

STATE OF IOWA DEPARTMENT OF
Health AND **Human**
SERVICES

**QIO SERVICES MONTHLY
DELIVERABLES AND QUALITY
ASSURANCE**

Ist Quarter SFY24

Completed through September 30, 2023

QIO Services Monthly Deliverables and Quality Assurance

EXECUTIVE SUMMARY

CONTINUOUS QUALITY IMPROVEMENT ACTIVITIES

The QIO facilitates the Quality Committee meeting. The committee's focus is to identify all quality initiatives to ensure quality is not in silos, outlined in the quality strategy, and the guide for how Iowa Medicaid does business.

The Quality Committee created a visual roadmap to update the quality strategy, and this was approved by leadership. We have begun to implement activities within the roadmap. This roadmap also includes a cadence for review activities and will add as we move through the roadmap.

An update was provided to leadership that included the plan to develop a Quality 101 for all new Policy staff. NCQA provided HealthPlan and Health Equity accreditations standards. The Health Plan standards includes LTSS requirements. LTSS requirements were shared with the LTSS Bureau. A touch base was scheduled with NCQA as the quality Compass Scores were released.

The Quality Committee also tracks and ensures directed payment program goals align with the Quality Strategy. More information about directed payments can be found at <https://www.medicaid.gov/medicaid/managed-care/guidance/state-directed-payments/index.html>.

We are currently reviewing EQRO requirements for the Health Equity Plan to ensure we have included everything needed to update the 2024 Quality Strategy.

The plan is to include an update for all directed payments for the Quality Committee. We continue to support LTSS with measures and incorporate EQRO activities into the Quality Committee. We are also in the process of developing an evaluation for the quality strategy and a quality 101 for new policy staff.

HEALTH HOME

The QIO is creating a strategic plan to improve oversight and outcomes of the Health Home program. This includes improving the culture and creating a final dashboard of metrics that identifies program success.

The Logistics Group continues to finalize a dashboard to identify areas on individual technical assistance needed for Health Homes. The Logistics Group is updating the chart review workbook to include changed rules.

The QIO keeps the Iowa Medicaid Health Home websites up to date with the most recent trainings and provider lists, while adding additional tools and guidance documents as they are created. Additionally, the QIO supports providers by answering questions through the Health Home email. Activities for September included:

- Final draft of a chart review guide is in review;
- Managed a Health Home email where Health Homes can get their questions answered;

- Ran a monthly loWANS report that assesses access to loWANS and conducted outreach to all Health Homes that do not have at least two staff with access;
- Completed monthly enrollment and claims reports;
- Completed CSR report provided by LTSS Policy;
- Sent monthly email to the Integrated Health Homes to provide program updates;
- Held weekly Logistics meetings with the MCOs to identify improvements and align the work;
- Meeting held with the MCOs to facilitate Learning Collaborative activities;
- Attended MCO Integrated Health Home Open Office Hours meetings;
- Conducted outreach to Health Homes who have upcoming accreditation that allows the provider to be eligible as a Health Home provider and worked with Provider Services to update MMIS;
- Finished Group 2 chart review;
- Reached out to providers to obtain documentation for Group 3 chart reviews.
- Reviewed MCO documents in OnBase.
- Facilitated an IHH Learning Collaborative face-to face training and provided attendance outcomes to MCOs;
- Conducted biweekly calls with Health Home Policy;
- Complete biweekly report for Health Home Policy;
- Draft loWANS training slide deck in progress;
- Met with Heartland and Children's Square to discuss requirements around a CAP for documentation deficiencies.
- Met with IMPA Staff to implement projects to end CCHH, add FPL functionality to IHH options, and change the enrollment/disenrollment process;
- Shared a draft recoup reasons document with the MCOs for review;
- Health Home self-assessment finalized except for a Policy clarification;
- Worked with Core to get enrollment and disenrollment member letters implemented;
- Participated in a chart review workbook review session with the logistics team;
- Worked with Policy, regions, and MCOs to identify FI/diagnoses requirement process for Habilitation members and develop IL;
- Began work to update the enrollment process for FFS Health Home members;
- Sent out HIT survey to IHHs to complete.

Goals for next month include:

- Continue work on the chart review workbook guidance document and update the chart review workbook;
- Send the Integrated Health Home self-assessment to the providers as a PDF to review and use to ensure policies and procedures are in place.
- Continue updates to the Health Home dashboard;
- Continue working with Communications and MCOs to update and finalize IHH forms and post to webpage;
- Work with Core to get enrollment and disenrollment member letters implemented;
- Work with Policy and MCOs to identify FI/diagnoses requirement process for Habilitation members and develop IL;

- Work to update the enrollment process for FFS Health Home members;
- Complete decision documents from the reimbursement study workgroup and submit to leadership;
- Have data ready for our first draft of the dashboard for review;
- Review HIT survey results and identify next steps;
- Update the loWANS and IMPA training slides decks;

HIT

Attended CMS Systems Technical Advisory Group and Recognized Coordinating Entity (RCE) Trusted Exchange and Common Agreement (TEFCA) monthly calls.

PACE

The QIO continues to work with Policy in conducting desk audits for CY2023 and plan to conduct onsite visits every 3 years after the PHE is lifted. This will increase the efficiency of the review process and decrease the time and cost of conducting annual onsite reviews. The PACE Quality Oversight team is conducting full chart reviews on randomly selected participants for the annual desk audit. In addition to the desk audit, telephonic interviews are conducted with the participant or designated representative. A desk audit has been completed for Immanuel Pathways Southwest Iowa and Immanuel Pathways Central Iowa. A desk audit will be initiated for Siouxland PACE in October 2023.

CASE MIX

CMS is deleting Section G in the MDS assessments that will no longer allow the state to utilize RUGS III 34 Grouper beginning October 1, 2023. The QIO worked with Policy and PCA to propose the State changes to PDPM beginning July 1, 2023, with the new state fiscal year. The QIO is working on changes needed to the MDS validation review process and case mix in preparation for the change to PDPM.

CMS implemented the transition of MDS submissions and reporting from QIES to iQIES on April 17, 2023. CMS sent email notification out on April 6, 2023, notifying states on changes regarding who and how MDS state extract files can be obtained. This change affects how the QIO can obtain the daily and weekly extract files used for case mix. We are working with Policy, DIAL, and CMS to obtain approval to download the MFT files. This has caused a delay to the Q1 and Q2 2023 case mix preliminary and final rosters. A statement was added to IMPA to notify providers of this delay. In addition, an Informational Letter will be sent to providers when the process resumes and the case mix important date calendar in IMPA will be updated.

WAIVER

We continue to track missing Resident Care Agreements (RCAs) to promote provider compliance with IAC 441-82.9. Staff follow up with providers via e-mail and phone to obtain this information if not received at the time of annual review. The QIO continues to facilitate meetings with Policy and other stakeholders to make improvements to the current RCA follow-up process. This will require an update to OnBase with a new workflow for this process. The project team worked on updating the sanction letter for facilities who are not in

compliance and has been collaborating with Program Integrity to ensure a path of communication is in place, so sanctions are implemented and lifted as appropriate. The QIO is working on a recommendation document for Policy with a process workflow.

The QIO's behavioral health team has implemented a new review process in response to the addition of the psychiatric intensive care (PIC) level of care (LOC) for our inpatient psychiatric population. We continue to work closely with other units and Policy to work through identified issues with building the authorization in MMIS to pay the provider correctly for both IPP and PIC LOC. We continue collaboration with Provider Services on eliminating claim issues as they are identified.

APPEALS

The QIO continues to review FFS appeals to ensure consistency and to identify ways to improve representation during administrative law judge hearings.

We continue to review MCO appeals monthly to identify trends and opportunities for improvement.

The MCO Bi-Annual Appeal Review Report has been submitted.

PRIOR AUTHORIZATION

The QIO continues to provide recommendations and collaborate with Policy regarding IAC and updating policies for medical and dental services.

The QIO facilitates a PA workgroup that includes the MCOs and Policy to work on alignment. Continued discussions and progress have been made regarding wheelchair repairs. The uniform PA request form has been finalized.

CLAIMS

The QIO continues to serve as the facilitator at internal and Iowa Medicaid/MCO Claims and Benefits meetings, working on streamlining the meetings while at the same time strengthening the objective of these meetings; "To integrate best practices for coding, editing, and claims processing supported by clean and consistent communications for optimal efficiency and continuity in the Iowa Medicaid managed care and fee-for-service environments to reduce provider burden".

We continue collaboration with other Iowa Medicaid vendors and the MCOs reviewing and responding to provider questions about COVID-19 during the PHE. We oversee and update the HHS website FAQs and ensure that the process is streamlined for provider responses.

The QIO continues with the review and streamlining of annual ICD-10 and quarterly HCPCS code updates.

The QIO published a communication bulletin that was added to the HHS website. This bulletin will inform providers of recent code update changes and coverage determinations.

Work is still being completed to discuss and plan for the future of telehealth flexibilities following the PHE.

The QIO continues to monitor a shared mailbox called “IME QIO PS Questions” that was implemented in October 2020. This mailbox is used to streamline responses from Provider Services regarding billing, policies, coverage, and claims issues. The workgroup meets weekly to review and respond to issues received in the mailbox.

Work is still being completed to review the HHS website for any necessary updates pertaining to QIO responsibilities.

EXCEPTION TO POLICY

The QIO continues to work with Policy and the MCOs on utilizing the ETP process effectively.

The QIO continues to work on eliminating the use of ETP as a utilization management tool in MMIS and making determination of coverage more straightforward for providers.

HCBS

The QIO HCBS team completed 15 quality oversight reviews in September including two periodic onsite reviews for non-certified providers, nine certification reviews, and four focused desk reviews. All were logged correctly and timely.

The team received three applications from new providers or for existing providers adding additional services.

The incidents and complaints specialist opened two new targeted reviews in September and has several targeted reviews in progress. Four new complaints and 19 FFS incidents were reported in September. One error was made when logging the date on one complaint.

There were 150 units of technical assistance provided by the team in September with most TA related to enrollment, certification, or a review process. The team must complete five ride-alongs to interdisciplinary team service planning meetings with community-based case managers from each MCO per month. A new MCO entered the market on July 1, 2023. Members were reassigned across the three MCOs with the opportunity to move to their preferred MCO within a given timeframe. For that reason, the QIO HCBS unit requested and was allowed to suspend the CBCM ride-alongs for the first quarter of SFY24 while members finalize their MCO selections and MCO assignments stabilize.

Three IPES were completed in September and were logged timely. One of the IPES was flagged for follow-up by the member’s case manager. There were 20 MFP surveys completed in September.

RECOMMENDATIONS:

The QIO is making the following recommendations to current work processes or for additional processes and trainings that will benefit Iowa Medicaid and its members through cost savings, increased efficiencies through standardization, or knowledge building.

STANDARDIZATION

The QIO is recommending the development and implementation of a universal service plan. We can facilitate a stakeholder workgroup to develop the service plan template. A universal service plan would streamline the process for both case managers and QIO reviewers. Standardization of the plan would result in the following benefits:

- MCOs, Integrated Health Homes, and case management providers would consistently report information within the service plan.
- Training new case managers and reviewers would be easier with standardized data elements on the tool.

TRAINING

The QIO recommends HCBS provider and case manager training in the following areas:

1. Uniform training for provider leadership and provider staff on required training topics and other topics to ensure staff are qualified commensurate with the needs of the members they serve and demonstrate competency in performing duties in all interactions with members.
2. Training for providers on establishing an HCBS business.
3. Training specific to case managers related to HCBS settings and their role in ensuring compliance, especially as it relates to administration of the residential assessment.

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This report is provided per the QIO Services agreement effective July 1, 2018 (MED-18-015).

AIDS Waiver LOC								
Admission Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/2 days)		# Timely (100%/5 days)		Appeals Recd
		#	%	#	%	#	%	
July	2	2	100.0%	2	100.0%	2	100.0%	0
August	0	0	0.0%	0	0.0%	0	0.0%	0
September	2	2	100.0%	2	100.0%	2	100.0%	0
TOTAL	4	4	100.0%	4	100.0%	4	100.0%	0
Continued Stay Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/5 days)		# Timely (100%/10 days)		
		#	%	#	%	#	%	
July	0	0	0.0%	0	0.0%	0	0.0%	
August	0	0	0.0%	0	0.0%	0	0.0%	
September	0	0	0.0%	0	0.0%	0	0.0%	
TOTAL	0	0	0.0%	0	0.0%	0	0.0%	

QIO Services Monthly Deliverables and Quality Assurance

BI Waiver LOC								
Admission Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/2 days)		# Timely (100%/5 days)		Appeals Recd
		#	%	#	%	#	%	
July	11	1	9.1%	11	100.0%	11	100.0%	1
August	13	4	30.8%	13	100.0%	13	100.0%	1
September	18	7	38.9%	18	100.0%	18	100.0%	0
TOTAL	42	12	28.6%	42	100.0%	42	100.0%	2

Continued Stay Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/5 days)		# Timely (100%/10 days)		
		#	%	#	%	#	%	
July	25	0	0.0%	25	100.0%	25	100.0%	
August	16	2	12.5%	16	100.0%	16	100.0%	
September	18	1	5.6%	18	100.0%	18	100.0%	
TOTAL	59	3	5.1%	59	100.0%	59	100.0%	

BI Waiver Admission Denials							
SFY24	No BI dx	Lack of info for dx	LOC not met & no dx	LOC not met	Technical Denial	Application Withdrawn	TOTAL
July	1	0	0	0	0	0	1
August	3	0	0	1	0	0	4
September	5	0	2	0	0	0	7
TOTAL	9	0	2	1	0	0	12

BI Waiver CSR Denials				
SFY24	Lack of info	LOC not met	Technical Denial	Total
July	0	0	0	0
August	0	2	0	2
September	0	1	0	1
TOTAL	0	3	0	3

CMH Waiver LOC								
Admission Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/2 days)		# Timely (100%/5 days)		Appeals Recd
		#	%	#	%	#	%	
July	36	4	11.1%	36	100.0%	36	100.0%	1
August	31	3	9.7%	31	100.0%	31	100.0%	0
September	34	3	8.8%	34	100.0%	34	100.0%	0
TOTAL	101	10	9.9%	101	100.0%	101	100.0%	1
Continued Stay Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/5 days)		# Timely (100%/10 days)		
		#	%	#	%	#	%	
July	2	0	0.0%	2	100.0%	2	100.0%	
August	3	0	0.0%	3	100.0%	3	100.0%	
September	2	0	0.0%	2	100.0%	2	100.0%	
TOTAL	7	0	0.0%	7	100.0%	7	100.0%	

EW Waiver LOC								
Admission Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/2 days)		# Timely (100%/5 days)		Appeals Recd
		#	%	#	%	#	%	
July	252	78	31.0%	252	100.0%	252	100.0%	9
August	304	71	23.4%	304	100.0%	304	100.0%	15
September	269	0	0.0%	269	100.0%	269	100.0%	8
TOTAL	825	149	18.1%	825	100.0%	825	100.0%	32
Continued Stay Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/5 days)		# Timely (100%/10 days)		
		#	%	#	%	#	%	
July	42	4	9.5%	42	100.0%	42	100.0%	
August	83	6	7.2%	83	100.0%	83	100.0%	
September	66	5	7.6%	66	100.0%	66	100.0%	
TOTAL	191	15	7.9%	191	100.0%	191	100.0%	

EW Waiver CSR Denials				
SFY24	Lack of info	LOC not met	Technical Denial	Total
July	0	4	0	4
August	0	6	0	6
September	0	5	0	5
TOTAL	0	15	0	15

HAB LOC								
Admission Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/2 days)		# Timely (100%/5 days)		Appeals Recd
		#	%	#	%	#	%	
July	128	1	0.8%	128	100.0%	128	100.0%	0
August	184	0	0.0%	184	100.0%	184	100.0%	0
September	153	0	0.0%	153	100.0%	153	100.0%	0
TOTAL	465	1	0.2%	465	100.0%	465	100.0%	0
Continued Stay Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/5 days)		# Timely (100%/10 days)		
		#	%	#	%	#	%	
July	6	0	0.0%	6	100.0%	6	100.0%	
August	4	0	0.0%	4	100.0%	4	100.0%	
September	6	0	0.0%	6	100.0%	6	100.0%	
TOTAL	16	0	0.0%	16	100.0%	16	100.0%	

HD Waiver LOC								
Admission Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/2 days)		# Timely (100%/5 days)		Appeals Recd
		#	%	#	%	#	%	
July	31	10	32.3%	31	100.0%	31	100.0%	1
August	41	8	19.5%	41	100.0%	41	100.0%	2
September	29	7	24.1%	29	100.0%	29	100.0%	1
TOTAL	101	25	24.8%	101	100.0%	101	100.0%	4
Continued Stay Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/5 days)		# Timely (100%/10 days)		
		#	%	#	%	#	%	
July	26	2	7.7%	26	100.0%	26	100.0%	
August	30	1	3.3%	30	100.0%	30	100.0%	
September	29	1	3.4%	29	100.0%	29	100.0%	
TOTAL	85	4	4.7%	85	100.0%	85	100.0%	

HD Waiver CSR Denials				
SFY24	Lack of info	LOC not met	Technical Denial	Total
July	0	2	0	2
August	0	1	0	1
September	0	1	0	1
TOTAL	0	4	0	4

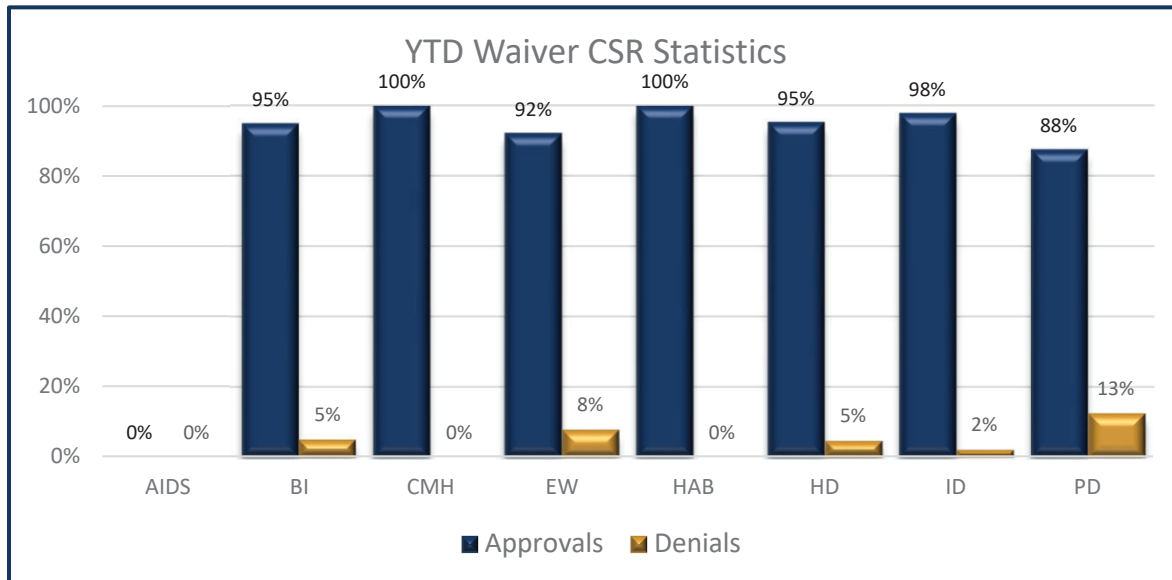
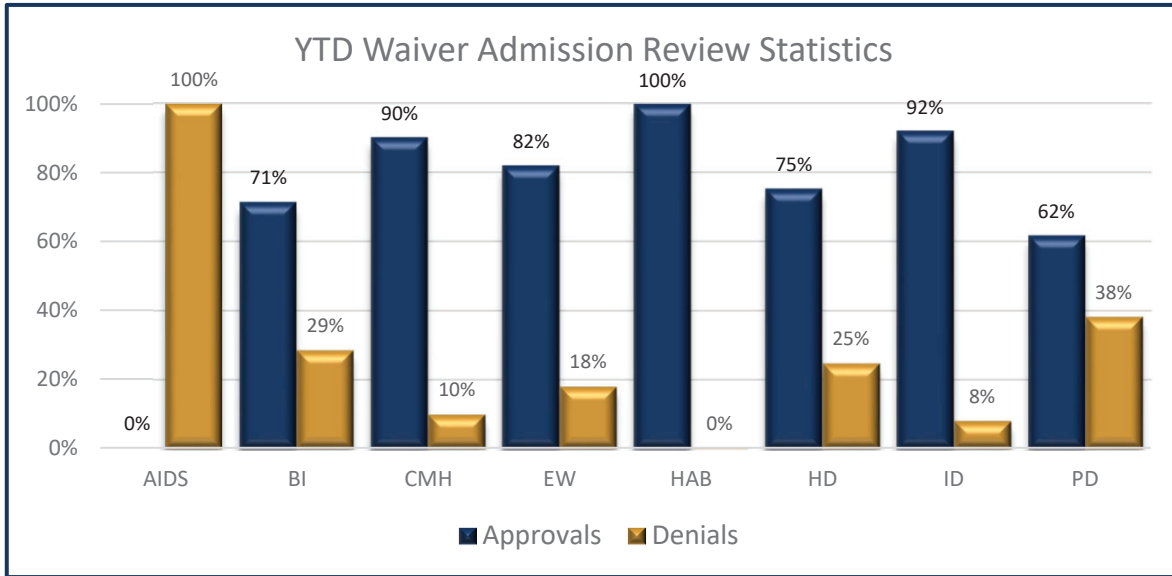
ID Waiver LOC								
Admission Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/2 days)		# Timely (100%/5 days)		Appeals Recd
		#	%	#	%	#	%	
July	59	5	8.5%	59	100.0%	59	100.0%	2
August	109	8	7.3%	109	100.0%	109	100.0%	1
September	81	7	8.6%	81	100.0%	81	100.0%	0
TOTAL	249	20	8.0%	249	100.0%	249	100.0%	3
Continued Stay Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/5 days)		# Timely (100%/10 days)		
		#	%	#	%	#	%	
July	43	0	0.0%	43	100.0%	43	100.0%	
August	51	1	2.0%	51	100.0%	51	100.0%	
September	46	2	4.3%	46	100.0%	46	100.0%	
TOTAL	140	3	2.1%	140	100.0%	140	100.0%	

ID Waiver CSR Denials					
SFY24	Lack of info	No ID Dx	LOC not met	Technical Denial	Total
July	0	0	0	0	0
August	0	1	0	0	1
September	0	1	0	1	2
TOTAL	0	2	0	1	3

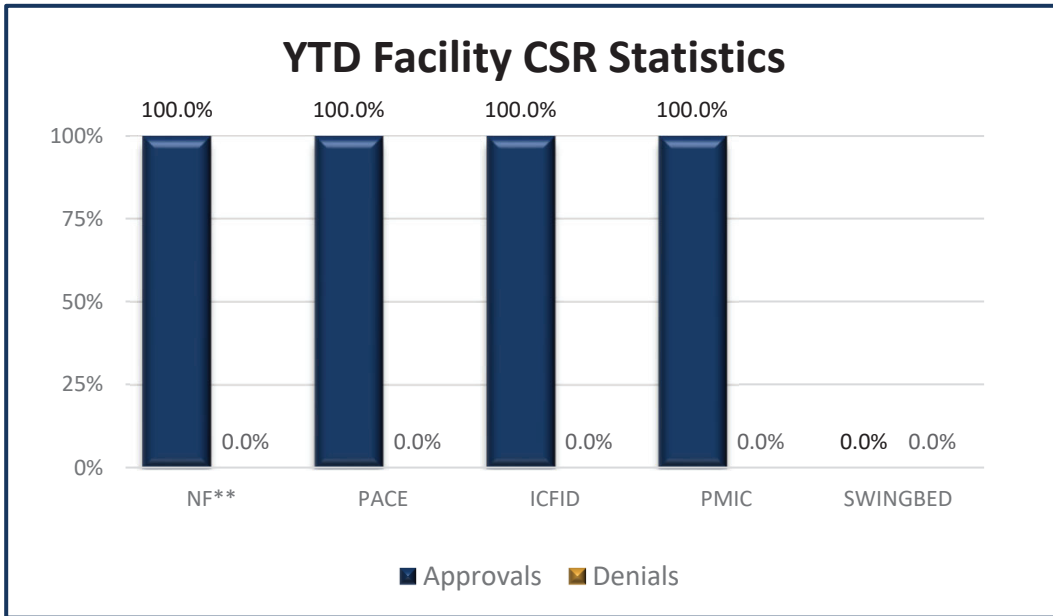
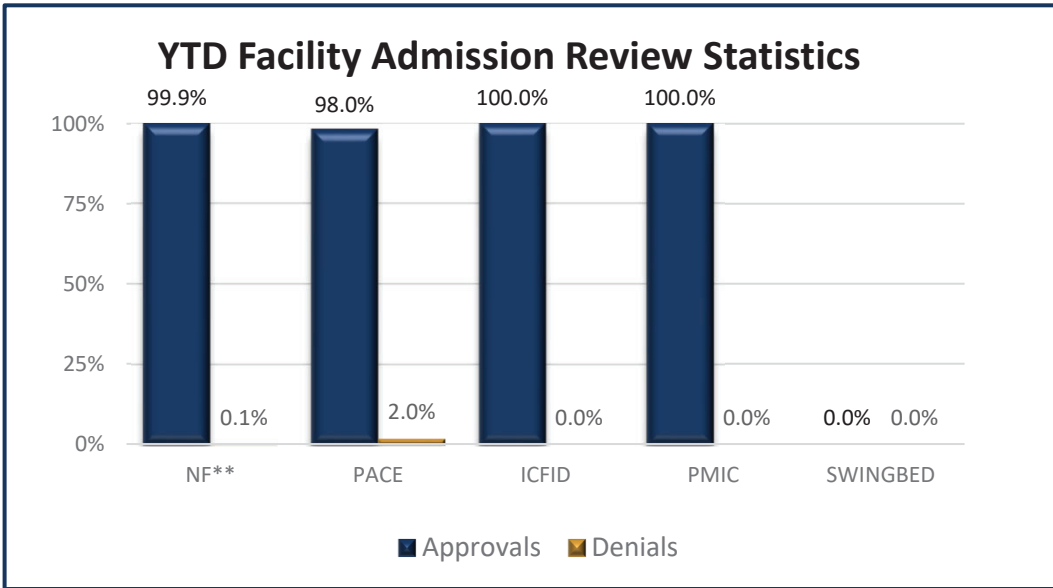
PD Waiver LOC								
Admission Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/2 days)		# Timely (100%/5 days)		Appeals Recd
		#	%	#	%	#	%	
July	43	20	46.5%	43	100.0%	43	100.0%	2
August	41	13	31.7%	41	100.0%	41	100.0%	0
September	73	27	37.0%	73	100.0%	73	100.0%	2
TOTAL	157	60	38.2%	157	100.0%	157	100.0%	4
Continued Stay Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/5 days)		# Timely (100%/10 days)		
		#	%	#	%	#	%	
July	3	1	33.3%	3	100.0%	3	100.0%	
August	9	0	0.0%	9	100.0%	9	100.0%	
September	4	1	25.0%	4	100.0%	4	100.0%	
TOTAL	16	2	12.5%	16	100.0%	16	100.0%	

PD Waiver CSR Denials				
SFY24	Lack of info	LOC not met	Technical Denial	Total
July	0	1	0	1
August	0	0	0	0
September	0	1	0	1
TOTAL	0	2	0	2

All Waiver LOC/NBA								
Admission Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/2 days)		# Timely (100%/5 days)		Appeals Recd
		#	%	#	%	#	%	
July	562	121	21.5%	562	100.0%	562	100.0%	16
August	723	107	14.8%	723	100.0%	723	100.0%	19
September	659	53	8.0%	659	100.0%	659	100.0%	11
TOTAL	1,944	281	14.5%	1,944	100.00%	1,944	100.00%	46
Continued Stay Reviews								
SFY24	Total Reviews	Denials		# Timely (95%/5 days)		# Timely (100%/10 days)		
		#	%	#	%	#	%	
July	147	7	4.8%	147	100.0%	147	100.0%	
August	196	10	5.1%	196	100.0%	196	100.0%	
September	171	10	5.8%	171	100.0%	171	100.0%	
TOTAL	514	27	5.3%	514	100.00%	514	100.0%	



Facility LOC							
Includes ICFID, NF, NF Short Stay, NF Wellness, PACE, PMIC, and Swing Bed							
Admission Reviews							
SFY24	Total Reviews	Denials		# Timely (95%/2 days)		# Timely (100%/5 days)	
		#	%	#	%	#	%
July	612	2	0.3%	612	100.0%	612	100.0%
August	657	0	0.0%	656	99.8%	657	100.0%
September	592	0	0.0%	592	100.0%	592	100.0%
TOTAL	1,861	2	0.1%	1,860	99.9%	1,841	98.9%
Continued Stay Reviews							
SFY24	Total Reviews	Denials		# Timely (95%/5 days)		# Timely (100%/10 days)	
		#	%	#	%	#	%
July	78	0	0.0%	78	100.0%	78	100.0%
August	101	0	0.0%	101	100.0%	101	100.0%
September	77	0	0.0%	77	100.0%	77	100.0%
TOTAL	256	0	0.0%	256	100.0%	256	100.0%



**NF numbers include Short Stay and Wellness reviews

QIO Services Monthly Deliverables and Quality Assurance

All Facility and Waiver Admission LOC/NBA

Includes all waivers and HAB, NF and ICFID facilities. Excludes IPP, NF Short Stay, NF Wellness, PACE, and PMIC Reviews

SFY24	Overall Total			AGP			ITC			MHC			FFS						
	Reviews	Denials	%	Reviews	Rev%	Denials	Den%	Reviews	Rev%	Denials	Den%	Reviews	Rev%	Denials	Den%				
July	1,221	129	10.6%	285	23.3%	36	12.6%	337	27.6%	24	7.1%	53	4.3%	1	1.9%	546	44.7%	68	12.5%
August	928	117	12.6%	226	24.4%	25	11.1%	283	30.5%	20	7.1%	73	7.9%	9	12.3%	346	37.3%	63	18.2%
September	1,354	135	10.0%	293	21.6%	33	11.3%	322	23.8%	20	6.2%	141	10.4%	15	10.6%	598	44.2%	67	11.2%
TOTAL	3,503	381	10.9%	804	23.0%	94	11.7%	942	26.9%	64	6.8%	267	7.6%	25	9.4%	1,490	42.5%	198	13.3%

MDS Validation				
Desk Reviews				
SFY24	Nursing Facilities	Total Items Reviewed	Total Inconsistencies	Inconsistency Rate
July	8	5,994	34	0.57%
August	12	10,989	204	1.86%
September	16	16,095	209	1.30%
TOTAL	36	33,078	447	1.35%

QIO Services Monthly Deliverables and Quality Assurance

Facility 456 Review

Onsite Reviews

SFY24	Total Reviews	ICFID	Total Scored	Total Possible	PMIC	Total Scored	Total Possible	NFMI	Total Scored	Total Possible
July	69	69	3,269	3,450	0	0	0	0	0	0
August	50	27	1,333	1,350	23	1,218	1,219	0	0	0
September	67	67	3,287	3,350	0	0	0	0	0	0
TOTAL	186	163	7,889	8,150	23	1,218	1,219	0	0	0

QIO Services Monthly Deliverables and Quality Assurance

Claims and Provider Inquiries

SFY24	Claims Processed	# Timely (95%/30 days)		# Timely (100%/60 days)		Provider Inquiries	# Timely (95%/5 days)		# Timely (100%/10 days)	
		#	%	#	%		#	%	#	%
July	2,945	2,943	99.9%	2,945	100.0%	31	100.0%	31	100.0%	
August	3,237	3,228	99.7%	3,235	99.9%	17	100.0%	17	100.0%	
September	3,655	3,641	99.6%	3,651	99.9%	11	100.0%	11	100.0%	
TOTAL	9,837	9,812	99.7%	9,831	99.9%	59	100.0%	59	100.0%	

Waiver Prior Authorization									
Initial Service Plan									
SFY24	Total Reviews	Denials		Non-Adjudicated		Modified		Timely (2 days)	
		#	%	#	%	#	%	#	%
July	4	0	0.0%	0	0.0%	1	25.0%	4	100.0%
August	8	1	12.5%	0	0.0%	2	25.0%	8	100.0%
September	7	0	0.0%	0	0.0%	1	14.3%	7	100.0%
TOTAL	19	1	5.3%	0	0.0%	4	21.1%	19	100.0%
Reassessment Service Plan									
SFY24	Total Reviews	Denials		Non-Adjudicated		Modified		Timely (5 days)	
		#	%	#	%	#	%	#	%
July	10	2	20.0%	0	0.0%	0	0.0%	10	100.0%
August	11	0	0.0%	0	0.0%	3	27.3%	11	100.0%
September	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%
TOTAL	21	2	9.5%	0	0.0%	3	14.3%	21	100.0%

Waiver Service Plan Review					
SFY24	Total Reviews	Approved		Modified	
		#	%	#	%
July	99	99	100.0%	0	0.0%
August	84	82	97.6%	2	2.4%
September	81	80	98.8%	1	1.2%
TOTAL	264	261	98.9%	3	1.1%

Inpatient Psychiatric							
Admission PA							
SFY24	Total Reviews	Denials		# Timely (95%/10 days)		# Timely (100%/15 days)	
		#	%	#	%	#	%
July	78	0	0.0%	78	100.0%	78	100.0%
August	115	0	0.0%	115	100.0%	115	100.0%
September	104	0	0.0%	104	100.0%	104	100.0%
TOTAL	297	0	0.0%	297	100.0%	297	100.0%
CSR PA							
SFY24	Total Reviews	Denials		# Timely (95%/10 days)		# Timely (100%/15 days)	
		#	%	#	%	#	%
July	70	0	0.0%	70	100.0%	70	100.0%
August	90	0	0.0%	90	100.0%	90	100.0%
September	150	0	0.0%	150	100.0%	150	100.0%
TOTAL	310	0	0.0%	310	100.0%	310	100.0%

QIO Services Monthly Deliverables and Quality Assurance

Prior Authorization

Physician Review Required

SFY24	Total Reviews	Denials		Non-Adjudicated		Modified		# Timely (95%/15 days)		# Timely (100%/20 days)	
		#	%	#	%	#	%	#	%	#	%
July	43	2	4.7%	1	2.3%	0	0.0%	43	100.0%	43	100.0%
August	29	0	0.0%	0	0.0%	0	0.0%	29	100.0%	29	100.0%
September	18	4	22.2%	0	0.0%	0	0.0%	18	100.0%	18	100.0%

Physician Review Not Required*

SFY24	Total Reviews	Denials		Non-Adjudicated		Modified		# Timely (95%/10 days)		# Timely (100%/15 days)	
		#	%	#	%	#	%	#	%	#	%
July	358	8	2.2%	192	53.6%	27	7.5%	358	100.0%	358	100.0%
August	478	3	0.6%	252	52.7%	39	8.2%	478	100.0%	478	100.0%
September	404	11	2.7%	219	54.2%	27	0.0%	404	100.0%	404	100.0%
OVERALL TOTAL	1,330	28	2.1%	664	49.9%	93	7.0%	1,330	100.0%	1,330	100.0%

*Denials in 'Physician Review Not Required' section are technical denials.

QIO Services Monthly Deliverables and Quality Assurance

Prior Authorization (by Type)

Physician Review Required

SFY24	Total Reviews	Denials		Non-Adjudicated		Modified		#Timely (95%/15 days)		#Timely (100%/20 days)	
		#	%	#	%	#	%	#	%	#	%
Audiology	1	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1	100.0%
CNRS	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Dental	4	3	75.0%	0	0.0%	0	0.0%	4	100.0%	4	100.0%
DME	31	1	3.2%	1	3.2%	0	0.0%	31	100.0%	31	100.0%
Enteral	7	0	0.0%	0	0.0%	0	0.0%	7	100.0%	7	100.0%
EPSDT-Home Health	1	0	0.0%	0	0.0%	0	0.0%	1	100.0%	1	100.0%
Physician Services	40	1	2.5%	0	0.0%	0	0.0%	40	100.0%	40	100.0%
Preprocedure	3	0	0.0%	0	0.0%	0	0.0%	3	100.0%	3	100.0%
Radiology	3	1	33.3%	0	0.0%	0	0.0%	3	100.0%	3	100.0%
Vision	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%

Physician Review Not Required

SFY24	Total Reviews	Denials		Non-Adjudicated		Modified		#Timely (95%/10 days)		#Timely (100%/15 days)	
		#	%	#	%	#	%	#	%	#	%
Audiology	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
CNRS	2	0	0.0%	0	0.0%	0	0.0%	2	100.0%	2	100.0%
Dental	18	1	5.6%	7	38.9%	0	0.0%	18	100.0%	18	100.0%
DME	55	5	9.1%	6	10.9%	6	10.9%	55	100.0%	55	100.0%
Enteral	90	7	7.8%	5	5.6%	26	28.9%	90	100.0%	90	100.0%
EPSDT-Home Health	50	0	0.0%	3	6.0%	3	6.0%	50	100.0%	50	100.0%
Physician Services	18	4	22.2%	5	27.8%	9	50.0%	18	100.0%	18	100.0%
Preprocedure	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
Radiology	422	5	1.2%	52	12.3%	49	11.6%	422	100.0%	422	100.0%
Vision	0	0	0.0%	0	0.0%	0	0.0%	0	0.0%	0	0.0%
No PA Required	233	0	0.0%	233	100.0%	0	0.0%	233	100.0%	233	100.0%
No PA MCO	352	0	0.0%	352	100.0%	0	0.0%	352	100.0%	352	100.0%
Overall Total	1,330	28	2.1%	664	49.9%	93	7.0%	1,330	100.0%	1,330	100.0%

*Denials in 'Physician Review Not Required' section are technical denials.

Internal Quality Control				
All QIO Services				
SFY24	Reviewed	>95% Agreement	Peer Resolution	Manager Resolution
July	197	196	3	1
August	221	221	0	0
September	190	190	3	0
TOTAL	608	607	6	1

The results displayed represent samples from each review type completed.

HCBS Oversight Quality Review						
SFY24	Certification	Periodic	Focused	Targeted	Self-Assessment	New Provider Applications
July	5	12	3	0	0	6
August	5	2	3	0	0	8
September	9	2	4	2	0	3
TOTAL	19	16	10	2	0	17

HCBS Oversight Quality Review Timeliness

Certification, Periodic, Focused, Targeted Reviews

SFY24	Reviews Completed	Logged Correctly (95%)		Logged Timely (100%/2 days)		Submit to Agency (100%/15 days)		Submit to Provider (100%/15 days)		CAP Initiated (100%/30 days)		CAP Approval (100%/15 days)		Compliance Initiated (100%/60 days)				
		#	%	#	%	#	%	#	%	Initiated	#	%	Compltd	#	%			
July	20	20	100.0%	20	100.0%	20	100.0%	20	100.0%	7	7	100.0%	5	5	100.0%	4	4	100.0%
August	10	10	100.0%	10	100.0%	10	100.0%	10	100.0%	8	8	100.0%	7	7	100.0%	12	12	100.0%
September	15	15	100.0%	15	100.0%	15	100.0%	15	100.0%	12	12	100.0%	4	4	100.0%	3	3	100.0%
TOTAL	45	45	100.0%	45	100.0%	45	100.0%	45	100.0%	27	27	100.0%	16	16	100.0%	19	19	100.0%

Complaint and Incident Oversight									
Complaints									
SFY24	Complaints	Logged Correctly (95%)		Logged Timely (100%/2 days)		Initial Timely (100%/3 days)		Initiated Timely (100%/5 days)	
		#	%	#	%	#	%	#	%
		July	3	3	100.0%	3	100.0%	3	100.0%
August	1	1	100.0%	1	100.0%	1	100.0%	1	100.0%
September	4	3	75.0%	4	100.0%	4	100.0%	4	100.0%
TOTAL	8	7	87.5%	8	100.0%	8	100.0%	8	100.0%
Incidents									
SFY24	Incidents	Logged Correctly (95%)		Logged Timely (100%/2 days)		Initial Timely (100%/3 days)		Initiated Timely (100%/5 days)	
		#	%	#	%	#	%	#	%
		July	15	15	100.0%	15	100.0%	15	100.0%
August	25	25	100.0%	25	100.0%	25	100.0%	25	100.0%
September	19	19	100.0%	19	100.0%	19	100.0%	19	100.0%
TOTAL	59	59	100.0%	59	100.0%	59	100.0%	59	100.0%

Timeliness for incidents that did not trigger an ISIS milestone cannot be tracked.

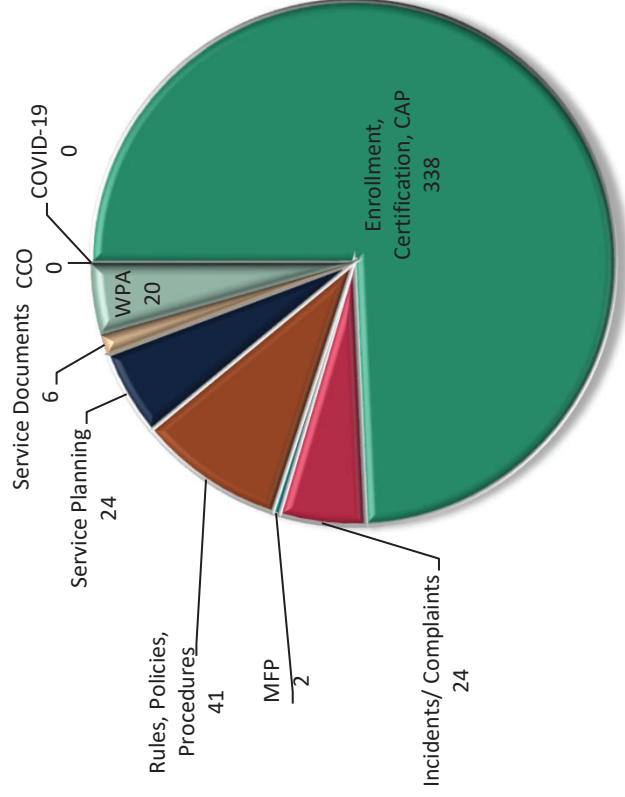
Surveys								
IPES								
SFY24	Completed	Logged Correctly (95%)		Logged Timely (100%/2 days)		Flags	Remediated Timely (100%/15 days)	
		#	%	#	%		#	%
		July	7	7	100.0%		7	100.0%
August	3	3	100.0%	3	100.0%	2	2	100.0%
September	3	3	100.0%	3	100.0%	1	1	100.0%
TOTAL	13	13	100.0%	13	100.0%	6	6	100.0%

MFP					
SFY24	Completed	Logged Correctly (95%)		Logged Timely (100%/2 days)	
		#	%	#	%
		July	0	0	0.0%
August	6	6	100.0%	6	100.0%
September	20	20	100.0%	20	100.0%
TOTAL	26	26	100.0%	26	100.0%

Technical Assistance

SFY24	CCO	COVID-19	Enrollment, Certification, CAP	Incidents/Complaints	MFP	Rules, Policies, Procedures	Service Planning	Service Documents	WPA	Total
July	0	0	93	1	0	6	10	3	5	118
August	0	0	138	8	2	21	6	0	12	187
September	0	0	107	15	0	14	8	3	3	150
TOTAL	0	0	338	24	2	41	24	6	20	455

YTD Technical Assistance Categories



QIO Services Monthly Deliverables and Quality Assurance

MCO Service Plan Reductions (A-15)										
AGP					ITC					
SFY24	Total Reductions	Sample Size	NA Reviews*	Consistent with Rationale		Total Reductions	Sample Size	NA Reviews*	Consistent with Rationale	
				#	%				#	%
July (Feb pull)	106	20	0	10	50.0%	534	23	0	18	78.3%
August (Mar pull)	94	19	10	8	88.9%	503	23	2	21	100.0%
September (Apr pull)	86	19	1	18	100.0%	557	23	1	21	95.5%
TOTAL	286	58	11	36	76.6%	1,594	69	3	60	90.9%

*NA reviews are subtracted from the sample size when determining the consistency rate.

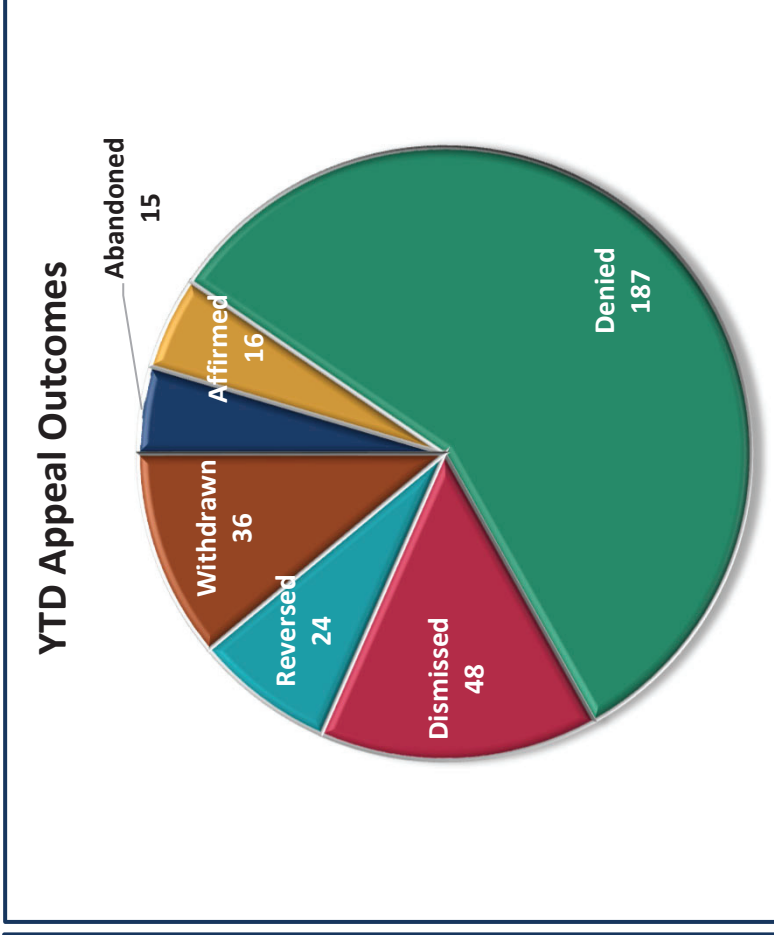
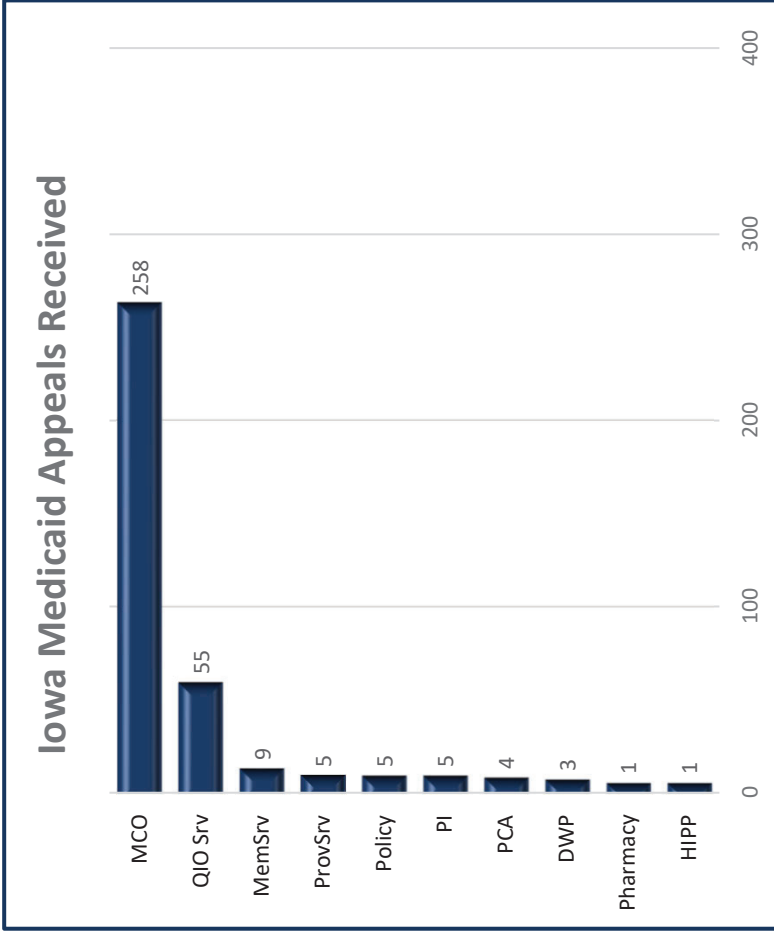
MCO CBCM IDT Ride-Along (A-I 6)				
AGP			ITC	
SFY24	Compliance Met		Compliance Met	
	(5 per month)		(5 per month)	
	#	%	#	%
July	2	40.0%	0	0.0%
August	0	0.0%	0	0.0%
September	0	0.0%	0	0.0%
TOTAL	2	40.0%	0	0.0%

*Ride-Alongs were suspended through September 30, 2023, to allow members time to establish with their preferred MCO after the automatic reassignment in July 2023.

QIO Services Monthly Deliverables and Quality Assurance

Iowa Medicaid Appeals

SFY24	Appeals Received	Appeals Completed	Abandoned		Affirmed		Denied		Dismissed		Reversed		Withdrawn	
			#	%	#	%	#	%	#	%	#	%	#	%
July	134	126	6	4.8%	5	4.0%	80	63.5%	13	10.3%	7	5.6%	15	11.9%
August	131	119	5	4.2%	6	5.0%	65	54.6%	20	16.8%	8	6.7%	15	12.6%
September	68	81	4	4.9%	5	6.2%	42	51.9%	15	18.5%	9	11.1%	6	7.4%
TOTAL	333	326	15	4.6%	16	4.9%	187	57.4%	48	14.7%	24	7.4%	36	11.0%

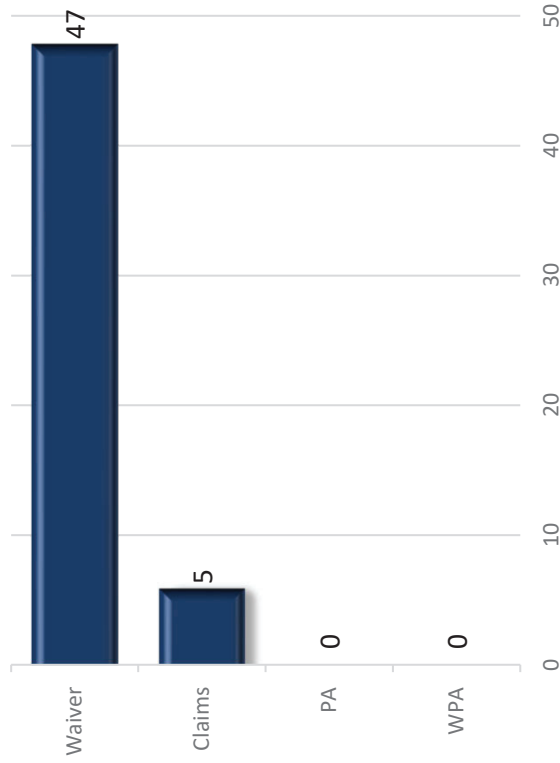


QIO Services Monthly Deliverables and Quality Assurance

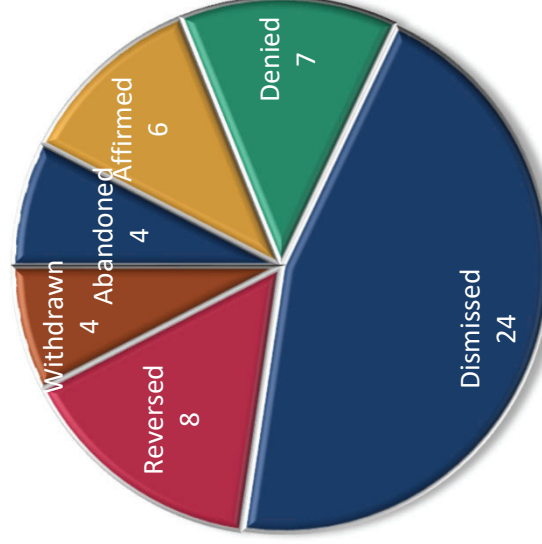
QIO Appeals Completed

SFY24	Appeals Completed	Abandoned		Affirmed		Denied		Dismissed		Reversed		Withdrawn	
		#	%	#	%	#	%	#	%	#	%	#	%
July	18	2	11.1%	3	16.7%	2	11.1%	6	33.3%	3	16.7%	2	11.1%
August	19	1	5.3%	3	15.8%	2	10.5%	11	57.9%	0	0.0%	2	10.5%
September	16	1	6.3%	0	0.0%	3	18.8%	7	43.8%	5	31.3%	0	0.0%
TOTAL	53	4	7.5%	6	11.3%	7	13.2%	24	45.3%	8	15.1%	4	7.5%

YTD Completed QIO Appeal Types



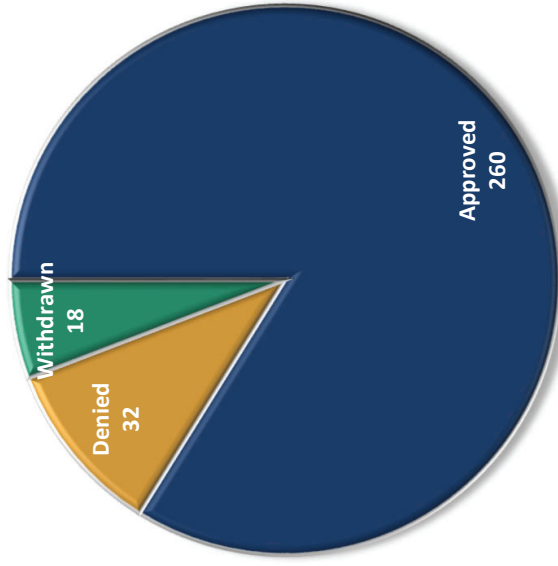
YTD Completed QIO Appeal Outcomes



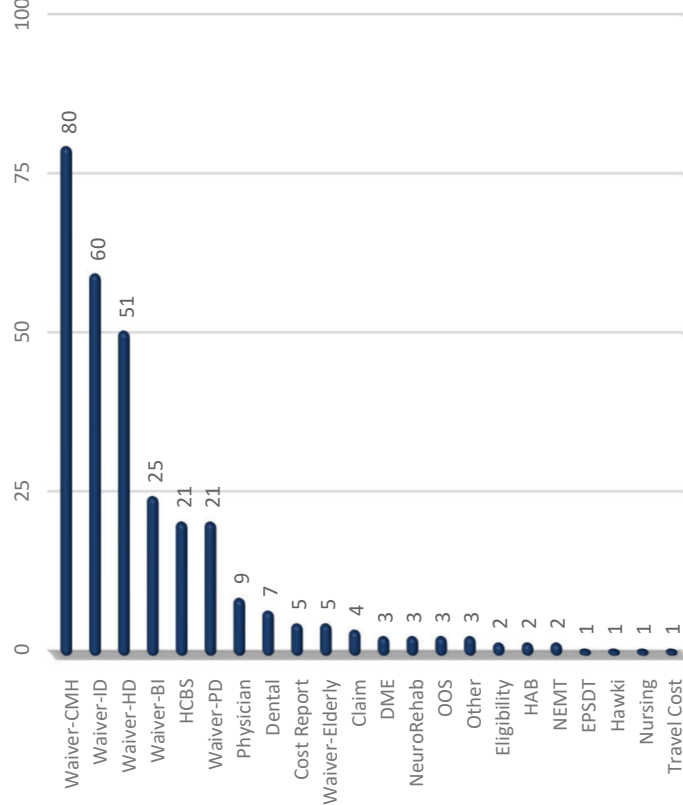
**FFS Excepted to Policy
Completed by Policy**

SFY24	ETPs Completed	Timely (95%/10 days)		Timely (100%/20 days)		Approved		Denied		Withdrawn	
		#	%	#	%	#	%	#	%	#	%
July	86	86	100.0%	86	100.0%	75	87.2%	5	5.8%	6	7.0%
August	112	112	100.0%	112	100.0%	86	76.8%	19	17.0%	7	6.3%
September	112	112	100.0%	112	100.0%	99	88.4%	8	7.1%	5	4.5%
TOTAL	310	310	100.0%	310	100.0%	260	83.9%	32	10.3%	18	5.8%

YTD Completed FFS ETP Outcomes



YTD Completed FFS ETPs by Type



QIO Services Monthly Deliverables and Quality Assurance

Health Home Providers						
SFY24	IHH			CCHH		
	Current	Pending	Potential	Current	Pending	Potential
July	38	0	1	6	0	0
August	38	0	1	6	0	0
September	38	0	1	6	0	0

September 2023 Health Home Enrollment							
Population	HH Type	AGP	ITC	MHC	FFS	Total w/FFS	% Total
Tier 1	CCHH	66	54	4	12	136	16.1%
Tier 2	CCHH	196	133	5	23	357	42.2%
Tier 3	CCHH	149	80	4	11	244	28.9%
Tier 4	CCHH	84	16	8	0	108	12.8%
CCHH Total		495	283	21	46	845	4.7%
Tier 5	IHH	3,982	2,030	232	57	6,301	36.8%
Tier 6	IHH	2,501	1,118	98	37	3,754	21.9%
Tier 7	IHH	3,714	1,883	210	33	5,840	34.1%
Tier 8	IHH	751	372	54	35	1,212	7.1%
IHH Total		10,948	5,403	594	162	17,107	95.3%
Grand Total		11,443	5,686	615	208	17,952	

September 2023 Health Home Claims				
IHH	FFS	AGP	ITC	MHC
Total paid claims	107	939	2,635	-
Total claims	134	2,111	2,691	-
Paid Tier 5=TF modifier	\$6,097.48	\$51,026.28	\$133,823.64	-
Paid Tier 6=TG modifier	\$4,823.28	\$67,726.89	\$157,761.45	-
Paid Tier 7=UI modifier	\$4,180.89	\$39,618.91	\$150,065.50	-
Paid Tier 8=U2 modifier	\$4,823.28	\$17,082.45	\$52,855.11	-
Total informational codes	154	1,576	3,814	0
G0506 (CCM)	22	260	584	-
G9008 (CC)	80	668	2,007	-
99439 (HP)	12	262	276	-
99426 (CTC)	1	19	59	-
H0038 (IFSS)	37	334	791	-
S0281 (RCSSS)	2	33	97	-
Total denied/zero paid claims	27	1,136	56	-
Total rejected claims	0	36	0	0
CCHH	FFS	AGP	ITC	MHC
Total paid claims	0	12	24	-
Total claims	0	24	26	-
Paid Tier 1=UI modifier	\$0.00	\$12.80	\$0.00	-
Paid Tier 2=TF modifier	\$0.00	\$102.40	\$210.24	-
Paid Tier 3=U2 modifier	\$0.00	\$256.05	\$477.09	-
Paid Tier 4=TG modifier	\$0.00	\$153.62	\$557.97	-
Total informational codes	0	12	24	0
G0506 (CCM)	0	12	14	-
G9008 (CC)	0	0	0	-
99439 (HP)	0	0	8	-
99426 (CTC)	0	0	0	-
H0038 (IFSS)	0	0	1	-
S0281 (RCSSS)	0	0	1	-
Total denied/zero paid claims	0	12	2	-
Total rejected claims	0	0	0	-