

YES Rights and Resolutions

COMPLAINTS AND APPEALS
JANUARY 1 – MARCH 31, 2023
SFY 2023, Q3

QUALITY
MANAGEMENT
IMPROVEMENT AND
ACCOUNTABILITY
JULY 3, 2023

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YES Rights and Resolutions

COMPLAINTS AND APPEALS

JANUARY 1, 2023 -MARCH 31, 2023 (SFY 2023, Q3)

The Youth Empowerment Services (YES) Quality Management Improvement and Accountability (QMIA) Council believes that complaints are a valuable source of information about the YES system of care and that each complaint received offers an opportunity to monitor and improve Idaho's behavioral health system for youth and families.

The YES system of care is complex. It is comprised of multiple partners including the Idaho Department of Health and Welfare divisions of Behavioral Health (DBH), Medicaid, and Family and Community Services (FACS), the State Department of Education (SDE), and the Idaho Department of Juvenile Corrections (IDJC). The YES complaint system has been designed to facilitate youth and families being at the center of their own care. However, the overall complexity of the YES system of care is reflected in the current need for each YES system partners to follow their respective state and/or Federal reporting obligations. Therefore, each partner has their own complaint tracking method and contributes information individually to this report. The QMIA Council continues to work with YES partners to improve complaint reporting and thoroughly understand the complaints themselves with the goal of developing of targeted quality improvement projects to address common issues within the overall YES system.

Youth and families may find there are times when they are not satisfied with the services they receive, do not agree with their provider, or disagree with a decision from the state. When this happens, they may choose to file a complaint or appeal. Youth and families **cannot** be penalized or retaliated against for filing a complaint or appeal. Youth and families should file a complaint when they think something was not handled correctly. Asking if something can be handled differently or better help to improve the system. Providers can encourage youth and families to file complaints and can help them with their appeals.

The complaints and appeals processes are important tools to help monitor and potentially change how the YES system of care is working. The goal of this report is to look at system and/or policy changes and to demonstrate that IDHW is listening to families and that we care about receiving this information as it helps improve the overall delivery of behavioral health services to Idahoans. The difference between complaints and appeals is outlined below.

A **complaint** is a claim that a situation is unsatisfactory and may be about anything. When a youth or family member is not satisfied with any part of their care within the YES system of care, they may file a complaint. Complaints may be about the quality of care received, services, a provider, an employee of a provider or state agency, the benefit plan through the Department of Health and Welfare. An **appeal** is a request to change a decision. Individuals who disagree or are not satisfied with a mental health decision may want to file an appeal. Decisions are based on the information that has been received. Some types of decisions that are eligible for an appeal include: termination or denial of Medicaid eligibility, termination or denial of Medicaid funded services or supports, denial of payment for Medicaid services or supports, a determination made by the Department of Health and Welfare or its contractor that a youth does not meet criteria for Serious Emotional Disturbance (SED), when requests for eligibility or services are not acted upon within reasonable promptness, or failure of the State to provide a CANS assessment or YES services or supports a youth is entitled to.

Overview of YES Complaints and Appeals

A total of 22 complaints were received in SFY 2023 during Q3. A complaint is a claim that a situation is unsatisfactory and may be about anything

Table 1: YES Complaints Q1, Q2, Q3, and Q4

	YES	DBH	Optum^^	EPSDT**	MTM	Liberty	Telligen	IDJC	FACS	SDE*	Total
Q1	8	0	16 (13)	0	3	6	0	0	0	-	33 (30)
Q2	6	0	9 (3)	0	2	0	4	5	0	-	26 (20)
Q3	10	0	3	1	4	0	0	4	--	-	22
Q4											
SFY to date	24	0	28(19)	1	9	6	4	9	0	-	81 (72)

*SDE data will be shown separately as it is analyzed/presented by the school year. ** Currently, there is no formal tracking process of EPSDT complaints. ^^ **Data reported from Optum in Q1 & Q2 included individuals over the age of 18. Corrected numbers/totals have been added in parentheses and are highlighted both in the Optum column and the total column for Q1, Q2, and SFY to Date. Adjustments for the timeliness of resolution for YES complaints have been made to Table 3 based on these highlighted changes above to have a more accurate representation and are noted in parentheses and highlighted.**

A total of 75 appeals were received in SFY 2023 during Q3. Appeals are formal requests for a review of decisions made about eligibility for services

Table 2: YES Appeals Q1, Q2, Q3, and Q4. Note this table added in Q3 for quick reference and comparison across quarters

	YES	DBH	Optum	EPSDT**	MTM	Liberty	Telligen	IDJC	FACS	SDE*	Total
Q1	0	2	0	0	0	0	3	0	0	-	5
Q2	0	0	12^	1	0	0	0	0	0	-	13
Q3	0	0	70^^	2	0	0	3	0	0	-	75
Q4											
SFY to date	0	2	82	3	0	0	6	0	0	-	95

*SDE data will be shown separately as it is analyzed/presented by the school year. ** Currently, there is no formal tracking process of EPSDT complaints. ^ This number reflects provider disputes for members ages 0-18 received. ^^ This number reflects one member appeal and 69 provider disputes for members ages 0-18 received.

Table 3: Timeliness of Resolution for Yes Complaints Q1, Q2, Q3, and Q4.

Average Days to Complaint Resolution						Range of Days to Complaint Resolution					
	Q1	Q2	Q3	Q4	SFY to date for individual partners		Q1	Q2	Q3	Q4	SFY to date for individual partners
YES	10.2*	18**	28.1^		56.3	YES	1-30	3-37	5-119^^		1-119
DBH	-	-	-		-	DBH	-	-	-		-
OPTUM	8(13.4)	13(5.4)	8		29(26.8)	OPTUM	1-35(NC)	2-29(14-22)	4-13		1-35
EPSDT	-	-	8		8	EPSDT	-	-	0-8		0-8
MTM	9.6	4	11.5		25.1	MTM	9-10	1-7	0-17		0-17
LIBERTY	0.66	-	-		0.66	LIBERTY	0-2	-	-		0-2
TELLIGEN	-	2	-		2	TELLIGEN	-	1-5	-		1-5
IDJC	-	3	4		7	IDJC	-	0-7	1-9		0-9
FACS	-	-	-		-	FACS	-	-	-		-
SDE	-	-	-		-	SDE	-	-	-		-
Total Average of days SFY to date for all YES Partners	4.74(3.39)	8.82(3.24)	5.96		19.52(12.6)	Total Range of days SFY to date for all YES Partners	0-35	0-37	0-119		0-119

*This average response rate does not account for one case still open which was received on the last day of Q1. In addition, this average response rate does not include the 66 days one complaint remained on hold status, as a response from advocate was never received despite two follow up calls and the initial response (placement on hold) occurred in 1 day and inclusion of the addition days on hold status would skew the average. ** This average response rate does not account for two cases still pending. ^ This average response rate includes number of days it took for 2 carry over pending cases from Q2 that were closed in Q3. ^^ This daily range rate included days it took for 2 carry over pending cases from Q2 that were closed in Q3. **Adjustments for the timeliness of resolution for Optum complaints have been made to Table 3 due to the fact data reported from Optum in Q1 & Q2 included individuals over the age of 18. Corrected numbers/totals have been added in paratheses and are highlighted both in the Optum column for average # of days, range of days until resolution, and the total column for Q1, Q2 SFY to Date to have a more accurate representation**

Table 4: Timeliness of Resolution for Yes Appeals Q1, Q2, Q3, and Q4. Note, table added in Q3; therefore, data for Q1 & Q2 pulled from prior quarterly reports.

Average Days to Appeal Resolution						Range of Days to Appeal Resolution					
	Q1	Q2	Q3	Q4	SFY to date for individual partners		Q1	Q2	Q3	Q4	SFY to date for individual partners
YES	0	0	0		0		0	0	0		0
DBH	33	0	0		33		0-36	0	0		0-36
OPTUM	0	*	*		*		0	*	*		*
EPSDT	0	76	23		99		0	0-76	17-29		0-76
MTM	0	0	0				0	0	0		0
LIBERTY	0	0	0		0		0	0	0		0
TELLIGEN	8.3	0	32		40.3		3-19	0	18-48		0-48
IDJC	0	0	0		0		0	0	0		0
FACS	0	0	0		0		0	0	0		0
SDE	-	-	-		-		-	-	-		-
Total Average SFY to date for all YES Partners	4.13	7.6	5.5		17.23	Total Range of days SFY to date for all YES Partners	0-36	0-76	0-48		0-76

*This table was not added until Q3. Optum data did not include number of days until issues were resolved. It is anticipated this be added to their data report for future quarters.

Detailed Breakout of Complaint Reporting for Q3 (January 1, 2023 – March 31, 2023)

YES Centralized Complaints: The category includes all complaints filed via the YES Website, YES 1-855#, and the YES inquiry email. Complaints captured in this category may be about any YES service provided by any partner in the YES system of care and may be duplicated by the partner in their own report section.

Table 5- YES Centralized Complaints

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of March 31	Resolution	Timeliness to Resolution (days)
4	11/25/2022	Email	Complex	3 rd complainant call regarding frustration over being provided incorrect & insufficient information from DBH regarding complaint process, voiced feeling disrespected by FACS/Child Welfare, Legal, and DBH; upset over not having access to child.	Carried over from Q2 Report Closed	DHW unable to respond to this complaint due to confidentiality rules	119 calendar days
4	12/5/2022	Phone	Clinical care	Abuse of child concern about of rights, and poor care received.	Carried over from Q2 Report Closed	Written response. Telligen error caused the Quality of Care investigation to be delayed. Investigation started 1/10/23 with timeline of 30 days Complaint unsubstantiated. Nothing in records to indicate client's rights were violated or that child was given substandard care. Records reflected medical consent signed by family	79 calendar days
4	1/30/2023	Phone	Clinical care	Concern with the treatment daughter was receiving while inpatient at behavioral health care facility. She is not getting the resolution she wants as daughter is not ready to be brought home. The concern was about daughter being COVID 19 positive while inpatient and the lack of protocols at the facility. Mental health issues being experienced by daughter were exacerbated	Open	In progress, as IDHW requested additional information (3X) from mother regarding the dates of her daughter's inpatient stay, once received will likely refer to QIO for a quality-of-care review.	Still pending**
1	1/30/2023	Email	Access	Member's mother emailed stating she has yet to find a counseling services and her son is desperately needing it.	Closed	Forwarded to Optum Compliance as mother had previously reached out beginning of December. FCC has made 3 attempts to contact mother by phone and has not	15 calendar days

						received a call back. Email sent and FCC will continue to make efforts to reach her and will follow up with YES complaints once they have been able to speak with her. Notified 2/25/23 Optum FCC has tried to reach mother multiple times (5X) over the past couple of weeks and has not received a return call. A letter was mailed to her at the address on file with Optum on 2/14/23.	
UNK	3/13/2023	Phone	Clinical Care	PLL Complaint mentioned during QFAS meeting regarding clinician's actions and treatment of family – concern over PLL not being formatted or “good fit” for families with neurodiversity. Not happy with treatment and array of services provided in Idaho	Closed	PLL Program Manager for CoE Bureau and direct supervisor to clinician followed up.	28 calendar days
1	3/14/2023	Email	Clinical Care	Mother called wanting to know how to make a complaint about Medicaid agency in the community. She removed son from services after 5th session due to concerns that requested service of EMDR was not being done. Further reported agency in question would not release records, share updates, or provide copy of treatment plan. Mother stated after she removed son from services, she did a google search and found other similar complaints. Has had no response from email she sent office manager.	Closed	Mother was directed to file complaint with the Idaho Bureau of Occupational Licenses. Copy of complaint and attached files forwarded to Medicaid partners so they could be made aware of situation and possibly address with Optum. The children aren't enrolled/eligible with Medicaid.	10 calendar days
UNK*	3/16/2023	Phone	Access	Son received an independent assessment and was determined eligible 11/17/2022. He has had problems finding a targeted care coordinator and respite provider	Closed	Request for assistance escalated to Optum Compliance. Parent informed a Compliance field care coordinator would be contacting him directly assist with finding a targeted care coordinator and respite service provider. Optum confirmed they were able to reach father, provided TCC/Respite information and all his questions were answered accordingly. Senior Wellness Coordinator also emailed him resources/referrals	5 calendar days

						for services and links to their website and member handbook.	
3	3/23/2023	Phone	Billing Disputes	Targeted care coordinator has 10 yr. old client who shows as approved for YES Medicaid in their system and is seeking agency respite. Provider indicated ROIs sent to Liberty, Independent Assessor (IA) to obtain CANS documentation so agency can bill for services but has been told IA does not have documentation on said client. Provider indicated he had ROIs for DHW as well as IA and was seeking verification he could bill for services.	Closed	Followed up with IA who stated they did not get updated ROI with years requested. Updated ROI for dates documentation was being requested for sent to IA via IDHW to ensure they were received, and the service provider received the needed documents so they could bill. YES Medicaid set up time to talk with provider to further explain requirements of YES and what families provider is working with will need to do to be compliant once PHE unwinding happens. Provider understood and is going to work to get their assessment and Person-Centered Service Plan (PCSP) done and get them set up with respite. April Stakeholder meeting invite was forwarded. Appreciative of help IDHW has given him while he learns about the YES program.	5 calendar days
4	3/23/2023	Phone	Billing Disputes	Targeted care coordinator has 15 yr. old client who shows as approved for YES Medicaid in their system and is seeking agency respite. Provider indicated ROIs were sent to Liberty, Independent Assessor (IA) to obtain CANS documentation so agency can bill for services but has been told IA does not have any documentation on said client. Provider indicated he had ROIs for DHW as well as IA and was seeking verification he could bill for services.	Closed	Followed up with IA who stated they did not get updated ROI with years requested. Updated ROI for dates documentation was being requested for sent to IA via IDHW to ensure they were received, and the service provider received the needed documents so they could bill. YES Medicaid set up time to talk with provider to further explain requirements of YES and what families provider is working with will need to do to be compliant once PHE unwinding happens. Provider understood and is going to work to get their assessment and Person-Centered Service Plan (PCSP) done and get them set up with respite. April Stakeholder meeting invite was forwarded. Appreciative of help	5 calendar days

						IDHW has given him while he learns about the YES program.	
4	3/23/2023	Phone	Billing Disputes	Targeted care coordinator has 14 yr. old client who shows as approved for YES Medicaid in their system and is seeking agency respite. Provider indicated ROIs were sent to Liberty, Independent Assessor (IA) to obtain CANS documentation so agency can bill for services but has been told IA does not have any documentation on said client. Provider indicated he had ROIs for DHW as well as IA and was seeking verification he could bill for services.	Closed	Followed up with IA who stated they did not get updated ROI with years requested. Updated ROI for dates documentation was being requested for sent to IA via IDHW to ensure they were received, and the service provider received the needed documents so they could bill. YES Medicaid set up time to talk with provider to further explain requirements of YES and what families provider is working with will need to do to be compliant once PHE unwinding happens. Provider understood and is going to work to get their assessment and Person-Centered Service Plan (PCSP) done and get them set up with respite. April Stakeholder meeting invite was forwarded. Appreciative of help IDHW has given him while he learns about the YES program.	5 calendar days
4	3/23/2023	Phone	Billing Disputes	Targeted care coordinator has 12 yr.old client who shows as approved for YES Medicaid in their system and is seeking agency respite. Provider indicated ROIs were sent to Liberty, Independent Assessor (IA) to obtain CANS documentation so agency can bill for services but has been told IA does not have any documentation on said clients. Provider indicated he had ROIs for DHW as well as IA and was seeking verification he could bill for services.	Closed	Followed up with IA who stated they did not get updated ROI with years requested. Updated ROI for dates documentation was being requested for sent to IA via IDHW to ensure they were received, and the service provider received the needed documents so they could bill. YES Medicaid set up time to talk with provider to further explain requirements of YES and what families provider is working with will need to do to be compliant once PHE unwinding happens. Provider understood and is going to work to get their assessment and Person-Centered Service Plan (PCSP) done and get them set up with respite. April Stakeholder meeting invite was forwarded. Appreciative of help	5 calendar days

						IDHW has given him while he learns about the YES program.	
4	3/23/2023	Phone	Billing Disputes	Targeted care coordinator has 9 yr. old client who show as approved for YES Medicaid in their system and is seeking agency respite. Provider indicated ROIs were sent to Liberty, Independent Assessor (IA) to obtain CANS documentation so agency can bill for services but has been told IA does not have any documentation on said clients. Provider indicated he had ROIs for DHW as well as IA and was seeking verification he could bill for services.	Closed	Followed up with IA who stated they did not get updated ROI with years requested. Updated ROI for dates documentation was being requested for sent to IA via IDHW to ensure they were received, and the service provider received the needed documents so they could bill. YES Medicaid set up time to talk with provider to further explain requirements of YES and what families provider is working with will need to do to be compliant once PHE unwinding happens. Provider understood and is going to work to get their assessment and Person-Centered Service Plan (PCSP) done and get them set up with respite. April Stakeholder meeting invite was forwarded. Appreciative of help IDHW has given him while he learns about the YES program.	5 calendar days

**UKN is abbreviated for unknown. **Still pending indicates cases that were still in progress when data for this report was pulled. The two cases that were carried over from Q2 were not counted as complaints for this quarter in Table 1 as they were already accounted for in the previous report.*

Division of Behavioral Health (DBH)

Table 6: This category includes complaints about DBH Regional Clinics, or any services reimbursed by DBH. This will eventually include the Youth Behavioral Health Crisis Centers, Youth Assessment Centers, and Psychiatric Residential Treatment Facilities as well as Treatment Foster Care.

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of March 31	Resolution	Timeliness to Resolution (days)
No complaints received this quarter.							

Division of Medicaid (Medicaid)

Table 7: Includes complaints filed with the Children’s Medicaid/Early and Periodic Screening, Diagnostic, and Treatment (EPSDT) Team

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of March 31	Resolution	Timeliness to Resolution (days)
3	1/30/23	Phone	Quality of Care	Parent/guardian reported son was the subject of ongoing bullying due to a hand deformity while at residential facility. Specific information regarding what the bullying entailed was not shared	Closed	Complaint closed due to discharge of child. Reports of bullying were unable to be substantiated	8 calendar days

Table 8: Optum complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of March 31	Resolution	Timeliness to Resolution (days)
4	1/5/23	Verbal (Phone)	Access	Member Against Provider – Provider did not meet access standard - routine	Resolved, 1/12/23	Substantiated	7 calendar days
4	2/6/23	Verbal (phone)	Billing & Financial	Provider Against UBH – claims payment process	Resolved, 2/9/23	Substantiated	4 calendar days
4	3/8/23	Verbal (phone)	Access	Member Against Provider – Dissatisfaction with appt. availability	Resolved, 3/21/23	Unsubstantiated	13 calendar days

Regional column was added to this table in Q3. Data received from Optum did not include what region consumer was from, so it was left blank. Medicaid has reached out to Optum to request that this information be included moving forward from FY23 Q4.

Table 9: Liberty Healthcare Idaho Independent Assessment Services complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of March 31	Resolution	Timeliness to Resolution (days)
No complaints received this quarter.							

Table 10: Medical Transportation Management (MTM) complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of March 31	Resolution	Timeliness to Resolution (days)
7	1/9/23	Verbal (phone)	Internal Complaint	MTM process	Closed	Substantiated – Quality resolutions has provided notice to the logistics department to review their procedures as well as the member’s service area to ensure all trips are able to be set with a provider on time and a member must be made aware of any transportation issues prior to their appointment	15 calendar days
4	1/24/23	Verbal (phone)	Provider	No Show Pick-up	Closed	Substantiated – Education was provided to the transport provider via compliant report that accepted trips must be completed in a timely manner. Transportation providers are also expected to contact MTM immediately regarding any trip related issues or concerns	14 calendar days
5	2/1/23	Written	Provider	No Show Pick-up	Closed	Substantiated – Education was provided to the transport provider via compliant report that accepted trips must be completed in a timely manner. Transportation providers are also expected to contact MTM immediately regarding any trip related issues or concerns	0 calendar days
7	3/17/23	Verbal (phone)	Provider	No Show Pick-up	Closed	Substantiated – Education was provided to the transport provider via compliant report that accepted trips must be completed in a timely manner. Transportation providers are also expected to contact MTM immediately regarding any trip related issues or concerns	17 calendar days

Table 11: Telligen complaints:

Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of March 31	Resolution	Timeliness to Resolution (days)
No complaints received this quarter.							

Idaho Department of Juvenile Corrections (IDJC) (YES Class Families/Youth).

There were 4 youth complaints and 0 family complaints received during the 3rd quarter of SFY 2023.

Table 12 & 13: IDJC Complaint Detail, SFY 2023, Q3

Families <i>Family members of YES class members whose complaint/concern was directed to the Superintendent</i>							
Region	Date of Complaint	Source of Complaint	Category	Complaint Summary	Status as of March 31	Resolution	Timeliness to Resolution (days)
No complaints received this quarter.							

Youth <i>YES class members whose complaint/concern was formally received by IDJC staff</i>							
Region	Date of Complaint	Source of Complaint	Category*	Complaint Summary	Status as of March 31	Resolution	Timeliness to Resolution (days)
3	1/6/23	In person		Staff is denying me my evening snack	Resolved	Youth retracted this grievance	5 days
3	3/20/23	In person		Youth stated he does not feel like the group can address its problems	Resolved	Staff spoke with the youth about the proper means to address a problem within the group	1 day

3	3/20/23	In person		Stated another youth assaulted him	Resolved	Youth retracted this grievance	1 day
2	3/27/23	In person		Youth state he went to nurse to show her his feet which he stated were all cut up and the nurse stated there was nothing wrong	Resolved	Nursing staff followed up with youth to determine what the problem might be	9 days

**The complaint category column was added in Q3 and IDJC does not currently specify category; therefore, this column was left blank until IDHW could receive input from IDJC on how they categorize their complaints.*

Idaho State Department of Education (SDE)

The Department of Education provides several “Dispute Resolution processes” in the districts to help families resolve complaints, including Mediation, Facilitation, State Complaints, and Due Process Hearings. Facilitation and Mediation are voluntary processes structured to increase understanding and reach resolution before a conflict develops into a formal dispute. State Complaints can be filed by any individual or organization alleging any violation of the Individuals with Disabilities Act IDEA, including an alleged failure to comply with a previous due process hearing decision. Due Process Hearings involves an allegation or a series of allegations by either a parent/adult student or the district on issues relating to the identification, evaluation, educational placement, and the provision of free, appropriate public education (FAPE).

Data about SDE complaints is updated annually. In previous reports, a table titled *Table 14: SDE Complaint Detail, 2022-2023* was included, but a decision was made to simplify this section as the SDE provides feedback at the end of the school year. No information is typically received to be put into Table in Q1, Q2, and Q3 but rather is received in Q4. In the Q4 report, the table of SDE data will be included. If during the fiscal year a centralized complaint comes in that references a school, it will be noted in this section.

Detailed Breakout of Appeals Reporting for Q3 (January 1, 2023 – March 31, 2023)

YES Centralized Appeals: This category includes all appeals filed via the YES Website, YES 1-855#, and the YES inquiry email. Appeals captured in this category may be about any YES service provided by any partner in the YES system of care and may be duplicated by the partner in their own report section. Appeals are formal requests for a review of decisions made about eligibility for services

DBH: No Appeals for Q3

Medicaid: EPSDT: 2 Appeals for Q3

Member Region	Type of Appeal	Date Received	Description	Case Status	Receipt Method	Date Resolved	Decision Summary	Number of Days to Resolve
7	Standard	2/7/2023	Appeal due to denial of EPSDT – PRTF	Overturned	Electronic and Verbal	2/24/2023	2 nd level review completed and determined that participant should be approved for a PRTF. Denial was overturned	17 calendar days
1	Standard	3/1/2023	Appeal due to denial of EPSDT – PRTF	Withdrawn	Electronic and Verbal	3/30/23	Guardian withdrew appeal due to participant being admitted to KBH and hoped to be treated on an outpatient basis upon discharge	29 calendar days

Optum: Had 1 Member Appeal for Q3. However, there were 69 Provider Disputes for members received for Q3. From the data provided by Optum, all new provider disputes for members were closed in addition to 9 that were carried over from Q2.

MEMBER APPEALS FOR MEMBERS AGES 0 TO 18						
	CC		44		N/A	
Month	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed
January 2023	0	0	1	0	0	0
February 2023	0	0	0	1	0	0
March 2023	0	0	0	0	0	0

PROVIDER DISPUTES FOR MEMBERS AGES 0 TO 18						
	CC		44		N/A	
Month	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed	Member Appeals Received	Member Appeals Closed
January 2023	0	0	0	0	5	7
February 2023	3	3	3	3	0	0
March 2023	5	3	1	1	52	56

OPTUM ELIGIBILITY CATEGORIES EXPLAINED

CC = youth who are eligible for both the Medicaid YES Program and another program. In this situation, YES Program eligibility would be secondary coverage.

44 = youth who are eligible for the Medicaid YES Program.

N/A = youth 0-17 who are not enrolled in Medicaid's YES Program, but may still be YES class members.

Provider disputes = appeals that are from providers for issues like billing errors or denied claims that are related to YES members.

MTM: No Appeals for Q3

Liberty Healthcare Idaho Independent Assessment Services: No Appeals for Q3

Telligen: 3 appeals for Q3

Member Region	Type of Appeal	Date Received	Description	Case Status	Receipt Method	Date Resolved	Decision Summary	Number of Days to Resolve
5	Acute Psych	1/24/2023	Standard appeal, contesting the denial of acute psych services	Closed	Fax	3/13/2023	Agree with decision	48 calendar days
2	CHIS	2/1/2023	Standard appeal, contesting the denial of ACTP units	Closed	Fax	3/3/23	Agree with decision	30 calendar days
7	Acute Psych	2/28/2023	Standard appeal, contesting the denial of acute psych services	Closed	Fax	3/7/2023	Agree with decision	18 calendar days