Utilization Review / Utilization Management (URUM) Subcommittee

Office of Community Living
October 26, 2022

Telligen: Quarter in Review

Total Health Maintenance Activity outcomes rendered between 04/01/2022 – 06/30/2022:
2730

	April 2022	May 2022	June 2022
CDASS	281	251	257
IHSS	602	660	679
Total	883	911	936

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Outcome Types

- **Approval:** All services outlined in the request are adequately justified and the case is approved without any alterations to the service plan.

- **Partial Denial:** Not all services outlined in the request are adequately justified and the case is partially approved.

- **Technical Denial:** Additional information was requested from the case manager, but not received by Telligen. After 10 days of no response, a Request for Information (RFI) will automatically result in a Technical Denial.

Denial Types:

- **Clinical Denial:** Occurs when the assessment and supporting documentation do not justify a skilled need.

- **Administrative Denial:** Occurs when the case manager does not provide the required information to complete a review.

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Requests for Information

A Request for Information (RFI) is sent to the Case Manager by Telligen if the submitted review does not include enough information for the reviewer to make a determination.

Cases with RFIs

Chart showing percentage of cases with RFIs: April 2022 = 40.09%, May 2022 = 45.99%, June 2022 = 46.79%
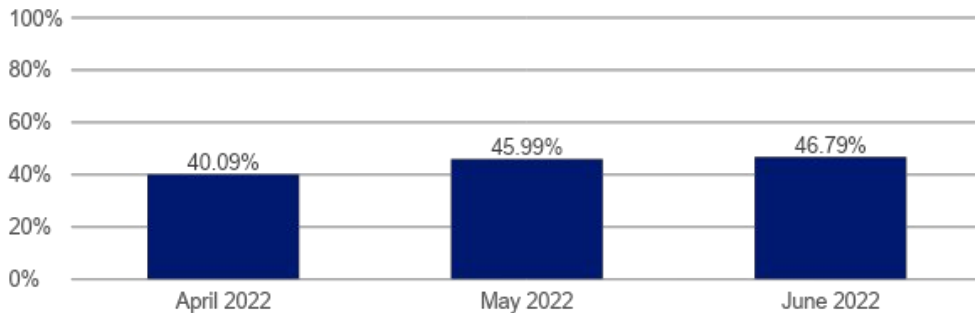
	Total #	Average Days Pended
April 2022	354	5.8
May 2022	419	4.12
June 2022	438	5.01

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The above numbers represent the total number of cases with RFIs. Each case can receive more than one RFI.

Average days pended means the number of days a request for additional information took to be resolved.

If a Request for Information (RFI) is issued on a review, the case manager (CM) has 10 business days to provide the requested information. If the CM does not respond to the RFI within 10 business days, a Technical Denial is automatically generated from the Qualitrac system. Once the review has been technically denied, the CM can "reopen" the review once additional information for the RFI is obtained. When reopened, information will be copied from the original request to a new request with the same Case ID.

CDASS & IHSS Combined Outcomes

HMA Monthly Outcomes
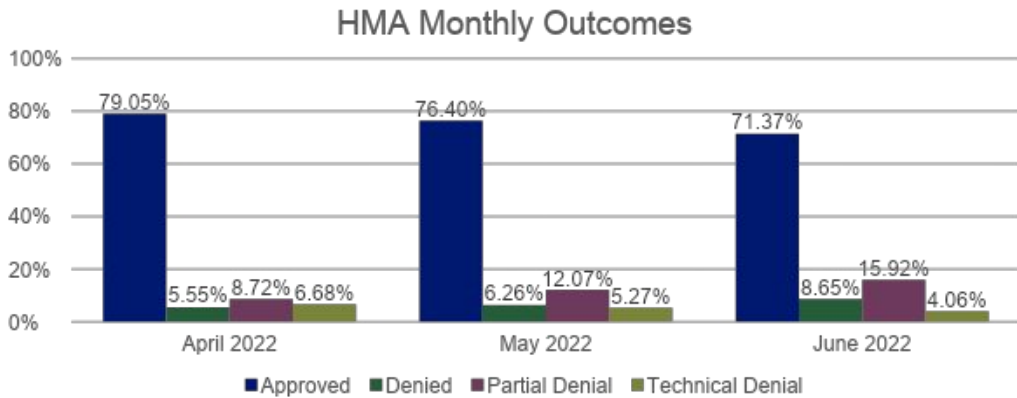
	April 2022	May 2022	June 2022
Approved	698	696	668
Denied	49	57	81
Partial Denial	77	110	149
Technical Denial	59	48	38
Total Outcomes Rendered	883	911	936

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March 2022, Telligen began offering additional review types, such as: Express Reviews and Overlapping Scope reviews. As these new review types were rolling out, the number of review submissions increased. It is important to note that if a case is denied, it doesn't mean the HMA services are not approved. Case denials can occur for administrative reasons such as selecting the incorrect review type or submitting duplicate review requests for the same services. Any case that is denied can be re-submitted with additional information.

It is important to note that the numbers in this slide are indicative of the number of reviews, not necessarily the number of members.

The next slide will go over denial trends.

Trends

Administrative vs. Clinical
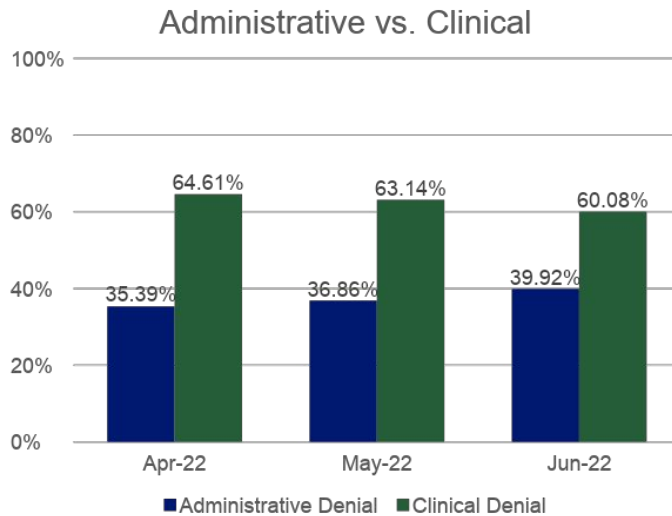
This chart shows the percentage of administrative denials compared to the percentage of clinical denials for each month. Definitions of clinical and administrative denials can be found on slide 3.

Each month, the percentage of administrative denials increased. Examples of administrative denials are incorrect review type, duplicate review submitted, missing documentation (care plan, task worksheet, exercise orders, etc.). It is reasonable to infer that the increase in administrative denials is due to the learning curve associated with the new review types. Because the number of case submissions also consistently increased, it is reasonable to infer that cases were resubmitted after the initial denial outcome was issued.

Clinical Denial Reasons

April Clinical Denials		
Medical Management	16	13.91%
Medication Assistance	12	10.43%
Exercise	12	10.43%
May Clinical Denials		
Exercise	18	12.08%
Medical Management	16	10.74%
Skin Care	14	9.40%
June Clinical Denials		
Medical Management	20	12.66%
Exercise	19	12.03%
Skin Care	13	8.23%

*Table represents the top three clinical denial reasons for each month

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The above table indicates the top three (3) clinical denial reasons for each month. The percentage indicates the percent of clinical denials, not denials overall.

For example, for the month of April, 13.91% of all clinical denials were seen in Medical Management.

Tips for Success

- Plan ahead
- Complete your CSR early!
- Be prepared to discuss your care needs in detail with your case manager.

CDASS and IHSS are self-directed services – take the lead in directing your care. Completing a Utilization Management review can take as little as 2 business days and up to as long as 20 business days if the necessary documentation isn't provided initially. It is important to plan ahead if you receive skilled services through IHSS or CDASS. You and your caregivers know best what your needs are. Providing your case manager with enough detail to justify those needs will set you up for success.

Was this information helpful?

What would you like to learn more about during next quarter's presentation?

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Thank you!

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