



Minnesota Medicaid Contract Annual Report

2025



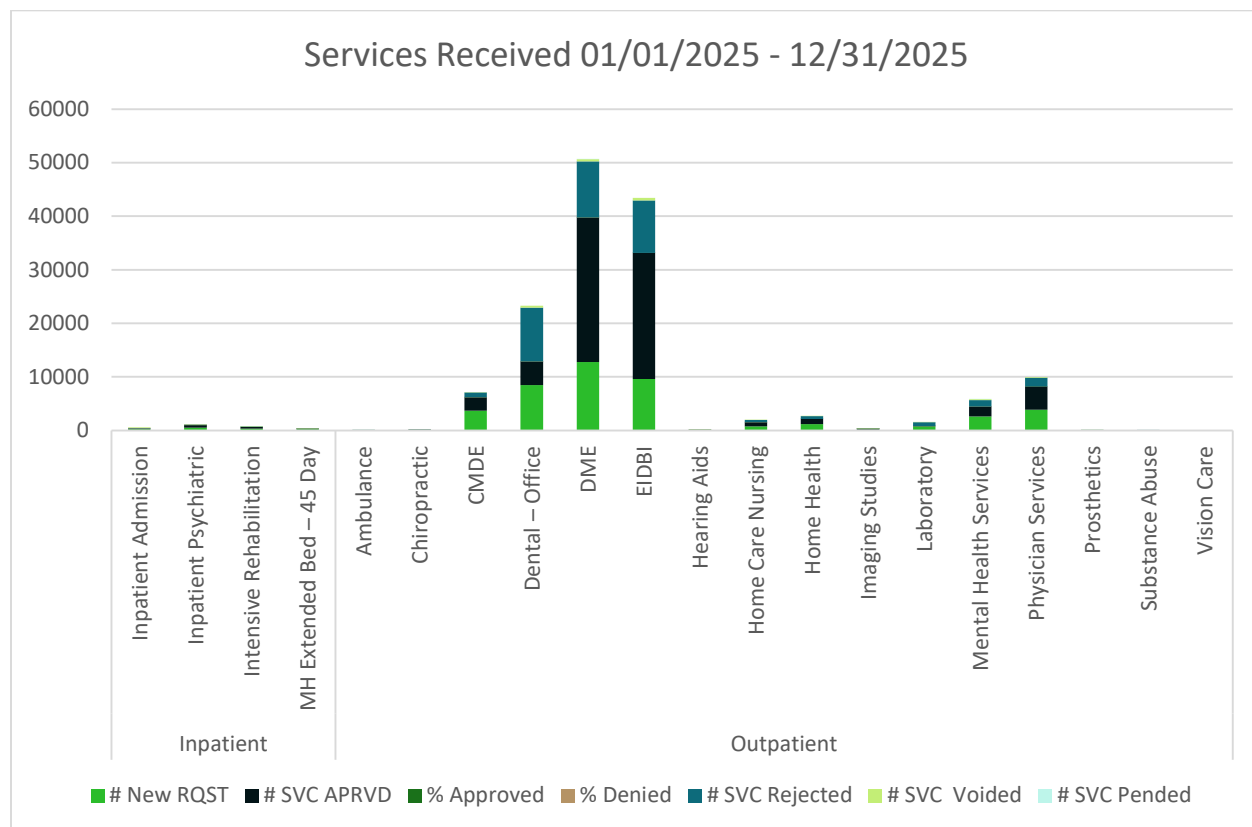
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Authorizations Reviews

In 2025, 45,358 requests for services were received for review. 36,663 cases were received through the provider portal. Any discrepancy between the number of requests approved and denied represents cases that were voided due to PHI violations, Acentra Health or provider entry error. The distribution of requests and outcomes are provided in the table.

Type	Number of Services Requested	Service Requests Approved	Service Requests Denied and Rejected
Inpatient Admission	333	121	112
Inpatient Psychiatric	522	458	42
Intensive Rehabilitation	349	316	32
MH Extended Bed – 45 Day	198	140	25
Ambulance	18	10	8
Chiropractic	60	44	12
CMDE	3635	2539	1041
Dental	18030	4431	10014
DME	39600	27038	10454
EIDBI	36945	23519	10741
Hearing Aids	73	41	23
Home Care Nursing	1239	804	365
Home Health	1574	930	511
Imaging Studies	167	148	19
Laboratory	981	79	733
Mental Health	3636	1838	1259
Physician Services	6006	4375	1617
Prosthetics	47	32	14
Substance Abuse	25	0	25
Vision Care	6	1	5
TOTALS	113,444	66,864	37,040



Denial and Rejected Case Trends

In 2025, denial and rejection activity across Minnesota Medicaid continued to reflect well-defined and consistent patterns in provider behavior, documentation quality, and service-specific risk factors. A review of all denied requests certified during the year shows that most denials clustered around a limited set of service categories, procedural codes, and denial reasons. These patterns provide meaningful insight into both operational performance and opportunities for targeted provider education.

Dominant Drivers of Denial

The overwhelming majority of determinations in 2025 were denied due to Physician Review – Denied, making it the single most influential factor across nearly every service category. This reason spanned Dental, DME, Laboratory, Physician Services, Imaging Studies and other medical/specialty areas.

The second most common driver was Untimely Submission – Denied, found almost exclusively within the EIDBI (Early Intensive Developmental & Behavioral Intervention) and CMDE

(Comprehensive Multidisciplinary Evaluation) populations. These cases typically involved repeated procedural codes such as *97151*, *97153*, *97155*, *97156*, and *0373T*, and frequently originated from the same provider groups, signaling a systemic workflow gap rather than isolated documentation failures.

Third-tier—but operationally meaningful—were denials tied to Recipient Has TPL (Third Party Liability) on Date of Service, most concentrated in Mental Health, Inpatient Psychiatric, and select DME and Physician Services claims. Such denials typically reflect eligibility coordination rather than medical appropriateness.

A small but notable number of cases were denied as Not Medically Necessary, mainly in Laboratory (e.g., *81416*, *81425*) and select Imaging categories, indicating opportunities for better alignment of clinical documentation with medical-necessity criteria. Partial denials were rare and generally confined to DME.

Service Categories with the Highest Denial Volume

Denial activity was heavily concentrated in three service areas:

1. Dental – Office

Dental Office procedures represented the **largest share of all denials**, with recurring codes such as *D4341*, *D4342*, *D5212*, *D7240*, *D7230*, *D5211*, and *D2722* appearing throughout the dataset. Multiple dental providers—such as Clear Lakes Dental, Apple Tree Dental, Community Dental Care, and Southside Dental Clinic—appeared frequently, often with multiple denials submitted on the same date.

2. Durable Medical Equipment (DME)

DME represented the **second-highest volume** of denials. High-frequency codes included *E1399*, *K0108*, *T5001*, *E0627*, *A9999*, and *B4150*.

A small number of suppliers—Reliable Medical Supply LLC, Handi Medical Supply, United Seating & Mobility, NUMOTION, APA Medical Equipment—accounted for a significant share of repeated denials across multiple procedure codes and dates. Denials were almost exclusively rendered under **Physician Review – Denied**, indicating medical-necessity gaps consistently across suppliers.

3. EIDBI & CMDE Behavioral Health Services

EIDBI and CMDE services formed a third major cluster, with procedural codes *97151*, *97153*, *97155*, *97156*, and *0373T* dominating. Unlike other service types, these denials were primarily the result of Untimely Submission, a pattern observed repeatedly across many behavioral-health providers. This trend suggests structural challenges in timely claim preparation, documentation routing, or internal workflow adherence—not clinical appropriateness issues.

Additional Trends Across Clinical Areas

Laboratory tests (e.g., 81415, 81416, 81425, 81426)—mostly denied under Physician Review; frequently submitted by specialized labs such as GENEDX LLC.

Mental Health Services—denials often tied to TPL; repeated codes *H2012*, *H2014*, and *90867/90868*.

Physician Services—denials largely driven by Physician Review, including surgical and evaluation codes such as *54150*, *54161*, *19301*, *19342*.

Hearing Aids and Imaging Studies—smaller volume but consistent denial patterns, including occasional “Not Medically Necessary” findings.

Patterns Across Providers

The dataset includes significant clustering of denials across a relatively small subset of high-volume providers. For example, Clear Lakes Dental, Reliable Medical Supply LLC, SOUTHSIDE Dental Clinic, NUMOTION, Community Dental Care, and the University of Minnesota School of Dentistry appear repeatedly throughout the year.

This repetition indicates that targeted engagement with these providers may yield high-value improvements in documentation quality, timeliness, or coding accuracy.

Operational Insights and Improvement Opportunities

Based on observed trends, the following opportunities emerged during 2025:

Documentation quality enhancement

The dominance of Physician Review denials suggests a need for clearer clinical documentation standards and provider education, particularly in Dental, DME, and Laboratory services.

Timeliness interventions for EIDBI/CMDE providers

Because untimely submission was concentrated within a narrow service segment, workflow-specific outreach could substantially reduce preventable denials.

TPL awareness and eligibility verification

Mental health and inpatient providers may benefit from reinforced TPL-related billing guidance.

Provider-specific coaching

Engaging with the small subset of providers accounting for high denial volume may significantly reduce repeat denials.

The 2025 denial landscape reflects a consistent and predictable pattern: most denials resulted from physician review, were concentrated in Dental and DME services, and repeatedly originated from a core group of high-volume providers. EIDBI and CMDE services faced a separate challenge rooted in timeliness rather than medical necessity. These trends offer actionable insight into where education, process improvements, and targeted oversight may deliver the greatest impact going forward.

Web Submissions

This year marked a significant advancement in our organization's ability to streamline service request intake and strengthen provider engagement across all service categories. With a total of more than 43,000 requests submitted, the data clearly shows a strong and growing preference for digital submission pathways. The Atrezzo Provider Portal continued to serve as the primary intake method, accounting for nearly 84% of all cases submitted. This high adoption rate underscores the success of our ongoing efforts to simplify the submission experience, reduce administrative burden, and improve overall turnaround times.

Fax remains the predominant alternative intake route, representing the vast majority of non-web submissions. Although phone and mail requests now contribute only a small share of total volume, fax-based submissions—particularly among high-volume physician and mental health providers—present an opportunity for continued outreach and onboarding to digital tools.

Service-type trends highlight important patterns that inform both operational focus and provider education. Categories such as EIDBI, CMDE, Dental – Office, and DME demonstrated exceptionally strong portal adoption, with several achieving nearly full digital conversion. Conversely, services like Physician and Mental Health continue to show a meaningful reliance on fax, pointing toward targeted areas where improved system integration or provider training may yield measurable gains.

Provider participation remains broad, though concentrated among several high-volume organizations. The top ten web-submitting providers alone contributed roughly one-quarter of all digital cases, reflecting the strong partnerships built with key stakeholders throughout the year. Similarly, the top phone/fax/mail submitters highlight where future digital transition efforts may have the greatest impact.

Overall, this year's intake trends reflect a system steadily moving toward greater efficiency, transparency, and digital maturity. With strong provider adoption of web-based tools and clear opportunities for continued improvement, we are well-positioned to enhance service delivery, reduce administrative friction, and support better outcomes for the members and communities we serve.

The Top-10 web providers account for ~25% of all web submissions (9,316 / 36,663). The Top-10 Phone, Fax, and Mail (PFM) providers account for ~22% of all PFM submissions (1,526 / 7,023). This suggests a long-tail of smaller submitters in both channels.

Adoption varies widely by service type. **EIDBI, CMDE, Dental** are essentially **web-only**, while **Physician Services** (and, to a lesser extent, **Mental Health** and **Laboratory**) show **higher reliance on PFM**. Tailored nudges (e.g., job aids, in-portal tips, or provider office outreach) could close those gaps.



Top 10 submitting providers (by method)

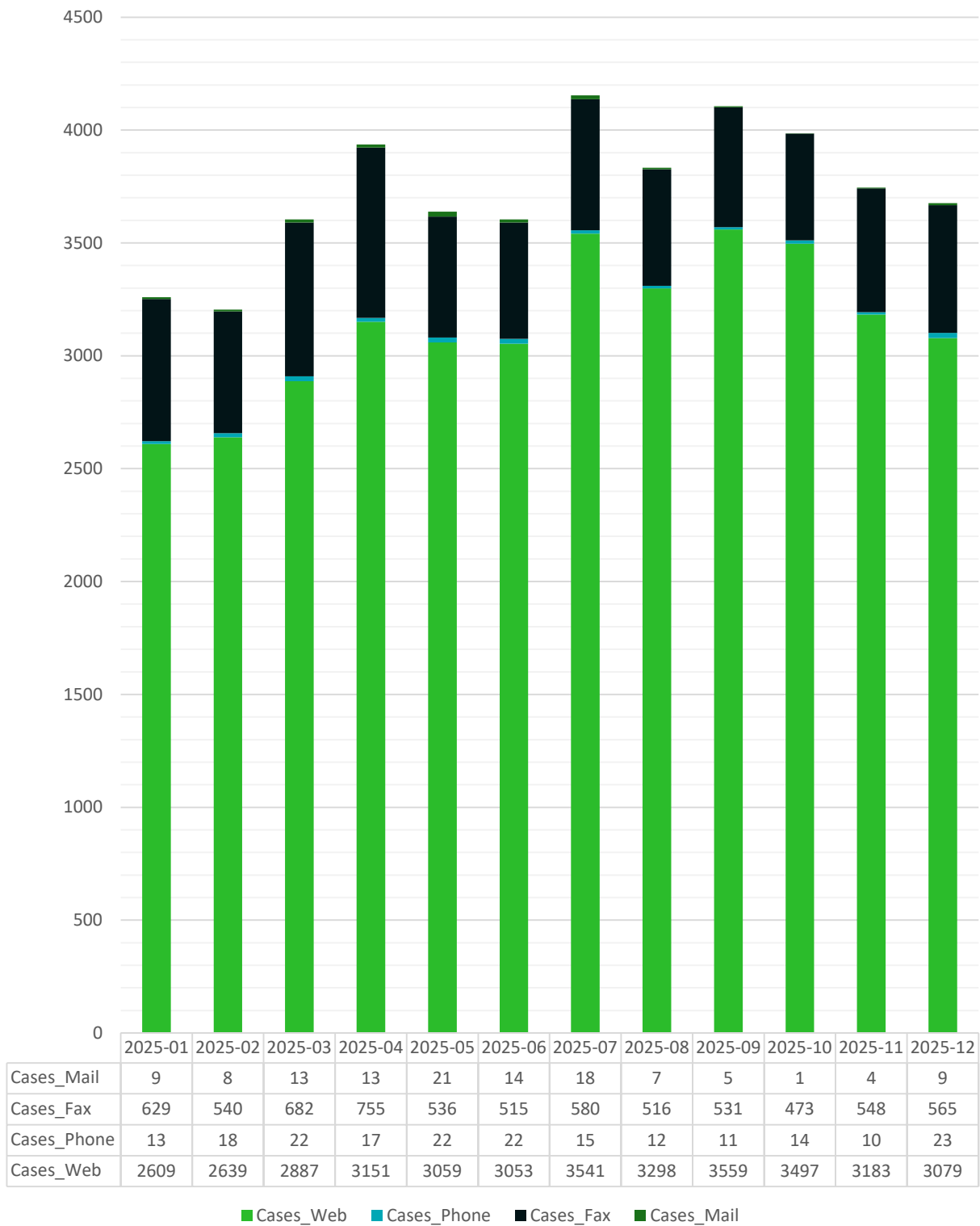
Phone/Fax/Mail (Top 10)

1. HANDI MEDICAL SUPPLY — 678
2. ADAPTHEALTH MINNESOTA LLC — 158
3. INSIGHT MEDICAL SUPPLY INC — 120
4. ABBOTT NORTHWESTERN HOSPITAL — 115
5. CUSTOM MEDICAL EQUIPMENT LLC — 80
6. CORNER HOME MEDICAL — 78
7. NATIONAL SEATING & MOBILITY INC — 77
8. SANFORD HEALTH EQUIP — 76
9. UNITED HOSPITAL — 74
10. GILLETTE CHILDRENS PROFESSIONAL — 70

Web (Top 10)

1. RELIABLE MEDICAL SUPPLY LLC — 2,469
2. PEDIATRIC HOME SERVICE — 1,456
3. CLEAR LAKES DENTAL — 1,149
4. UNITED SEATING AND MOBILITY LLC — 859
5. PARTNERS IN EXCELLENCE — 731
6. HANDI MEDICAL SUPPLY — 645
7. NATIONAL SEATING & MOBILITY INC — 595
8. NUMOTION — 537
9. FRASER CHILD AND FAMILY CENTER — 439
10. ABLENET INC — 436

Types of Submission Month over Month 2025



2025 Timeliness Performance

In 2025, Minnesota's utilization management operations demonstrated consistently strong performance in meeting required timeliness benchmarks, with especially high compliance following pend resolution. Across all review types, the program processed 73,361 total determinations, of which over 97% met Acentra's initial decision timeliness standard, and more than 99% of all cases met timeliness requirements after pend. This performance underscores a mature operational infrastructure capable of reliably meeting regulatory expectations, even amid high case volumes.

Strong Performance Across Admission, Concurrent, and Expedited Reviews

Timeliness remained exceptionally high across all inpatient and behavioral-health-related review types. Admission, Concurrent, and Expedited reviews—covering services such as CMDE, EIDBI, inpatient admissions, inpatient psychiatry, intensive rehabilitation, and MH Extended Bed—achieved near-perfect initial timeliness, typically 100%, with only isolated exceptions (e.g., a single untimely case in Intensive Rehabilitation).

Prior Authorization: High Volumes with Predictable Timeliness Variation

Because Prior Authorization represents the largest share of utilization management activity, it is also the area where variation in timeliness is most visible. Within this category:

- **Service types with outstanding performance** included CMDE (99.96% timely), Hearing Aids (95.1%), Imaging Studies (96.4%), and multiple inpatient categories—all maintaining near-perfect timeliness.
- **Service types with moderate timeliness** included Dental – Office (92.2%), Home Care Nursing (87.9%), Laboratory (85.5%), Chiropractic (88.2%), and Physician Services (83.6%).
- **Service types with the lowest initial timeliness** included DME (82.0%) and Home Health (79.5%), reflecting the complexity and documentation-heavy nature of these services.

Despite variation in initial decisions, all major service types—regardless of initial timeliness—achieved virtually 100% timeliness after pend resolution, suggesting that delays were primarily driven by documentation needs rather than systemic processing issues. DME, for example, improved from 82.0% initial timeliness to 99.86% after pend, and Dental improved from 92.2% to 99.97% after pend.

Reconsideration and Retro Reviews Continue to Show High Reliability

Reconsideration reviews remained steady and high-performing, with nearly every service type processed at 100% timeliness, both initially and post-pend. Laboratory and Mental Health showed minor variation but still exceeded 93% and 98% respectively after pend.

Retro reviews—historically more variable due to their retrospective nature—showed moderate initial timeliness in several high-volume categories such as Dental – Office (89.7%), Imaging Studies (94.2%), and Physician Services (91.9%). However, the system again performed strongly in

ensuring that all retro reviews met timeliness after pend, enabling consistent final compliance across the board.

Minnesota’s 2025 utilization management activity reflects a program that is highly capable, responsive, and compliant with both state and internal timeliness expectations. While initial timeliness varied across a handful of high-volume service types, post-pend performance was exceptional, demonstrating that identified delays were successfully mitigated through established workflows. This consistent and reliable approach ensures timely beneficiary access to services, supports provider satisfaction, and positions the program for continued operational excellence in 2026.

Key Themes and Insights

1. High-Volume, High-Accuracy Processing

The dataset reflects a robust operational environment capable of managing large volumes of PA and DME requests without compromising compliance. Categories with tens of thousands of cases—such as DME and EIDBI—still met or exceeded expectations after pend review.

2. Timeliness Challenges Are Isolated and Service-Specific

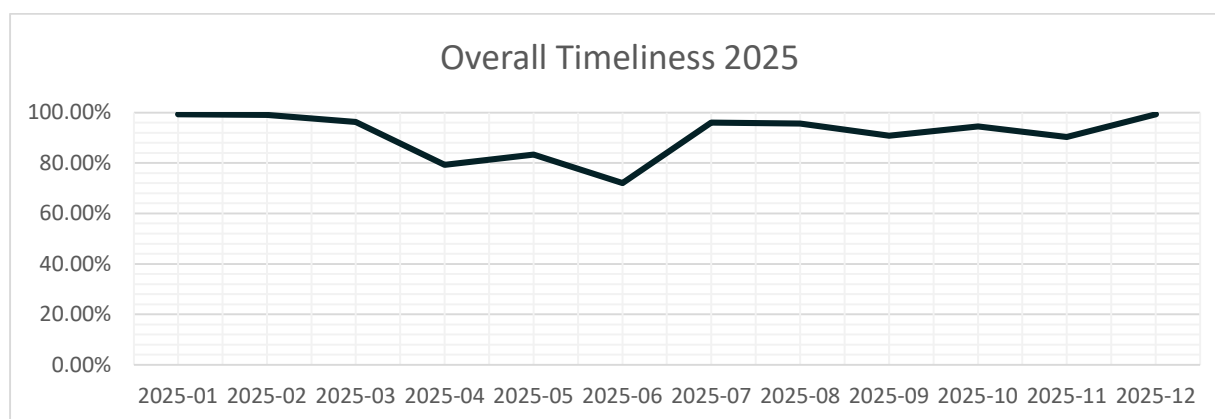
Where delays occurred, they were concentrated in predictable service types:

- **DME** (documentation-intensive and supplier-driven)
- **Home Health & Home Care Nursing** (complex care plans)
- **Physician Services** (high procedural diversity)

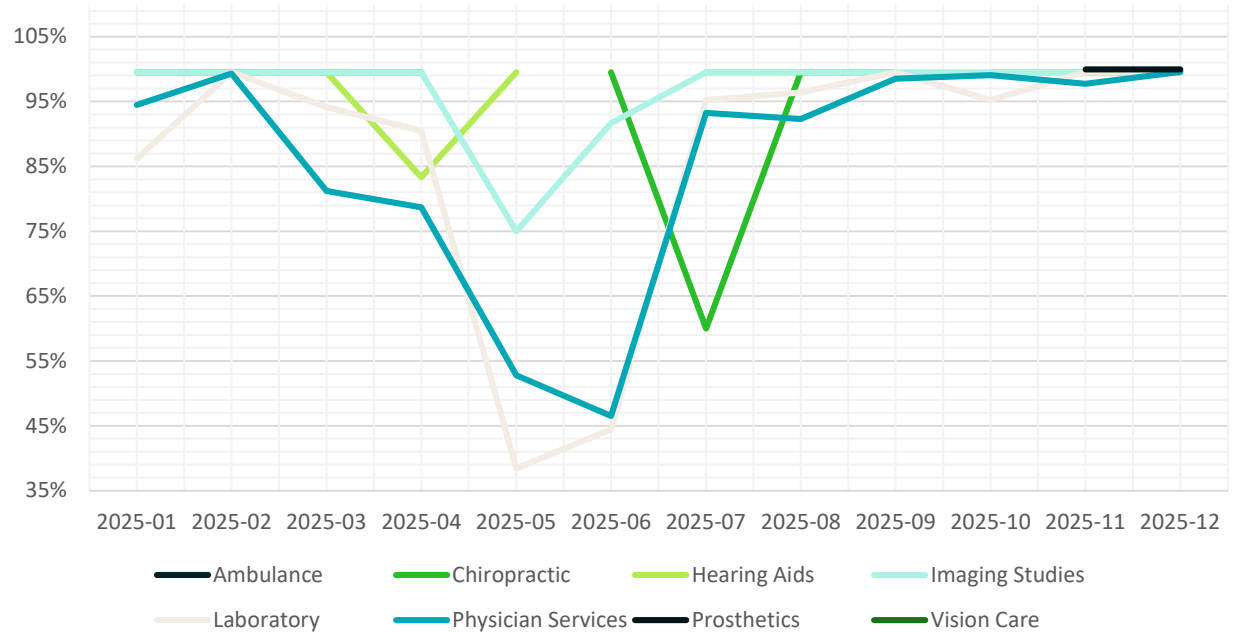
These patterns suggest opportunities for targeted reviewer training and increased oversight on a regular basis, as well as a focus to increase staffing in these areas to meet 2026 timeliness guidelines.

3. Pend Resolution Is a Strength

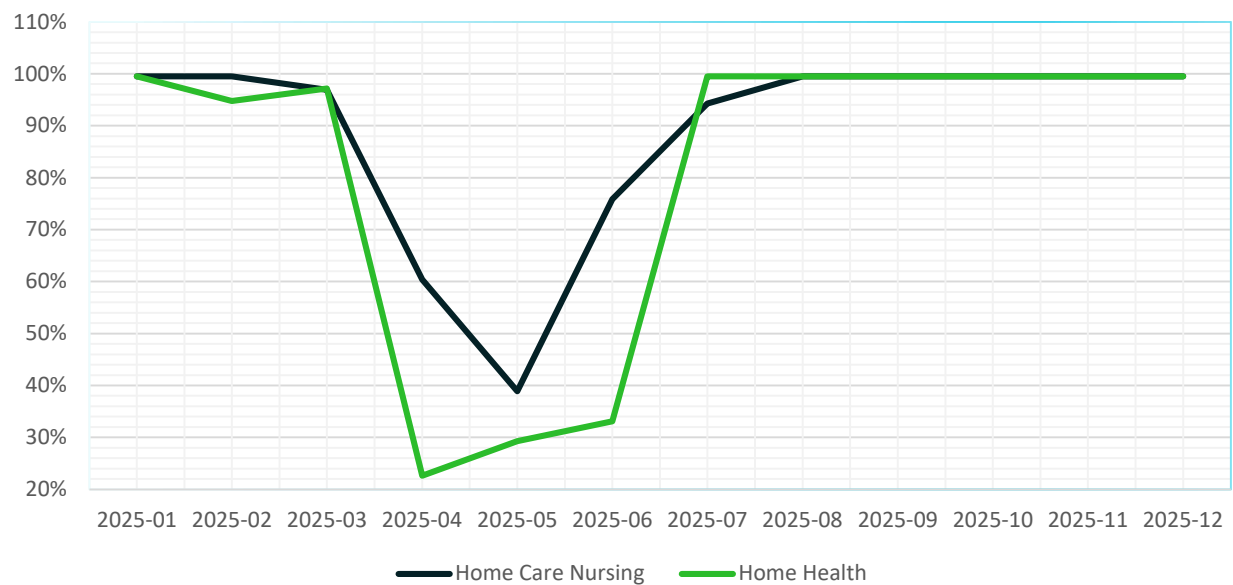
Across all review types, the pend resolution workflow demonstrated exceptional performance. With more than 99% of all post-pend determinations completed on time, Minnesota's operations show strong procedural control, staff responsiveness, and system efficiency.

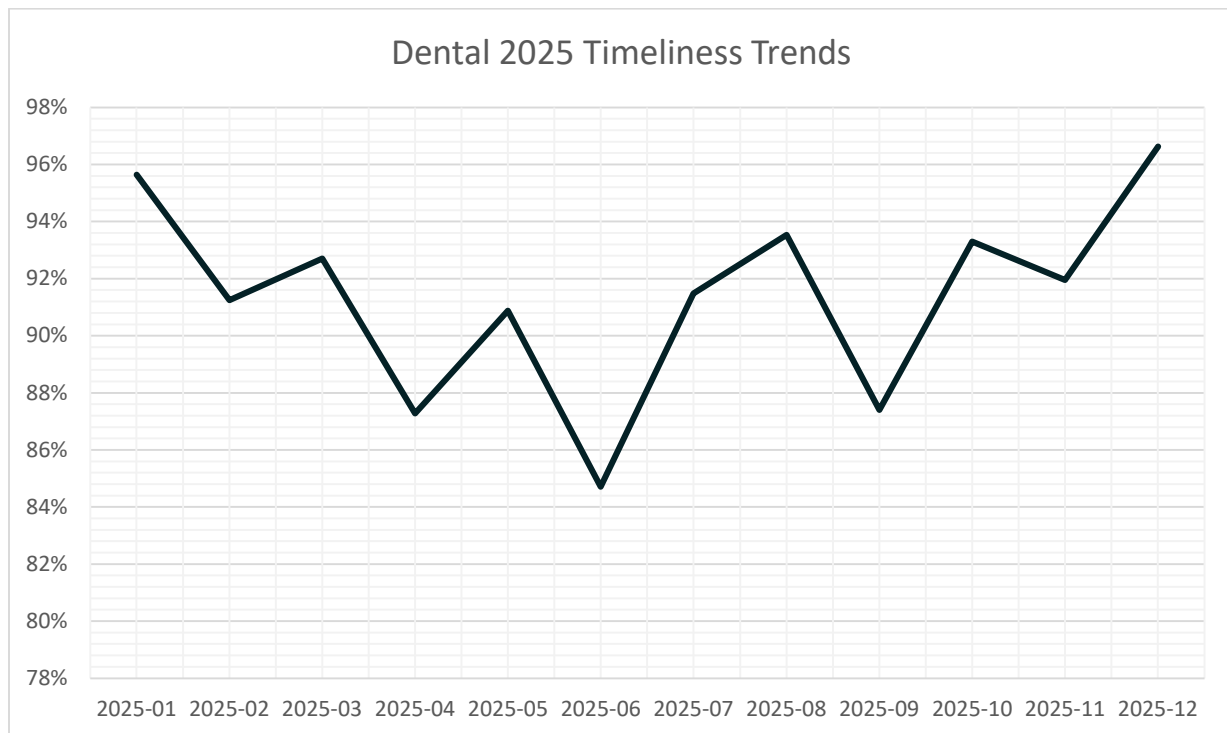
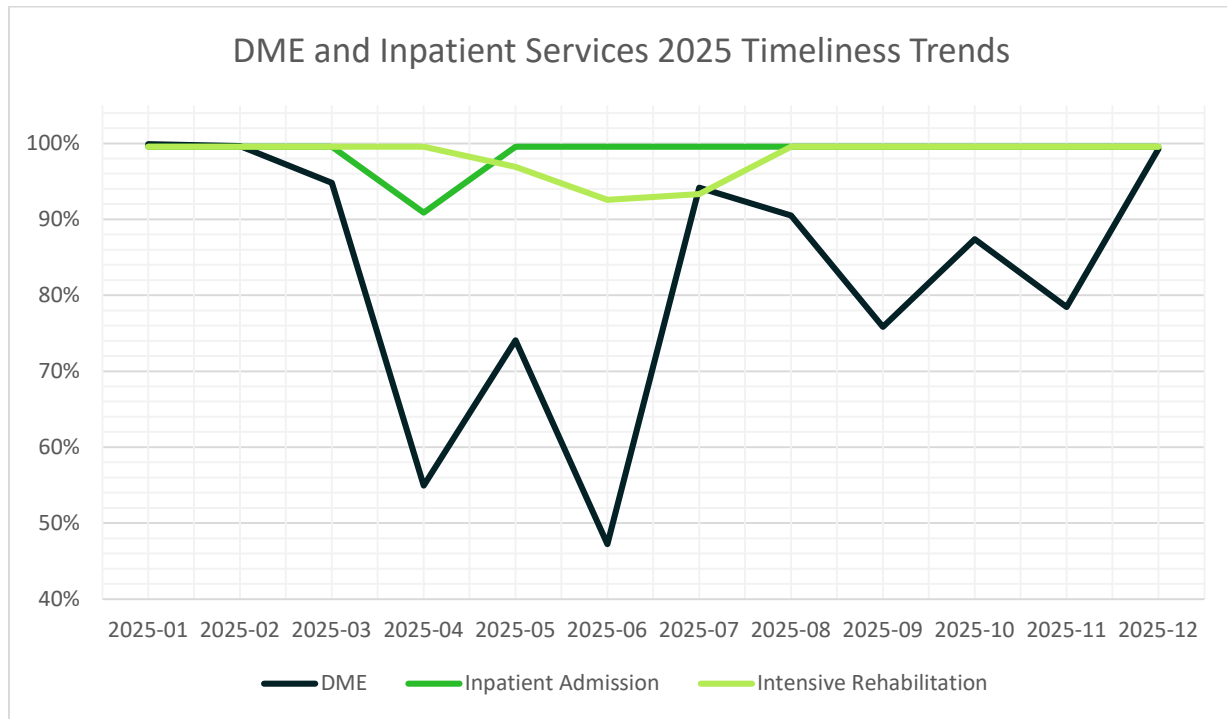


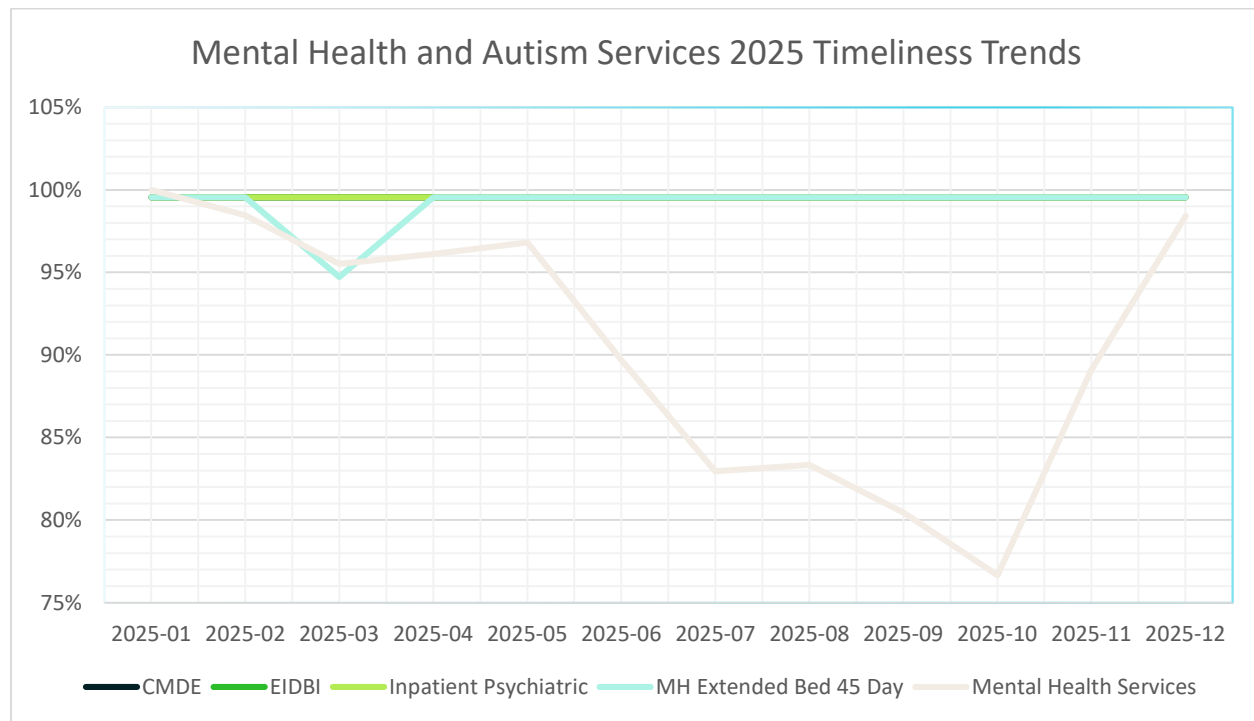
Physician Services 2025 Timeliness Trends



Home Care Nursing and Home Health 2025 Timeliness Trends







Recommendations for Authorization Criteria Changes¹

The 2025 Minnesota Medicaid Utilization Management Annual Report identifies 162 procedure codes that were approved at or above 95% for more than nine months during the calendar year, including 110 codes approved at $\geq 95\%$ for all 12 months.

Out of the 162 codes approved $\geq 95\%$ for more than 9 months in 2025:

- ≈ 102 codes are DME related
- ≈ 60 codes are non-DME (CPT, T codes, behavioral health, surgical, etc.)

Approximately **63% of the high-approval codes are DME-related.**

Approximately **40–45 CPT surgical procedure codes** met the $\geq 95\%$ approval threshold for more than 9 months in 2025.

¹ [Appendix1](#)

DME Utilization Patterns and Policy Reform Recommendations

A review of the 2025 Minnesota Medicaid Utilization Management Annual Report reveals a sustained pattern of high levels of approval. Among the 162 procedure codes approved at or above 95 percent for more than nine months during calendar year 2025, approximately 102 codes (63 percent) fall within the DME category.

The data demonstrates that DME authorization requests are consistently approved at rates between 95 and 100 percent across nearly all months of the year. The median approval rate for these codes is 100 percent, and many codes show zero denials across 12 consecutive months. These findings indicate that, for a substantial portion of DME services, prior authorization is not materially altering utilization patterns or functioning as an effective utilization control mechanism.

Distribution of High-Approval DME Requests

The high-approval DME codes are concentrated in several primary categories:

- Wheelchair and seating systems (approximately 45 percent of high-approval DME codes)
Including manual and power wheelchair bases, seating systems, electronics, and accessories.
- Orthotics and prosthetics (approximately 31 percent)
Including lower-extremity prosthetics, spinal orthotics, and related components.
- Medical supplies (approximately 11 percent)
Including wound care, ostomy, and other recurring consumable supplies.
- Enteral nutrition (approximately 5 percent)
Including enteral formulas and feeding supplies.
- Respiratory and other equipment (approximately 8 percent combined)
Including ventilators, transfer equipment, and positioning devices.

Notably, wheelchair/seating systems and orthotics/prosthetics together represent approximately three-quarters of the DME codes that demonstrate sustained ≥ 95 percent approval rates.

Policy Implications

The 2025 utilization management data provide strong empirical evidence that a substantial portion of DME prior authorization requirements are producing high administrative activity with minimal denial impact. Wheelchair systems, orthotics/prosthetics, and related equipment dominate the high-approval category, indicating that existing provider practices are aligned with coverage criteria.

DME Subtype Breakdown

 **Wheelchair & Seating Systems** (HCPCS E1xxx, K0xxx wheelchair base, seating, and power mobility components)

Total: 46 codes (≈45% of DME codes)

Includes:

- Power wheelchair bases
 - Manual wheelchairs
 - Seating/positioning systems
 - Wheelchair electronics & controls
 - Wheelchair accessories & modifications
-

 **Orthotics & Prosthetics** (HCPCS L-codes)

Total: 32 codes (≈31% of DME codes)

Includes:

- Lower extremity prosthetics
 - Upper extremity orthotics
 - Spinal orthotics
 - Prosthetic components
 - Orthotic adjustments and modifications
-

 **Medical Supplies (Non-Enteral)** (A-codes linked to DME use)

Total: 11 codes (≈11% of DME codes)

Includes:

- Ostomy supplies
- Wound care supplies
- Catheter and disposable equipment
- DME-related consumables

 Enteral Nutrition & Feeding Supplies (B-codes)

Total: 5 codes (≈5% of DME codes)

Includes:

- Enteral feeding formulas
 - Nutritional supply kits
-

 Respiratory Equipment & Ventilation (E04xx – respiratory DME)

Total: 4 codes (≈4% of DME codes)

Includes:

- Home ventilators
 - Respiratory assist devices
-

 Other DME Equipment - General DME not falling into the above categories

Total: 4 codes (≈4% of DME codes)

Includes:

- Patient lifts / transfer devices
 - Bathroom safety equipment
 - Positioning and mobility aids
-

Surgical Procedure Utilization Patterns and Policy Reform Recommendations

A review of the 2025 Minnesota Medicaid Utilization Management Annual Report demonstrates that a substantial number of surgical CPT procedure codes were approved at rates exceeding 95 percent for more than nine months during the calendar year. Approximately 40–45 surgical codes met this sustained high-approval threshold, including major spine surgeries, orthopedic procedures, bariatric surgeries, gynecologic surgeries, neurostimulator procedures, and mastectomies.

Across these surgical categories, approval rates were consistently between 95 and 100 percent, with many codes showing minimal denials throughout the year. This pattern indicates that prior authorization (PA) review for these procedures rarely results in service denial and may not be functioning as a meaningful utilization control mechanism for these specific services.

Surgical Categories Demonstrating Sustained High Approval

The high-approval surgical codes fall into several key categories:

Spine Surgery

Including cervical and lumbar fusions, anterior and posterior fusion procedures, disc arthroplasty, and decompression surgeries. These are typically high-cost procedures requiring substantial documentation, yet approval rates remained consistently above 95 percent.

Orthopedic Arthroscopy

Knee arthroscopy procedures, including meniscectomy and meniscus repair, demonstrated near-universal approval patterns across most months.

Pain Management and Neuro Procedures

Spinal cord stimulator placements, radiofrequency ablation of facet joints, chemodenervation (including migraine treatment), and related interventional procedures showed sustained approval rates at or above 95 percent.

General Surgery and Bariatric Procedures

Sleeve gastrectomy, gastric bypass, mastectomy, breast reduction, and endovenous ablation procedures similarly demonstrated high and stable approval rates.

Gynecologic Surgery

Laparoscopic and abdominal hysterectomy procedures and related adnexal surgeries were consistently approved at high rates across the reporting year.

Policy Implications

When high-cost surgical procedures demonstrate sustained approval rates exceeding 95 percent for 10–12 months, the prior authorization process is unlikely to be materially influencing utilization patterns. Instead, it may be serving primarily as a documentation verification step rather than an effective utilization management safeguard.

This has several implications:

- Clinical criteria are well understood and consistently met by providers.
- Denials are infrequent and may not significantly reduce inappropriate utilization.
- Administrative resources are being expended on services with low variance in approval outcomes.
- Care may be delayed while awaiting authorization for procedures that are almost always approved.

Importantly, these procedures already require extensive diagnostic workup, imaging, specialist consultation, and documentation prior to submission, which inherently serves as a clinical gatekeeping mechanism.

Recommended Policy Reforms

Based on the sustained high-approval trends, the following targeted reforms are recommended:

1. Implement Tiered Surgical Authorization Reform

For surgical codes with ≥ 95 percent approval for 12 consecutive months, DHS should consider removing prior authorization requirements while maintaining post-payment audit authority and utilization monitoring safeguards.

For codes meeting ≥ 95 percent approval for 10–11 months, DHS could implement conditional exemptions or gold carding models for high-performing providers.

2. Redirect Utilization Review Resources to Higher-Variance Services

Clinical review capacity should be concentrated on services with lower approval rates, greater cost variability, or documented utilization concerns. Targeted oversight is more efficient than broad PA application across uniformly approved procedures.

3. Monitor Outcomes Post-Reform

If PA requirements are modified, DHS should continue to track:

- Surgical volume trends
- Complication and readmission rates
- Provider-level utilization patterns

This ensures program integrity while allowing modernization of administrative processes.

Conclusion

The 2025 utilization management data demonstrate that numerous surgical procedures—many of them high-cost and clinically complex—are approved at rates exceeding 95 percent for the majority of the year. This sustained approval performance suggests that existing prior authorization requirements for these procedures may not be serving as effective utilization controls.

Targeted reform for high-approval surgical codes would reduce administrative burden, improve care timeliness, and allow DHS to reallocate oversight resources toward services with greater variability and risk. A data-driven, risk-based approach to surgical prior authorization aligns program integrity objectives with operational efficiency and access to care.

Based on the 162 codes that were approved at $\geq 95\%$ for more than 9 months in 2025, the following CPT surgical procedure codes met that threshold.

Surgical CPT Codes Approved $\geq 95\%$ for >9 Months in 2025

 Spine Surgery

- **22551** – Cervical discectomy and fusion
 - **22552** – Each additional cervical level
 - **22554** – Cervical fusion
 - **22558** – Anterior lumbar interbody fusion
 - **22585** – Each additional lumbar level
 - **22600** – Cervical posterior fusion
 - **22610** – Thoracic posterior fusion
 - **22612** – Lumbar posterior fusion
 - **22614** – Each additional posterior level
 - **22633** – Combined posterior lumbar fusion
 - **22856** – Cervical disc arthroplasty
 - **63052** – Lumbar decompression
-

 Arthroscopy & Orthopedic Procedures

- **29880** – Knee arthroscopy with medial & lateral meniscectomy
 - **29881** – Knee arthroscopy with meniscectomy
 - **29882** – Knee arthroscopy with meniscus repair
-

 Pain Management / Neuro Procedures

- **63650** – Spinal cord stimulator electrode insertion
 - **63685** – Spinal neurostimulator pulse generator
 - **64566** – Tibial nerve stimulation
 - **64612** – Chemodenervation (facial/trigeminal)
 - **64615** – Chemodenervation for chronic migraine
 - **64633** – Facet joint nerve destruction (cervical/thoracic)
 - **64634** – Each additional level
-

- **64635** – Facet joint nerve destruction (lumbar/sacral)
 - **64636** – Each additional lumbar level
 - **64490** – Facet joint injection
-

General Surgery

- **19303** – Mastectomy
 - **19318** – Reduction mammoplasty
 - **15830** – Excision of excess abdominal skin
 - **36471** – Endovenous ablation (chemical)
 - **36475** – Endovenous ablation (radiofrequency)
 - **36478** – Endovenous ablation (laser)
 - **43775** – Laparoscopic sleeve gastrectomy
 - **43644** – Gastric bypass
 - **75574** – Cardiac CT with contrast
-

Gynecologic Surgery

- **58150** – Total abdominal hysterectomy
 - **58542** – Laparoscopic hysterectomy
 - **58570** – Laparoscopic total hysterectomy
 - **58571** – Laparoscopic hysterectomy (w/ tubes/ovaries)
 - **58573** – Laparoscopic hysterectomy (uterus >250g)
 - **58661** – Laparoscopic removal of adnexal structures
-

Neurosurgical / Device Procedures

- **61885** – Deep brain stimulator pulse generator

2025 Operational and Utilization Trends

Throughout 2025, Minnesota’s operational productivity data shows a clear and measurable month-over-month increase in service request volume, with distinct seasonal patterns and predictable fluctuations across high-volume service types. Monthly “Total” rows from every sheet indicate a steady upward trajectory, beginning in the first quarter and strengthening into Q3 and Q4.

Q1 (January–March): Moderate, Stable Volume

The year opened with lower but stable monthly processing totals, ranging from approximately 8,760 processed services in January to 8,908 in March. This period reflects baseline workload levels, with relatively consistent distribution across service categories—particularly DME, Dental – Office, and EIDBI, which already represented the bulk of monthly activity.

Q2 (April–June): Noticeable Volume Growth and Mid-Year Surge

Quarter 2 shows a clear upward shift in volume. April and May each approached or exceeded 9,000–10,000 processed services, and June continued this elevated trend. This Q2 jump represents the first major inflection point in the year and aligns with increases in DME, Dental, and EIDBI request submissions. Although Q2 is also where several service types experienced performance headwinds (e.g., lower approval ratios), request volume itself expanded meaningfully.

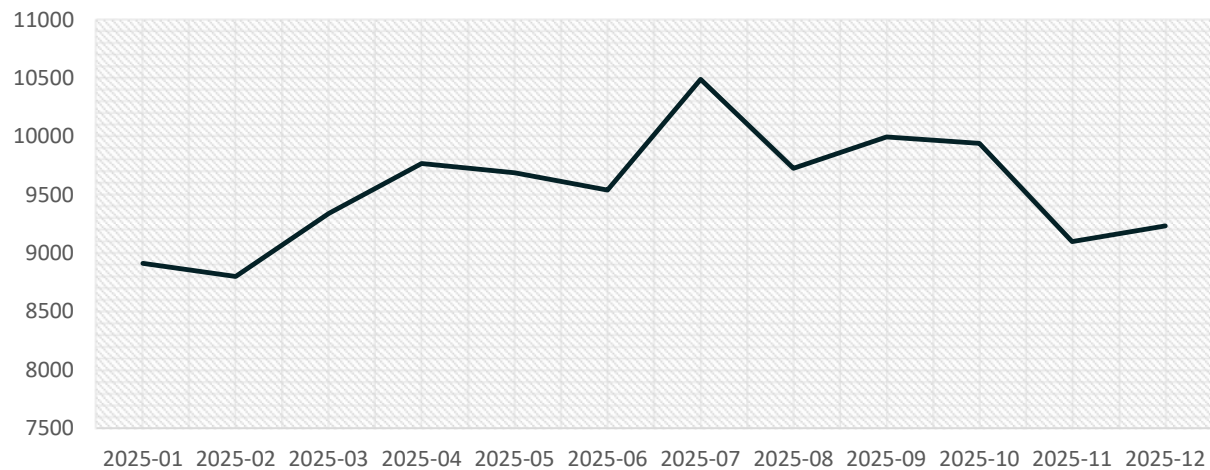
Q3 (July–September): Sustained High Volume and Continued Growth

Beginning in July, the system consistently processed approximately 10,000 or more services per month, showing that the early-year volume rise had become sustained operational demand. July’s processed volume (~9,959) set the tone, which remained strong through August and September—both months holding above 9,800–10,200 processed services. Q3 thus represents the year’s most consistent high-volume period, reinforced by the continuing dominance of DME, Dental, and EIDBI in workload composition.

Q4 (October–December): Peak Volume and Seasonal Compression

The final quarter shows the highest volume months of the year. October reached approximately 10,455 processed services, the annual peak. November remained high at roughly 9,904, and December closed at about 10,316, reflecting year-end submission compression, especially visible in EIDBI and Dental – Office volumes. This Q4 pattern suggests typical end-of-year utilization behavior: providers submit outstanding or time-sensitive requests before benefit year turnover, driving both volume and complexity.

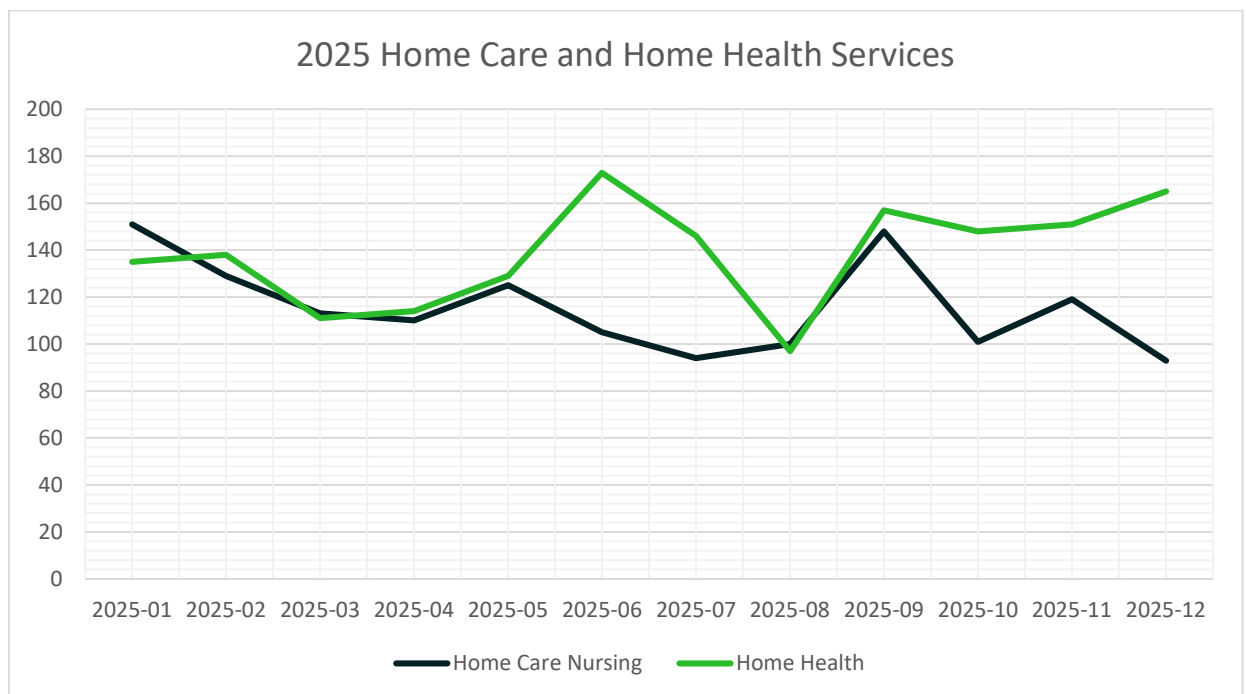
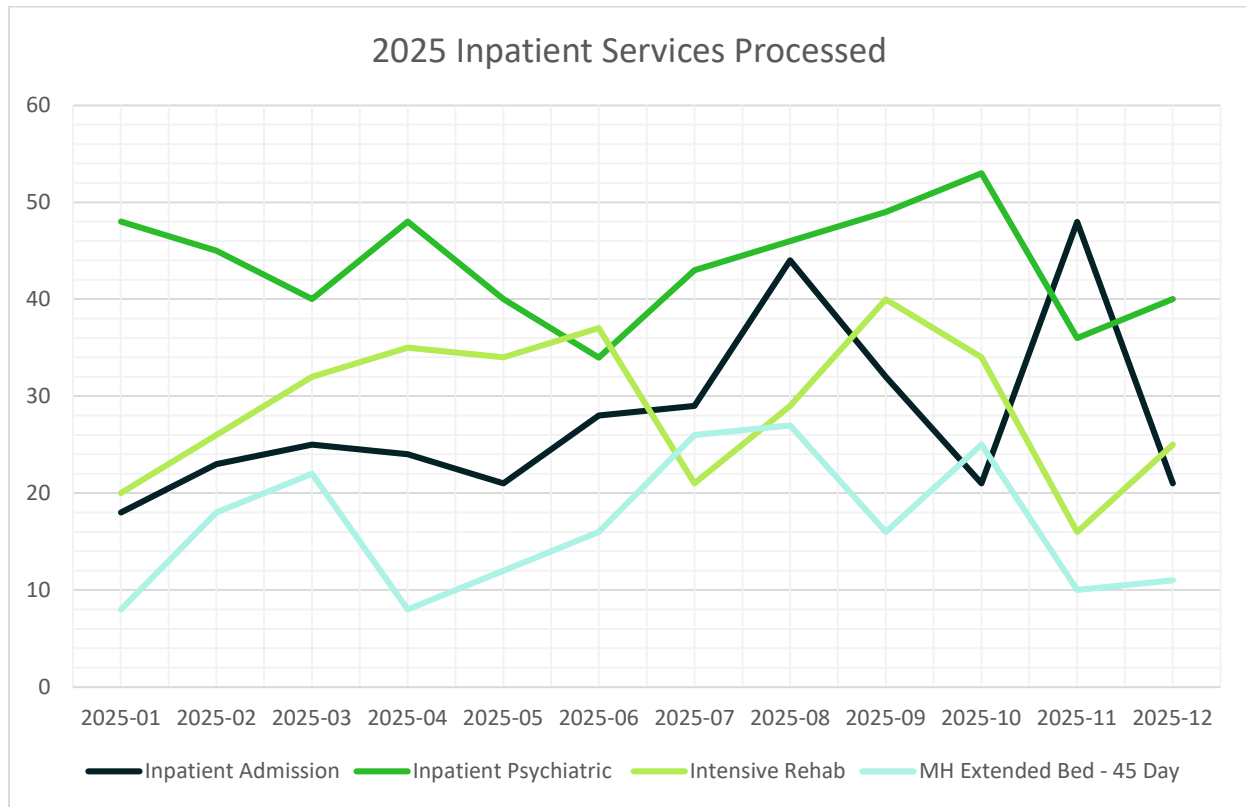
2025 Volume of Services Processed



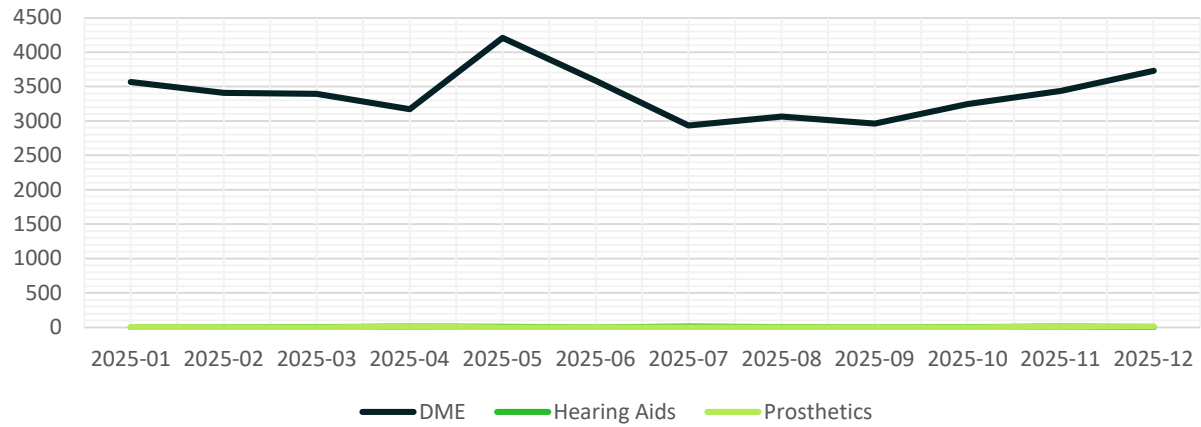
Type	Annual Utilization	Month-over-Month Trends	Comments
Inpatient Admission	333	Variable	Volumes are low each month, so even small numerical changes create noticeable month-to-month swings. The service shows two clear surges in August and November, which are roughly double the early-year baseline and mirror broader late-summer and late-fall volume increases across the program.
Inpatient Psychiatric	522	Steady	Volumes remain fairly steady throughout the year, generally ranging between the high-30s and high-40s, with only moderate fluctuations. Overall, the service displays a predictable, mid-volume trend without the dramatic swings seen in other inpatient categories.
Intensive Rehabilitation	349	Steady	Volumes remain generally in the 20–35 range, indicating moderate but variable utilization.
MH Extended Bed – 45 Day	198	Variable	Low but variable activity. The service peaks in July (26) and

			August (27) before declining again in the fall. The pattern reflects intermittent demand with a notable summer surge, rather than a steady month-to-month trend.
Ambulance	18	Intermittent	Activity is low and intermittent throughout the year, with small counts in select months and no reported line for Ambulance in March and June.
Chiropractic	60	Variable	Volume remains very low throughout the year, with most months reporting only a handful of processed services, peaking at 11 cases in August, before returning to low single-digit levels.
CMDE	3635	Steady	CMDE shows consistent, high-volume utilization throughout the year.
Dental	18030	Increasing	Consistently high throughout the year. Monthly activity shows steady processing in the 1,200–1,700+ range, with notable peaks in July, September, and November.
DME	39600	Steady	High-volume driver all year. Volumes soften in summer (≈2,940–3,060 in Jul–Sep) before a Q4 rebound that climbs back into the 3,200–3,700 range.
EIDBI	36945	Increasing	Volumes show steady growth through the first half of the year. After a brief dip in June, volumes surge sharply in Q3, peaking in September before easing but remaining high through December.
Hearing Aids	73	Intermittent	Highly variable throughout the year, with most months recording only a few processed cases. No sustained pattern across the year.
Home Care Nursing	1239	Variable	Volume shows a gradual decline from January through July. Activity then rebounds in late summer and early fall, before stabilizing through year-end.
Home Health	1574	Increasing	Moderate fluctuation throughout the year, before dipping in March–April and

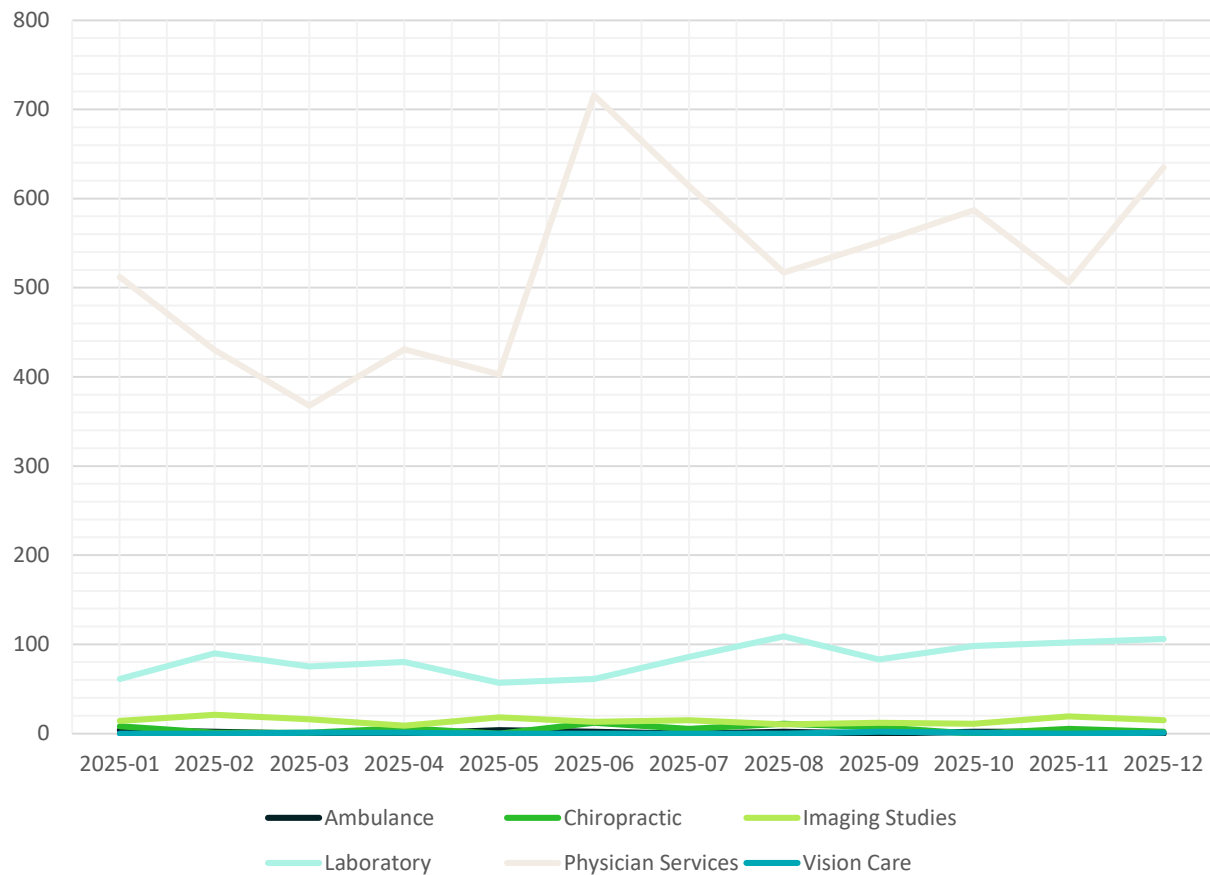
			then rebounding in May. Volumes rise sharply into the fall, peaking in December. Ending well above where it began.
Imaging Studies	167	Steady	Volumes remain low and fluctuate modestly throughout the year. The service sees small peaks in February and November, with lower activity in April and August.
Laboratory	981	Increasing	Moderate but variable volume. Overall trend shows a mid-year low followed by consistent growth
Mental Health	3636	Steady	Steady activity with moderate fluctuations. After a brief mid-year dip, volumes climb, reaching their annual peak in November. The trend reflects consistent demand with a strong late-year surge.
Physician Services	6006	Increasing	Volume begins the year moderately high, then declines from January through March before recovering in the spring. Activity surges in Q3 and Q4, with notable peaks in July and December. Overall, the trend reflects a mid-year slowdown followed by ending well above early-year levels.
Prosthetics	47	Intermittent	Volume is minimal and sporadic, with activity recorded in only a handful of months.
Substance Abuse	25	Minimal	Very low and highly inconsistent throughout the year, with most months reporting only 0–2 processed cases.
Vision Care	6	Minimal	Volume is extremely low and sporadic, with activity appearing in only a few months of the year.

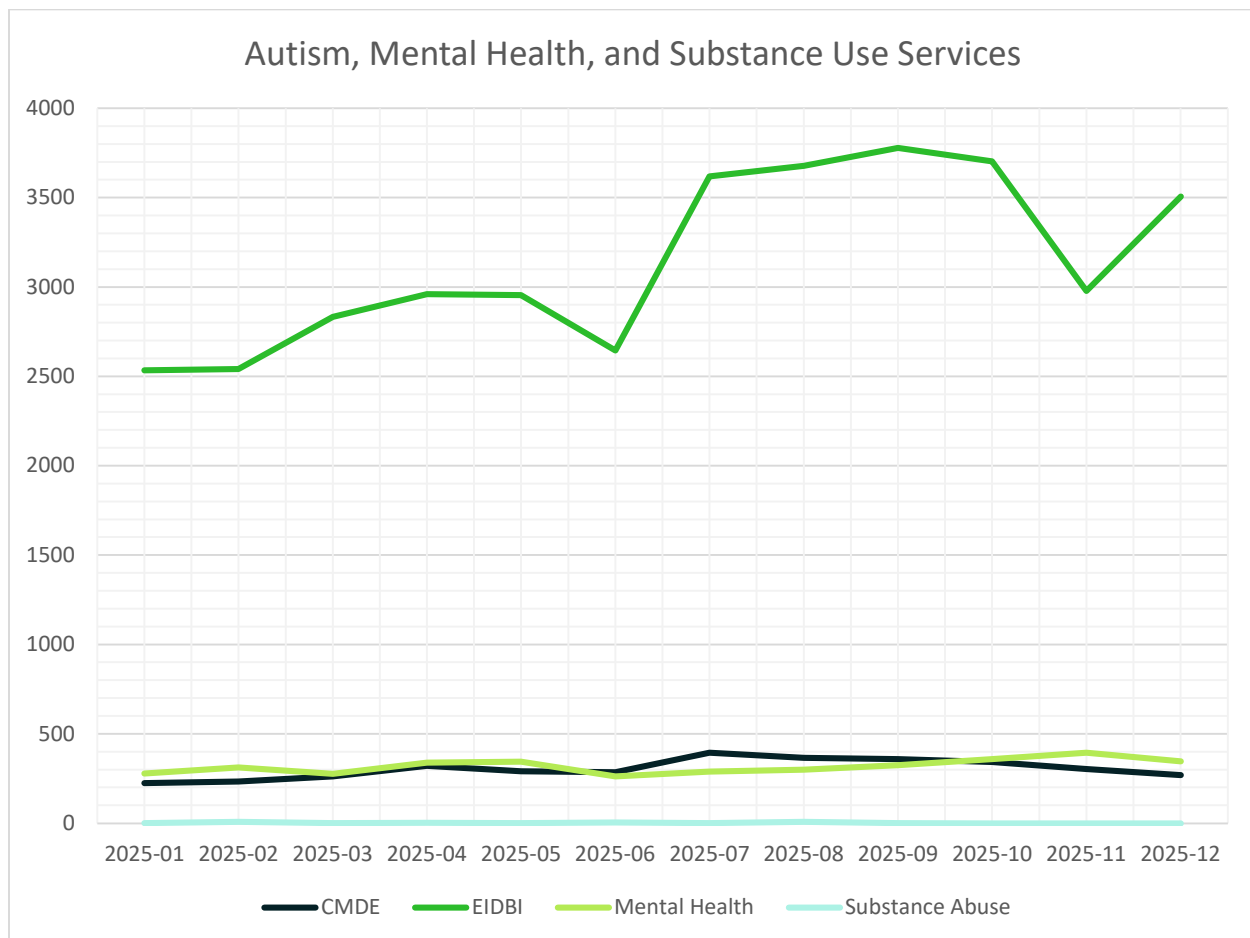
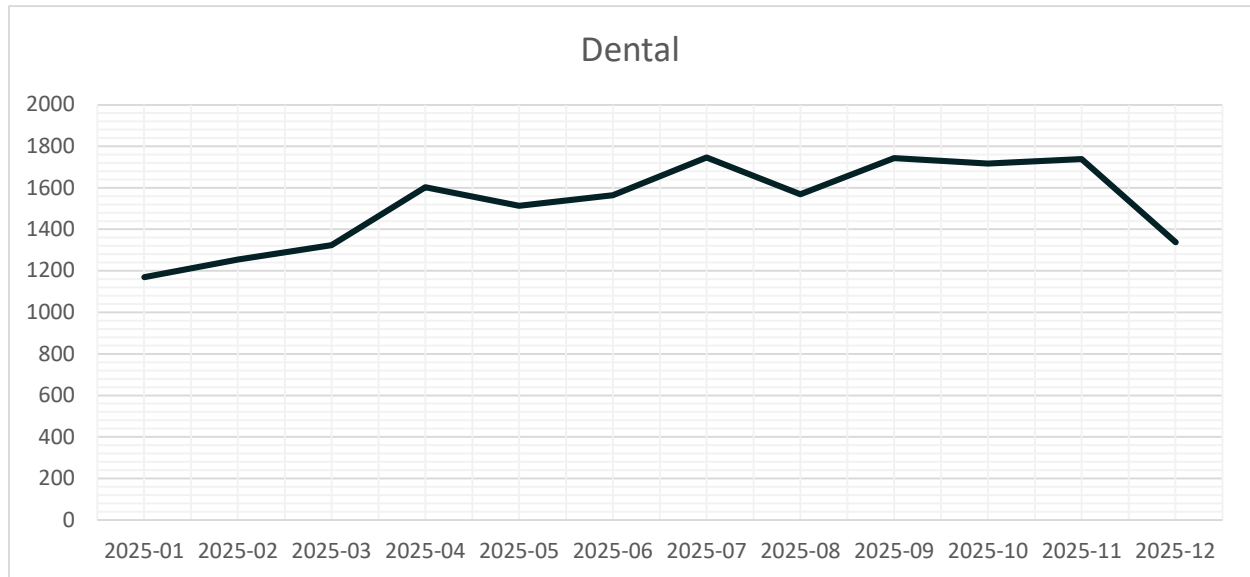


DME, Hearing Aids, and Prosthetics



Physician Services and Ancillary Requests





Internal Monitoring and Audit²³

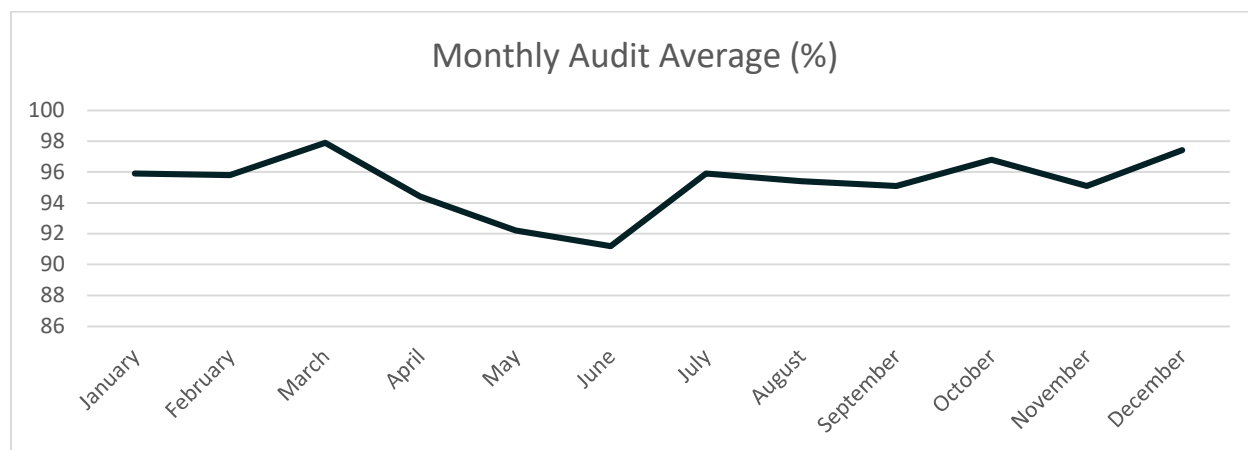
Audit Cadence, Scope, and Method

Audits are conducted monthly and rolled up quarterly, evaluating key UM documentation elements—including workflow, completion, certification decision notices, referrals to MDs, contract compliance, and MMIS accuracy—along with service-specific criteria when applicable. Overall departmental averages remain consistently in the **mid- to upper-90% range**, with remediation triggered for any reviewer falling below 90%, ensuring timely coaching and quality oversight. The program demonstrates strong governance practices through specialty-specific auditing, clear scoring standards, and consistent monitoring of reviewer volume and audit sufficiency.

Despite individual variability, the monthly department averages for Q1–Q4 generally land in the mid- to upper-90% range, demonstrating stable adherence to policy and documentation standards at the program level. Each quarter reports the number of clinical reviewers and audits completed, which enables capacity tracking and shows that audits are distributed across specialties.

A small number of sub-90% monthly reviewer averages appear, which are captured by the remediation field and allow leadership to direct performance improvement and re-education promptly. Q4 demonstrates sustained strong results (e.g., many reviewers at or near 100% monthly average) and includes oversight notes that illustrate active management of sample sufficiency and fairness.

Regular, specialty-aware audits (e.g., HH, DME, Physician Services) provide granular insight into where to focus coaching, while departmental roll-ups confirm program-level stability. Documented governance (monthly/quarterly tracking, reviewer counts, total audits, and notes) supports readiness for internal leadership review and external oversight.



² [Appendix2](#)

³ [Appendix3](#)

Provider Satisfaction Survey Results

In December 2025, Acentra Health sent out approximately 2,400 invitations to providers and portal users for a satisfaction survey. The survey was open for two weeks. There were a 101 responses; and 94 answered the overall satisfaction item.

Overall satisfaction & sentiment

Overall performance (MN UM vendor): 55% favorable (Satisfied 45.7% + Very satisfied 9.6%) vs. 45% unfavorable (Dissatisfied 24.5% + Very dissatisfied 20.2%) among 94 respondents. This indicates a tight split with a slight lean positive, but with a sizeable dissatisfied cohort that warrants targeted improvement.

Experience with specific steps (share of responses shown)

Atrezzo portal – ease of use (n=91): Good/Very Good 68% vs. Poor/Very Poor 32%—a majority can complete tasks, yet a material minority report usability challenges.

Provider education & training (n=79): Good/Very Good 63% vs. Poor/Very Poor 37%—training is helpful to many, but clarity/coverage gaps persist.

Notifications of pends (n=87): Good/Very Good 55% vs. Poor/Very Poor 45%—notification reliability is a frequent friction point.

Clarification in pends (n=88): Poor/Very Poor 58% vs. Good/Very Good 42%—providers often need clearer, more specific instructions on what to supply.

Reconsiderations (n=70): Good/Very Good 50% vs. Poor/Very Poor 50%—split opinions suggest inconsistent experiences.

Determination language clarity (n=81): Good/Very Good 56% vs. Poor/Very Poor 44%—more precise rationale/next-step guidance would help close the gap.

What providers talk about most (themes from open comments)

- Portal/usability (Atrezzo) and notifications/communication are the most-cited pain points
- Timeliness/turnaround
- Consistency of criteria
- Training/education clarity follow.
- There are fewer—but present—positive notes about helpful, polite customer service.

Who responded (most common PAR types noted)

Most frequent submitter groups include Mental Health Services, Substance Abuse (post-claim ASAM reviews), CMDE/EIDBI, Dental, and DME—useful for targeting communications and training

Actionable opportunities from the provider community include:

Tighten portal workflow & messaging: reduce duplicate steps, ensure case-level notifications on status changes/pend reasons; surface what, where, and by when directly in the case.

Sharpen pend guidance & determination language: provide specific, itemized asks and align phrasing to DHS criteria to cut cycles.

Boost consistency: continue reviewer calibration for criteria application, forms, and date/modifier handling—especially noted in DME, Dental, and MH scenarios.

Strengthen communications & training: consolidate quick-reference job aids, push proactive portal notices on updates, and track response SLAs for emails/escalations.

Summary and Conclusions

The 2025 Minnesota Medicaid Utilization Management Annual Report reflects a year of high operational performance, stable compliance, and maturing digital capabilities, even amid growing service volume and evolving provider needs. With more than 113,000 service requests processed and over 66,000 approvals issued, the program demonstrated sustained capacity to manage a broad and complex authorization portfolio. High-volume service types—particularly DME, Dental, EIDBI, CMDE, and Mental Health Services—continued to anchor the bulk of activity, while lower-volume categories showed predictable fluctuations throughout the year.

Timeliness performance remained a central strength across 2025. More than 97% of all initial decisions and over 99% of post-pend determinations met required timeframes, indicating a mature operational infrastructure capable of handling large caseloads with consistent regulatory adherence. Even in more documentation-intensive areas such as DME, Home Health, and Physician Services, pend resolution workflows ensured near-universal compliance following receipt of additional information.

Analysis of denial and rejection patterns revealed clear, actionable insights. Denials were concentrated primarily within Dental, DME, and EIDBI/CMDE service categories. Physician Review – Denied was the most common determination across most clinical domains, while Untimely Submission disproportionately affected EIDBI and CMDE providers, pointing to workflow and documentation challenges rather than medical necessity gaps. A small subset of high-volume providers contributed disproportionately to the denial pool, signaling opportunities for targeted education, technical assistance, and collaborative engagement.

Internal monitoring and auditing findings further confirmed the program's strength in quality and consistency. Monthly departmental audit averages remained within the mid- to upper-90% range, with clear governance practices, specialized review, and prompt remediation where needed. These outcomes underscore a strong compliance foundation and alignment with contract requirements.

Provider feedback offered both validation and direction for continued improvement. While overall satisfaction reflected a modest majority of favorable responses (55% positive), dissatisfaction levels were also significant. Providers cited challenges with portal usability, clarity of determinations, pending notification consistency, and communication responsiveness. Nevertheless, comments consistently noted that customer service representatives were helpful and professional, pointing to strong interpersonal support despite system friction points. These insights highlight opportunities in 2026 to enhance portal functionality, communication processes, reviewer consistency, and training clarity, especially for high-impact services such as DME, Dental, Mental Health, and EIDBI.

Finally, analysis of service codes approved at or above 95% for more than nine months revealed substantial potential for policy modernization. More than 160 such codes—primarily within DME and surgical procedures—show minimal denial variability, suggesting that prior authorization may not be operating as an effective utilization control mechanism for these services. A risk-based or gold-carding model could reduce administrative burden, accelerate access to care, and reallocate review resources to areas where oversight has greater value.

In sum, the 2025 program year reflects a high-performing, data-driven utilization management operation with strong timeliness, consistent quality, and expanding digital adoption. At the same time, provider feedback and denial trends offer clear opportunities for targeted improvements that will strengthen operational efficiency, enhance provider experience, and support more effective and responsive utilization management in 2026.

Appendix 1 – MN 95% Approval by Service Report

Procedure Code	Number of codes approved	Number of codes denied	Total	% Approved	Number of months 95% of more approved (≥ 9 months)
22558	77	0	77	100%	12
29880	17	0	17	100%	12
29881	96	0	96	100%	12
36471	42	0	42	100%	12
58552	19	0	19	100%	9
63052	58	0	58	100%	12
63650	76	2	78	97%	12
63685	40	2	42	95%	11
64636	176	4	180	98%	12
97157	1443	22	1465	98%	12
A4421	31	0	31	100%	11
E0260	112	6	118	95%	12
E0635	20	1	21	95%	9
E1002	102	1	103	99%	12
E1011	18	1	19	95%	10
E1012	225	3	228	99%	12
E1022	368	20	388	95%	9
E1032	81	3	84	96%	9
E1161	246	5	251	98%	12
E2205	41	1	42	98%	11
E2221	12	0	12	100%	9
E2226	20	0	20	100%	9
E2310	27	0	27	100%	10
E2359	25	1	26	96%	9
E2363	129	3	132	98%	12
E2605	30	1	31	97%	10
E2615	82	2	84	98%	12
E8000	88	1	89	99%	12
H2019	867	11	878	99%	12
K0070	21	0	21	100%	10
K0195	34	0	34	100%	9
K0823	21	1	22	95%	9
K0837	14	0	14	100%	11
K0856	47	0	47	100%	11
L2280	103	0	103	100%	11

L5301	35	1	36	97%	11
L5673	46	0	46	100%	12
L5910	54	1	55	98%	12
L5981	22	1	23	96%	11
L5986	17	0	17	100%	9
L8440	45	0	45	100%	12
L8470	46	1	47	98%	11
T1021	103	0	103	100%	12
T4521	59	1	60	98%	12
15830	25	0	25	100%	11
19303	54	1	55	98%	12
19318	63	0	63	100%	12
22552	93	0	93	100%	12
22610	39	0	39	100%	12
22612	70	0	70	100%	12
30420	18	0	18	100%	9
36475	59	1	60	98%	10
36478	19	0	19	100%	11
43644	24	0	24	100%	10
58570	31	0	31	100%	10
61885	38	0	38	100%	11
64568	26	1	27	96%	9
64615	139	1	140	99%	12
64633	99	1	100	99%	12
64635	170	4	174	98%	12
97155	6322	252	6574	96%	12
97811	130	2	132	98%	9
A4453	61	1	62	98%	12
A6222	24	0	24	100%	12
B4160	643	30	673	96%	12
B4161	54	0	54	100%	12
E0465	162	2	164	99%	12
E1020	23	0	23	100%	11
E1034	65	3	68	96%	9
E1226	62	0	62	100%	12
E2201	59	2	61	97%	12
E2206	68	0	68	100%	12
E2224	17	0	17	100%	9
E2231	176	3	179	98%	12
E2313	226	6	232	97%	12
E2366	26	0	26	100%	9
E2377	250	6	256	98%	12

E2392	68	1	69	99%	11
E2402	162	2	164	99%	12
E2510	1035	7	1042	99%	12
E2512	168	2	170	99%	12
E2599	278	8	286	97%	12
E2603	21	0	21	100%	9
E2613	127	4	131	97%	12
E2614	14	0	14	100%	11
E2620	166	6	172	97%	12
K0739	1230	55	1285	96%	12
K0835	12	0	12	100%	9
K0884	23	0	23	100%	11
L1960	83	1	84	99%	10
L2200	47	0	47	100%	10
L5645	37	0	37	100%	11
L5700	18	0	18	100%	11
L5940	51	1	52	98%	12
L8420	55	1	56	98%	12
T1003	362	0	362	100%	12
T1031	240	0	240	100%	12
T4541	60	0	60	100%	12
22804	56	0	56	100%	9
29882	55	0	55	100%	12
38240	18	1	19	95%	9
43775	31	0	31	100%	11
58150	26	0	26	100%	10
58542	15	0	15	100%	10
58661	70	4	74	95%	12
64490	138	3	141	98%	12
64612	32	0	32	100%	11
64634	96	1	97	99%	12
97153	6282	252	6534	96%	12
97154	1851	42	1893	98%	12
A4385	15	0	15	100%	9
A4459	59	0	59	100%	12
B4100	105	1	106	99%	12
B4149	87	1	88	99%	12
E0240	479	1	480	100%	12
E0601	31	0	31	100%	9
E0638	35	0	35	100%	12
E0641	25	0	25	100%	12
E0953	102	4	106	96%	12

E0954	37	0	37	100%	12
E0955	451	22	473	95%	12
E0961	188	6	194	97%	12
E1028	470	23	493	95%	12
E1235	48	0	48	100%	11
E2203	61	2	63	97%	12
E2213	292	11	303	96%	12
E2311	254	7	261	97%	12
E2323	65	1	66	98%	12
E2374	81	1	82	99%	12
E2394	52	2	54	96%	12
E2395	20	1	21	95%	10
E2608	30	0	30	100%	12
E8001	73	2	75	97%	12
H0018	124	3	127	98%	12
H0019	131	4	135	97%	12
K0001	56	3	59	95%	12
K0040	434	23	457	95%	12
K0077	31	1	32	97%	11
L2840	130	0	130	100%	11
L2999	64	0	64	100%	9
L5679	22	0	22	100%	9
LOS	1076	25	1101	98%	12
T1002	569	0	569	100%	12
T1030	771	0	771	100%	12
T4535	26	0	26	100%	10
22551	141	0	141	100%	12
22554	27	0	27	100%	10
22585	51	0	51	100%	12
22600	93	4	97	96%	12
22614	157	0	157	100%	12
22633	83	0	83	100%	12
22634	22	0	22	100%	9
22856	26	0	26	100%	10
27299	24	0	24	100%	9
58571	184	0	184	100%	12
58573	87	0	87	100%	12
64566	22	1	23	96%	10
75574	150	5	155	97%	12
78813	49	0	49	100%	9
91110	24	0	24	100%	9
97156	6514	246	6760	96%	12

97810	137	2	139	99%	9
A4217	29	0	29	100%	11
A4362	14	0	14	100%	9
A4927	31	0	31	100%	11
A7507	20	0	20	100%	10
E0466	27	0	27	100%	10
E0625	27	0	27	100%	9
E0637	111	2	113	98%	12
E0748	20	1	21	95%	9
E0981	20	0	20	100%	11
E1007	187	5	192	97%	12
E1033	127	4	131	97%	9
E1233	68	0	68	100%	12
E1237	21	0	21	100%	11
E2298	232	4	236	98%	12
E2370	42	1	43	98%	11
E2386	57	2	59	97%	12
E2607	257	13	270	95%	12
E2609	274	14	288	95%	12
E2617	251	11	262	96%	12
E2619	61	3	64	95%	10
H0035	250	12	262	95%	12
H0046	3537	115	3652	97%	12
K0018	28	1	29	97%	10
K0019	96	1	97	99%	12
K0043	31	1	32	97%	9
K0053	11	0	11	100%	9
K0861	152	5	157	97%	12
L1499	39	0	39	100%	9
L1907	44	0	44	100%	10
L1970	63	0	63	100%	10
L2275	166	1	167	99%	11
L2755	84	0	84	100%	9
L2820	135	0	135	100%	10
L5620	55	1	56	98%	12
L5629	55	1	56	98%	12
L5637	55	1	56	98%	12
L5671	39	0	39	100%	12
L5685	22	1	23	96%	9
T4523	27	1	28	96%	9

Appendix 2 – Internal Auditing

<i>Audit month</i>	<i>DOCUMENTATION</i>	<i>COMPLETION</i>	<i>Criteria</i>	<i>NOTICE OF CERTIFICATION DECISION</i>	<i>REFERRAL to MD</i>	<i>CONTRACT COMPLIANCE</i>	<i>MMIS ELEMENTS</i>	<i>Monthly Average</i>
JAN	100%	86%	100%	100%	100%	100%	100%	97.96%
JAN	100%	86%	100%	N/A	N/A	100%	100%	97.14%
JAN	100%	93%	N/A	N/A	N/A	N/A	98%	96.83%
JAN	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
JAN	100%	86%	100%	100%	100%	100%	95%	97.28%
JAN	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
JAN	100%	93%	N/A	N/A	N/A	N/A	93%	95.24%
JAN	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
JAN	100%	86%	N/A	N/A	N/A	N/A	71%	85.71%
JAN	100%	86%	N/A	N/A	N/A	N/A	98%	94.44%
JAN	100%	93%	N/A	N/A	N/A	N/A	100%	97.62%
JAN	79%	86%	N/A	N/A	N/A	N/A	90%	84.92%
JAN	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
FEB	100%	71%	N/A	N/A	N/A	N/A	100%	90.48%
FEB	100%	86%	N/A	N/A	N/A	N/A	98%	94.44%
FEB	100%	71%	N/A	N/A	N/A	N/A	100%	90.48%
FEB	100%	93%	N/A	N/A	N/A	N/A	98%	96.83%
FEB	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
FEB	100%	100%	N/A	N/A	N/A	N/A	95%	98.41%
FEB	100%	100%	N/A	N/A	N/A	N/A	98%	99.21%
FEB	86%	93%	N/A	N/A	N/A	N/A	100%	92.86%
FEB	100%	100%	N/A	N/A	N/A	N/A	93%	97.62%
FEB	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
FEB	100%	93%	N/A	N/A	N/A	N/A	90%	94.44%
FEB	93%	93%	N/A	N/A	N/A	N/A	98%	94.44%
FEB	86%	93%	N/A	N/A	N/A	N/A	98%	92.06%
FEB	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
MAR	100%	100%	100%	100%	100%	100%	100%	100.00%
MAR	100%	79%	100%	100%	100%	100%	100%	96.94%
MAR	100%	100%	100%	100%	100%	100%	100%	100.00%
MAR	100%	100%	100%	100%	100%	100%	100%	100.00%
MAR	86%	71%	100%	98%	100%	100%	95%	92.86%

MAR	100%	100%	100%	100%	100%	100%	100%	100.00%
MAR	86%	100%	100%	100%	100%	100%	100%	97.96%
MAR	71%	93%	100%	98%	96%	100%	93%	93.03%
MAR	100%	100%	100%	100%	100%	100%	100%	100.00%
MAR	100%	93%	100%	98%	100%	100%	98%	98.30%
MAR	100%	79%	100%	100%	100%	100%	100%	96.94%
MAR	93%	93%	100%	93%	100%	100%	100%	96.94%
MAR	100%	100%	100%	100%	100%	100%	100%	100.00%
April	100%	93%	N/A	N/A	N/A	N/A	98%	97.09%
April	100%	86%	N/A	N/A	N/A	N/A	100%	95.24%
April	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
April	100%	93%	N/A	N/A	N/A	N/A	100%	97.62%
April	93%	79%	N/A	N/A	N/A	N/A	95%	88.89%
April	100%	86%	N/A	N/A	N/A	N/A	100%	95.24%
April	100%	86%	N/A	N/A	N/A	N/A	100%	95.24%
April	100%	93%	N/A	N/A	N/A	N/A	98%	97.09%
April	93%	86%	N/A	N/A	N/A	N/A	100%	92.86%
April	100%	100%	N/A	N/A	N/A	N/A	94%	97.88%
April	100%	93%	N/A	N/A	N/A	N/A	97%	96.56%
April	100%	71%	N/A	N/A	N/A	N/A	97%	89.42%
April	93%	86%	N/A	N/A	N/A	N/A	87%	88.62%
May	100%	86%	N/A	N/A	N/A	N/A	100%	95.24%
May	100%	79%	N/A	N/A	N/A	N/A	98%	92.33%
May	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
May	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
May	100%	71%	N/A	N/A	N/A	N/A	97%	89.42%
May	100%	93%	N/A	N/A	N/A	N/A	97%	96.56%
May	100%	71%	N/A	N/A	N/A	N/A	98%	89.95%
May	93%	86%	N/A	N/A	N/A	N/A	92%	90%
May	93%	79%	N/A	N/A	N/A	N/A	81%	84.13%
May	93%	93%	N/A	N/A	N/A	N/A	86%	90.48%
June	100%	79%	100%	100%	86%	100%	98%	94.67%
June	100%	93%	100%	100%	100%	100%	98%	98.75%
June	100%	100%	100%	100%	100%	67%	98%	95.01%
June	100%	100%	100%	100%	100%	100%	98%	99.77%
June	93%	93%	93%	100%	100%	100%	97%	96.49%
June	100%	100%	100%	93%	100%	100%	100%	98.98%
June	100%	71%	90%	100%	100%	200%	100%	108.84%
June	100%	64%	0%	0%	0%	0%	90%	
June	100%	71%	0%	0%	0%	0%	98%	
June	79%	79%	0%	0%	0%	0%	86%	
June	93%	57%	95%	100%	100%	100%	100%	92.18%

June	86%	64%	93%	100%	71%	100%	95%	87.07%
June	93%	86%	100%	100%	100%	100%	87%	95.12%
July	100%	100%					100%	100.00%
July	100%	64%					100%	88.10%
July	100%	100%					100%	100.00%
July	100%	100%					100%	100.00%
July	100%	93%					99%	97.22%
July	100%	86%					99%	94.84%
July	100%	100%					100%	100.00%
July	100%	79%					98%	92.06%
July	100%	86%					96%	94.05%
July	100%	93%					99%	97.22%
July	100%	86%					99%	94.84%
July	100%	86%					90%	92.06%
August	100%	93%	N/A	N/A	N/A	N/A	99%	97.22%
August	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
August	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
August	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
August	100%	93%	N/A	N/A	N/A	N/A	100%	97.62%
August	100%	93%	N/A	N/A	N/A	N/A	100%	97.62%
August	93%	79%	N/A	N/A	N/A	N/A	86%	85.71%
August	100%	93%	N/A	N/A	N/A	N/A	100%	97.62%
August	100%	93%	N/A	N/A	N/A	N/A	92%	95%
August	100%	50%	N/A	N/A	N/A	N/A	100%	83.33%
August	100%	86%	N/A	N/A	N/A	N/A	99%	94.84%
August	100%	100%	N/A	N/A	N/A	N/A	92%	97.22%
August	93%	93%	N/A	N/A	N/A	N/A	96%	94.05%
September	100%	79%	0%	0%	0%	0%	100%	39.80%
September	100%	93%	0%	0%	0%	0%	99%	41.67%
September	100%	100%	100%	100%	100%	100%	100%	100.00%
September	100%	100%	100%	100%	100%	100%	100%	100.00%
September	100%	100%	100%	75%	100%	100%	99%	96.26%
September	100%	83%	95%	100%	100%	100%	100%	96.94%
September	93%	93%	93%	93%	86%	100%	95%	93.20%
September	100%	79%	95%	100%	14%	100%	99%	83.84%
September	100%	86%	93%	100%	100%	100%	92%	95.75%
September	100%	100%	0%	0%	0%	0%	93%	41.84%
September	100%	100%	0%	0%	0%	0%	100%	42.86%
October	100%	93%					100%	97.62%
October	100%	86%					100%	95.24%
October	100%	100%					100%	100.00%

October	100%	100%					98%	99.21%
October	100%	86%					99%	94.84%
October	100%	100%					100%	100.00%
October	100%	86%					100%	95.24%
October	100%	86%					99%	94.84%
October	100%	86%					100%	95.24%
October	100%	100%					100%	100.00%
October	100%	100%					100%	100.00%
October	100%	71%					96%	89.29%
November	100%	79%	N/A	N/A	N/A	N/A	100%	92.86%
November	100%	93%	N/A	N/A	N/A	N/A	99%	97.22%
November	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
November	100%	100%	N/A	N/A	N/A	N/A	99%	99.60%
November	100%	100%	N/A	N/A	N/A	N/A	99%	99.60%
November	100%	86%	N/A	N/A	N/A	N/A	100%	95.24%
November	93%	64%	N/A	N/A	N/A	N/A	99%	85.32%
November	93%	79%	N/A	N/A	N/A	N/A	100%	90.48%
November	100%	64%	N/A	N/A	N/A	N/A	96%	87%
November	100%	86%	N/A	N/A	N/A	N/A	100%	95.24%
November	100%	100%	N/A	N/A	N/A	N/A	100%	100.00%
November	100%	93%	N/A	N/A	N/A	N/A	100%	97.62%
November	100%	100%	N/A	N/A	N/A	N/A	87%	95.63%
December	100%	100%	100%	100%	100%	100%	100%	100.00%
December	100%	86%	100%	100%	100%	100%	100%	97.96%
December	100%	100%	100%	100%	100%	100%	100%	100.00%
December	100%	100%	98%	100%	100%	100%	99%	99.49%
December	100%	100%	98%	89%	100%	100%	100%	98.13%
December	100%	100%	93%	100%	71%	79%	100%	91.84%
December	100%	100%	100%	96%	100%	100%	100%	99.49%
December	100%	93%	98%	100%	100%	100%	100%	98.64%
December	100%	93%	95%	100%	57%	86%	98%	89.80%
December	100%	93%	100%	100%	100%	100%	99%	98.81%

Appendix 3 – Clinical Documentation Audit Tool

UM Clinical Review Audit		Date of Audit _____						
CASE	Audit #1	Audit #2	Audit #3	Audit #4	Audit#5	Audit#6	Audit#7	
Case ID								
Service Type								
Determination								
Comments								
1 Workflow								
1a	Was the established workflow process followed to include lack of information (administrative non-certification, if applicable)?							
1b	Inpatient cases: Was the case reviewed for admission only (date span not needed?)							
Comments								
DOCUMENTATION SCORE (2)		0	0	0	0	0	0	
2 Completion								
Request Date								
Completion Date								
#Days to Complete								
2a	Initial Action Completed w/in Timeframes? 3BD, 10BD or 20BD							
2b	Was add'l information received processed within timeframe? (3BD)							
Comments								
COMPLETION SCORE (2)		0	0	0	0	0	0	

ADMINISTRATIVE

3 NOTICE of CERTIFICATION DECISIONS								
3a	Certifications: There is timely documentation of the approval.							
3b	Certifications: Does the approval language follow the current Acentra template in ANG?							
3c	Non-Certifications: There is a timely written notification of the rejection or denial to the patient and/or requesting medical professional.							
3d	Non-Certifications: The specific clinical rationale upon which the non-certification was based was provided.							
3e	Non-Certification: Reconsideration language clearly stated in denial/rejection documentation in ANG?							
3f	Reversal of Certification Determinations (Reconsideration): If the certification was reversed, the reversal was based upon new information that is relevant to the certification and that was not available at the time of the original certification.							
Comments								
NOTICE of CERTIFICATION DECISIONS SCORE (6)		0	0	0	0	0	0	0
4 Referral to MD								
4a	Was the case referred appropriately to the MD?							
4b	MD or Peer-to-Peer request includes the specific reason for the referral.							
4c	Was a peer-to-peer conversation conducted?							
4d	If no peer-to-peer, is there a documented note to the provider of an opportunity to discuss the non-certification provided to the requesting provider?							
Comments								
Referral to MD Score (4)		0	0	0	0	0	0	0

5 CONTRACT COMPLIANCE								
5a	Was the correct decision made based on contract guidelines?							
<i>Comments</i>								
CONTRACT COMPLIANCE SCORE (1)		0	0	0	0	0	0	0
6 Service Type Specific Elements								
	Criteria Used (DHS, IQ, Specialty, etc.)							
6a	Was the chosen criteria correct?							
6b	Was all required documentation included or pended for prior to completing medical necessity review?							
<i>Comments</i>								
Service Type Specific SCORE (2)		0	0	0	0	0	0	0
7 MMIS ELEMENTS								
7a	Recip Ltr marked as "Y" on 2nd page							
7b	Does the determination in Atrezzo and MMIS match?							
7c	Are the dates of the authorization request correct based on the submitted documentation? (Check DHS-4695 if faxed)							
7d	Do the requested dates in MMIS and Atrezzo match (N/A for dental)							
7e	Do the certified dates in MMIS and Atrezzo match							
7f	Do the CPT/CDT/HCPCS codes MMIS and Atrezzo match?							
7g	Do the CPT/CDT/HCPCS modifiers in MMIS and Atrezzo match?							
7h	Was the appropriate reason code used in MMIS?							

7i	Is the MMIS DHS comment screen completed correctly? (to include PWIF)							
7j	Is the MMIS Provider comment screen completed correctly?							
7k	Is the MMIS Recipient comment screen completed correctly? (required for denials and rejections)							
7l	Does the authorization number in MMIS match what is in Atrezzo?							
Comments								
MMIS ELEMENTS SCORE (12)		0	0	0	0	0	0	0
AUDITOR COMMENTS								
Score		0	0	0	0	0	0	0
PERCENTAGE 100%		0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%

7 CASE - Audit Average