

**Addiction and Prevention Services
State Quality Committee**

This report shows the number of authorization denials and appeals. Only the VO-KS Medical Director or equivalent can issue a denial for care based upon medical necessity. Providers/members can appeal denials (please see clinical and admin appeal policies on the VO-KS website for more information).

Please note: for medical necessity denials, if the provider and the VO-KS clinician agree to a level of care other than what was originally requested, a denial would not be issued. Denials are issued when an agreement can not be reached.

AGGREGATE ANALYSIS REPORT

Final

Reporting Period

FROM: April 1, 2008 **TO:** June 30, 2008

Conclusion includes annual summary for FY2008

Unit/Team/Department:

PIHP Quality Improvement

Topic/Project:

Grievance and Appeals

Appeals Summary (VO # 18, Grid Row #14)

Monitoring Standard:

42 CFR 438.240 Quality Assessment and Performance Improvement Program

42 CFR 438.402 General requirements

42 CFR 438.404 Notice of Action

42 CFR 438.408 Resolution and notification

42 CFR 438.420 Continuation of benefits while the MCO or PIHP appeal and the State Fair Hearing are pending

42 CFR 438.280 Effectuation of reversed appeals resolutions

42 CFR 438.420 Continuation of benefits while the MCO or PIHP appeal and the State Fair Hearing are pending

42 CFR 438.424 Effectuation of reversed appeal resolutions

Goal:

The PIHP will track and report quarterly to SRS/AAPS all appeals that have occurred in a given quarter including timeline compliance.

Objectives:

To assure the documentation is capturing both clinical (medical necessity) and administrative appeals

To evaluate for trends that may require system intervention or education

To allow data to be presented consistently for Committee evaluation and response

Data Collection Activities:

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Data was collected from ValueOptions CareConnect System. Appeals reporting will be provided by region, funding, and detail. Appeals are categorized as Clinical and Administrative. Denials are also shown on this report. Reporting will also include State Fair Hearing data.

Results: See next page

Appeals by Funding

Date of Submission: 7/15/2008
Reporting Period: April 1, 2008 - June 30, 2008 (Quarter 4, FY08)

Funding Source	Number of Denials	Number of Appeals
Medicaid	1	0
Block Grant	10	0
Total	11	0

Total Number of Denials Received in this Reporting Period: 11
Percentage of Denials Letters sent within 14 days: 100%

Total Number of Appeals Received in this Reporting Period: 0
Percentage of Appeals Resolved within time frame: N/A

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Appeals by Region

Reporting Period: April 1, 2008 - June 30, 2008 (Quarter 4, FY08)

Region*	DENIALS		APPEALS	
	Administrative	Medical Necessity	Administrative	Medical Necessity
Kansas City	0	9	0	0
Wichita	0	0	0	0
West	0	2	0	0
Northeast	0	0	0	0
South Central	0	0	0	0
Southeast	0	0	0	0
Total	0	11	0	0

Total Number of Denials Received in this Reporting Period: **11**
 Percentage of Denials letters sent within 14 days: **100%**

Total Number of Appeals Received in this Reporting Period: **0**
 Percentage of Appeals Resolved within time frame: **N/A**

No denials or appeals were requested to be expedited during this reporting period

****This summary report only includes appeals submitted in this reporting period. The appeals which are pending for internal reviews or Fair Hearings are carried over and reported in the detailed reports under appropriate funding sources.
 Annual Summary Grievances by Regions**

Annual FY 08 Summary Denial Data:

Region	Administrative					Medical Necessity					GrandTotals
	1st	2nd	3rd	4th	Total	1st	2nd	3rd	4th	Total	
Kansas City	8	0	1	0	9	5	2	12	9	28	37
Wichita	14	0	1	0	15	1	0	0	0	1	16
West	7	4	1	0	12	6	1	2	2	11	23
Northeast	6	3	5	0	14	1	0	2	0	3	17
South Central	5	3	2	0	10	2	1	1	0	4	14
South East	2	0	0	0	2	3	1	0	0	4	6
Total ALL	42	10	10	0	62	18	5	17	11	51	113

Total Denials for the year: **113**
 Total Appeals for the year: **14 (12.4 % of denials were appealed.)**

Conclusions:

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Fourth Quarter

- Most denials were in the Block Grant funding source which is consistent with past quarters. All were Medical Necessity denials. Eight (8) of the denials were to the same provider.
- Levels of care for the eleven (11) medical necessity denials were:
 Ten (10) intermediate and one (1) reintegration.
- This quarter, most denials were in the Kansas City Region which is consistent with last quarter.
- There were no administrative denials in the fourth quarter which may reflect the providers' adjustment and understanding of ValueOption's processes.
- There were no appeals fourth quarter.

100% of the 4th quarter denials had letters sent within 14 days and thus met standard.

Annual Summary (7/1/07 – 6/30/08)

- Total of 113 Denials for first fiscal year of which 54.9 % were administrative and 45.1 % were for medical necessity.
- Kansas City region had the most denials and South East the fewest denials.
- Denials are trending down with 1st quarter the most and 4th quarter the least.
- Total appeals were only fourteen (14) for the year
- For the first and second quarters ValueOptions was out of compliance with denial letter time frames. That was corrected and 3rd and 4th quarters have had 100% compliance for time frames.

Preliminary Recommendations to Committee:

It is recommended to the Committee that data trending continue.

It is also recommended that ValueOptions continue to educate the providers on the appeal process and provide focused education to the provider(s) with highest volume of denials.

It is also recommended by the Committee that this aggregate analysis be shared at the SRS Regional QI meeting and posted on the ValueOptions website for public access.

Date Presented to SQC: 8/26/2008

BY: Kim Brown

Recommendations from the Committee for action: Recommendation and changes made by the SQC to the preliminary recommendations are noted above in **bold**.

Person Responsible to follow-up and date due: Kim Brown Due: 11/6/08