



Utilization Management Executive Summary

*Kentucky MMIS Project
Cabinet for Health and Family Services
Department for Medicaid Services*

Status Month End April 2014

Cabinet for Health and Family Services Department for Medicaid Services

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Monthly UM Reviews Processed

Review Area	Historical Monthly Avg	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
Acute Inpatient*	2,322	2,179	2,646	2,864	2,159	2,002	2,084
Inpatient Psych	298	286	297	286	296	314	306
DRG Retro Review	283	300	250	300	275	275	300
EPSDT	1,177	961	1,113	1,283	1,095	1,217	1,395
Impact Plus	288	287	351	213	309	285	281
DME	1,576	1,732	1,628	1,537	1,525	1,396	1,639
Home Health	4,935	4,824	4,751	5,657	4,393	4,805	5,182
Outpatient Services (Therapy)	13	17	6	4	9	13	29
Radiology	354	345	334	419	372	324	327
Physician Services*	71	72	61	65	92	69	66
Dental/Orthodontia	13	12	9	11	18	5	21
Hospice	267	245	235	273	670	86	92
Nursing Facility Level of Care	8,494	8,589	7,869	9,178	9,279	8,745	7,303
Nursing Facility Ancillary Onsite	2,663	2,556	2,515	2,816	2,532	2,781	2,777
Total	22,753	22,405	22,065	24,906	23,024	22,317	21,802

*Includes Clinical and Administrative Reviews

**Total requests processed = # of reviews processed during the month – reviews still in a pended MD or RN review status on the last day of the month

Quarterly Audit Reviews

Audit Area	Historical Avg/Quarter	Q4 2012	Q1 2013	Q2 2013	Q3 2013	Q4 2013	Q1 2014
Billing Audits - HH, EPSDT, Waiver	46	41	24	81	61	10	60
NF RUG-MDS	79	132	44	107	32	118	43
Adult Day Level II	8	7	7	8	8	8	10

*Billing Audits are identified in Q1 and are done throughout the entire year. The full audit volume must be completed by the end of Q4 the same year. It is typical to see higher numbers of reviews completed in the quarters opposite the higher volume RUG quarters.

Q2 and Q4 are typically the quarters where more facilities are scheduled to be audited

Monthly Reviews Processed Apr 2014

Review Area	Beginning Inventory	Received	Approval	Denial	RTP-LOI	Ending Inventory	*Age Oldest Review
Acute Inpatient	39	2,106	2,059	25	0	61	1 day
Inpatient Psych	1	318	297	9	0	13	1 day
DRG	0	300	295	5	0	0	--
EPSDT	4	1,396	1,020	123	252	5	1 day
Impact Plus	0	284	280	1	0	3	1 day
DME	14	1,633	1,011	128	500	8	1 day
Home Health	35	5,171	5,054	79	49	24	1 day
Outpatient Services (Therapy)	0	29	29	0	0	0	--
Radiology	7	322	324	1	2	2	1 day
Physician Services	11	66	66	0	0	11	1 day
Dental/Orthodontia	0	26	21	0	0	5	1 day
Hospice	0	92	85	0	7	0	--
Nursing Facility Level of Care	58	7,290	7,148	26	129	45	1 day
Nursing Facility Ancillary Onsite	235	2,692	2,489	288	0	150	3 days
Total	404	21,725	20,178	685	939	327	

** Beginning Inventory = Requests from previous month that were in a pending RN/MD review on the last day of the prior month, Received = Requests processed – Beginning Inventory, Ending Inventory = Remaining requests from current month in a pending RN/MD review status

Monthly Referral/Denial Stats Apr 2014

Review Area	Review Volume	# Referred	# Denied	% Referred	% Denied	% Referred/Denied
Acute Inpatient-Clinical Review	2,084	38	4	1.82	.19	11%
Inpatient Psych	306	9	7	2.9	2.29	78%
DRG Retro Review	300	0	0	0	0	0%
EPSDT	1,143	44	19	3.8	1.7	43%
Impact Plus	281	2	1	.71	.36	50%
DME	1,139	171	4	15	.35	2%
Home Health	5,133	39	8	.76	.16	21%
Outpatient Services (Therapy)	29	21	0	72	0	0%
Radiology	325	102	0	31	0	0%
Physician Services – Clinical Review	66	9	0	14	0	0%
Dental/Orthodontia*	21	0	0	0	0	0%
Hospice	85	0	0	0	0	0%
Nursing Facility Level of Care	7,174	18	10	.25	.14	56%
Nursing Facility Ancillary Onsite**	2,777	12	8	.43	.29	67%
Total	20,863	46	61	2	1	13%

*Orthodontia is 100% DMD reviewed. ** Includes MD and RN denials

Total Monthly Referral/Denial Stats

	Historical Monthly Avg	Nov-13	Dec-13	Jan-14	Feb-14	Mar-14	Apr-14
Total Reviews	22,171	22,405	22,065	24,906	23,024	19,761	20,863
# Referred	597	599	736	679	734	368	465
# Denied	201	282	336	244	242	43	61
% Referred	3%	3%	3%	3%	3%	2%	1%
% Denied	1%	1%	2%	1%	1%	1%	1%
% Referred/Denied	31%	47%	46%	36%	33%	12%	13%

Referral/Denial % Calculations

% Referred = #Referred/Total Reviews

% Denied = #Denied/Total Reviews

% Referred/Denied = #Denied/#Referred

Reviews that are administratively approved in Acute Inpatient and Physicians services are not included in the review volume for the Referral/Denial charts

Contractual Turnaround Times

Review Area	Submission Method	Turnaround time
Acute Inpatient	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Acute Inpatient Retro Review	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 30 calendar days
DME	Fax, EPA	3 business days
EPSDT	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Home Health	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Hospice	Fax, Mail	3 business days
Impact Plus	Fax, EPA	3 business days
Outpatient Therapy and Radiology	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
Physician Services	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
PRTF	Phone, EPA	Phone -time of the call, Fax, EPA 3 business days
Orthodontics	Fax, Mail	10 business days
Dental	Fax, EPA	3 business days
Nursing Facility		
ICF/MRDD LOC Initial	Phone, Fax, EPA	Phone -time of the call, Fax, EPA 3 business days
NF LOC Initial	Fax, EPA	3 business days
NF Ancillary Initial	Onsite	5 days from date of request
NF Ancillary Continued Stay Review	Onsite	Prior to the expiration of current PA - no turnaround time for the review to be completed
NF LOC Initial Onsite	Onsite	Before the member's initial 30 day PA expires- only current turnaround time is that review is completed and PA extended prior to the current expiration
NF LOC Concurrent Review	Onsite	Review must be done at least every 180 days, prior to current expiration of facility PAs - only current turnaround time is that review is completed and PA extended prior to the current expiration
Audits/Billing Reviews * Quarterly Review		
ADHC Level II Reimbursement Review*	Fax/Mail	7 calendar days
Billing Audits - Waiver/HH/EPSDT	Onsite	within the calendar year
RUGS- MDS *	Onsite	6 wks from receipt of review CD from Meyers & Stauffer
DRG Retro Review	Onsite/Mail	30 days