11608 CPAS REVIEW PROCESS 07-85

11607. CPAS PLAN

The CPAS plan is utilized by all States participating in the Medicaid program. The plan includes varying types of information depending upon the type of claims processing review system the State operates. Each plan will be subject to prior HCFA approval before implementation.

For States required to implement a mandatory system, the plan is a sampling plan detailing the type of statistical sampling methodology and types of claims that are sampled. States that elect to operate a superior system or States operating an alternate system are required to submit a plan which details the type of CPAS that they operate. At a minimum, each superior system must meet the criteria outlined in §11604. Each State operating an alternate system must meet the criteria outlined in §11606.

States are required to submit its CPAS plan to the HCFA-RO at least 60 days prior to the beginning of the fiscal year or prior to the implementation date if their CPAS is being changed. Extensions of up to 30 days may be approved by the HCFA-RO if the State cannot complete the plan timely. If the State obtains an extension, the HCFA-RO may require the State to make changes to its CPAS plan with 90 days after it is submitted, even if it is made after the CPAS implementation date.

11608. GENERAL REQUIREMENTS FOR MANDATORY SYSTEM SAMPLE

SELECTION

The CP review involves a sample review of all Medicaid line items authorized for payment conducted over two 6-month cycles. Each sample period represents one-half of a fiscal year, from October 1 through March 31 and April 1 through September 30. The line item sample is comprised of monthly sample selections from each month's universe of authorized line items. Review of the selected line items is conducted according to the instructions outlined in §11606. Note that the CP sample is not stratified by eligibility category as is the eligibility sample.

A. Sample Unit.--The sample unit for the CP quality control (QC) sample is an individual line item on an invoice for which the State has authorized payment within the specified payment sample month. Payment authorization is the final act of approval for payment, subsequent to all editing and prior to, or coincident with, the actual associated check issuance. A line item is defined as the most detailed claim breakdown at which payment adjudication is determined. For example, for hospitals which bill on a per diem rate, the line item is the total for an individual's services even if dollar amounts are shown for each service. If the State allows ancillary charges to a per diem-based bill, each ancillary service is a separate line item and subject to sample selection. The only exception to the basic line item definition is where billing covers more than one

11-6-32 Rev. 6

07-85 CPAS REVIEW PROCESS 11608 (Cont.)

individual. In this instance, sampling must always be specific by individual. Line items which cover services over more than one month are subject to selection in the month they are authorized for payment. Adjustments are subject to sampling the month they are authorized for payment. Adjustments are sampled as units authorized for payment but are reviewed for their net amount. Line item adjustments made by cancelling a previous payment authorization (or debiting a provider's account) and then repaying in the adjusted total amount to the same provider are sampled as one net adjustment. Adjustments resulting in negative payment amounts are also included in the sampling frame.

Note that the above definition does not differentiate between hard copy, tape to tape, and other automated billing formats. All claims, once authorized for payment, are included in the appropriate sampling frame regardless of their original form.

B. Sample Sizes.--Minimum numbers of line items for which reviews must be completed have been established for each State. These requirements are the basis for determining the actual number of selected line items. The actual number of sample line items to be selected depends on the expected number of noncompleted reviews.

For States with exceptionally small universes of line items, HCFA will consider reducing the minimum sample size. This reduction will be limited to the effect of the finite population correction factor. States must request this reduction in their initial sampling plan submittal.

C. Populations To Be Sampled.--The line item universe is comprised of all Medicaid line items authorized for payment by the State agency during a month. The CP line item sample may be stratified based on different provider types. This stratification allows for an improved allocation of review effort based on the dollars at risk in that stratum. These line items are sampled from the following stratified sampling frames, but States may elect to not utilize all of these types in their system.

1. Billings for Inpatient Hospital Services.

2. Billings for Long-Term Care Services.

1. Billings From Other Individual Practitioners, Clinics/Separate

Billings for Services and Supplies.

4. Separately Billed Prescribed Drugs.

States must divide their claims population into at least two strata, one of which must be comprised of all claims types not included in the other strata. Claims should be stratified by dollar amount; i.e., high dollar claims in one strata, low dollar claims in the other.

D. Sampling Frames.--The sampling frames for the prescribed sample universe are all Medicaid line items authorized for payment. This universe of line items may contain line items which relate to non-Medicaid programs. Exclude these line items from the

Rev. 6 11-6-33

11608(Cont.) CPAS REVIEW PROCESS 07-85

sample results. This may be accomplished by dropping the review of the non-Medicaid line items or by removing these line items from the sampling frame prior to sampling. If line items are removed from the sampling frame based on specific State provider or service codes, take care to ensure that ALL line items bearing that coded designation are not in the population of interest.

Where there is any doubt about the exclusion of a specific code, leave it in the sampling frame, and drop inappropriately sampled line items during the review process.

The line item universe is stratified prior to sampling, and stratification may be based solely on the type of provider which submits the bill. For example, a line item for a lab fee billed by an inpatient hospital is sampled in the inpatient hospital stratum. A lab fee billed by an independent lab is included in the other individual practitioner's stratum. States for which the prescribed strata are inefficient or involve sampling hardships may restructure the strata to suit the State's needs. The criteria the proposed alternative stratification must meet are a minimum of two strata structured to group homogeneous line item payment amounts and a satisfactory stratification rationale is given in the sampling plan. The specific line item provider type strata are defined to be the following. The number following the provider type description is the CFR reference.

E. Provider Type Strata.

100 Series - Hospital Services:

101. Billings for Inpatient Hospital Services Other Than Services for TB or Mental Diseases-440.10.

200 Series - Long-Term Care Services

201. Skilled nursing facility for individuals age 21 or older other than services in an institution for TB or mental diseases-440.40(a);

202. inpatient hospital services for individuals age 65 or older in institutions for TB or mental diseases-440.140(a);

203. skilled nursing facility services for individuals age 65 or older in institution for TB or mental diseases-440.140(b);

204. intermediate care facility services for individuals age 65 or older in institutions for TB or mental diseases-440.140(c);

205. intermediate care facility services other than in an institution for TB or mental diseases-440.150;

11-6-34 Rev. 6

07-85 CPAS REVIEW PROCESS 11608 (Cont.)

206. inpatient psychiatric services for individuals under age 21-440.160;

207. services in Christian Science sanatoriums-440.170(c);

208. skilled nursing facility services for individuals under age 21-440.170(d); and

209. services furnished during the month admitted to a public institution or an institution for TB or mental diseases-435.1008(b).

300 Series - Other Individual Practitioners, Clinics/Separate Services

and Supplies:

301. Outpatient hospital services-440.20(a);

302. rural health clinic services-440.20(b);

303. physicians' services-440.50;

304. medical or other remedial care provided by licensed practitioners-440.60;

305. clinic services-440.90;

306. EPSDT-440.40(b);

307. other laboratory and X-ray services-440.30;

308. home health services-440.70;

309. private duty nursing services 440.80;

310. dentures, prosthetic devices, and eyeglasses-440.120(b), (c), and (d);

311. diagnostic services-440.130(a);

312. screening services-440.130(b);

313. preventive services-440.130(c);

Rev. 6 11-6-35

11608(Cont.) CPAS REVIEW PROCESS 07-85

314. rehabilitation services-440.130(d);

315. transportation-440.170(a);

316. services of Christian Science nurses-440.170(b);

317. personal care services in a recipient's home-440.170(f);

318. PT, OT, and other individual services-440.110;

319. dental services-440.100;

320. emergency hospital services-440.170(e); and

321. other care-440.170.

400 Series - Prescribed Drugs:

401. Separately Billed Prescribed Drugs-440.120(a).

The above strata are consistent with the reporting strata for the HCFA-120 report. The correspondence between the above strata and the HCFA-120 service type codes in the appendix of the report instructions are:

1. Inpatient hospital - HCFA-120 service type 1;

2. long-term care - HCFA-120 service types 2 through 7;

3. other - HCFA-120 service types 8 through 15 and 17 through 20; and

4. prescribed drugs - HCFA-120 service type 16.

11-6-36 Rev. 6

07-85 CPAS REVIEW PROCESS 11608 (Cont.)

It is assumed that for those States stratifying by provider type most States will choose to partition the line item universe into provider type strata based on provider type codes contained in the line item records. Where this is done, the State must document that the provider type codes on the sampling frame records accurately reflect the correct provider stratum. To demonstrate this, the State must conduct a sample study the first time a sampling frame is used, and submit summarized results to the HCFA RO for review. To demonstrate the accuracy of the provider codes the State must select a random sample of 750 line items authorized for payment from the total authorized line item file. For each line item the State must match the provider type code on the authorized line item file to the provider type on the original source document; e.g., hard copy, tape to tape facsimile. In order for States to use the provider type codes in partitioning the sampling frame, 735 of the 750 sample line items must be coded within the proper stratum. For States which fail to meet this tolerance, the HCFA-RO in consultation with HCFA-CO will negotiate with the State to determine an acceptable sampling plan.

F. Summary of Line Items Excluded From the Sample.--The line item CP QC sample is restricted to the universe of Medicaid line items authorized for payment. Examples of line items excluded from the sampling frame are:

1. Line items authorized for payment by non-Medicaid or nonmatched programs; e.g., payments for individuals eligible only for programs fully funded by the State;

2. non-Medicaid payments for noncovered services;

3. payments for 100 percent federally funded programs; and

4. end-of-year institutional cost settlements.

G. Sample Selection.--Systematic or simple random sampling is recommended for selection of the CP QC sample. The individual stratum line item samples are selected from the stratified sampling frames. It may be advantageous to the State to use different sampling methodologies in the various strata. This is acceptable provided that the methodologies are clearly outlined in the sampling plan for each stratum.

Sample selection must be performed on a complete sampling frame. It is essential that all updates to the line item files for the sample month are incorporated to ensure inclusion in the sampling frame of all line items authorized for payment in the State's specified sample month. Sampling may be conducted on complete lists at the end of the sample month or during the month as CP runs are made.

The State must submit a list of all sampled line items to the HCFA-RO prior to the assignment of those line items to review staff. This list must include all sampled items,

Rev. 6 11-6-37

11608.1 CPAS REVIEW PROCESS 07-85

their claims identification numbers, their State-specified QC review numbers, and the authorized payment amount. For sampled adjustments, the listed amount may be either the gross or net amount of the adjustment. However, the net amount is subjected to review.

11608.1 Requirements for Sampling Plan Documentation.--Each State's CP QC sample must be selected in accordance with a sampling plan approved by the HCFA-RO. This sampling plan is separate from that submitted for the eligibility case sample. Before implementation of a sampling methodology the State must submit for HCFA-RO approval specific documentation of the sampling plan to be employed. It must describe each of the following proposed sample characteristics:

1. The universe of line items to be sampled;

2. the list(s) from which the sample is selected;

3. the sample sizes; and

4. the sample selection procedures.

Each of the above characteristics must be described in detail for each stratum in the line item sample. Declarations of compliance with sections of this manual in the sampling plan are not acceptable.

Any proposed revisions to the sample design must be documented in a revised sampling plan. The revised plan must be submitted to the HCFA-RO for review and approval prior to its implementation. Approved sampling plans remain in effect for the entire 6-month period unless circumstances beyond the State's QC unit control make this impossible. Any such situation must be documented by the State and the necessary changes approved by both the HCFA-RO and HCFA-CO.

Basic sampling plans must be submitted to the HCFA-RO 60 days prior to the corresponding review period. Detailed universe estimates and sampling intervals must be submitted at least 2 weeks prior to the first sample selection of the period. States must submit a basic sampling plan only when a revision to the most recent approved plan is proposed. Detailed universe estimates and interval calculations must be resubmitted for each sample period. The HCFA-RO determines the adequacy of the sample size. The claims processing and eligibility sampling plans are reviewed and approved by the HCFA-RO independently of each other.

A. Line Item Universe To Be Sampled.--The sampling plan must describe in detail the lists from which the CP QC sample is selected. It is expected that the sampling

11-6-38 Rev. 6

07-85 CPAS REVIEW PROCESS 11608.1 (Cont.)

frame lists will be partitioned subsets of the file of all line items authorized for payment. The sampling frame lists for line items may consist of a subset from a processed line item list or any other appropriate source. Regardless of the source of each sampling frame, the sampling plan must explicitly describe the following characteristics of the sample selection lists for each line item stratum:

1. Source;

2. the types of line items on the lists;

3. the accuracy and completeness of the lists in regard to the particular stratum;

4. whether the list is complete or is formed by merging a number of lists;

5. the physical form of the lists (e.g., computerized master file, local computer files, hard copy);

6. the frequency of and length of delay in updating the sample frame lists of line items;

7. the number of line items authorized for payment on the lists and an estimate of the proportion of listed-in-error items;

8. methods used to delete unwanted items from the lists; and

9. whether the lists are made up of line items or invoices and the method employed to create a line item list, if applicable.

States are permitted to specify a sample month other than the calendar month if their recording and payment procedures operate on another fixed monthly cycle. This sample month must be specified in the sampling plan and can vary by no more than 15 days from the calendar month. It must be documented that this revised sample month is based on an existing State reporting or processing cycle. A desire to begin sample reviews at an earlier date is not an acceptable justification.

B. Sample Size.--The basic sample sizes (i.e., the minimum number of reviews to be completed) for the 6-month review period are specified in appendix B for each State. States may reallocate the required total sample size among strata based on desired areas of concentration. The plan must specify for each stratum and substratum the expected number of claims selected, listed in error, and completed, and must include a justification of non-prescribed sample sizes or allocations.

Rev. 6 11-6-39

11608.2 CPAS REVIEW PROCESS 07-85

States with exceptionally small universes may request a reduction in the minimum required sample size due to the effect of the Finite Population Correction (FPC) factor. This request must include documentation of universe estimates by stratum. The final decision on reducing a required minimum sample size will be made by HCFA-CO based on a verification of the FPC effect.

C. Sample Selection Procedures.--The procedures used in selecting the sample line items must be described in detail in the sampling plan for each (sub)stratum. These procedures must conform to the guidelines and procedures in §11608.2. If the sampling frame for a stratum is comprised of more than one list, the sampling methodology for each list must be defined. Different sampling methodologies may be used in different strata providing they are all documented properly and approved by HCFA-CO.

Alternative sampling plans which provide a valid statistical sample will be considered for approval. The major criteria that nonprescribed methodologies must meet is that the methodology provides precision of estimates equivalent to a simple random sample. The variance equivalence which must be demonstrated applies to the payment CP error rate across all strata. The variance equivalence of a nonstandard methodology must be demonstrated in the sampling plan submittal.

Although it is recognized that the prescribed systematic sample is technically a cluster sample with a potentially larger variance than a random sample, the increase in variance is in standard practice assumed to be negligible. The benefit of any alternative sampling method should be to gain information or to make sampling more practical. Therefore, the intent of the variance equivalence requirement is to preclude the acceptance of alternate sampling plans which produce unreliable estimates.

11608.2 Selection of Systematic and Simple Random Samples.--It is recommended that States use either systematic or simple random sampling for selecting sample line items from the stratum sampling frames. Systematic sampling is the preferred method for CP QC purposes. It provides a pattern of selection of individual line items from the sampling frame list at equally spaced intervals, with the starting point being determined by random selection.

A systematic sample is self-weighing across months if the same sampling interval is used throughout a review period. It is important that line items with similar probabilities of error are not placed at equally spaced intervals. Otherwise, a systematic sample will not yield a truly random sample. The pattern of line items on the sampling frame list must be random with respect to error likelihood.

Simple random sampling, or other more complex sampling methodologies, will in most cases be more difficult to administer than a systematic sample. In simple random

11-6-40 Rev. 6

07-85 CPAS REVIEW PROCESS 11608.2 (Cont.)

sampling each line item on the sample selection list is assigned a unique identifying number. Numbers are then selected by some random process and the corresponding line item on the sampling frame list included in the sample.

The following steps in sections A and B describe the steps involved in selecting a systematic line item sample. These steps are applied independently to the sampling frame lists for each (sub)stratum. Note that the steps in section A relate to calculation of a sampling interval and are performed only at the beginning of each period. The steps in section B outline the sample selection procedures for authorized line items and are performed monthly.

A. Calculation of the Sampling Interval.--Employ the following steps to calculate the systematic sampling interval at the beginning of each period. This step sequence is followed separately for each (sub)stratum.

Step A - Estimate the Average Monthly Sample Frame Size

The average monthly sample frame size is an estimate of the average number of line items contained on the list which is subject to sampling during each month of the 6-month review period. The monthly sampling frame size may be expected to vary. In estimating the average monthly sampling frame size, consider any known circumstances, such as policy changes, that would appreciably affect the size.

Step B - Determine the Number of Required Completed Line Item Reviews

Appendix B contains the minimum number of completed reviews required for each 6-month review period. If a State wishes, it may increase the number of completed reviews.

Step C - Estimate the Average Number of Reviews To Be Completed Monthly

The average number of reviews to be completed monthly is calculated by dividing the number of required completed line item reviews for the 6-month review period (step B) by six.

Step D - Estimate the Proportion of Line Items Listed in Error

Listed-in-error line items are line items included in the sample selection list which are not in the population of interest (e.g., line items for totally State-funded programs). The estimate reflects the true proportion for the entire 6-month period.

Step E - Calculate the sampling interval using the following formula where:

X - average monthly sample frame size (step A);

Rev. 6 11-6-41

11608.2 (Cont.) CPAS REVIEW PROCESS 07-85

Y - average number of reviews to be completed monthly (step C);

Z - proportion of line items listed in error (step D);

sampling interval (I) = X x (1-Z) /Y.

Unless a correction for undersampling or excessive oversampling is necessary (refer to §11608.3), the same sampling interval must be applied in each month of the 6-month review period. This sampling interval is always rounded down to the next lower integer (e.g., 25.67 becomes 25).

As an example assume that:

1. The average monthly sample frame size (X) is 11,000;

2. the average number of reviews to be completed monthly (Y) is 100; and

3. the proportion of line items listed in error (Z) is 5/100 (or .05).

The sampling interval (I) is:

I = 11,000 X .95/100 = 104.5;

rounded down to 104.

The number of line items selected for a review month must exceed the number of sample line items required in order to compensate for dropped reviews due to selected line items which are not in the population of interest (listed in error). The sample of line items reviewed includes only the line items selected that are in the population of interest.

B. Selection of Line Items for the Review Month.--The selection of line items for the review month consists of three steps. These are repeated for each month of the review period using the same sampling interval. These steps are performed independently for each (sub)stratum.

Step F - Make Any Necessary Adjustment in the Sampling Interval for

Undersampling or Excessive Oversampling

Undersampling (or excessive oversampling) exists when the actual number of completed line item reviews is below (or significantly above) the required number. Undersampling must be corrected to achieve the minimum sample size. Excessive oversampling may be reduced at State option so that actual sample sizes will be closer to the minimum required sample sizes. Detailed procedures for correction are in §11608.3. The new sampling interval calculated as part of these procedures is used in selecting sample line items for the review month.

11-6-42 Rev. 6

07-85 CPAS REVIEW PROCESS 11608.3

Step G - Select a Random Start

The random start, j, is an integer between one and the sampling interval, I, inclusive. This number is selected randomly (usually using a table of random numbers).

Step H - Select Sample Line Items

The first line item selected is the j'th line item (random start number) on the sample selection list. Every I'th (sampling interval) entry following the j'th line item on the sample selection list is chosen as part of the monthly sample. Thus, if the random start is 28 and the sampling interval is 104, the 28'th, 132'nd, 236'th, 340'th, etc., entries on the sample selection list are selected for the sample. (Note that only the line items selected must be reviewed in the sample. If line item 132 is selected, reviewing line item 131 or 133 is not acceptable.) The process of selection continues in this fashion until the end of the list is reached.

11608.3 Procedures for Correcting the Monthly Sample for Excessive Oversampling and Undersampling.--Note that undersampling (completion of fewer line items than required) must be corrected using the procedures outlined. Correcting for oversampling is a State option. Alternative methods, most of which will result in excessively stratified estimates, must be approved by both the HCFA regional and central offices. Adoption of even the prescribed procedures must be approved by the HCFA RO prior to implementation. The correction procedures adopted must be applied independently to the over/undersampled stratum/substratum.

A. Correcting for Excessive Oversampling.--Oversampling is a normal part of the sampling operation which compensates for unidentifiable but anticipated "not reviewed" line items. However, the State may find that it has oversampled more than necessary. This can be due to such factors as a larger allowance made for anticipated "not reviewed" line items than were found, or to an underestimated line item universe size for the reporting period resulting in the use of a smaller than necessary sampling interval.

If a State wishes to reduce this sample, the recommended method to correct for oversampling to produce unbiased estimates without resorting to complex weighing procedures is:

1. Using the methods described in §11608.2 A, recompute the sampling interval for the reporting period using revised estimates of the sample frame size and/or the fraction of reviews to be dropped.

For each month in which sample line items have already been selected:

Rev. 6 11-6-43

11608.3 (Cont.) CPAS REVIEW PROCESS 07-85

2. Compute a revised estimate of the number of sample line items which should have been selected in the preceding months of the sampling period as follows:

Revised estimate of the (Monthly Sample)

number of sample line items     = Selection List

for the month Size/Revised

Sampling Interval

3. Subtract the number of line items obtained in step 2 from the number of sample line items that have been selected. This is the number of line items to be eliminated (regardless of whether the review has been initiated or not).

4. Divide the number of sample line items that have already been selected by the number of line items to be eliminated (obtained in step 3) to obtain the secondary sampling interval to be used in identifying the specific line items to be eliminated.

5. Use a random start and apply the secondary sampling interval obtained in step 4 to select line items from the list of sample line items already selected. Eliminate the line items identified.

For months for which sample line items have not yet been selected:

6. Use the corrected sampling interval for the reporting period obtained in step 1 to select sample line items from the monthly frames.

B. Correcting for Undersampling.--Undersampling generally occurs if the number of "not reviewed" line items is greater than expected or the estimate of the line item universe for the reporting period is too high. When such misestimation occurs, a larger sampling interval than appropriate is used, resulting in a sample which does not meet minimum requirements.

The recommended method for correcting undersampling in order to produce unbiased estimates without resorting to complex weighing procedures is:

1. Using the methods described in §11608.3A, recompute the correct sampling interval for the entire reporting period using revised estimates of the sample frame size and/or the fraction of reviews to be dropped.

For each month in which sample line items have already been selected:

2. Compute a revised estimate of the number of sample line items which should have been selected in the month as follows:

11-6-44 Rev. 6

07-85 CPAS REVIEW PROCESS 11608.3 (Cont.)

Revised estimate of the Monthly Sample

number of sample line items    = Selection List

for the month Size/Revised

Sampling Interval

3. Subtract the number of line items that have already been selected from the number obtained in step 2. This is the number of additional line items to be selected from the monthly frame.

4. Divide the total monthly sampling frame size by the number identified in step 3 to obtain the secondary sampling interval to be used in identifying the additional line items to be selected from the monthly sampling frame.

5. Use a random start and apply the secondary sampling interval calculated in step 4 to the monthly sampling frame from which line items have already been selected. Add the specific line items identified to the line items selected and reviewed for the same month as the month of the sampling frame from which it was selected. (If a line item that has been previously selected in the sample is identified, select an alternate line item by using a table of random numbers.) This procedure oversamples for line items that are listed in error. Discard line items that are selected which are listed in error.

For months for which sample line items have not yet been selected:

6. Use the corrected sampling interval for the reporting period obtained in step 1 to select sample line items from the monthly frames.

C. Guidelines for Expanded and Substratified Samples.--A State may choose to modify the basic sample requirements by expanding the size of the sample (i.e., increasing the number of line items to be reviewed) or by further dividing the sample into strata representing homogeneous subgroups of the population at interest. Note that the basic CP QC sample design for the line item sample is already stratified. The following sections presents guidelines that a State must use if it chooses to substratify the CP QC sample.

D. Guidelines for Expanding the Sample Size.--States may choose to increase the number of completed reviews beyond the minimum numbers specified; however, the following guidelines must be adhered to:

1. If additional line items are selected across the entire spectrum of one of the State CP QC strata in accordance with the State sampling plan, the additional line items are to be considered as part of the CP QC sample. All reports submitted are to include these line items and associated review information.

Rev. 6 11-6-45

11608.3 (Cont.) CPAS REVIEW PROCESS 07-85

2. If the additional line items come only from a particular segment of one of the populations (e.g., a specific provider or specific counties) they may, at State option, not be considered as part of the CP QC sample and may be excluded from reports to HCFA-CO. However, the sampling plan submitted to the HCFA-RO must identify this segment of line items and when the sample from the segment is selected, appropriate controls must be applied to separate those line items from the rest of the line items included in the CP QC process. If these line items are included in reports to HCFA, they must be weighted in accordance with the rules specified by HCFA. If these additional line items are selected with a different sampling methodology, they are to be excluded from reports to HCFA.

Note that any planned expansions in the sample size must be explained in detail in the sampling plan documentation submitted to HCFA-RO for approval.

E. Guidelines for Further Stratifications.--The basic CP QC sample design suggests that the Medicaid population in a State be sampled in groups stratified as follows:

1. CP QC sample strata:

a. - inpatient hospital;

b. - long-term care;

c. - other individual practitioners, clinics/services, and supplies; and

d. - drugs.

A State may choose to further stratify into substrata. The State is encouraged to substratify the sample to best suit the State's needs. For example, a State may divide its inpatient hospital strata into drugs and other. Other beneficial stratification may include specific geographic breakdowns of providers.

In substratifying the sample, a State must comply with the following:

1. There can be no more than three substrata in each stratum; and

2. there cannot be fewer than 50 completed line item reviews per substratum for the 6-month review period.

11-6-46 Rev. 6

07-85 CPAS REVIEW PROCESS 11609

11609. DOCUMENTATION SOURCE SHEET

A documentation source sheet is optional but recommended for all errors recorded. This sheet provides for the recording of information related to procedural errors, development, and whether procedural errors found resulted in a dollar error.

A. Nature Code.--Nature error code is the applicable code(s) selected from the Error Category Profile. More than one error code may be entered on the documentation source sheet.

B. Support Document.--The descriptive title of each supporting document should be entered in this data element. If more than one support document is required to substantiate the error code entered, each support document should be entered on a separate line. The following are examples of supporting documents:

1. Recipient Eligibility Listing

2. Provider Eligibility Listing

3. Procedure Fee Schedule

4. Prior Authorization Form

5. Exception Processing Log

6. Provider Billing Manual

7. Manual Citation

C. Document Location.--This data element should contain the name of the agency which is custodian of the document as well as the document's physical location. The location should include any specific retrieval file, page, or other reference number.

D. Effective Date.--Provide the date that identifies the supporting document's applicability to the adjudication process.

E. Remarks.--Enter explanatory notes that support the error cited.

Rev. 6 11-6-47

11609 (Cont.) CPAS REVIEW PROCESS 07-85

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CP DOCUMENTATION SOURCE SHEET

11-6-48 Rev. 6