

**Addiction and Prevention Services
State Quality Committee**

Data Collection Activities:

Data was collected from ValueOptions CareConnect System. Denials and Appeals reporting will be provided by region, funding, and 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.

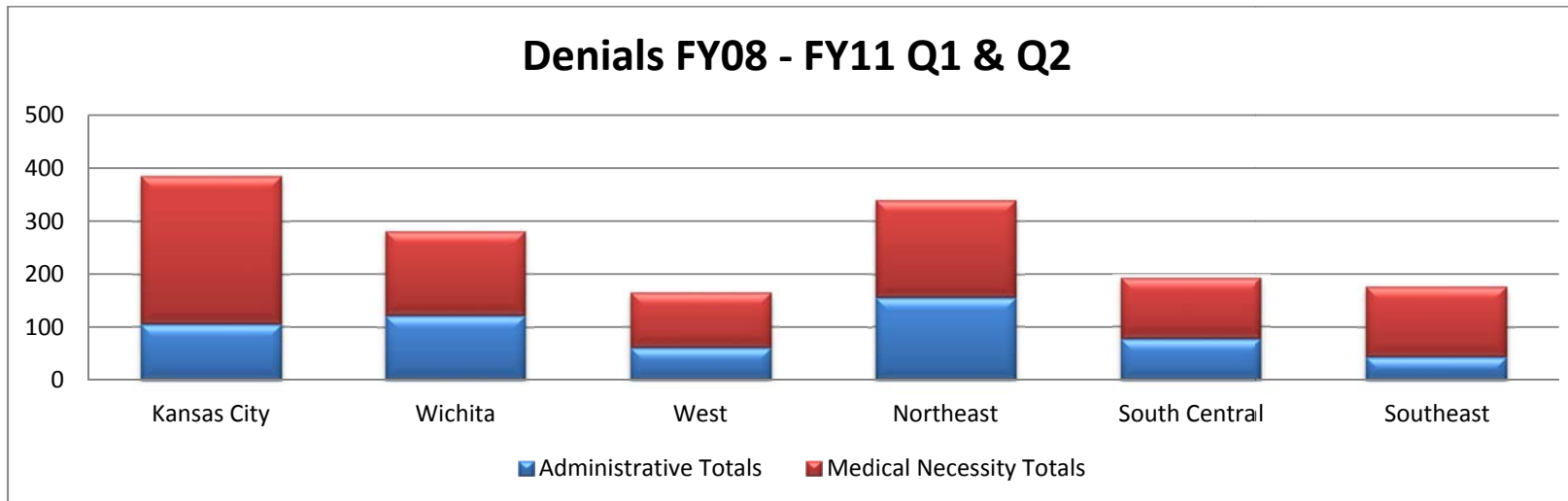
Medical Necessity Denial- A denial of services or claims payment for services based on a review of clinical criteria (ASAM) compared to documentation provided. Only a physician who is certified by ASAM, or a psychologist/psychiatrist with extensive demonstrated substance abuse experience shall make decisions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

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

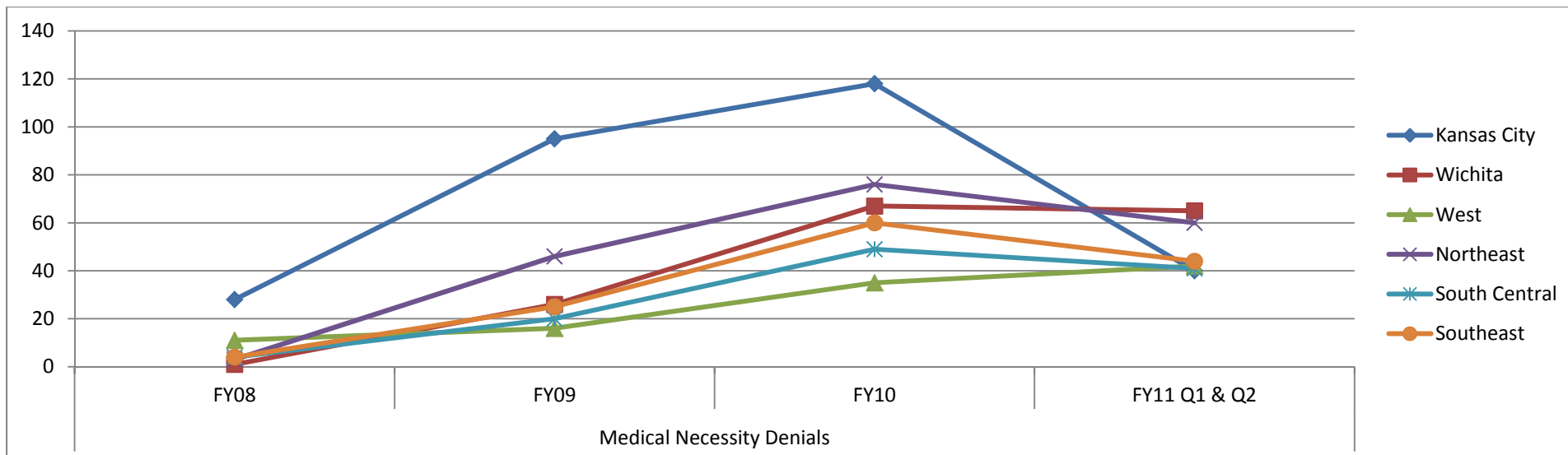
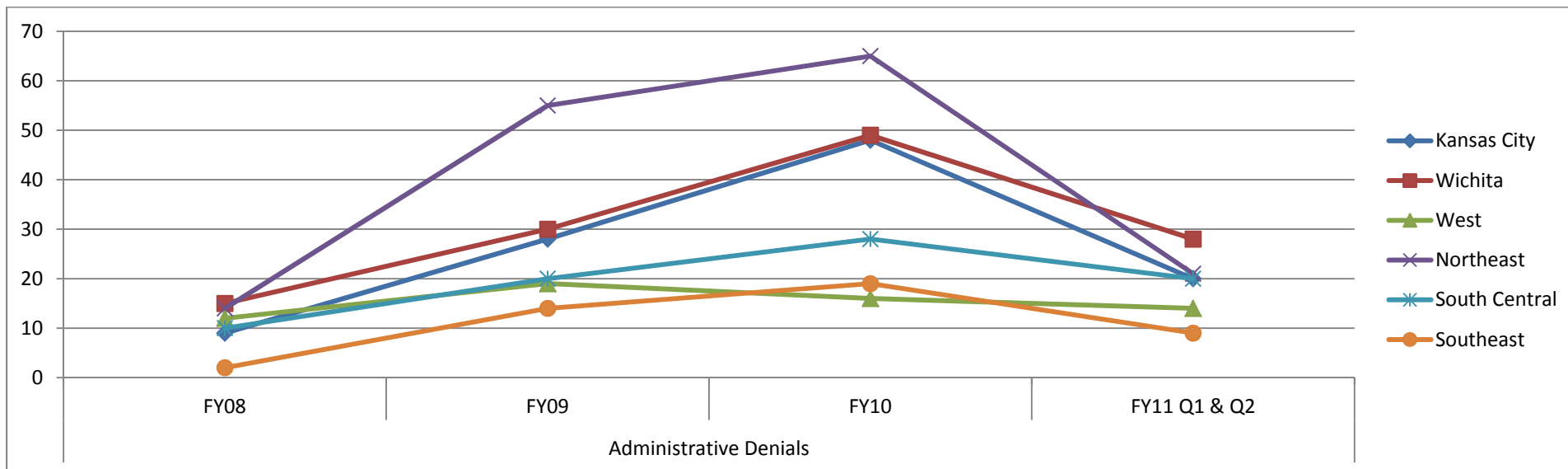
Results: See Next Page

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	Administrative Totals	Medical Necessity Totals			Administrative Denials				Medical Necessity Denials			
					FY08	FY09	FY10	FY11 Q1 & Q2	FY08	FY09	FY10	FY11 Q1 & Q2
Kansas City	105	281		Kansas City	9	28	48	20	28	95	118	40
Wichita	122	159		Wichita	15	30	49	28	1	26	67	65
West	61	104		West	12	19	16	14	11	16	35	42
Northeast	155	185		Northeast	14	55	65	21	3	46	76	60
South Central	78	114		South Central	10	20	28	20	4	20	49	41
Southeast	44	133		Southeast	2	14	19	9	4	25	60	44
Total	565	976		Total	62	166	225	112	51	228	405	292



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Annual FY Summary Appeal Data:

	FY08	FY09	FY10	FY11 Q1 & Q2	Total
Administrative	12	11	37	15	75
Medical Necessity	2	18	27	17	64
Total	14	29	64	32	139

Conclusions:

FY11 Q1 and Q2:

- It was recommended by the State Quality Committee in the November 2010 meeting that the frequency of the ValueOptions report and aggregate by the State be semi-annual. As shown, this aggregate is now semi-annual. VO-KS submitted the FY11 Q1 Appeals report in October 2010 and the FY11 Q2 Appeals report in February 2011. The first full semi-annual Appeals report for ValueOptions is due in August 2011 and will include data for FY11 Q3 and Q4.
- There were 404 denials reported FY Q1 and Q2.
 - This reflects an increase in denials from FY10 Q1 and Q2 (308 denials total).
 - Most denials were in AAPS funded:
 - AAPS = 269 total or 67%
 - Medicaid = 135 total or 33%
 - 112 were Administrative denials and 292 were Medical Necessity denials.
 - The most administrative denials reported in FY11 Q1 and Q2 was in the Wichita region (28 of 112 or 25%). The least administrative denials reported for the same period was in the Southeast region (9 of 112 or 8%)
 - The most medical necessity denials reported in FY11 Q1 and Q2 was in the Wichita region (65 of 292 or 22%). The least medical necessity denials reported in the same time period was in the Kansas City region (40 of 292 or 14%).
- There were thirty-two (32) appeals reported FY11 Q1 and Q2.
 - Ten (10) appeals were upheld statewide and twenty-two (22) appeals were overturned.
- There were no requests for State Fair Hearings initiated during FY11 Q1 and Q2.

Standards:

- Standard for Denial letter notification:
 - **Level III: All of the Level III denial letters met the timeframe (100%), therefore, met standard.**

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- **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:

- It is recommended to the Committee that data trending continue.
- Approval by the Committee is requested to post this aggregate analysis on the ValueOptions website for public access.

Date Presented to SQC: 5/12/2011

BY: Cissy McKinzie


Recommendations from the Committee for action: Committee approves of the Preliminary Recommendations as shown above.

Person Responsible to follow-up and date due: Kim Brown Due: 8/11/2011

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ATTACHMENT A: DATA

Denials/Appeals by Funding:

 <p>VALUEOPTIONS KANSAS</p>		<p>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.</p> <p><i>Myron D. Elmsick</i> 4/28/2011 CEO, ValueOptions of Kansas</p>		
Appeals by Funding				
Date of Submission:				
Reporting Period: July 1, 2010 through September 30, 2010				
Funding Source	Number of Denials	Number of Appeals	Upheld	Overtured
Medicaid	50	1	0	1
Block Grant	108	9	2	7
Total	158	10	2	8
Total Number of Denials Received in this Reporting Period:		158		
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:		10		
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				
<p>**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.</p>				

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Appeals by Funding

Date of Submission:

Reporting Period: October 1, 2010 through December 31, 2010

Funding Source	Number of Denials	Number of Appeals	Upheld	Overtured
Medicaid	85	7	1	6
AAPS	161	15	7	8
Total	246	22	8	14

Total Number of Denials Received in this Reporting Period: 246

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: 22

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.**

Denials/Appeals by Region AAPS:

AAPS Appeals by Region						
Reporting Period: July 1, 2010 through September 30, 2010						
Region*	DENIALS		APPEALS		RESULTS	
	Administrative	Medical Necessity	Administrative	Medical Necessity	Upheld	Overtured
Kansas City	5	14	0	0	0	0
Wichita	5	8	3	0	0	3
West	9	12	0	0	0	0
Northeast	7	17	0	2	0	2
South Central	5	7	1	0	1	0
Southeast	4	15	1	2	1	2
Total	35	73	5	4	2	7
Total number of AAPS Denials received within this reporting period:				108		
Percentage of Denial letters sent within 3 days for residential:				100%		
Percentage of Denial letters sent within 14 days:				100%		
Total number of AAPS Appeals received within this reporting period:				9		
Percentage of Appeals sent within 14 days:				100%		
Percentage of Appeals sent within 45 days:				100%		
There were no requests for State Fair Hearings 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.						

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AAPS Appeals by Region

Reporting Period: October 1, 2010 through December 31, 2010

Region*	DENIALS		APPEALS		RESULTS	
	Administrative	Medical Necessity	Administrative	Medical Necessity	Upheld	Overtured
Kansas City	10	15	0	1	0	1
Wichita	10	18	0	0	0	0
West	4	25	0	2	2	0
Northeast	7	20	0	3	1	2
South Central	8	20	1	3	2	2
Southeast	5	19	4	1	2	3
Total	44	117	5	10	7	8

Total number of AAPS Denials received within this reporting period: **161**

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: **15**

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.**

Denials/Appeals by Region Medicaid:

Medicaid Appeals by Region						
Reporting Period: July 1, 2010 through September 30, 2010						
Region*	DENIALS		APPEALS		RESULTS	
	Administrative	Medical Necessity	Administrative	Medical Necessity	Upheld	Overtured
Kansas City	2	4	0	0	0	0
Wichita	3	20	1	0	0	1
West	0	1	0	0	0	0
Northeast	2	9	0	0	0	0
South Central	2	5	0	0	0	0
Southeast	0	2	0	0	0	0
Total	9	41	1	0	0	1

Total number of Medicaid Denials received in this reporting period: **50**

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

Percentage of Denials letters sent within 14 days: **100%**

Total number of Medicaid Appeals received in this reporting period: **1**

Percentage of Medicaid Appeals sent within 14 days: **100%**

Percentage of Medicaid Appeals sent within 45 days: **100%**

There were no requests for State Fair Hearings 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.**

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Medicaid Appeals by Region

Reporting Period: October 1, 2010 through December 31, 2010

Region*	DENIALS		APPEALS		RESULTS	
	Administrative	Medical Necessity	Administrative	Medical Necessity	Upheld	Overtured
Kansas City	3	7	2	1	1	2
Wichita	10	19	0	0	0	0
West	1	4	0	1	0	1
Northeast	5	14	2	0	0	2
South Central	5	9	0	0	0	0
Southeast	0	8	0	1	0	1
Total	24	61	4	3	1	6

Total number of Medicaid Denials received in this reporting period: **85**

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

Percentage of Denials letters sent within 14 days: **100%**

Total number of Medicaid Appeals received in this reporting period: **7**

Percentage of Medicaid Appeals sent within 14 days: **100%**

Percentage of Medicaid Appeals sent within 45 days: **100%**

There were no requests for State Fair Hearings 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.**