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KEY ALGORITHMS FOR 2010

- Provider over-utilization (uses 8,000+ time-based procedure codes)
 - Services with patients enrolled in more than one state
 - Providers with conflicts – claims vs. MDS nursing home assessments
 - DME providers billing per supply vs. per box
 - Physicians located unlikely distances from hospital, ASC, clinics (geo coded)
 - Providers with “shared” patients who also have unlikely distances (geo coded)
 - Patients traveling excessive distances for controlled substances
 - Providers billing unlikely services per CMS Medically Unlikely Edits
 - Providers submitting higher proportion of high-intensity codes
 - Code pair violations (unbundling or mutually exclusive)
 - Combined results – hits across multiple algorithms
 - Medicare dual-eligible members with non-crossover claims
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