

Monitoring Activities

PROJECT REPORT: Appeals Trending Report for April – June 2011. This is the tenth trend report for the PBH Utilization Management (UM) Department appeals data. Data from five measurements will be reviewed and trended in this report.

RATIONALE or RELEVANCY: This report is for internal monitoring for the PBH UM Department as to trends related to denial and appeals. This report allows the UM staff to view patterns over time related to the five measurements listed below. This report is also monitored by Division of Medical Assistance (DMA) on a quarterly basis as well as the Clinical Management Cross Functional Team at PBH.

STUDY POPULATION: All consumers who had a requested service denied, reduced or terminated and those consumers who had an appeal filed.

METHODOLOGY:

Measurements:

Source

M1- Denial vs. Appeals	Query of our internal database that documents all Denials and Appeals
M2- Appeals by Disability	Query of our internal database that documents all Denials and Appeals
M3- Appeals by Service Type	Query of our internal database that documents all Denials and Appeals
M4- Appeals by Adult Services vs. Children Services	Query of our internal database that documents all Denials and Appeals
M5- Determination of PBH Appeal (level I) and Determination of DMA Appeals (Level II)	Query of our internal database that documents all Denials and Appeals

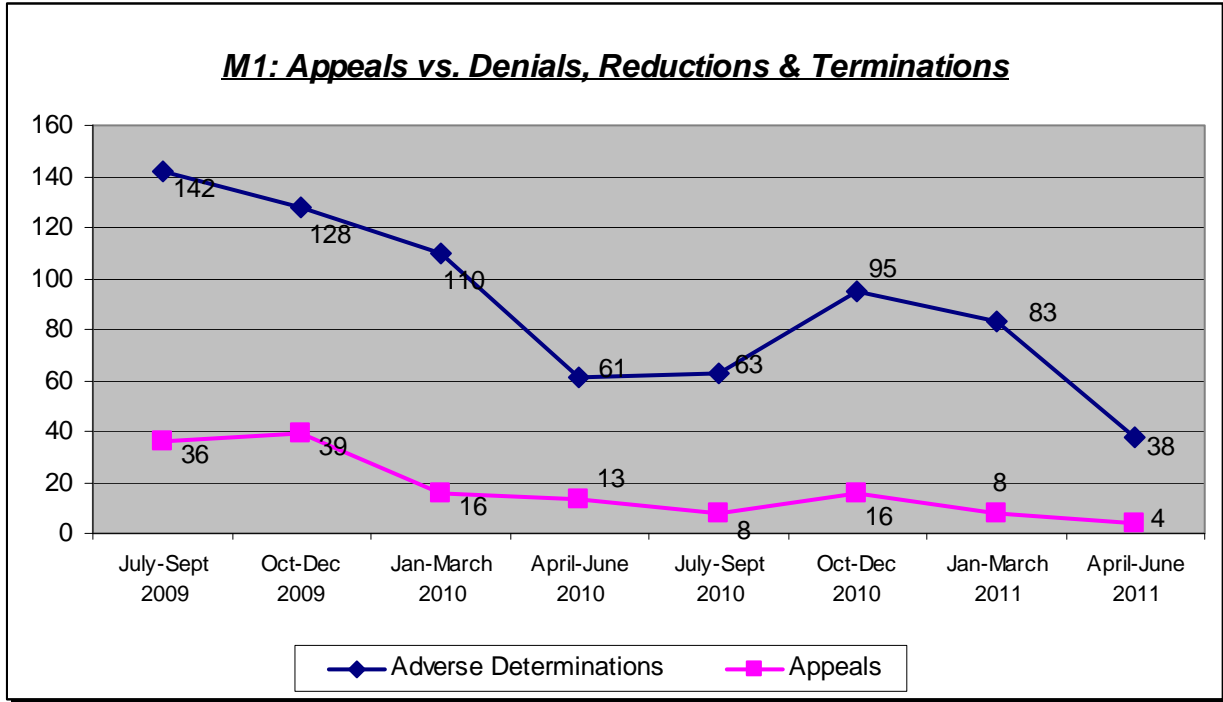
Sampling: No sampling.

Study period- April 1, 2011 through June 30, 2011.

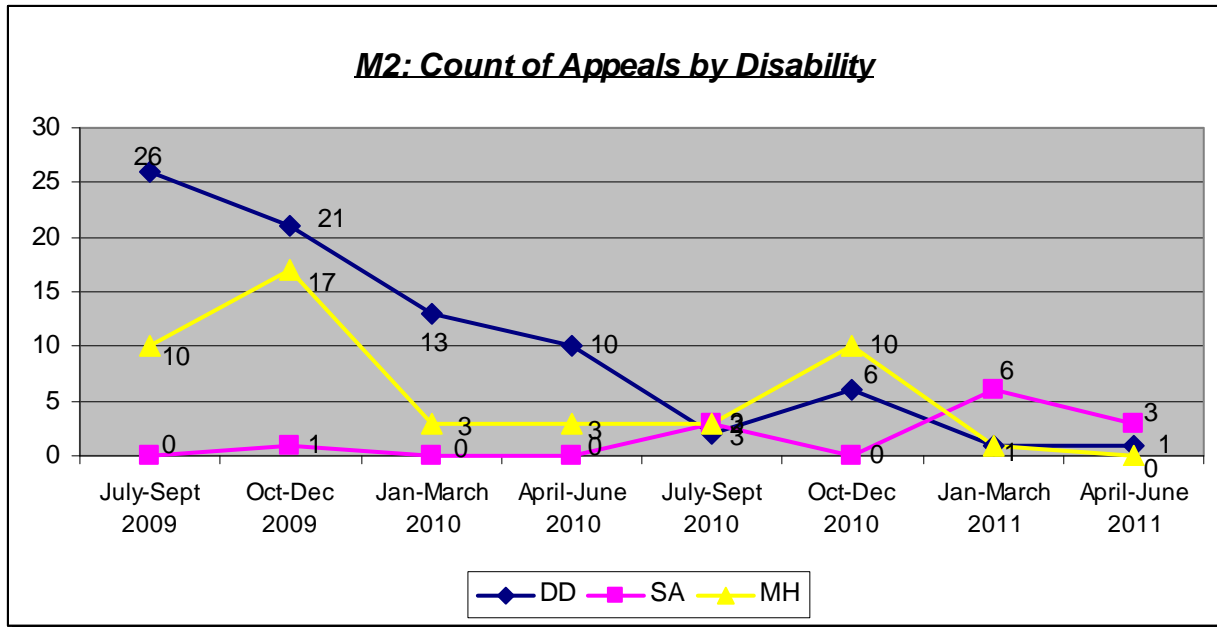
RESULTS:

Measurement		January – February – March 2011	April – May – June 2011
M1- Denial vs. Appeals	Denials/Reductions/Terminations	83	38
	Appeals	8	4
M2- Appeals by Disability*	DD	1	1
	MH	6	3
	SA	1	0
M3- Appeals by Service Type	See enclosed grid for last eight (8) quarters		
M4- Appeals by Adult Services vs. Children Services	Adults	3	0
	Children	5	4

M5- Determination of PBH Appeal (level I) and Determination of DMA Appeals (Level II)	Level I- Reconsideration Upheld	9	2
	Overtured	7	2
	Level II	3	1



Analysis During the reporting period there were 10,759 Service Requests for Medicaid (8,939) and State Funded (1,820) services reviewed by the PBH UM Department. For the Medicaid requests there were a total of thirty-eight (38) adverse determinations. The Medicaid adverse actions accounted for 0.43% of the total Medicaid services processed. Medical Necessity reasons accounted for all of the adverse decisions during this reporting period. One of these decisions was due to not receiving additional information requested to establish the service need. There were four (4) requests for Reconsideration during the reporting period. Both adverse decisions and Reconsideration Review requests decreased from the previous reporting period.



Analysis:

Mental Health (MH)-

Denials/Reductions/Terminations: There were twenty-nine (29) denials of requested Mental Health services during the reporting period. This accounted for 76% of all denials. This is a 3 percentage point increase from the previous reporting period.

Appeals: There were three (3) appeals made on Mental Health services. This accounted for 75% of all the Reconsiderations filed during the quarter and is consistent with the previous reporting period.

Developmental Disabilities (DD)-

Denials/Reductions/Terminations: There were three (3) denials of requested Developmental Disabilities services during the reporting period. This accounted for 8% of all denials. This is an 11 percentage point decrease from the previous reporting period.

Appeals: There was one (1) Reconsideration made on Developmental Disabilities services. This accounted for 25% of all the appeals filed during the quarter. This is an increase of 12.5 percentage points from the previous reporting period.

Substance Abuse (SA)-

Denials/Reductions/Terminations: There were six (6) denials of requested Substance Abuse services during the reporting period. This accounted for 16% of all denials. This is an increase of 11 percentage points from the previous reporting period. All but one of these denials were due to no active use at the time of request. The other was due to no identified TCM needs at the time of request.

Appeals: There were no appeals made on Substance Abuse services during this quarter.

Analysis: During the reporting period there were four (4) separate services that with a request for Reconsideration Review. Outlined below is a detailed summary of these request by service type, disability/age, denial reasons and clinical justification.

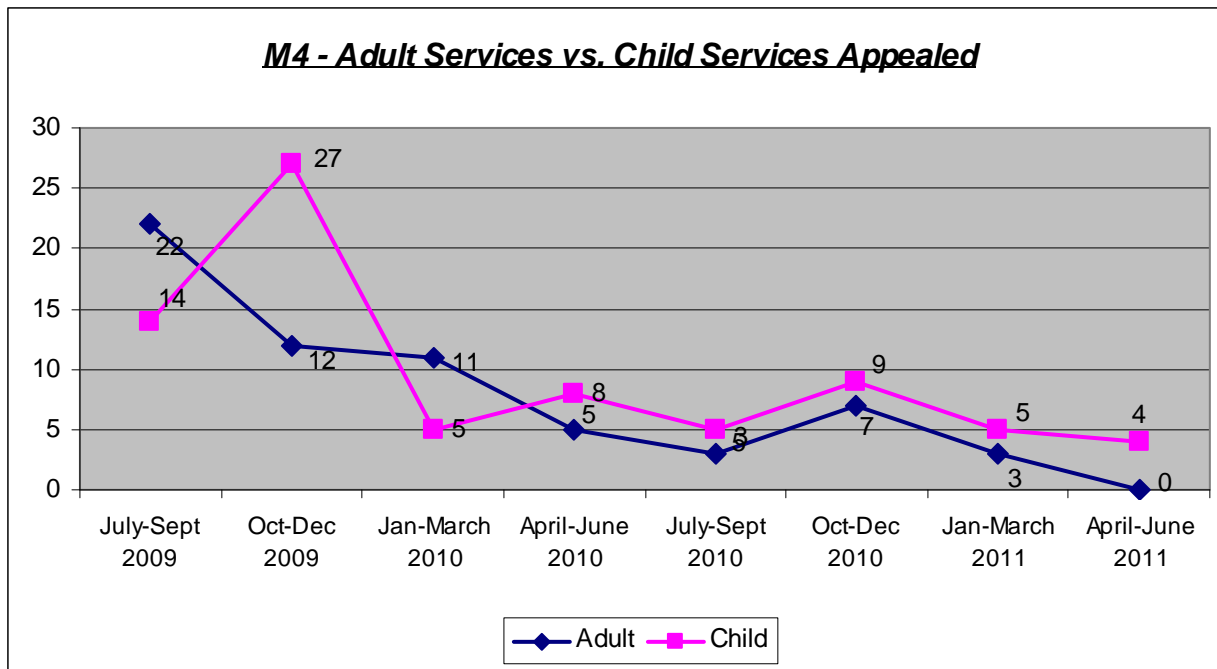
- 1) **Targeted Case Management- MH Child - Denial Reason-** Request does not meet eligibility requirements - **Clinical Justification-** Based on review of documentation submitted, the consumer does not meet the need for coordination of providers criteria outlined in the service definition.
- 2) **Individual Goods and Services- DD Child - Denial Reason-** Request does not meet service definition requirements - **Clinical Justification-** Based on review of documentation submitted, the request does not meet the service definition because the membership does not promote inclusion into the community.
- 3) **Residential II – MH Child – Denial Reason -** Request does not meet medical necessity - **Clinical Justification-** Based on review of documentation submitted, the consumer has met the goals at the current level of care and a less restrictive level of care is more appropriate to meet this consumer’s needs.
- 4) **PRTF – MH Child – Denial Reason -** Request does not meet medical necessity - **Clinical Justification-** Based on review of documentation submitted, medical necessity could not be established for the requested service. Additional information was requested to establish criteria, but was not received within the timeframe requested.

Noted trends related to Denials/Reductions/Terminations by Service Type:

- Targeted Case Management requests accounted for the highest number of denials during the reporting period. Adverse decisions on these services accounted for 32% of all of the denials. This is a ten percentage point decrease from the previous reporting period. The overall number of denials for this service also decreased from thirty-five (35) last quarter to twelve (12) this quarter. This may be due in part to the Care Managers continued work with providers around the service definition.
- Outpatient services had the next highest denials with seven (7) accounting for approximately 18% of all the denials. A review of these denials shows that 2 were for a 3 and 4 year old request for Group Therapy, 1 was a request for 6 Individual sessions a week for ADHD, and the remaining were requests for SA consumers with no active use.
- Residential Level II and Level III requests were the next highest with three (3) denials each accounting for a total of 8% of the denials during this reporting period. This was a decrease from the previous quarter for both services.

Noted trends related to Appeals by Service Type:

- During this reporting period there were four (4) services with a request for Reconsideration review. No trends noted.



Analysis:

Children:

Reconsideration Reviews: During the reporting period there were four (4) Reconsideration Reviews requested for denial decisions for child services. This accounted for 100% of the requests. Though the number of Review requests for child services during this reporting period decreased, the percent actually increased due to the drop in total Reconsideration Reviews requested.

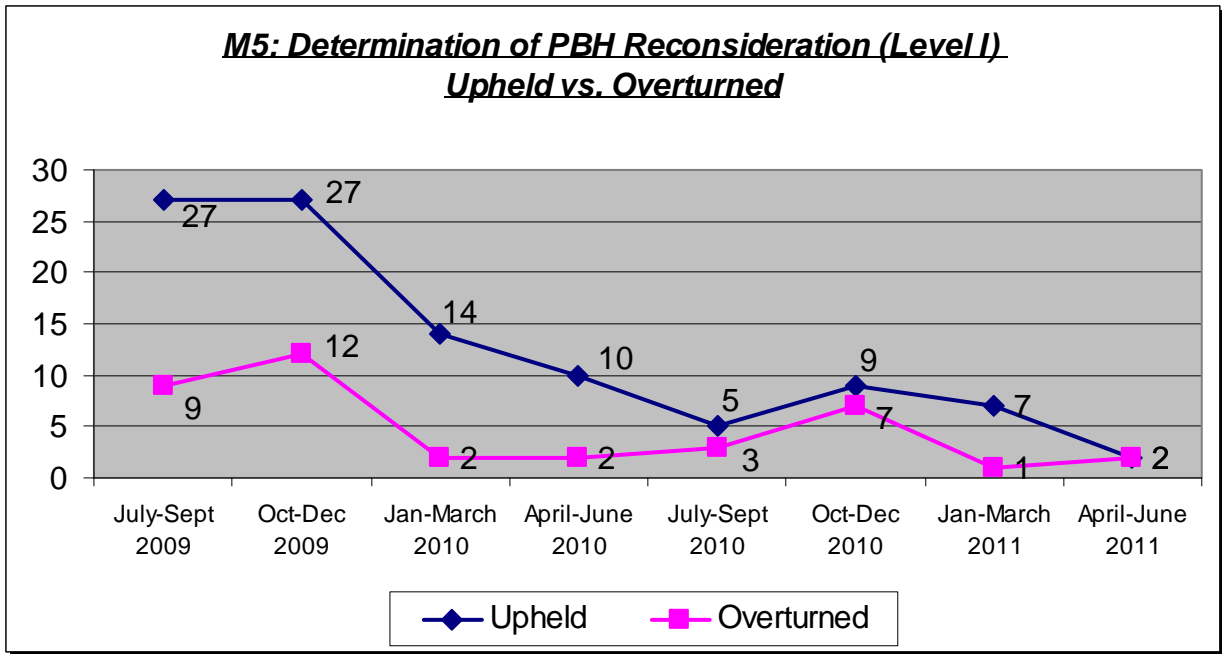
Adults:

Reconsideration Reviews: During the reporting period there were zero (0) Reconsideration Reviews requested on denied decisions for adult services.

M5- Determination of PBH Appeal- Reconsideration Review (Level I) and Determination of DMA Appeals (Level II):

Outlined below is the determination of each Appeal at Level I (PBH Reconsideration Review). The numbers coincide with the detailed summary of Appeals listed in M3.

- 1) Level I- Upheld- External Reviewer
- 2) Level I- Overturned- Internal Reviewer
- 3) Level I- Upheld- Internal Reviewer
- 4) Level I- Overturned- Internal Reviewer



This is a new graphical representation of Level I decisions.

Level I Reconsideration Review Analysis:

Upheld Decisions – During this reporting period two (2) Reconsideration Reviews were conducted and **Upheld** by an internal and external reviewer. This accounts for 50% of all the requested reviews. This is a 38 percentage point decrease, but overall the number of Reconsideration Reviews decreased by 50% from the previous quarter.

Overturned Decisions – During the reporting period there were two (1) Reconsideration Review conducted and Overturned by internal reviewers. This accounted for 50% of all the requested reviews.

Level II Appeals- Of the two (2) Reconsideration Reviews that Upheld PBH’s original decision, one resulted in a request for further appeal. At the time of this report the hearing has been continued 4 times so no decision has been reached.

INTERVENTIONS:

The following interventions have been implemented between January 1, 2011 and March 31, 2011

- 1) Continued monitoring of the State waiver expansion and amendments. Continued discussion of these change with providers. – **On-going**
- 2) Premeditation meetings held for UM staff and attorneys to discuss information about the case and prepare for the upcoming mediation. – **On-going**
- 3) Case staffing occurs daily. This ensures staff who needed to discuss cases and have the medical director or psychologist review a case for possible adverse actions are able to do so daily. –**On-going**
- 4) PBH Medical Director has an active role in Reconsideration Reviews and case reviews after a Reconsideration was Upheld to decrease the number of OAH requests. – **On-Going**
- 5) PBH DD UM staff sent out a Communication Bulletin to NC Innovations and PBH (b) (3) DI Service Array Providers to clarify phase-in questions about the Supports Needs Matrix. – **May 2011**
- 6) PBH's Utilization Management Department sent out a Communication Bulletin to Network Providers of PRTF services informing them of increased documentation requirements for reauthorization reviews. These included psychiatric notes, any assessments, lab work (if completed), documentation of Child and Family team meetings, documentation of progress or an explanation is there has been none, and active discharge planning. – **June 2011**
- 7) In June the PBH Utilization Management Department sent out a Communication Bulletin to Residential Level III providers reminding them of the requirement for active discharge planning and outlining what is needed for any request for a stay longer than 120 days. This includes a Comprehensive Clinical Assessment and any individual and/or family therapy notes – **June 2011**
- 8) Continued work with the PBH Network Providers on TCM service definitions and requirements. Ongoing discussion and technical support with the implementation of MH/SA Targeted Case Management and change to the IDD TCM service.- **On-going**
- 9) During this quarter PBH Network Department held monthly meetings with CABHA providers to discuss any issues with service implementation – **On-going**
- 10) Weekly Residential Staff meetings to discuss difficult cases, including issues with a consumer's lack of progress, provider and service delivery concerns, and discharge planning. Meetings include Child Residential Care Managers and Child Psychiatrist. – **On-going**

OPPORTUNITIES/RECOMMENDATIONS

- 1) Recommend that PBH internal Utilization Management and Quality Management staff continue to review denial and appeals files against NCQA standards on a quarterly basis.
- 2) Recommend that PBH continue to monitor the internal processes for appeals and denials and update these as needed.
- 3) Recommend that PBH continue to monitor updates to the NC 1915(b)(c) Waivers and work with providers, stakeholders, and consumers on any changes.
- 4) Recommend PBH work towards integration of the denial and appeals process into the current computer software system.
- 5) Recommend Care Managers continue to provide technical assistance to providers on Targeted Case Management and all other services.
- 6) Recommend the Medical Director continue to take an active role in determination and Reconsideration Reviews.