

MDHHS Service Authorization Denials Report – Mid-State Health Network (MSHN)

Report Timeframe: FY23 All Quarters

Background:

MDHHS requires PIHPs to submit a quarterly service authorization denials report on behalf of the region. The report must contain all initial service authorization denials, not denials of previously authorized services (ie: terminations, suspensions, reductions, second opinions, etc). The goal of the report is to ensure that service authorization decisions are occurring within the required timeframes of 14 days for standard requests and 72 hours for expedited requests, and to ensure that Medicaid beneficiaries are receiving a Notice of Adverse Benefit Determination each time a service is denied.

Due Dates:

- Q1 – Feb 1
- Q2 – May 1
- Q3 – Aug 1
- Q4 – Nov 1

Benchmark:

MDHHS has not set a performance benchmark for this report at this time. At this time MDHHS is monitoring the data and providing feedback on a quarterly basis if adverse trends are identified such as authorization decisions not being made within required timeframes and ABD notices not being provided to consumers within required timeframes.

Quarter	% of Authorization Decisions Made Timely – Standard	% of Authorization Decisions Made Timely - Expedited
1	93.5%	51.6%
2	97.1%	60.2%
3	97.9%	94.5%
4	97.4%	91.6%

CMH	Q1 Compliance Rate	Q2 Compliance Rate	Q3 Compliance Rate	Q4 Compliance Rate
BABHA	97%	99.4%	98.21%	100.0%
CEI-CMH	100%	100.0%	100.00%	99.3%
CMHCM	91.6%	97.9%	98.74%	98.2%
GIHN	100%	98.7%	100.00%	100.0%
HBH	100%	72.5%	100.00%	97.4%
Lifeways	92.3%	95.0%	94.94%	79.7%
MCN	82.3%	100.0%	98.21%	97.9%
NCMH	14.3%	35.7%	86.67%	81.8%
SCCMHA	96.8%	100.0%	96.77%	100.0%
SHW	87.4%	84.4%	95.15%	97.0%
TBH	84.0%	90.2%	85.42%	89.7%
TRD	95.2%	95.2%	100.00%	100.0%

ABD Reason	ABD Sub-Reason	Number of Services Denied	Number of Services Denied Per 100 Members	Number of Decisions Made Timely-Standard	Number of Decisions Made Untimely-Standard	Number of Decisions Made Timely-Expedited	Number of Decisions Made Untimely-Expedited
ELIGIBILITY		4485	11.76	4164	122	179	20
	CLINICAL ELIGIBILITY CRITERIA NOT MET	3877	10.16	3556	97	199	42
	MEDICAID ELIGIBILITY CRITERIA FOR SMI, IDD, SED, OR SUD NOT MET	293	0.77	291	2	0	0
	MHP RESPONSIBLE FOR SERVICE	7	0.02	5	2	0	0
	OTHER RESOURCES ARE AVAILABLE	316	0.83	271	11	4	30

ABD Reason	ABD Sub-Reason	Number of Services Denied	Number of Services Denied Per 100 Members	Number of Decisions Made Timely-Standard	Number of Decisions Made Untimely-Standard	Number of Decisions Made Timely-Expedited	Number of Decisions Made Untimely-Expedited
	MEMBER LIVES OUTSIDE OF PIHP SERVICE AREA	49	0.13	42	6	1	0
	MEMBER RESIDING IN AN INSTITUTION	9	0.02	9	0	0	0
	OTHER	1	0.00	24	1	0	0
DELAY		91	0.24	86	5	0	0
	AUTHORIZATION DECISION NOT MADE WITHIN REQUIRED TIMEFRAME	76	0.20	68	8	0	0
	OTHER	17	0.04	17	0	0	0
MEDICAL NECESSITY		1017	2.67	873	53	30	61
	CLINICAL DOCUMENTATION PROVIDED DOES NOT ESTABLISH MEDICAL NECESSITY	915	2.40	833	51	5	52
	OTHER	1	0.00	1	0	0	0
OTHER		50	0.13	45	5	0	0
	SERVICE(S) IS NOT COVERED BY MEDICAID	11	0.03	9	2	0	0
	OTHER	25	0.07	24	1	0	0
Total	Total	5643	14.79	5168	185	209	81

Date Reviewed by UM Committee: 11/16/2023

Regional Response to Data:

- Noted improvement in the rate of timely ABDNs for expedited service authorization requests. CMHs have improved their processes for providing ABDN at the time of inpatient hospital screenings to ensure that timeliness standards are met.
- Greatest barrier identified by CMHs is significant staff turnover and ensuring that new case managers have a good understanding of the timeliness standards. CMHs are focused on ensuring initial and ongoing training for staff.
- Overall strong regional performance during FY23