENCE PERIOD PEER GROUP COUNT - 89

----------ACTIVITY SUMMARY----------		TREND	OCT 96 DEC 96	JUL 96 SEP 96	APR 96 JUN 96	JAN 96 MAR 96	OCT 95 DEC 95
NUMBER OF PROVIDERS REPORTING			90	89	92	93	90
NUMBER OF DIFFERENT PATIENTS			2,479	3,614	4,043	4,264	4,080
01-VOLUME SUMMARY SECTION							
02-AMOUNT BILLED - MEDICAID		- 15.02	1,096,772.22	2,099,737.61	2,367,136.32	2,554,470.08	2,458,341.55
03-AMOUNT PAID - MEDICAID	↑50%	- 12.66	619,912.06	1,152,298.11	1,215,616.94	1,306,407.36	1,244,223.49
04-AMOUNT PAID - MEDICARE		- 21.11	1,882.09	3,576.15	6,007.89	6,379.86	5,385.22
05-AMOUNT PAID - TOTAL		- 12.70	621,794.15	1,155,874.26	1,221,624.83	1,312,787.22	1,249,608.71
06-PAID AS PCT OF BILLED		↑ 2.94	56.52	54.87	51.35	51.14	50.81
07-RECIPIENTS SERVED - XIX	↑SD1	- 10.29	2,601.00	3,873.00	4,335.00	4,561.00	4,272.00
08-RECIPIENTS SERVED - XVIII	↑SD1	- 8.88	103.00	126.00	159.00	144.00	155.00
09-RECIPIENTS SERVED - TOTAL		- 10.19	2,700.00	3,996.00	4,486.00	4,695.00	4,419.00
10-AVG. PAYMENT/RECIPIENT	↑SD1	- 3.37	238.33	297.52	280.41	286.43	290.77
11-AVG. CHARGE/RECIPIENT	↑SD1	- 6.12	421.67	542.14	546.05	560.06	574.51
12-RELATIONAL SUMMARY SECTION							
13-NUMBER OF MEDICAL VISITS		- 12.52	1,376.00	2,300.00	2,505.00	2,779.00	2,502.00
14-PERCENT INITIAL VISITS	↑SD1	- 10.87	14.24	16.30	18.52	20.40	22.15
15-PERCENT EXTENDED VISITS	↑SD1	- 5.64	17.75	19.22	19.88	23.78	21.61
16-AVG. NO. VISITS/RECIPIENT	↑SD1	- 2.95	0.52	0.59	0.57	0.60	0.60
17-AVG. CHG. OFFICE VSI/RECIP	↑SD1	- 2.77	22.00	22.89	23.29	24.93	24.23
18-NUMBER OF INJECTIONS		- 14.56	80.00	207.00	211.00	298.00	176.00
19-PAYMENTS FOR INJECTIONS		- 5.46	144.68	2,251.58	2,557.17	1,668.70	844.00
20-AVG. PAYMENT/INJECTION	↑SD1	- 1.00	1.80	10.87	12.11	5.59	4.79
21-RATIO INJECTIONS/VISITS	↑SD1	- 3.95	0.05	0.09	0.08	0.10	0.06
22-NO. OF SURGICAL PROCEDURES		- 15.07	1,087.00	1,919.00	2,239.00	2,439.00	2,337.00
23-PAYMENTS FOR SURGERY		- 12.61	515,273.14	982,026.73	1,022,606.39	1,088,012.28	1,049,401.18
24-RATIO SURGERIES/RECIPIENT	↑SD1	- 6.05	0.41	0.49	0.51	0.53	0.54
25-NO. DIAGNOSTIC X-RAYS		- 14.32	437.00	708.00	852.00	951.00	861.00
26-PMTS FOR DIAG. X-RAYS		- 14.19	30,514.12	50,731.03	58,492.87	68,161.40	59,707.57
27-RATIO DIAG. X-RAYS/VISIT	↑SD1	- 2.47	0.31	0.30	0.34	0.34	0.33
28-NO. LAB PROCEDURES		- 15.99	1,231.00	1,922.00	2,484.00	2,692.00	2,330.00
29-PMTS FOR LAB PROCEDURES		- 14.25	9,836.07	14,836.61	19,713.15	22,420.45	18,147.25
30-RATIO LAB PROCS/VISITS	↑SD1	- 1.64	0.89	0.83	0.99	0.96	0.90
31-OTHER DIAG. PROCEDURES		- 32.29	10.00	4.00	3.00	7.00	24.00
32-PMTS FOR OTHER DIAG. PROCS		- 16.12	157.71	114.58	77.38	147.99	263.78
33-RATIO OTHER DIAG. PROCS/VSTS	↑SD1	↑ 0.00	0.00	0.00	0.00	0.00	0.00
34-PCT INCOME - DIAG SVCS	↑SD1	- 1.16	6.53	5.70	6.43	6.94	6.28
35-NUMBER OF CONSULTATIONS	↑5	- 10.98	38.00	83.00	94.00	84.00	79.00
36-PAYMENTS FOR CONSULTATIONS		- 13.22	1,763.80	3,605.80	4,215.01	3,814.51	3,801.53
37-AVG PAYMENT/CONSULTATION	↑SD1	- 1.89	46.41	42.23	44.84	45.41	49.13
38-NO. PSYCH VISITS/PSYCH RECIP	↑SD1	- 35.62	0.00	1.00	0.00	0.00	1.33
39-NO. ALL OTHER SERVICES		- 12.63	1,835.00	2,502.00	2,943.00	3,351.00	3,151.00
40-PAYMENTS FOR ALL OTHER SERVICES		- 10.03	21,031.71	30,636.07	34,906.61	38,802.04	32,832.95

FYTD TOTALS TITLE XIX	SVCS	15740	BILLED	3,196,509.83	ALLOWED	1,798,781.55	PAID	1,772,210.17	PCT/PAID/BILLED 55.44
TITLE XVIII		495		37,001.85		5,458.24		5,458.24	14.75

Attachment 4.19-B
5.a.v. (page 5)

ID-9-HUGR325S-4

RUN DATE - 01/08/97

MEDICAL SERVICES ANALYSIS FOR IDAHO MEDICAID
PROVIDER PEER GROUP SUMMARY PROFILE REPORT
CATEGORY OF SERVICE - 4 - PHYSICIAN

PERIOD - OCT 95 DEC 96

REPORT--LOCALITY - IDA - IN STATE

TYPE - X20 - PHYSICIAN

SPECIALTY - X40 - PEDIATRICS

REFERENCE PERIOD - JUL 96-SEP 96 FYTD PERIOD - JUL 96-DEC 96 REFERENCE PERIOD PEER GROUP COUNT - 69

----------ACTIVITY SUMMARY----------		TREND	OCT 96 DEC 96	JUL 96 SEP 96	APR 96 JUN 96	JAN 96 MAR 96	OCT 95 DEC 95
NUMBER OF PROVIDERS REPORTING			64	67	65	68	66
NUMBER OF DIFFERENT PATIENTS			7,050	8,581	9,425	10,307	10,450
01-VOLUME SUMMARY SECTION							
02-AMOUNT BILLED - MEDICAID		- 19.29	797,870.38	1,162,372.40	1,372,106.48	1,536,661.57	1,524,451.01
03-AMOUNT PAID - MEDICAID	↑50%	- 12.85	499,093.69	681,794.37	778,903.85	892,393.98	872,360.52
04-AMOUNT PAID - MEDICARE		- 23.72	311.32	420.91	466.51	1,368.63	585.09
05-AMOUNT PAID - TOTAL		- 12.86	499,405.01	682,215.28	779,369.76	893,762.61	872,945.61
06-PAID AS PCT OF BILLED		↑ 1.92	62.55	58.65	56.76	58.07	57.22
07-RECIPIENTS SERVED - XIX	↑SD1	- 11.09	8,175.00	10,231.00	11,434.00	12,638.00	13,141.00
08-RECIPIENTS SERVED - XVIII	↑SD1	- 7.01	37.00	35.00	30.00	41.00	49.00
09-RECIPIENTS SERVED - TOTAL		- 11.08	8,211.00	10,264.00	11,463.00	12,670.00	13,185.00
10-AVG. PAYMENT/RECIPIENT	↑SD1	- 2.20	61.05	66.64	68.12	70.61	66.38
11-AVG. CHARGE/RECIPIENT	↑SD1	- 3.94	97.59	113.61	120.00	121.59	116.00
12-RELATIONAL SUMMARY SECTION							
13-NUMBER OF MEDICAL VISITS		- 14.79	10,674.00	14,011.00	16,127.00	19,535.00	19,750.00
14-PERCENT INITIAL VISITS	↑SD1	- 5.93	5.04	7.22	6.26	6.92	7.12
15-PERCENT EXTENDED VISITS	↑SD1	- 2.03	12.63	13.98	13.51	15.60	13.77
16-AVG. NO. VISITS/RECIPIENT	↑SD1	- 4.08	1.30	1.36	1.41	1.54	1.50
17-AVG. CHG. OFFICE VSI/RECIP	↑SD1	- 3.43	43.51	40.17	44.73	48.02	46.88
18-NUMBER OF INJECTIONS		- 22.98	106.00	135.00	86.00	160.00	342.00
19-PAYMENTS FOR INJECTIONS		- 24.89	239.22	1,103.29	1,370.50	2,322.25	1,175.44
20-AVG. PAYMENT/INJECTION	↑SD1	- 9.82	2.25	8.17	15.93	14.51	3.43
21-RATIO INJECTIONS/VISITS	↑SD1	-100.00	0.00	0.00	0.00	0.00	0.01
22-NO. OF SURGICAL PROCEDURES		- 12.71	197.00	444.00	428.00	473.00	504.00
23-PAYMENTS FOR SURGERY		- 15.53	5,970.78	16,161.50	15,092.15	17,400.09	16,341.78
24-RATIO SURGERIES/RECIPIENT	↑SD1	- 3.33	0.02	0.04	0.03	0.03	0.03
25-NO. DIAGNOSTIC X-RAYS		- 15.16	176.00	249.00	300.00	321.00	352.00
26-PMTS FOR DIAG. X-RAYS		- 14.32	5,261.21	7,292.63	8,575.35	9,274.19	10,071.03
27-RATIO DIAG. X-RAYS/VISIT	↑SD1	↑ 0.00	0.01	0.01	0.01	0.01	0.01
28-NO. LAB PROCEDURES		- 8.80	1,811.00	2,254.00	2,262.00	2,684.00	2,620.00
29-PMTS FOR LAB PROCEDURES		- 9.97	14,087.81	16,011.55	16,898.61	20,623.98	20,574.20
30-RATIO LAB PROCS/VISITS	↑SD1	↑ 6.25	0.16	0.16	0.14	0.13	0.13
31-OTHER DIAG. PROCEDURES		- 18.14	239.00	312.00	564.00	546.00	517.00
32-PMTS FOR OTHER DIAG. PROCS		- 7.93	7,075.11	9,315.13	12,540.62	10,027.57	10,676.74
33-RATIO OTHER DIAG. PROCS/VSIS	↑SD1	↑ 0.00	0.02	0.02	0.03	0.02	0.02
34-PCT INCOME - DIAG SVCS	↑SD1	↑ 6.96	5.29	4.78	4.88	4.47	4.73
35-NUMBER OF CONSULTATIONS	↑5	- 5.99	57.00	59.00	71.00	81.00	66.00
36-PAYMENTS FOR CONSULTATIONS		- 2.26	4,311.48	4,396.84	4,598.36	5,274.70	4,264.27
37-AVG PAYMENT/CONSULTATION	↑SD1	↑ 4.00	75.64	73.67	69.76	65.11	66.12
38-NO. PSYCH VISITS/PSYCH RECIP	↑SD1	↑ 21.26	10.90	11.89	11.77	9.82	2.06
39-NO. ALL OTHER SERVICES		- 6.98	5,952.00	8,603.00	8,719.00	9,113.00	8,553.00
40-PAYMENTS FOR ALL OTHER SERVICES		- 13.33	94,309.90	150,379.06	193,217.39	192,457.28	181,504.07

FYTD TOTALS TITLE XIX	SVCS	46177	BILLED	1,960,242.78	ALLOWED	1,180,211.77	PAID	1,180,888.06	PCT/PAID/BILLED 60.24
TITLE XVIII		158		4,099.35		732.23		732.23	17.86

Attachment 4.19-B
5.a.v. (page 6)

ID-9-HUGR325S-7 | MEDICAL SERVICES ANALYSIS FOR IDAHO MEDICAID | PAGE NO. 1

RUN DATE - 01/08/97 | PROVIDER PEER GROUP SUMMARY PROFILE REPORT | PERIOD - OCT 95 DEC 96

CATEGORY OF SERVICE - 7 - PHYSICIAN EXTENDERS

REPORT--LOCALITY - IDA - IN STATE | TYPE - X52 - PHYSICIAN EXTENDERS | SPECIALTY - X01 - GP, NURSE, & PHYS. ASS'T

REFERENCE PERIOD - JUL 96-SEP 96 | FYTD PERIOD - JUL 96-DEC 96 | REFERENCE PERIOD PEER GROUP COUNT - 116

----------ACTIVITY SUMMARY----------		TREND	OCT 96 DEC 96	JUL 96 SEP 96	APR 96 JUN 96	JAN 96 MAR 96	OCT 95 DEC 95
NUMBER OF PROVIDERS REPORTING			93	116	113	113	105
NUMBER OF DIFFERENT PATIENTS			3,263	4,517	4,541	4,351	5,231
01-VOLUME SUMMARY SECTION							
02-AMOUNT BILLED - MEDICAID		- 5.76	270,807.03	434,229.70	445,818.28	380,787.92	409,287.70
03-AMOUNT PAID - MEDICAID	↑10%	- 7.94	139,812.64	223,109.26	212,083.29	205,187.95	228,871.68
04-PAID AS PCT OF BILLED		- 2.13	51.62	51.38	47.57	53.88	55.91
05-AMOUNT PAID - MEDICARE		- 31.06	520.40	1,751.57	2,504.36	5,221.27	2,742.72
06-PAID - MEDICAID + MEDICARE		- 8.23	140,333.04	224,860.83	214,588.25	210,409.22	231,614.40
07-RECIPIENTS SERVED - XIX	↑50%	- 8.11	3,375.00	4,713.00	4,838.00	4,533.00	5,312.00
08-RECIPIENTS SERVED - XVIII	↑50%	- 34.98	51.00	155.00	163.00	214.00	318.00
09-RECIPIENTS SERVDE - TOTAL		- 9.10	3,426.00	4,846.00	5,000.00	4,745.00	5,628.00
10-AVG. PAYMENT/RECIPIENT	↑SD1	- 0.20	41.42	47.33	43.83	45.26	43.00
11-RELATIONAL SUMMARY SECTION							
12-NO. SERVICES PROVIDED		- 8.99	6,886.00	10,497.00	10,372.00	10,064.00	11,540.00
13-AVG. NO. SERVICES/RECIPIENT	↑SD1	- 1.20	2.04	2.22	2.14	2.22	2.17
14-AVG. PAYMENT/SERVICE	↑SD1	+ 0.87	20.30	21.25	20.44	20.38	19.83
15-AVG CHG OFFICE SVCS/RECIP	↑50%	- 2.10	40.97	58.58	43.41	43.78	42.91
16-AVG CHG OFFICE SVCS/VISIT	↑50%	+ 1.83	47.65	49.39	48.86	45.79	45.09
17-PCT EXTENDED VISITS	↑50%	+ 2.31	4.06	7.08	6.86	5.15	4.39
18-SVCS PER TOT REC - OFF VISIT	↑50%	- 3.05	0.86	0.78	0.88	0.94	0.95
19- - FAM PLANNING	↑50%	+ 0.00	0.00	0.00	0.00	0.00	0.00
20- - LAB	↑50%	- 2.19	0.11	0.16	0.15	0.15	0.13
21- - LAB/REC	↑50%	- 4.80	1.25	1.47	1.43	1.61	1.53
22- - XRAY	↑50%	+ 0.00	0.00	0.00	0.00	0.00	0.00
23- - XRAY/REC	↑50%	- 75.00	0.00	0.00	0.00	1.00	1.00
24- - INJECTIONS	↑50%	- 11.11	0.06	0.09	0.03	0.06	0.08
25- - INJ/REC	↑50%	+ 1.46	1.58	1.89	2.03	2.07	1.36
26- - ER VISITS	↑50%	- 20.00	0.02	0.03	0.05	0.05	0.05
27- - EPSDT	↑50%	+ 0.00	0.00	0.00	0.00	0.00	0.00
28- - OTHER	↑50%	- 15.00	0.01	0.02	0.02	0.03	0.02
29-CHG PER REC - ALL SVCS	↑50%	+ 1.70	80.23	92.13	92.14	84.00	77.09
30- - LTCF	↑50%	+ 0.00	0.00	0.00	0.00	0.00	0.00
31-PCT OF TOTAL INCOME-OFF VSTS	↑50%	- 2.73	57.41	46.41	55.10	56.76	59.75
32- - LTCF	↑50%	- 19.15	0.05	0.05	0.16	0.09	0.12
33- - ER	↑50%	- 16.69	2.88	3.86	5.39	5.31	6.08
34- - HOME VSTS	↑50%	- 40.00	0.00	0.00	0.01	0.04	0.00
35- - EPSDT	↑50%	+ 0.00	0.00	0.00	0.00	0.00	0.00

FYTD TOTALS TITLE XIX SVCS 17383 BILLED 705,038.73 ALLOWED 365,867.79 PAID 362,921.90 PCT/PAID/BILLED 51.47

TITLE XVIII 299 13,102.90 2,273.86 2,271.97 17.33

5. b. Dentists - Payment is made according to the maximum allowable payments as established by the Department, as if the service was furnished by a physician in Attachment 4.19-B 5.a. Physicians.

6. a. Podiatrists - Payment for the care and treatment of acute foot conditions by podiatrists will be determined in the same manner as physicians in Attachment 4.19-B 5.a. Physicians.

b. Optometrists - The Department observes the fee assigned to CPT procedure codes 92002 through 92014 as the upper limit of payment fro examinations for visual acuity by optometrists. For practitioners who are certified to treat and diagnose disease and injuries of the eye, payment will be limited to that level paid to a physician for the same service.

c. Chiropractors - The Department's upper limit for reimbursement is the lower of:

i. The chiropractor's actual charge; or

ii. The allowable charge as established by the Department fee schedule.

d. Other Practitioner Services -

i. Physician Assistants - The rate of payment for these providers will be at the maximum payment level established by the Department or the amount billed, whichever is less. These providers will use the identical procedure codes as physicians.

ii. Certified Registered Nurse Anesthetists (CRNA) - The rate of payment for these providers will be at the maximum level established by the Department or the amount billed, whichever is less. These providers will use the identical anesthesia procedure codes as physicians.

7. Home Health Services

a. Nursing services - Payment can not exceed the lesser of reasonable cost as determined by Medicare or the Title XIX percentile cap, which is established at the seventy-fifth percentile of the ranked costs per visit, as determined by the Departments of the Ranked costs per visit, as determined by the by the Department's Medical Assistance Unit using the data from the most recent finalized Medicare cost reports. The percentile cap will be revised annually. the data from the most recent finalized Medicare cost reports on hand thirty (30) days prior to effective date.

b. Home Health Aide-Payment can not exceed the lesser of the reasonable cost as determined by Medicare or the Title XIX percentile cap, which is established at the seventy fifth percentile of the ranked costs per visit, as determined by the Departments Medical Assistance Unit using the data from the most recent finalized Medicare cost reports. The percentile cap will be revised annually. Effective at the beginning of each state fiscal year, revisions will be made using the data from the most recent finalized Medicare cost reports on hand, thirty (30) days prior to effective date.

c. Equipment and Supplies

i Equipment and Supplies provided by a Home Health Agency - When determining reasonable cost of rental medical equipment ordered by the physician and used for the care of the patient, the monthly rental cost of a Durable Medical Equipment (DME) item shall not exceed one tenth (1/10) of the total purchase price of the item, unless this amount is less than $15.00. A minimum rental rate of fifteen dollars ($15.00) per month is allowed on all DME items.

The Department's Medical Assistance Unit may enter in a lease /purchase agreement with a home health agency to purchase medical equipment when rental charge totals the purchase price of the equipment.

For purchase of supplies the Department's Medical Assistance Unit will not pay more than the lower of: the providers usual and customary charge for the supplies; or the maximum allowable charge for these services as established by the Departments Medical Assistance Unit; or the Medicare upper limitation of payment on these items where a beneficiary is eligible under both programs and Medicaid is responsible only for the deductible and coinsurance payment.

ii Medical Equipment and Supplies not Associated with a Home Health Agency and Provided by Medical Equipment Supplier - The Department's Medical Assistance Unit will not pay the individual provider more than the lowest of: the providers usual and customary charge for service; or the maximum allowable charge for the item as established by the Department's Medical Assistance Unit on its pricing file; or the Medicare upper limitation of payment on the item where

the beneficiary is eligible under both programs and Medicaid is responsible only for the deductible and coinsurance payment. Durable Medical Equipment (DME) Rental - the monthly rental amount shall not exceed one tenth (1/10th) of the Total purchase price of the item unless this amount is less than $15.00. A minimum rental rate of fifteen($15.00) per month is allowed on all DME items.

iii. Medical Gases - Payment s are limited to the rates established by the Department' s Medical Assistance Unit.

iv. Assistive and Augmentative Communication Devices are covered as a Durable Medical Equipment item, and would not be billable under speech therapy or as a prosthetic.

d. Home Health Agency - Payment for Physical therapy and Occupational therapy provided by an agency, payment can not exceed the lesser of reasonable cost as determined by Medicare or the Title XIX percentile cap, which is established at the 75th percentile of the ranked costs per visit, as determined by the Department's Medical Assistance Unit using the data from the most recent finalized Medicare cost reports. The percentile cap will be revised annually. Effective at the beginning of each state fiscal year, revisions will be made using the data from the most recent finalized Medicare cost reports on hand, thirty (30) days prior to effective date.

9. a. Clinic Services

i. Mental Health Clinics – The Department's Medical Assistance upper limit for reimbursement is the lower of: the mental health clinic's actual charge; or the allowable charge as established by the Department's Medical Assistance fee schedule.

ii. Ambulatory Surgical Centers – The Department's Medical Assistance Unit reimburses for the use of facilities and supplies at the rural payment level established by the Medicare Part B Carrier for the State of Idaho. Any surgical procedure identified by the Department's Medical Assistance Unit for which a payment level will be reimbursed at a rate established by the Department's Medical Assistance Unit.

iii. Diagnostic Screening Clinics – Clinic services are available only through those medical facilities which have a specific contract or agreement with the Department's Medical Assistance Unit. A specific fee schedule is required and prior authorization for certain services may be delineated in the contract as well as other limitations set by the state agency and subject to the provisions of 42 CFR 447.321.

iv. Indian Health Clinics – Payment for Indian Health Service (HIS)/tribal 638 outpatient services is made at the most current outpatient per visit rate published by IHS in the Federal Register.

v. Diabetes Education and Training Clinics – Diabetic education and training services are reimbursed at the lower of the provider's actual customary charge, or the allowable charge as established by the Department's fee schedule.

10. Dentists - Payments are made to participating dentists on the basis of the lower of: actual charges; or the Department's Medical Assistance Unit statewide fee schedule.

11. Physical Therapy - Payments for physical therapy services provided by independent physical therapists are limited to the rates established by the Department's Medical Assistance Unit, but will not exceed the upper limits of Medicare.

12.a Prescription Drugs:

i. Reimbursement is restricted to those drugs supplied from labelers that are participating in the HCFA Medicaid Drug Rebate Program.

ii. Reimbursement for all covered drugs shall be limited to the lowest of the following:

a. Federal Upper Limit (FUL) as established by HCFA, plus the dispensing fee assigned by the Department.

b. State Maximum Allowable Cost (SMAC) as established by the Department, plus the assigned dispensing fee.

c. Estimated Acquisition Cost (EAC)

i. Defined as the Average Wholesale Price (AWP) minus 11% plus the assigned dispensing fee.

d. The provider's usual and customary charge to the general public.

iii. Dispensing Fee:

a. The dispensing fee shall be one of two types:

1. Regular dose fee is $4.94 per prescription.

2. Unit dose fee is $5.54 per prescription, and is defined as a system of providing individually sealed and appropriately labeled unit dose medication that ensures no more than a 24 hour supply in any client's drug tray at any given time. These trays shall be delivered to the facility at least five days per week.

iv Prior Authorization will be required for the following:

a. Amphetamines and related CNS stimulants

b. Growth hormones

c. Retinoids

d. Lipase inhibitors

i. Excluded Products:

a. Legend drugs for which Federal financial participation is not available.

b. Nonprescription items (without the Federal Legend), except permethrin, oral iron salts, disposable insulin syringes and needles.

c. Diet supplements and weight loss products, except lipase inhibitors.

d. Ovulation stimulants and fertility enhancing drugs.

e. Nicotine cessation products.

f. Medications used for cosmetic purposes.

g. Prescription vitamins except injectable B_{12}, vitamin K, Legend vitamin D, Legend pediatric vitamin and flouride preparations, Legend prenatal vitamins for pregnant or lactating women, and Legend folic acid