

# **Department of Health Services: Drug Treatment Authorization Requests Continue to Increase**

## ***Summary***

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The Bureau of State Audits (BSA) presents the ninth in a series of semiannual reports evaluating the way the Department of Health Services (department) processes reimbursement requests for certain prescribed drugs under the California Medical Assistance Program (Medi-Cal). These requests are known as drug treatment authorization requests (TARs).

In response to Chapter 716, Statutes of 1992, we obtained from the department statistical information, compiled each month, concerning both the number of drug TARs received and the number processed from June 1990 through May 1995. This report focuses on the drug TARs processed during the six months from December 1994 through May 1995.

The department received 321,362 drug TARs from December 1994 through May 1995. This figure represents an increase of 242,864 (309 percent) drug TARs over the first six-month review period. Also, the number of drug TARs received from December 1994 through May 1995 exceeded the number received during the previous reporting period, June through November 1994, by more than 110,000 (an increase of 53 percent). According to the

chief of the department's Medi-Cal Operations Division, Northern Field Operations Branch, this dramatic increase in the number of drug TARs received was attributable primarily to a change in the governing code, which reduced the number of prescriptions allowed per beneficiary per month for most contract drugs. Since November 1994, a drug TAR is required whenever the beneficiary's monthly prescription limit is exceeded. A drug TAR is also required for drugs that do not appear on the Medi-Cal list of contract drugs. A 44 percent increase in the number of people eligible to obtain drugs through Medi-Cal (approximately 1,613,472) may also be a contributing factor in the increase of drug TARs received.

From December 1994 through May 1995, the department processed 324,144 drug TARs. This figure represents an increase of 246,862 (319 percent) over the first six-month period reviewed. It also represents the highest level of activity during that time. The department's backlog consisted of 2,311 unprocessed drug TARs in November 1990. In comparison, its backlog of unprocessed drug TARs in May 1995 was 1,113.

The department implemented new policies in April 1995, one of which concerns drug TAR processing time. The department's policy now states that all drug TARs will be processed within one working day. Specifically, the department requires that any drug TAR received before 5 p.m. on a working day will be processed by 5 p.m. of the following working day. The department defines a working day as one on which the Medi-Cal Drug Section is open for business and excludes Saturdays, Sundays, and state holidays. Before April, the department's policy required the processing of all drug TARs received by fax and the department's audio response telephone system (Voice Drug TAR System [VDTS]) within 24 hours and the processing of mailed-in drug TARs within five working days.

During the six-month period of December 1994 through May 1995, both of the department's drug units (located in Stockton and Los Angeles) generally met the state requirement for processing mailed-in drug TARs. Based on samples of mailed-in drug TARs that we randomly selected at each drug unit, we found that the Stockton drug unit met the requirement 99 percent of the time and the Los Angeles drug unit met the requirement 97 percent of the time.

Based on samples of drug TARs randomly selected at each drug unit, we found that the Stockton drug unit processed 92 percent of the fax drug TARs within 24 hours of receipt. For the fax drug TARs for which processing time exceeded 24 hours, the

Stockton drug unit processed almost all within the one working day required by the new department policy. We also found that the Los Angeles drug unit processed only 53 percent of the randomly selected fax drug TARs within 24 hours of receipt. However, the Los Angeles drug unit processed 89 percent of fax drug TARs received in April 1995 within the one working day required by the new department policy. The average turnaround time for all fax drug TARs reviewed at Los Angeles was 29 hours. The Los Angeles drug unit attributed the extended processing time primarily to equipment limitations. However, during the six-month period of our review, the unit did acquire four new fax machines (two additional units and two replacement units). Finally, during January and April 1995, the Los Angeles drug unit generally met the 24-hour turnaround requirement for drug TARs received via the VDTS. For our sample of 139 VDTS TARs, 97 percent were processed within 24 hours.

In response to Section 14105.42 of the Welfare and Institutions Code, the department provided us with information regarding the number of fair hearing requests that beneficiaries made to appeal a denied drug TAR. Eighty-four fair hearing requests were submitted to the Department of Social Services from December 1994 through May 1995. Because the time to process drug TARs has been shortened, the department received few complaints from providers during the period December 1994 through May 1995.

### ***Background***

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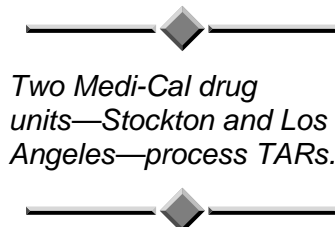
Authorized in 1965 under Title XIX of the Social Security Act, Medi-Cal provides a wide array of health care services, including payment for prescription drugs to public assistance recipients and low-income families. The department administers Medi-Cal under the provisions of Title 22 of the California Code of Regulations; the state and federal governments jointly fund it.

Under Medi-Cal, beneficiaries may receive prescription drugs from a list the department has established. This list is known as the Medi-Cal list of contract drugs and includes drugs from most therapeutic categories. Therapeutic categories are classifications of drugs addressing specific medical problems. For example, the contract drugs are classified into such therapeutic categories as antibiotics, cardiac drugs, and gastrointestinal drugs. According to the chief of the northern field operations branch, when a doctor prescribes a drug that is not on the list of contract drugs or when a prescription exceeds the beneficiary's monthly limit of six, the provider, generally a pharmacist, must receive authorization to seek reimbursement for the cost of the drug. The



*A TAR is required when:*

- *a prescription exceeds the beneficiary's monthly limit of six.*
- *a drug is not on the contract list, or*



*Two Medi-Cal drug units—Stockton and Los Angeles—process TARs.*

provider's request for authorization is known as a treatment authorization request.

The department has two Medi-Cal drug units that process drug TARs, one in Los Angeles and the other in Stockton. Licensed pharmacist consultants employed by the department process drug TARs by approving, denying, modifying, or returning the TARs to the providers to request additional information. Drug TARs can be submitted via fax, the department's VDTS, or mail. Although the department previously set restrictions on the use of fax and VDTS when submitting drug TARs, that restriction was eliminated in April 1995. All drug TARs may now be submitted by any of the three modes.

Although the Stockton drug unit once processed VDTS drug TARs statewide, this function was reassigned to the Los Angeles drug unit as of April 1992, with the Stockton unit providing assistance as needed. A larger pool of medical transcribers at the Los Angeles drug unit enables that unit to handle the number of drug TARs received by VDTS. The processing of TARs submitted by fax and mail is divided between the Los Angeles and Stockton drug units on a geographic basis. During the period under review, the Los Angeles drug unit absorbed the workload of the satellite office in San Bernardino, which was closed in April 1995. The San Bernardino office had processed primarily mailed-in drug TARs.

Mailed-in drug TARs are date-stamped on the day they are received. Drug TARs received by fax or mail are first reviewed by medical transcribers for completeness and sent to the department's contractor, Electronic Data Systems (EDS), for key data entry. EDS shares office space with the drug units. The drug TARs are then forwarded to the pharmaceutical consultants. The consultant processes a drug TAR by approving it, denying it, approving it with modifications, or returning it to request further information from the provider. After a decision is made on a drug TAR, it is sent back to EDS for final key data entry. At this point, a copy is returned to the provider.

Drug TAR information received by VDTS is retrieved by medical transcribers. The medical transcribers type the information onto drug TAR forms, which they forward to a pharmaceutical consultant. The pharmaceutical consultant processes the drug TAR by approving it, denying it, approving it with modifications, or returning it to request further information from the provider. After a decision is made, the drug TAR is sent back to EDS for final key data entry. Then a copy is mailed to the provider. The

decision is also recorded on the VDTS, which the provider can access to determine the status of the request.

### ***Scope and Methodology***

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Chapter 716, Statutes of 1992, required the Office of the Auditor General (OAG) to prepare an analysis and summary of the department's statistical data on drug TARs. Further, Section 14105.42 of the Welfare and Institutions Code mandated that the OAG submit a report on these data to the Legislature beginning February 1, 1991, and every six months thereafter until January 1, 1999. Chapter 12, Statutes of 1993 (Government Code Section 8546.8) directs the BSA to assume these responsibilities.


To fulfill these requirements, we did the following:

- Obtained statistical data from the department regarding drug TARs received by VDTS, fax, and mail and the number of drug TARs approved, modified, denied, and returned;
- Verified the drug unit's processes for compiling monthly drug TAR statistics during the six months from December 1994 through May 1995;
- Reviewed the methods the drug units used for measuring the time it takes them to respond to a drug TAR from the time it is received at the drug unit to the time the drug unit returns the completed drug TAR to the provider;
- Conducted tests to determine if the Los Angeles and Stockton drug units are processing initial and urgent drug TARs submitted via fax and VDTS within 24 hours, as required by federal law; and
- Conducted tests in the Stockton and Los Angeles drug units to determine if mailed-in TARs processed before April 1995 were processed within five working days, as state law requires, or within one working day, as established by the department's new policy, implemented in April 1995.


To obtain data on the number of denied drug TARs that have been appealed to the Department of Social Services and to obtain data on the number of complaints the Department of Health Services has received about its processing of drug TARs, we collected data from the drug units for December 1994 through May 1995.

### ***Drug TARs Received***

As shown in Figure 1, the number of drug TARs received has increased substantially from June 1990 through May 1995. The volume has increased most significantly, however, during the latest six-month reporting period, from December 1994 through May 1995. During the first six months of the OAG's review, from June through November 1990, the drug units received 78,498 drug TARs, whereas from December 1994 through May 1995, the drug units received 321,362 drug TARs, an increase of 242,864 (309 percent). Also, the number of drug TARs received from December 1994 through May 1995 exceeded drug TARs received during the previous reporting period, June through November 1994, by more than 110,000 (an increase of 53 percent).



*Volume of drug TARs received increased 53 percent over the previous reporting period, primarily because of a monthly prescription limit.*

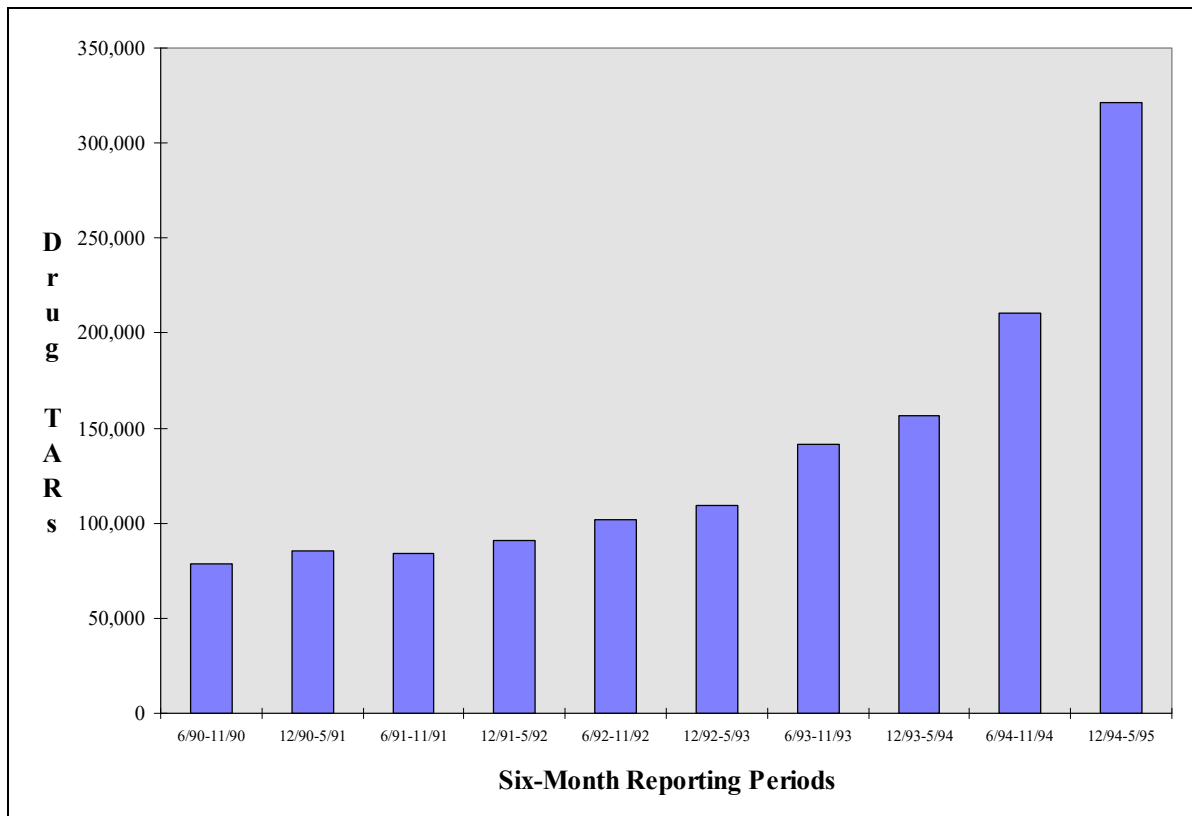


According to the chief of the department's Medi-Cal Operations Division, Northern Field Operations Branch, the increase in the number of drug TARs received was attributable primarily to the November 1994 change in the governing code, which reduced the number of prescriptions allowed per month for each beneficiary from ten to six for most contract drugs. Whenever the beneficiary's monthly prescription limit is exceeded, a drug TAR is required to obtain reimbursement.

As mentioned in the BSA's previous reports, the increased number of drug TARs received may be attributable partially to the increase in the number of Medi-Cal beneficiaries. In June 1990, the department reported 3,675,000 Medi-Cal beneficiaries. By May 1995, the department reported 5,288,472 Medi-Cal beneficiaries eligible to obtain drugs through Medi-Cal (an increase of 44 percent).

**Figure 1**

**Number of Drug TARs Received  
June 1990 Through May 1995**



**Methods of Delivery**



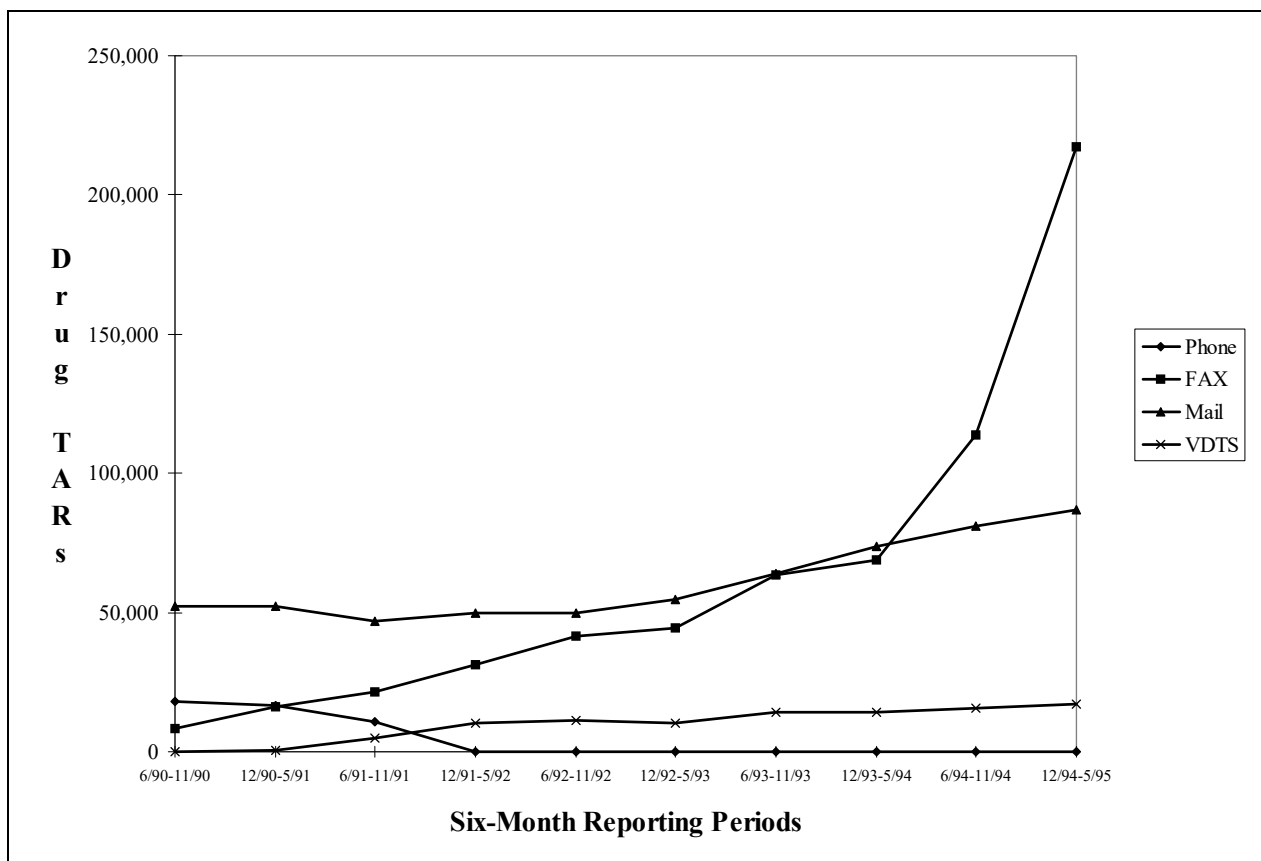
*Drug TARs submitted by fax increased 91 percent over prior six-month period.*



As Figure 2 shows, from December 1994 through May 1995, the most common method of submitting drug TARs was by fax, followed by mail and VDTS. During that period, the number of drug TARs submitted by fax increased substantially from the previous six-month reporting period. From June through November 1994, providers submitted 113,906 drug TARs by fax. In comparison, from December 1994 through May 1995, providers submitted 217,347 drug TARs by fax, representing a 91 percent increase. According to the chief of the department's Medi-Cal Operations Division, Northern Field Operations Branch, this increase is the result of the department's new policy, implemented in April 1995, which allows any drug TAR to be submitted via fax. Before April 1995, the

department allowed drug TARs only for initial supplies of prescribed drugs and drugs that were urgently needed to be submitted by fax or VDTS.

**Figure 2**  
**Methods of Receiving Drug TARs**  
**June 1990 Through May 1995**



The department also had an increase in the number of drug TARs submitted by mail and VDTS. During December 1994 through May 1995, 86,951 of the drug TARs received were submitted by mail compared to 80,985 during the prior six-month reporting period. The number of drug TARs submitted by VDTS remained fairly stable at 17,064 during the current reporting period and 15,786 during the prior reporting period. Attachment A presents a comparison of drug TARs received by means of delivery during the period June 1990 through May 1991 and June 1994 through May 1995.

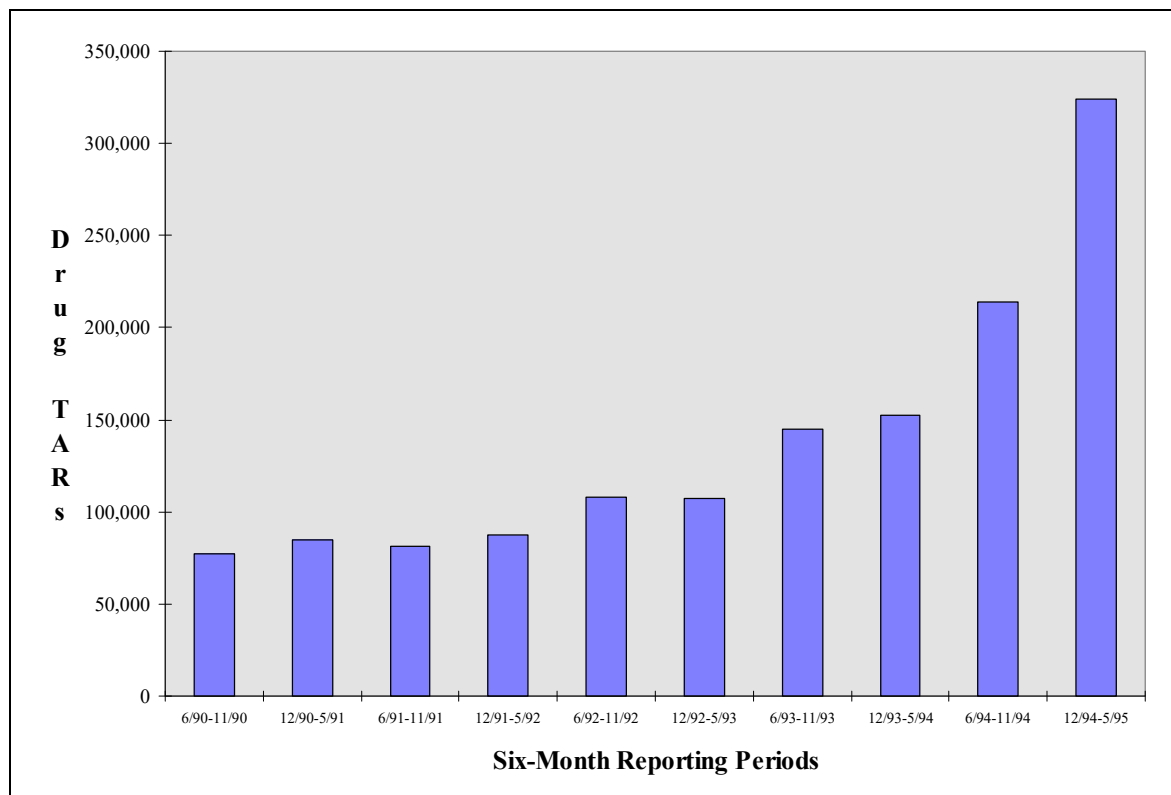


### ***Drug TARs Processed***

Figure 3 shows the number of drug TARs processed at the drug units from June 1990 through May 1995. During the first six months of the OAG's review, from June through November 1990, the drug units processed 77,282 drug TARs. In comparison, from December 1994 through May 1995, the drug units processed 324,144 drug TARs, an increase of more than 246,862 drug TARs (319 percent) since the first six months reviewed.


The increase in the number of drug TARs processed is directly related to the 309 percent increase in the number of drug TARs received and the department's increased staffing, as discussed in the BSA's previous report. Attachment B presents a comparison of the number of drug TARs the department processed from June 1990 through May 1991 and from June 1994 through May 1995.

***Figure 3***  
***Number of Processed Drug TARs***  
***June 1990 Through May 1995***




As mentioned earlier, from December 1994 through May 1995, the drug units processed 324,144 drug TARs. Of those,

59 percent were approved, 23 percent were modified, 10 percent were denied, and 8 percent were returned. Attachment C provides information on the number of drug TARs approved, modified, denied, and returned from June 1990 through May 1991 and from June 1994 through May 1995.



*We found a significant difference between the Stockton and Los Angeles drug units in percentage of drug TARs modified*



During our sampling of drug TARs processed during January and April 1995, we noted that there was a significant difference between the Stockton drug unit and the Los Angeles drug unit when comparing the percentage of drug TARs that were approved as requested versus those approved with modification. Specifically, the Stockton drug unit approved only 40 percent of the drug TARs as submitted and modified 43 percent, whereas the Los Angeles unit approved 76 percent of the drug TARs as submitted and modified only 7 percent of the drug TARs that we sampled. This variance between the two drug units, related to consultant approvals, is an area that management should investigate further to ensure that all drug TAR requests are handled consistently, regardless of which of the two drug units handle the drug TAR. Drug TARs are modified for various reasons, including adjusting the quantity of the drug requested or the length of time for which the drug is approved.

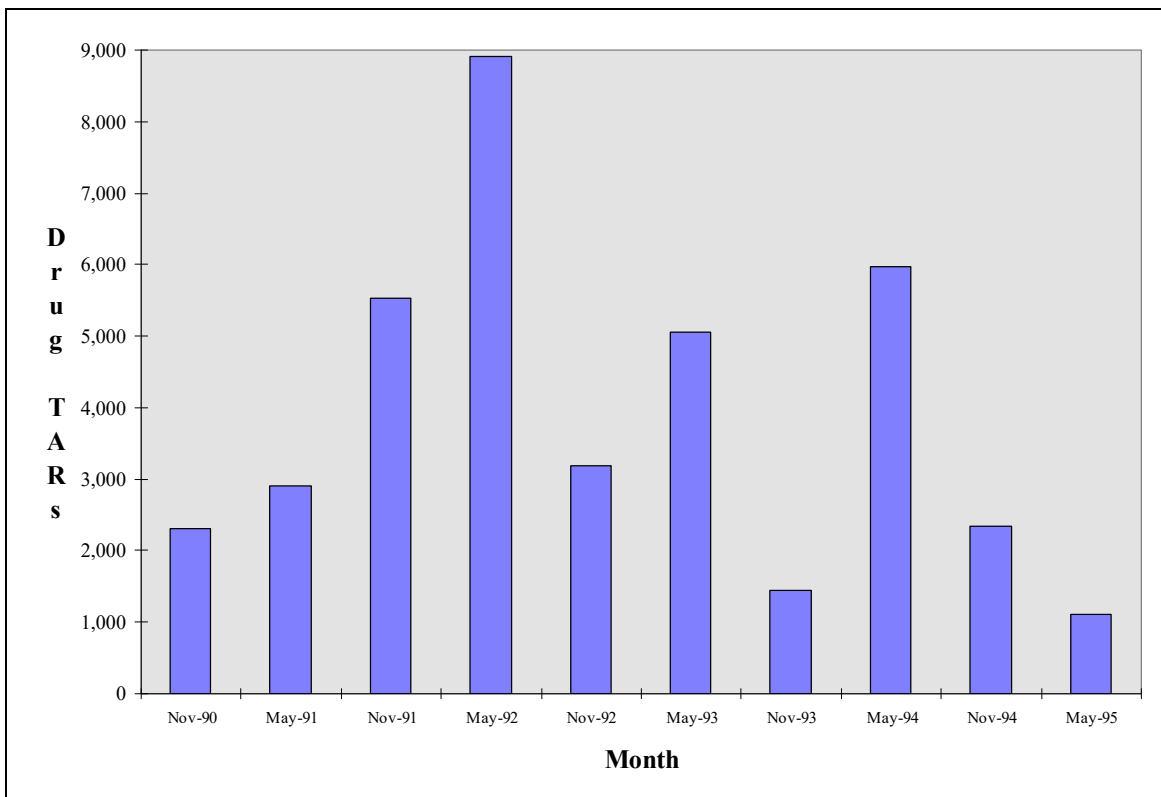
### ***Backlog of Unprocessed Drug TARs***

Figure 4 shows the department's backlog of drug TARs at the end of the last month of each of the six-month reporting periods from June 1990 through May 1995. For the last month of the most recent reporting period, May 1995, the department had 1,113 unprocessed drug TARs.

Figure 4 also shows that the department's backlog of unprocessed drug TARs for May 1995 was lower than that for any of the other ending periods since November 1990. The reduction in the number of unprocessed drug TARs is probably the result of the department's efforts to process all drug TARs within one working day. Attachment B provides detailed information on the number of drug TARs processed and unprocessed from June 1990 through May 1991 and from June 1994 through May 1995.


**Figure 4**

**Unprocessed Drug TARs  
November 1990 Through May 1995**




**Disagreements Over Processing  
Time for Drug TARs**

Section 14103.6 of the Welfare and Institutions Code requires that the department's pharmaceutical consultants process drug TARs in an average of five working days. This section also states that if the pharmaceutical consultant does not make a decision on a drug TAR within 30 days of receiving it, the request shall be considered approved. Additionally, Section 1927(d)(5) of the federal Social Security Act of 1990 requires states to respond to all drug TARs within 24 hours of receipt. The federal Department of Health and Human Services' Health Care Financing Administration (HCFA) upholds this position, regardless of whether the TAR is for an initial or urgent prescription or for reauthorization of an existing prescription. It also upholds this position regardless of how the drug TARs are delivered to the department.



*The department changed processing timelines in April 1995 to more closely conform to the federal requirements.*



Since April 1995, the department has changed its policy to conform more closely to the federal requirements and directs the drug units to process all drug TARs within one working day. The department has interpreted this one-working-day processing to mean that any drug TAR received before 5 p.m. on a working day will be processed by 5 p.m. of the following working day. The department's new policy will have the greatest impact on the processing of drug TARs that are mailed in. Prior to April 1995, mailed-in drug TARs were to be processed within five working days.

Although the department's new policy of processing all drug TARs within one working day conforms more closely to the federal regulation, the actual processing sometimes may take more than 24 hours. For example, if the department receives a drug TAR at 10 a.m. on a Thursday, under the new policy, the processing might not be completed until 5 p.m. on Friday—an elapsed time of 31 hours. Based on our discussion with HCFA, it plans to issue a decision soon on the department's new policy.

### ***Processing Time for Drug TARs Submitted Via Fax and VDTS***

During this audit, we selected at random and reviewed a sample of 562 drug TARs submitted by fax to the Stockton drug unit in January and April 1995. Of those, 516 (92 percent) were processed within the mandated 24 hours. Of the remaining 46, all but two were processed within the department's requirement of one working day. The average processing time for the fax drug TARs sampled at the Stockton drug unit was 19 hours.

We performed a similar review of 1,003 drug TARs submitted by fax to the Los Angeles drug unit during January and April 1995. Of the 451 drug TARs that the unit processed in January 1995, only 159 (35 percent) were processed within 24 hours as required by federal law. Of the 552 drug TARs that the unit processed in April, 372 (67 percent) were processed within 24 hours. However, 491 (89 percent) of the April fax TARs that we reviewed were processed within one working day, in accordance with the department's new policy. Overall, the average processing time for the fax drug TARs sampled at the Los Angeles drug unit was 29 hours. We also reviewed a sample of 139 drug TARs submitted by VDTS to the Los Angeles drug unit. The Los Angeles drug unit does not indicate the exact time of the day when VDTS drug TARs are received or returned to the provider. Consequently, we could not be as precise in our measurement of the time it took to process VDTS drug TARs. However, we found that 135 (97 percent) of the VDTS drug

TARs were processed within one working day, and all were processed within two working days.

**Processing Time for Mailed-In Drug TARs**

Our review of drug TARs submitted by mail found significant improvement in the processing time for both the Stockton and Los Angeles drug units. As previously mentioned, the department implemented a one-day turnaround policy in April 1995 for all drug TARs. Before April, mailed-in drug TARs were to be processed within five working days. Our review included months both before and after the implementation of the one-day requirement.

According to the department's records (Figure 5), the Stockton drug unit met the requirement of five working days in each month from December 1994 through March 1995. The department's records indicate that the Los Angeles drug unit did not meet the requirement of five working days in December 1994 and January 1995. Both drug units met the requirement of one working day in April and May 1995.

**Figure 5**  
**Average Number of Days To Process Mailed-In Drug TARs by Drug Unit December 1994 Through May 1995**

Unit	Dec	Jan	Feb	Mar	Apr	May	Average
Stockton	2	1.5	2	1.8	1	1	1.6
Los Angeles	8	7	1	2	1	1	3.3

Source: Department of Health Services

Methodology used to calculate turnaround time is appropriate.

To independently verify the turnaround time for mailed-in drug TARs, we sampled a total of 444 mailed-in drug TARs received by the Stockton drug unit in January and April 1995. All the drug TARs received in January were processed within five working days, and all but 3 of the drug TARs received in April were processed within one working day. We also sampled a total of 363 mailed-in drug TARs received by the Los Angeles drug unit in January and April 1995. All but 11 of the drug TARs received in January were processed within five working days,

and all the drug TARs received in April were processed within one working day. According to our calculations, the average turnaround time in January was 1.45 days for the Stockton drug unit and 2.92 days for the Los Angeles drug unit. For April, the average turnaround time was one day for both the Stockton and Los Angeles drug units. When comparing these results to the department's calculations (Figure 5), it is apparent that the methodology currently being used by both drug units is appropriate. However, as noted in our previous reports, the methodology that had been used by the Los Angeles drug unit in calculating its turnaround times was inappropriate because it did not exclude nonworking days. The Los Angeles drug unit changed its methodology for calculating turnaround times in April 1995 to conform to that used by the Stockton drug unit.

To verify the drug units' processes for compiling monthly drug TAR data, we compared the May 1995 Monthly Statistics Report to the daily activity reports for both the Stockton and Los Angeles drug units. We found that the methodology used to compile the drug units' monthly data was appropriate.

### ***Fair Hearings and Complaints***

For all denied drug TARs, Section 14105.42 of the Welfare and Institutions Code requires that the department report to the Legislature the number of fair hearings requested, approved, denied, and pending. The department is also required to report the number of complaints from beneficiaries and providers regarding the department's response to drug TARs.

Beneficiaries request fair hearings through the Department of Social Services to appeal denials of drug TARs. From December 1994 through May 1995, the Department of Social Services received 84 requests for fair hearings. This figure represents an increase in fair hearing requests of 20 (or 31 percent) over the prior six-month period from June through November 1994. Of the 84 requests for fair hearings, 4 were dismissed, 39 were withdrawn before the cases were heard, 3 were denied, and 3 were approved, and the decisions on the remaining 35 were still pending at the time of our review. In our review, we found that several of the fair hearing requests were withdrawn because denial was rescinded after the drug TAR had been reviewed a second time.

Both the Stockton and Los Angeles drug units reported that they received few or no complaints from the providers (pharmacists) during the reporting period of December 1994 through May

1995. The drug units attribute this to their ability to process the drug TARs more promptly.

We conducted this review under the authority vested in the state auditor by Section 8543 et seq. of the California Government Code and according to generally accepted governmental auditing standings. We limited our review to those areas specified in the audit scope of this report.

Sincerely,

KURT R. SJOBERG  
State Auditor

Audit Staff: Steven M. Hendrickson, Audit Principal  
Nancy C. Woodward, CPA  
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**Attachments**

- A Comparison of Drug Treatment Authorization Requests  
Received by Means of Delivery  
June 1990 Through May 1991 and June 1994 Through May 1995
- B Comparison of Drug Treatment Authorization Requests Processed  
June 1990 Through May 1991 and June 1994 Through May 1995
- C Comparison of Drug Treatment Authorization Requests  
Approved, Modified, Denied, and Returned  
June 1990 Through May 1991 and June 1994 Through May 1995

## Attachment A

**Comparison of Drug Treatment Authorization Requests  
Received by Means of Delivery  
June 1990 Through May 1991 and June 1994 Through May 1995**

		Telephone	Fax	Mail	VDTS	Monthly Total
1990	June	3,989	0	10,125	0	14,114
	July	3,225	985	9,990	0	14,200
	August	3,126	1,561	8,679	0	13,366
	September	2,358	1,646	7,517	0	11,521
	October	2,955	2,064	8,340	0	13,359
	November	2,483	1,849	7,606	0	11,938
	December	2,282	1,661	8,009	0	11,952
1991	January	2,748	2,379	8,951	0	14,078
	February	2,934	2,570	8,865	0	14,369
	March	2,966	2,816	8,912	0	14,694
	April	3,075	3,310	8,967	63	15,415
	May	2,835	3,293	8,658	338	15,124
	<b>Total</b>	<b>34,976</b>	<b>24,134</b>	<b>104,619</b>	<b>401</b>	<b>164,130</b>
1994	June	0	12,412	13,155	2,466	28,033
	July	0	16,814	12,230	3,062	32,106
	August	0	20,862	14,380	2,986	38,228
	September	0	18,462	12,975	2,244	33,681
	October	0	19,131	14,391	2,331	35,853
	November	0	26,225	13,854	2,697	42,776
	December	0	33,146	15,711	3,144	52,001
1995	January	0	32,393	17,898	2,910	53,201
	February	0	29,888	16,114	2,480	48,482
	March	0	36,340	17,992	2,805	57,137
	April	0	39,888	10,956	2,777	53,621
	May	0	45,692	8,280	2,948	56,920
	<b>Total</b>	<b>0</b>	<b>331,253</b>	<b>167,936</b>	<b>32,850</b>	<b>532,039</b>

Source: California Department of Health Services

Attachment B



**Comparison of Drug Treatment Authorization Requests Processed  
June 1990 Through May 1991 and June 1994 Through May 1995**

		Unprocessed TARs at Beginning of Month	TARs Received During Month	Total Available To Be Processed	Total Processed During Month	Unprocessed TARs	Percent of TARs Processed
1990	June	2,160	14,114	16,274	13,015	3,259	79.97
	July	3,259	14,200	17,459	14,164	3,295	81.13
	August	3,295	13,366	16,661	14,502	2,159	87.04
	September	2,159	11,521	13,680	11,394	2,286	83.29
	October	2,286	13,359	15,645	13,103	2,542	83.75
	November <sup>a</sup>	1,477	11,938	13,415	11,104	2,311	82.77
	December	2,311	11,952	14,263	11,897	2,366	83.41
1991	January	2,366	14,078	16,444	15,242	1,202	92.69
	February	1,202	14,369	15,571	13,206	2,365	84.81
	March	2,365	14,694	17,059	14,695	2,244	86.14
	April	2,244	15,415	17,659	15,115	2,544	85.59
	May	2,544	15,124	17,668	14,763	2,905	83.56
	<b>Total</b>		<b>164,130</b>	<b>191,798</b>	<b>162,200</b>		
1994	June	5,970	28,033	34,003	27,085	6,918	79.65
	July	6,918	32,106	39,024	27,435	11,589	70.30
	August	11,589	38,228	49,817	33,371	16,446	66.99
	September	16,446	33,681	50,127	42,440	7,687	84.66
	October	7,687	35,853	43,540	42,736	804	98.15
	November	804	42,776	43,580	41,236	2,344	94.62
	December	2,344	52,001	54,345	53,824	521	99.04
1995	January	521	53,201	53,722	52,065	1,657	96.92
	February	1,657	48,482	50,139	49,511	628	98.75
	March	628	57,137	57,765	57,659	106	99.82
	April <sup>b</sup>	1,657	53,621	55,278	53,546	1,732	96.87
	May	1,732	56,920	58,652	57,539	1,113	98.10
	<b>Total</b>		<b>532,039</b>	<b>589,992</b>	<b>538,447</b>		

Source: California Department of Health Services

- <sup>a</sup> The number of unprocessed drug TARs at the end of October 1990 does not agree with the number of unprocessed drug TARs at the beginning of November 1990. The manager of the San Francisco drug unit stated that unit staff did a hand count of the actual unprocessed drug TARs at the end of October 1990 and found the unit's accounting records overstated by 1,065, the number of unprocessed drug TARs for the end of the month. Because of this finding, unit staff adjusted the number of unprocessed drug TARs reported at the beginning of November.
- <sup>b</sup> The number of unprocessed drug TARs at the end of March 1995 does not agree with the number of unprocessed drug TARs at the beginning of April 1995. The Los Angeles drug unit implemented a new system for reporting drug TAR statistics in April 1995. The number of unprocessed drug TARs reported at the beginning of April represents a hand counted figure of the drug TARs which were actually on hand at the end of March 1995.
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## Attachment C

**Comparison of Drug Treatment Authorization Requests  
Approved, Modified, Denied, and Returned  
June 1990 Through May 1991 and June 1994 Through May 1995**

		Approved <sup>a</sup>	Modified	Denied	Returned	Total Processed
1990	June	9,350	2,001	1,226	438	13,015
	July	9,169	2,008	1,361	1,626	14,164
	August	8,980	2,650	2,045	827	14,502
	September	7,222	1,847	1,565	760	11,394
	October	8,377	2,215	1,698	813	13,103
	November	7,033	1,811	1,455	805	11,104
	December	7,800	1,989	1,385	723	11,897
1991	January	8,994	3,457	1,667	1,124	15,242
	February	8,322	2,533	1,536	815	13,206
	March	9,810	2,308	1,741	836	14,695
	April	9,490	2,940	1,697	988	15,115
	May	9,530	2,531	1,864	838	14,763
	<b>Total</b>	<b>104,077</b>	<b>28,290</b>	<b>19,240</b>	<b>10,593</b>	<b>162,200</b>
1994	June	15,526	4,271	5,205	2,083	27,085
	July	17,007	4,425	4,152	1,851	27,435
	August	20,918	5,831	4,624	1,998	33,371
	September	30,361	6,209	4,006	1,864	42,440
	October	29,740	5,580	4,811	2,605	42,736
	November	24,661	8,996	4,758	2,821	41,236
	December	34,064	11,294	5,203	3,263	53,824
1995	January	31,299	11,534	5,350	3,882	52,065
	February	28,872	10,768	5,804	4,067	49,511
	March	32,936	13,711	5,696	5,316	57,659
	April	30,807	12,513	5,276	4,950	53,546
	May	31,175	15,142	5,979	5,243	57,539
	<b>Total</b>	<b>327,366</b>	<b>110,274</b>	<b>60,864</b>	<b>39,943</b>	<b>538,447</b>

**Source: California Department of Health Services**

<sup>a</sup> An approved drug TAR has been authorized by the drug unit as submitted. A denied drug TAR has been rejected as submitted. A modified drug TAR has been changed by the drug unit in some way and then approved. Changes could include a change in the quantity of the drug requested, a change in the time for which the drug is approved, or the denial of or change to one drug request on a drug TAR with several requests. A returned drug TAR lacks sufficient information for the drug unit to make a decision. The drug unit returns the drug TAR to the provider for clarification.