Behavioral Health Services
State Quality Committee

AGGREGATE ANALYSIS REPORT
PROVIDER DENIALS AND APPEALS

Final

Reporting Period **FROM:** July 1, 2012 **TO:** June 30, 2013
***FY2013 Annual Summary**

Unit/Team/Department:
PIHP Quality Improvement

Topic/Project:
Provider Denials and Appeals
#9 Appeals Report

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 ASO will track and report semi-annually to KDADS/BHS all provider denials and appeals that have occurred in a given timeframe including timeline compliance. The standards are:

- Standard for Denial letter notification:
  - Treatment modality Level I, II, and all others except Level III: Denial letters must be sent within 14 days of the determination (100%)
  - Treatment modality Level III: Denial letters must be sent within 3 days of the determination (100%)
- Appeals:
  - 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 denials and appeals from providers
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:
Data was collected from ValueOptions CareConnect System. Denials and Appeals reporting will be provided by overall state figures, regional data and by detail. Denials and Appeals are categorized as administrative and medical necessity. Reporting will also include State Fair Hearing data.

Definitions of Administrative and Medical Necessity denials:

Administrative Denial (or "Administrative Determination") – A denial of services, or claims payment for services, based on reasons other than a lack of medical necessity. Examples of administrative denials include the provider is not licensed to provide the service requested, the member is AAPS eligible but the service requested is only available to Medicaid recipients, or the continued stay review (CSR) was submitted late.

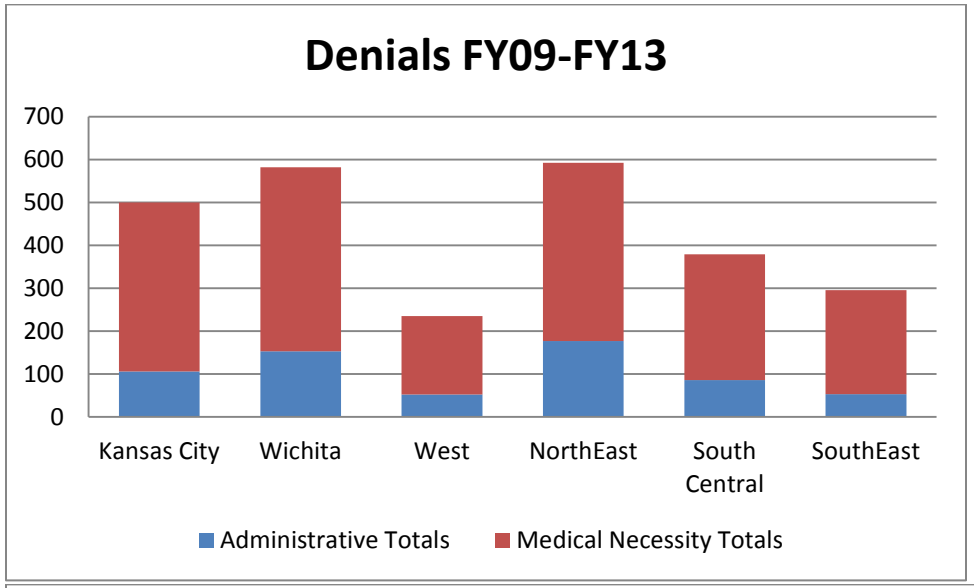
Medical Necessity Denial- A denial of services or claims payment for services based on a review of clinical criteria (ASAM) compared to documentation provided. Only a physician who is certified by ASAM or a psychologist/psychiatrist with extensive demonstrated substance abuse experience shall make decisions not to fully authorize a request for service based on medical necessity.

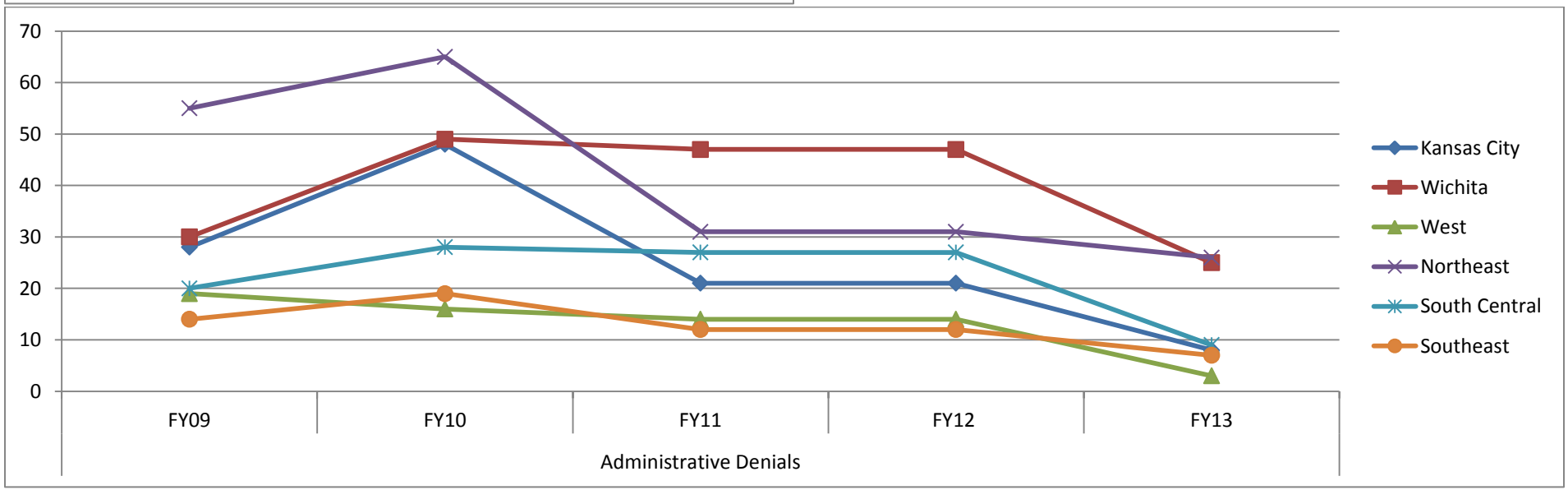
*More data available in Attachment A at the end of this report.

Results: See Next Page

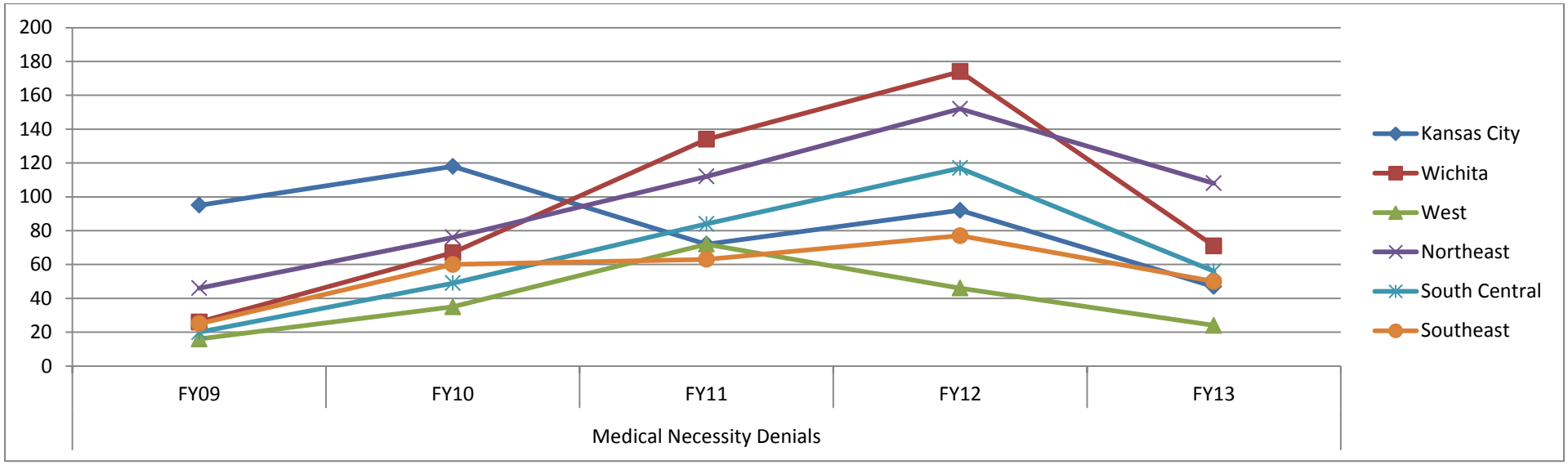
Behavioral Health Services
State Quality Committee

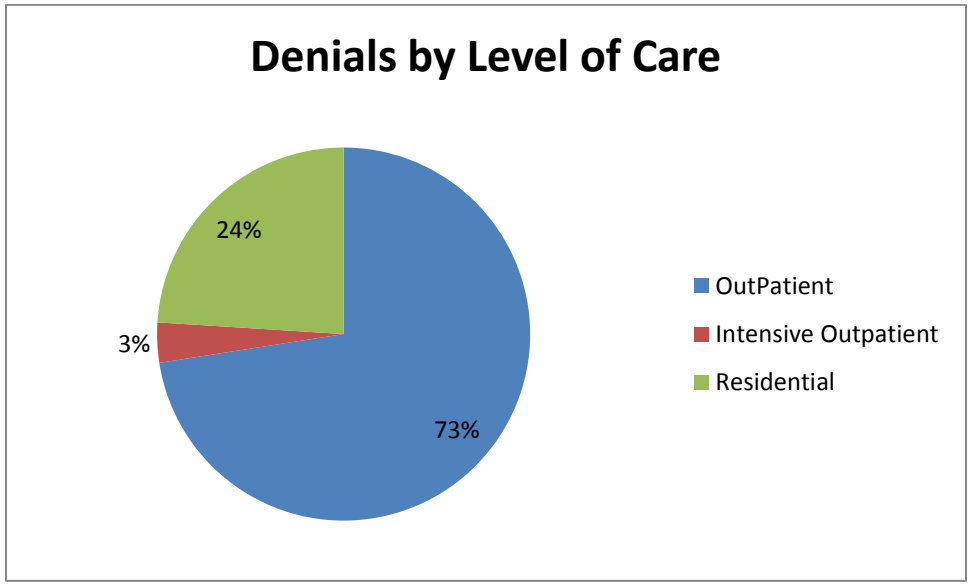
	5 year Administrative Totals	5 year Medical Necessity Totals		Yearly Administrative Denials					Yearly Medical Necessity Denials				
				FY09	FY10	FY11	FY12	FY13	FY09	FY10	FY11	FY12	FY13
Kansas City	109	424		28	48	21	8	4	95	118	72	92	47
Wichita	156	472		30	49	47	25	5	26	67	134	174	71
West	54	193		19	16	14	3	2	16	35	72	46	24
Northeast	177	494		55	65	31	26	0	46	76	112	152	108
South Central	88	326		20	28	27	9	4	20	49	84	117	56
Southeast	56	275		14	19	12	7	4	25	60	63	77	50
5 year Total	644	2184		166	225	152	78	19	228	405	537	658	356


Denials FY09-FY13
700
600
500
400
300
200
100
0
Kansas City
Wichita
West
NorthEast
South Central
SouthEast
Administrative Totals
Medical Necessity Totals


70
60
50
40
30
20
10
0
FY09
FY10
FY11
FY12
FY13
Administrative Denials
Kansas City
Wichita
West
Northeast
South Central
Southeast

Behavioral Health Services
State Quality Committee





Annual FY Summary Provider Appeal Data:

	FY09	FY10	FY11	FY12	FY13		Total
Administrative	**11**	**37**	**19**	**15**	**1**		**83**
Medical Necessity	**18**	**27**	**29**	**44**	**11**		**129**
Total	**29**	**64**	**48**	**59**	**12**		**212**

- There were no requests for State Fair Hearings initiated during FY13.

Conclusions:

Annual Summary FY13 (7/1/12 – 6/30/13):
Denials:

- There were 375 denials reported FY13. This is a 49% decrease in denials from FY 12. This decrease is most likely due to the removal of Medicaid funded data.
    - Most denials are for Medical Necessity 94.9%
    - Denials for Administrative reasons have steadily declined over the last five years.
    - Denials for Medical Necessity, in most regions, had steep declines in 2013.
    - 73% of service Denials were for Outpatient treatment
    - This data suggests the following may be needed:
        - Training for clinicians on documenting medical necessity for the Outpatient modality
        - Closer review of the ASAM criteria for Dimension 5 (Continued Problem Potential) for outpatient treatment
            - Breaking down these constructs or relapse potential could include improved documenting and describing:
                - Level of coping skills
                - Response to treatment
                - Length of sobriety
                - Use potential
                - Impulse control
                - Stability of relapse prevention plan
                - Cravings
                - Access to triggers
                - Engagement in recovery focused activities
                - History of prior treatment episodes
        - Additional education and resources for treatment providers to assist in stepping clients down from outpatient treatment ie: peer support and aftercare

Appeals:

- There were 12 appeals reported FY13. This is an 80% decrease in appeals from FY 13. This decrease is most likely due to the removal of Medicaid funded data.

- 7 appeals were upheld statewide and 5 appeals were overturned.

Standards:

- Standard for Denial letter notification:
  - **Level III: All of the Level III denial letters met the timeframe (100%), therefore, met standard.**
  - **Other Denials (Level I and II): All other denial letters met the timeframe (100%), therefore, met standard.**
- Appeals:
  - **Appeal time frames were met at 100%, and therefore, met standard for both.**

Preliminary Recommendations to Committee:

- Approval by the Committee is requested to post this aggregate analysis on the ValueOptions website for public access.
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Date Presented to SQC: 4/11/2014 **BY:** Sheri Jurad

ATTACHMENT A: DATA

Denials/Appeals by Funding:

Appeals by Funding

Reporting Period: July 1, 2012 through June 30, 2013

Funding Source	Number of Denials	Number of Appeals	Upheld	Overturned
Block Grant	375	12	7	5
Total	375	12	7	5

Total Number of Denials Received in this Reporting Period:	375
Percentage of Level 3 Denial letters sent within 3 days:	100%
Percentage of Denial letters sent within 14 days:	100%
Total Number of Appeals Received in this Reporting Period:	12
Percentage of appeals resolved within 14 days:	100%
Percentage of appeals resolved within 45 days:	100%

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.

ATTESTATION:
I attest, based on my best knowledge, information and belief that the data and/or documents pertaining to Medicaid and the SAPT block grant comprising this report are accurate, complete, and truthful, as of the date of submission.

Brian J Baker

Program Director, ValueOptions-Kansas, 10/11/2013

Denials/Appeals by Region:

AAPS Appeals by Region

Reporting Period: July 1, 2012 through June 30, 2013

Region	Denials		Appeals		Results	
	Administrative	Medical Necessity	Administrative	Medical Necessity	Upheld	Overturned
Kansas City	4	47	0	3	2	1
Wichita	5	71	0	2	0	2
West	2	24	0	2	1	1
Northeast	0	108	0	3	2	1
South Central	4	56	0	1	1	0
Southeast	4	50	1	0	1	0
Total	19	356	1	11	7	5

Total number of AAPS Denials received within this reporting period: 375

Percentage of Denial letters sent within 3 days for residential or higher: 100%
Percentage of Denial letters sent within 14 days: 100%

Total number of AAPS Appeals received within this reporting period: 12

Percentage of Appeals sent within 14 days: 100%
Percentage of Appeals sent within 45 days: 100%

There were no requests for a State Fair Hearing during this quarter.

**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.