



Policy and Procedure No: QM 104.0	Revision No: 0
Division: Care Management	
Department: Quality Management	
Title: PHP Determination of High Volume Specialists	
Effective Date: 12/3/2009	
Supersedes Policy No: 95002, RM 4.2, RM 104.2, RM 104.3	
Reviewed/Revised by: Tiffany Smith	Review/Revision Date: 12/10/2025
Approving Committee: Quality Management Committee	Date: 12/11/2025
Executive Oversight Committee Date: 12/16/2025	

Purpose:

This policy is to establish PHP (the Health Plan’s) annual process to identify high volume specialists and assist compliance with the requirements of Title III of the Americans with Disabilities Act of 1990, state regulatory requirements and accreditation standards.

Policy:

It is the policy of the Health Plan to analyze claims and encounter data on an annual basis to determine the specialties and individual specialists most frequently accessed by our members.

Procedure:

1. During the first quarter of each calendar year, the Provider Relations Department, through Information Technology support, produces a report of high-volume specialists which includes the following data:
 - a. List of specialists and ancillary services, excluding hospital-based specialty practitioners.
 - b. The number of unique individual members seen in the previous twelve (12) months for each specialist or service listed.
2. The Quality Management Department will identify the high-volume specialists and services using the following method:
 - a. Calculate the mean and standard deviation of the number of individual members.
 - b. High volume is defined as providers whose number of members is three (3) standard deviation above the mean.
3. Quality Management will work with Provider Relations to identify primary sites for the specialists and services identified above.

Definitions:

1. **Ancillary Service:** free-standing facilities that provide diagnostic and therapeutic services, such as, but not limited to: laboratory, infusion, radiology, imaging, cardiac testing, renal dialysis, occupational therapy, speech therapy, physical therapy, pulmonary testing, and cardiac rehabilitation.

2. Specialty Care Practitioners (SCPs): Those physicians contracted and designated to provide specialty care services, not including hospital-based specialty practitioners.

Monitoring:

1. This policy is reviewed, updated, if needed, and approved annually by Quality Improvement and Health Equity Committee (QIHEC) or as needed for regulatory, accreditation or contract changes.
2. The high-volume specialists report will be used annually by the Quality Department for contract requirements such as the Ancillary Services Physical Accessibility Review Survey (PARS) and subsequent documentation in Provider Directory and Medical Record Review.

Reference:

1. Americans with Disabilities Act of 1990 (ADA), including changes made by the ADA Amendments Act of 2008 (P.L. 110-325), which became effective on January 1, 2009.
<http://www.ada.gov/pubs/adastatute08.htm>.