MCO:		Year:		V2-20191001																										
Reporting Quarter:																														
RITE CARE MEMBER & PROVIDER APPEALING ON A MEMBER'S BEHALF **CLINCAL APPEALS**	**Month:**									**Month:**									**Month:**									**Quarter**	**Quarter**
	MED	RX	RAD	DME	SUD Residential	Partial Hospitalization or IOP	Detox	OTP	Other BH	MED	RX	RAD	DME	SUD Residential	Partial Hospitalization or IOP	Detox	OTP	Other BH	MED	RX	RAD	DME	SUD Residential	Partial Hospitalization or IOP	Detox	OTP	Other BH	**Total**	**# from *Total* in an AE**
PRIOR AUTHS																													
# Prior Auth Requests																												0	
# of Prior Auth Denials																												0	
% Denial Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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# Concurrent Auth Requests																												0	
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RETROSPECTIVE AUTHS																													
# Retrospective Auth Requests																												0	
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% Denial Rate	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
APPEALS																													
# Standard Internal Appeals																												0	
Average Resolution (calendar days)																													
# Standard Internal Appeals Overturned																												0	
% Overturned	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
# Expedited Internal Appeals																												0	
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# Expedited Internal Appeals Overturned																												0	
% Overturned	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
# External Appeals - Standard																												0	
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Total # External Appeals Overturned																												0	
% Overturned	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
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# Retrospective Auth Requests																												0	
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# External Appeals - Standard																												0	
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Total # External Appeals Overturned																												0	
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MCO:		Year:		V2-20191001																												
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RHP MEMBER & PROVIDER APPEALING ON A MEMBER'S BEHALF **CLINCAL APPEALS**	**Month:**									**Month:**									**Month:**									**Quarter**	**Quarter**			
	MED	RX	RAD	DME	SUD Residential	Partial Hospitalization or IOP	Detox	OTP	Other BH	MED	RX	RAD	DME	SUD Residential	Partial Hospitalization or IOP	Detox	OTP	Other BH	MED	RX	RAD	DME	SUD Residential	Partial Hospitalization or IOP	Detox	OTP	Other BH	**Total**	**# from *Total* in an AE**			
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Average Resolution (hours)																													
# Expedited Internal Appeals Overturned																												0	
% Overturned	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
# External Appeals - Standard																												0	
# External Appeals - Expedited																												0	
Total # External Appeals Overturned																												0	
% Overturned	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	
# Fair Hearings Requests																												0	
# Fair Hearings Overturned																												0	
% Overturned	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	

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MCO:		V2-20191001
Reporting Quarter:		

Each of the following metrics is required to be completed by the MCO. Analysis of the data to include discussion around changes in the rates when comparing populations, required timeframes, any action taken in response to the findings as well as any other pertinent information or key findings.

Metric	Rate	Analysis
Quarterly Appeal Rate: Total # appeals (Member + Provider appealing on behalf of member for all populations) / 1000 Members		
Total # appeals (Member + Provider appealing on behalf of member for all populations) for Quarter X: Same Quarter previous year		
Total # appeals (Member + Provider appealing on behalf of member for all populations) Last Quarter: Current Quarter		

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Term
Appeal
Med
RX
RAD
DME
SUD Residential
Partial Hospitalization
Detox
OTP
Other BH
Prior Authorization
Concurrent Review
Retrospective Review
Standard Internal Appeal
Average Resolutions
Expedited Internal Appeals
External Appeals
Fair Hearing Requests

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Definitions

A formal request by a covered person, provider or authorized representative for reconsideration of a decision.

A formal request by an eligible person, a provider or an authorized representative for reconsideration of a decision for medical services such as services rendered by a professional provider, institutional provider or an ancillary provider or fully or partially denied medical services.

A formal request by a covered person, a provider or an authorized representative for reconsideration of a decision for prescription drug services relating to the denial of a prescription drug.

A formal request by a covered person, a provider or an authorized representative for reconsideration of a decision for the denial of radiology services.

A formal request by a covered person, a provider or an authorized representative for reconsideration of a decision for the denial of durable medical equipment.

A formal request by a covered person, a provider or an authorized representative for reconsideration of Substance Abuse Residential Services.

A formal request by a covered person, a provider or an authorized representative for the reconsideration of Partial Hospitalization Services.

A formal request by a covered person, a provider or an authorized representative for reconsideration of a decision for Detoxification Services.

A formal request by a covered person, a provider or an authorized representative for reconsideration of decision for Opioid Treatment.

A formal request by a covered person, a provider or an authorized representative for reconsideration of a decision for Behavioral Health Services.

A formal request by a covered person, a provider or an authorized representative for reconsideration of services denied or reduced through the Pre-Authorization Process.

Part of a utilization management program in which health care is reviewed as it is provided.

Retrospective review means a review of medical necessity conducted after services have been provided to a patient, but does not include the review of a claim that is limited to an evaluation of reimbursement levels, veracity of documentation, accuracy of coding, or adjudication for payment.

The Contractor must provide written notice of the disposition within thirty (30) calendar days from the time that the Contractor receives the appeal.

The Average time that it takes to resolve a customer issue or to respond to the Appeal.

Appeals that must be responded to within seventy-two (72) hours of the receipt of the appeal.

If a matter is still not resolved to the member's satisfaction, the member may file an external appeal and/or state fair hearing.

The member has the right to request a fair hearing.

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