Medical ASO Update on Performance Standards

September 26, 2018





Medical Non-Radiology Prior Authorization (PA) Service Types

Outpatient

- □ Elective surgery
- Homecare
- Genetic testing
- Specialty pharmacy
- Durable medical equipment (DME)
- Therapies: speech, physical, and occupational
- Medical/surgical supplies

Inpatient

- Acute Admissions
- Chronic Disease Hospitals (CDH)
- Hospital-based and freestanding acute rehabilitation

PA Decision Timeliness*

	Performance Standard	CY 2017	Q1-Q2 2018
Total # Inpatient Authorizations Completed	N/A	53,470	26,822
% of Inpatient Authorizations Completed Timely	95%	99.99%	99.97%
Total # Retrospective** Inpatient Authorizations Completed	N/A	5,421	2,776
% of Retrospective Inpatient Authorizations Completed Timely	95%	99.96%	100.00%
Total # Initial Authorizations Requests Completed (excluded inpatient)	N/A	59,266	27,494
% of Initial Authorizations Completed Timely	95%	99.98%	99.99%
Total # Re-Authorizations Requests Completed (excluded inpatient)	N/A	18,200	7,850
% of Re-Authorizations Completed Timely	95%	99.99%	100.00%

*Turn-around-time is based on service type and whether initial or re-authorization

**Retrospective authorizations pertain to emergent admissions

Notice of Action (NOA) and Denial Letter Timeliness

	Performance Standard	CY 2017	Q1-Q2 2018
Number of NOAs and Denial Notices issued	N/A	9,200	4,634
% of all NOAs and Denial Notices issued within 3 business days	98%	100.00%	99.98%

Member Appeal and Provider Reevaluation Timeliness

	Performance Standard	CY 2017	Q1-Q2 2018
Number of Member Appeals	N/A	265	135
% of standard member appeals resolved within 30 calendar days	90%	262 100.00%	130 100.00%
% of expedited member appeals resolved within 3 days (5 days with a member meeting)	90%	3 100.00%	5 100.00%
Number of Provider Reevaluations	N/A	2,000	676
% of provider Level 1 reevaluations resolved within 15 calendar days	90%	99.95%	99.46%
% of provider Level 2 reevaluations resolved within 30 days	90%	100.00%	97.22%
Number of Administrative Appeals	N/A	56	15
% of administrative appeals resolved within 7 calendar days	N/A	99.17%	100.00%

Radiology PAs

- Authorizations for non-emergent, outpatient advanced imaging procedures (MRI, MRA, CT, CTA, PET, and PET/CT) who are 19 years of age and over at the time of service
- Members under the age of 19 do not require prior authorization for advanced imaging services
- Advanced imaging services performed as part of an emergency department visit, observation stay, or inpatient hospital stay do not require PA

Radiology PA Decision Timeliness

Authorization Decision Timeliness	Performance Standard	CY 2017	Q1-Q2 2018
Number of Authorization Decisions	N/A	77,311	46,271
% of all authorizations generated within appropriate timeframes	95% within 2 business days	97.24%	95.54%

Radiology NOA and Denial Notice Timeliness

	Performance Standard	CY 2017	Q1-Q2 2018
Number of Notice of Actions (NOAs) and Denial Notices issued	N/A	8,199	5,682
% of all Notice of Actions (NOAs) and Denial Notices issued within 3 business days	98%	99.78%	99.75%

Radiology Member Appeals and Provider Reevaluation Timeliness

	Performance Standard	CY 2017	Q1-Q2 2018
Number of Member Appeals	N/A	98	77
% of standard appeals resolved within 30 calendar days	90%	95 100%	74 100%
% of expedited appeals resolved within 3 calendar days (5 with member meeting)	90%	3 100%	3 100%
Number of Provider Reevaluations	N/A	648	485
% of provider Level 1 reevaluations resolved within 15 calendar days	90%	630 100%	475 99.37%
% of provider Level 2 reevaluations resolved within 30 days	90%	18 100%	10 100%

Authorization File Timeliness and Accuracy

	Performance Standard	CY 2017	Q1-Q2 2018
Authorization File – Percent submitted timely: 98% shall occur timely which means prior to the close of business the day following production of the authorization file.	98%	100%	100%
Authorization File – Initial Submission Error Percent: The error rate shall be less than 2% as a percentage of total authorization records transmitted.	≤2%	0.37%	0.19%
Authorization File – TAT Error Resubmissions: 98% of errors shall be corrected within two (2) business days of date identified.	≥98% within 2 days	96.45%	98.46%

Member Engagement Services Standards

Metric	Performance Standard	Q1 2017	Q2 2017	Q3 2017	Q4 2017
Inbound Queued Calls Received	N/A	98,335	90,317	92,580	78,019
Outbound Calls Made	N/A	33,665	28,940	17,564	9,858
Speed of Answer: Crisis Queue	All calls must be answered in 15 seconds or less	100%	100%	100%	100%
Speed of Answer: Member and Provider Queue	90% of queue calls must be answered in less than 60 seconds	94.03%	97.10%	97.93%	98.39%
Abandonment Rate	Less than 5% of calls can be abandoned	0.38%	0.13%	0.12%	0.08%
Calls Placed on Hold	N/A	45,541	42,105	42,790	36,706
Average Hold Time Member/Provider Queues	Average length of time a call is placed on hold - cannot exceed 5 minutes	0:00:05	0:00:04	0:00:04	0:00:04
Average Hold Time – Crisis	N/A	0:00:01	0:00:01	0:00:01	0:00:01
Average Talk Time	N/A	0:05:23	0:05:10	0:05:27	0:05:45
Reporting TPL to DSS	100% of notifications of other insurance that are reported to DSS or HMS within 7 days of notification	100%	100%	100%	100%

Member Engagement Services Standards 2018

Metric	Performance Standard	Q1 2018	Q2 2018
Inbound Queued Calls Received	N/A	83,416	79,439
Outbound Calls Made	N/A	7,945	3,666
Speed of Answer: Crisis Queue	All calls must be answered in 15 seconds or less	100%	100%
Speed of Answer: Member and Provider Queue	90% of queue calls must be answered in less than 60 seconds	96.68%	98.95%
Abandonment Rate	Less than 5% of calls can be abandoned	0.14%	0.06%
Calls Placed on Hold	N/A	37,381	34,884
Average Hold Time: Member/Provider Queues	Average length of time a call is placed on hold - cannot exceed 5 minutes	0:00:05	0:00:05
Average Hold Time: Crisis Queue	N/A	0:00:01	0:00:01
Average Customer Time	N/A	0:06:26	0:06:24
Reporting TPL to DSS	100% of notifications of other insurance that are reported to DSS or HMS within 7 days of notification	100%	100%

Top Reasons for Calls 2017



Top Reasons for Calls 1st Qtr 2018



Top Reasons for Calls 2nd Qtr 2018



Complaints From Members

An expression of dissatisfaction received from a member/family member

Type of Complaint From a Member	Definition		
No Access	Not being able to locate a provider		
Delayed Access	 Not being able to schedule an appointment in a timely fashion Waiting too long in the provider's office 		
Quality of Provider Service	 Disagreeing with the treatment you received or is being proposed Feeling you were not treated respectfully by the provider or office staff 		
Quality of ASO Services	Complaint about a member or process at CHNCT, the medical ASO		
Financial	When an eligible member is billed by an enrolled provider for a Medicaid covered service		
Other	Complaints about another ASO: dental, behavioral health, pharmacy, or NEMT. Also includes fraud		

Complaint Resolution

Standard: Complaints are to be resolved within 45 days. A one time extension of 15 days can be requested if more time is needed for a specific reasons such as awaiting receipt of medical records.

Type of Complaint From Member	Who Researches and Resolves the Complaint
 No Access Delay in Access (when about scheduling an appointment) 	Member Engagement Services: The representative taking the call helps locate a provider or refers to the Member Engagement Escalation Unit
• Financial	Member or Provider Engagement Services. DSS can be involved when appropriate
 Quality of Provider Services Quality of ASO Services Delay in Access (when about waiting in the office) 	Appeals and Grievances Department at CHNCT
Complaints about another ASO	Referred to the proper entity; All complaints are tracked and reported

How Many Contacts are Complaints? 2017



How Many Contacts are Complaints? 2018



Complaints From Members 2017



Complaints From Members 2018



Complaints From Members: No Access 2017



Member Complaints: No Access 2018



1st Quarter 2018

2nd Quarter 2018

Percentage of No Access Complaints from Members Resolved During the Initial Call 2017



Percentage of No Access Complaints from Members Resolved During the Initial Call 2018



Complaints From Members: Quality of Provider Service 2017



Complaints From Members: Quality of Provider Service 2018



Complaints From Members: Quality of ASO Services 2017



Complaints From Members: Quality of ASO Services 2018



Complaints From Providers 2017

Reason

All Complaints From Providers

Complaints From Providers About Members

Qtr 2

Qtr 3

Qtr 4

Qtr 1



No Show	1	0	6	1
No Show/Discharged	32	83	66	46
Non Compliant With Treatment	0	1	1	0
Non Compliant With Treatment Discharged	1	1	2	1
Inappropriate Behavior	2	2	0	2
Inappropriate Behavior Discharged	7	6	9	6

1st Qtr 2nd Qtr 3rd Qtr 4th Qtr

Complaints From Providers 2018

All Complaints From Providers

Complaints From Providers About Members



Reason	Qtr 1	Qtr 2
No Show	2	3
No Show/Discharged	11	3
Non Compliant With Treatment	0	0
Non Compliant With Treatment Discharged	0	2
Inappropriate Behavior	2	2
Inappropriate Behavior Discharged	1	2

Questions/Comments