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:** July 1, 2008 **TO:** September 30, 2008

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.
The standards are:

- 95% resolved within 14 days receipt of all required documentation
- 100% resolved within 45 calendar days

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:

Addiction and Prevention Services
State Quality Committee

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

Denials/Appeals by Funding:

Appeals by Funding

Date of Submission: 10/15/2008
Reporting Period: July 1, 2008 - September 30, 2008 (Quarter 1, FY09)

Funding Source	Number of Denials	Number of Appeals
Medicaid	5	0
Block Grant	17	0
Total	**22**	**0**

Total Number of Denials Received in this Reporting Period: 22
Percentage of Denials Letters sent within 14 days: 95%

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
No State Fair Hearings were requested 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.**

Denials/Appeals by Region:

Addiction and Prevention Services
State Quality Committee

Appeals by Region

Reporting Period: **July 1, 2008 - September 30, 2008**

	DENIALS		APPEALS	
Region*	Administrative	Medical Necessity	Administrative	Medical Necessity
Kansas City	0	12	0	0
Wichita	0	1	0	0
West	0	3	0	0
Northeast	1	1	0	0
South Central	0	3	0	0
Southeast	0	1	0	0
Total	1	21	0	0

Total Number of Denials Received in this Reporting Pe: 22
Percentage of Denials letters sent within 14 days: 95%

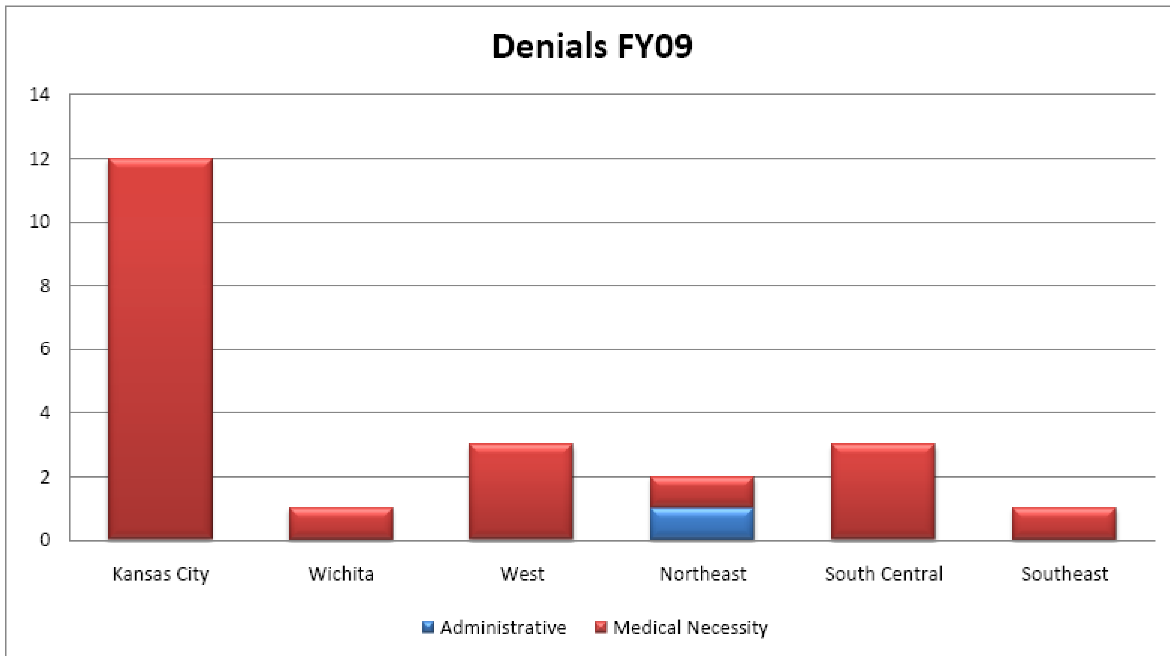
Total Number of Appeals Received in this Reporting Period: 0
Percentage of Appeals Resolved within time frame: N/A

No denials or appeals were requested to be expedited during this reporting period
No State Fair Hearings were requested 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 FY 09 Summary Denial Data:

	Administrative						Medical Necessity					
Region	**1st**	**2nd**	**3rd**	**4th**	**Total**		**1st**	**2nd**	**3rd**	**4th**	**Total**	**GrandTotals**
Kansas City	**0**				**0**		**12**				**12**	**12**
Wichita	**0**				**0**		**1**				**1**	**1**
West	**0**				**0**		**3**				**3**	**3**
Northeast	**1**				**1**		**1**				**1**	**2**
South Central	**0**				**0**		**3**				**3**	**3**
South East	**0**				**0**		**1**				**1**	**1**
Total ALL	**1**				**1**		**21**				**21**	**22**

Total Denials for the year to date: 22
Total Appeals for the year to date: 0



Conclusions:

First Quarter:

- There were 22 denials first quarter.
  - Most denials were in the Block Grant funding source (77.3%) which is consistent with past quarters
  - Most were Medical Necessity denials (95.5%). The reason for almost all denials (95.5%) were "Client did not meet the medical necessity criteria; doctor has other recommendations".
  - Half of the denials (11) were to the same provider.
- Levels of care for the twenty-one (21) medical necessity denials were:
  - Twelve (12) intermediate (Level III.3)
  - Eight (8) reintegration (Level III.1), and
  - One (1) Outpatient (Level I)
- This quarter, most denials reported were in the Kansas City Region which is consistent with last quarter.
- There were no appeals reported first quarter.
- There were no State Fair Hearings requested during this quarter.

Standard: 95% resolved within 14 days receipt of all required documentation; 100% resolved within 45 calendar days

- 95% of the First quarter denials had letters sent within 14 days and thus met standard**.**
- The standard of 100% resolved within 45 calendar days was not reported in the summary.

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 reported. **It was noted by ValueOptions in the Committee meeting that Brian Baker, Clinical Director, has gone out to the site so this has occurred. He will continue to provide outreach and provider education to specific high volume provider(s).**
- Approval by the Committee is also requested to share this aggregate analysis at the SRS Regional QI meeting and to be posted on the ValueOptions website for public access.
- It is recommended that the standard of 100% resolved within 45 calendar days be summarized on future reports. **It was noted in the Committee meeting that the State has knowledge that the standard was met, but this information was not included in the report.**
- **It is recommended by the Committee that the Appeals be changed to show disposition (upheld or overturned).**

Date Presented to SQC: 11/6/2008 **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: 2/5/09