

**Addiction and Prevention Services
State Quality Committee**

Grievance: A verbal or written communication from a member, member-designated representative, client, or provider of dissatisfaction with some aspect of ValueOptions' processes or services *other than* a denial of services based on medical necessity or denial of claims/invoice payments related to services. This report shows the number of grievances from each geographic area and funder and the percent resolved within required timeframes.

AGGREGATE ANALYSIS REPORT

Final

Reporting Period

FROM: January 1, 2010

TO: June 30, 2010

***Includes FY2010 Annual Summary**

Unit/Team/Department:

PIHP Quality Improvement

Topic/Project:

Grievance and Appeals

Grievance Summary (VO #17, Grid Row #12)

Monitoring Standard:

42 CFR 438.240 Quality Assessment and Performance Improvement Program

42 CFR 438.228 Grievance systems

42 CFR 438.404 Notice of Action

42 CFR 438.408 Resolution and notification: Grievances and Appeals

42 CFR 438.414 Information about the grievance system to providers and subcontractors

Goal:

The PIHP will track and report quarterly to SRS/AAPS all grievances that have occurred in a given quarter including timeline compliance.

The standards are:

- 95% resolved within 14 days receipt of all required documentation
- 100% resolved within 90 calendar days.

Objectives:

To assure the documentation is capturing grievances

To evaluate for trends that may require system intervention, education or PIHP corrective action

To allow data to be presented consistently for Committee evaluation and response

Data Collection Activities:

Data was collected from the ValueOptions ServiceConnect System. Grievance reporting will be provided by region, funding, client detail, and provider detail. Reporting will also include State Fair Hearing data. Please note that if an issue or complaint is resolved during that phone call, it is not counted as a grievance.

*This report and aggregate was changed from quarterly to semi-annual at the Feb. 2010 SQC.

*More data available in Attachment A at the end of this report.

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Results:

Definition of Grievances: There is no distinction between a "complaint" and a "grievance". For consistency, all will be referred to as "grievances".

A **provider grievance** is any oral or written statement about the service center and/or to the service center regarding utilization management decisions, and /or provider payment issues, or other provider related issues.

A **member grievance** is any oral or written statement expressing dissatisfaction with any aspect of the service center or its operation.

*Region: Member grievances are based on member's geographic locations, for all member grievances or provider grievances on behalf of members. Provider Regions are based on provider's geographic locations, if a provider grieves about issues not member-specific, such as claims.

Grievance Categories:

- | | |
|-------------------------------------|--------------------|
| 1 = Access to Services | 5 = Service Issues |
| 2 = Care Disruptions | 6 = Other |
| 3 = Clinical Issues/Quality of Care | |
| 4 = Claims/Invoice Issues | |

Grievances by Funding:



Reporting Period: January 1, 2010 - June 30, 2010

Funding Source	Member Grievances (M)		Provider Grievances (P)		Total of M and P		Member Grievances; Please list how many in each category	Provider Grievances; Please list how many in each category
	Number	%	Number	%	Number	%		
Medicaid	0	0.0%	4	66.7%	4	66.7%	0	2 = Service Issues 1 = Quality of Care 1 = Access to Services
AAPS	0	0.0%	1	16.7%	1	16.7%	0	1 = Service Issue
Not Linked to Funding	0	0.0%	1	16.7%	1	16.7%	0	1 = Other

Total Number of Grievances Received in this Reporting Period:	6
Percentage Resolved within 14 Days or Less	100.0%
Percentage of Grievances resolved in 90 days or less	100.0%

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Grievances by Region:

(One grievance not linked to funding, so not added into the Medicaid and AAPS funding tables below)

Medicaid:

Medicaid Grievances by Region



Reporting Period: January 1, 2010 - June 30, 2010

Region*	Member Grievances (M)		Provider Grievances (P)		Total of M and P		Member Grievances; Please list how many in each category	Provider Grievances; Please list how many in each category
	Number	%	Number	%	Number	%		
Kansas City	0	0.0%	1	25.0%	1	25.0%	0	1 = Quality of Care
Wichita	0	0.0%	0	0.0%	0	0.0%	0	
West	0	0.0%	1	25.0%	1	25.0%	0	1 = Service Issue
Northeast	0	0.0%	2	50.0%	2	50.0%	0	1 = Access to Services 1 = Service Issues
South Central	0	0.0%	0	0.0%	0	0.0%	0	0
Southeast	0	0.0%	0	0.0%	0	0.0%	0	0
Other/Unknown	0	0.0%	0	0.0%	0	0.0%	0	0

Total Number of Grievances Received in this Reporting Period: **4**
 Percentage Resolved within 14 Days or Less: **100.0%**
 Percentage of Grievances resolved in 90 days or less: **100.0%**

AAPS:

AAPS Grievances by Region



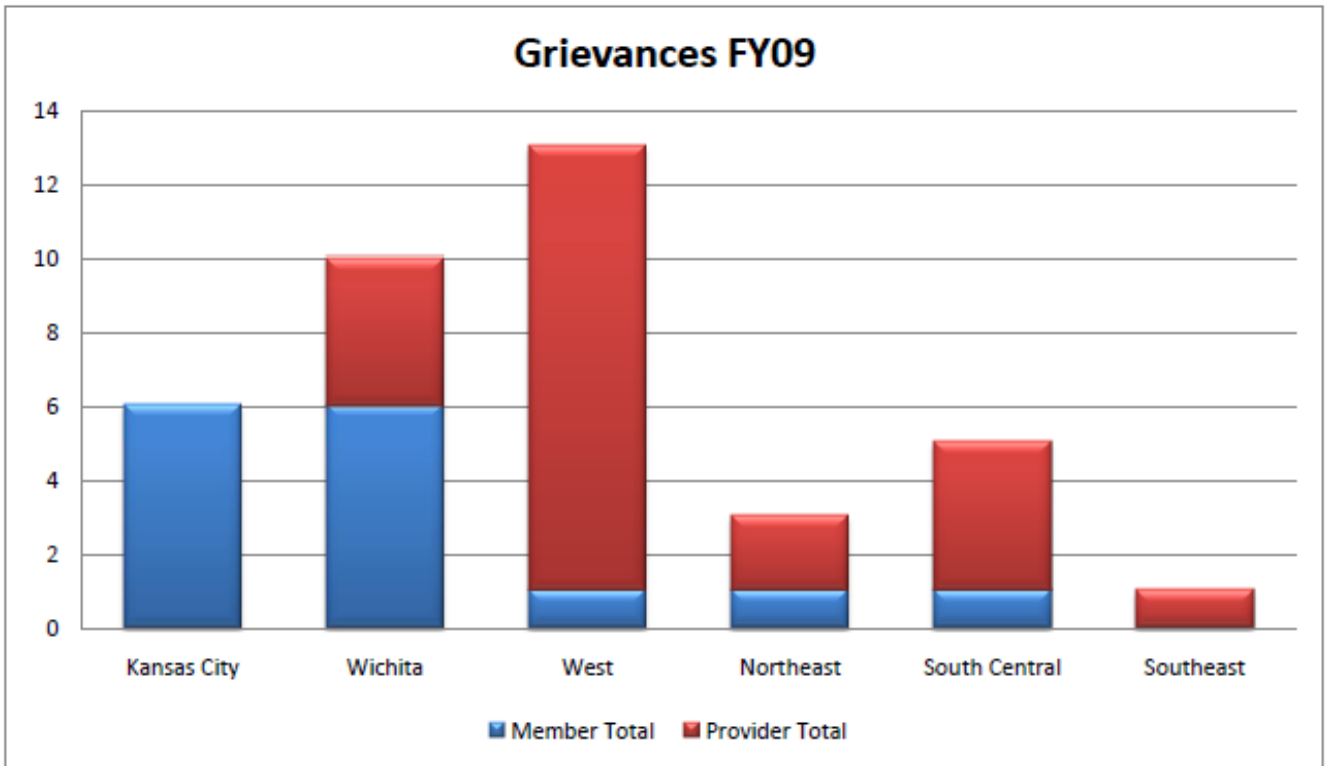
Reporting Period: January 1, 2010 - June 30, 2010

Region*	Member Grievances (M)		Provider Grievances (P)		Total of M and P		Member Grievances; Please list how many in each category	Provider Grievances; Please list how many in each category
	Number	%	Number	%	Number	%		
Kansas City	0	0.0%	0	0.0%	0	0.0%	0	0
Wichita	0	0.0%	1	100.0%	1	100.0%	0	1=Service Issues
West	0	0.0%	0	0.0%	0	0.0%	0	0
Northeast	0	0.0%	0	0.0%	0	0.0%	0	0
South Central	0	0.0%	0	0.0%	0	0.0%	0	0
Southeast	0	0.0%	0	0.0%	0	0.0%	0	0
Other/Unknown	0	0.0%	0	0.0%	0	0.0%	0	0

Total Number of Grievances Received in this Reporting Period: **1**
 Percentage Resolved within 14 Days or Less: **100%**
 Percentage of Grievances resolved in 90 days or less: **100%**

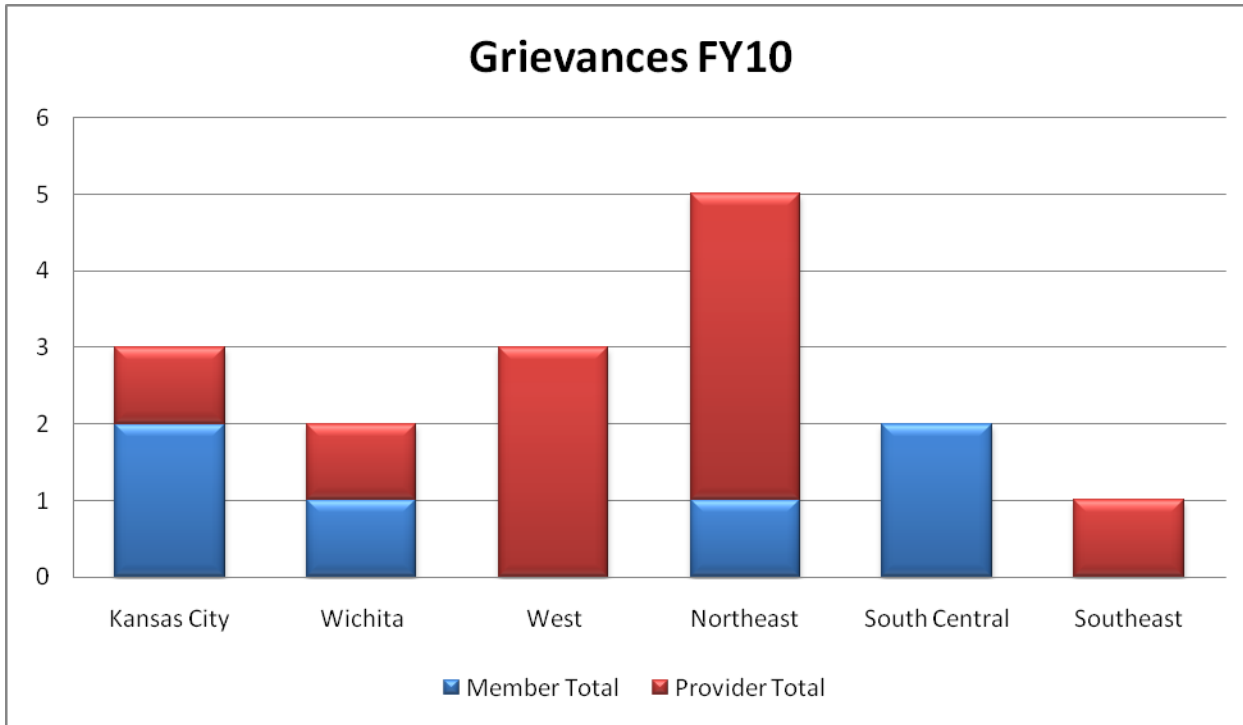
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Grievances by Regions (FY09):



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Grievances by Regions (FY10):



Conclusions:

Third and Fourth Quarter FY10 (January 1, 2010 – June 30, 2010):

- As recommended by the Committee, the frequency of the Grievance Summary report submission by VO is now semi-annual. This report and Aggregate Analysis now capture two quarters of data combined.
- For the Third and Fourth quarter FY10, there were zero (0) member grievances reported and six (6) provider grievances reported for a total of six (6).
- For the Third and Fourth quarter FY10, of the six (6) grievances reported:
 - Access to Services = 1
 - Quality of Care = 1
 - Service Issues = 3
 - Other = 1
- For the Third and Fourth quarter FY10, of the six (6) grievances reported:
 - AAPS funded = 1
 - Medicaid = 4
 - Not Linked to Funding = 1
- When comparing Third/Fourth quarter FY10 with First/Second quarter FY10, there is a decrease in the total number of grievances reported (First and Second quarter FY10 = 10 total, Third and Fourth quarter FY10 = 6).
- When comparing Third/Fourth quarters of FY08, FY09 and FY10:
 - There is a decrease in total grievances reported each fiscal year (Third/Fourth quarter FY08 = 20, FY09 = 14, and FY10 = 6).

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- There is a decrease in provider grievances reported (Third/Fourth quarter FY08 = 18, FY09 = 8, and FY10 = 6).
- There is a fluctuation in member grievances reported (Third/Fourth quarter FY08 = 2, FY09 = 6, and FY10 = 0).
- **The standard of 95% resolved within 14 days receipt of all required documentation was met. The total percentage resolved within 14 days or less was 100.0%.**
- **The standard of 100% resolved within 90 calendar days was met at 100.0%.**
- The highest number of grievances reported are in the Northeast Region with a total of two (2) for Third/Fourth quarter FY10. The Kansas City, Wichita, and West regions each reported one (1) grievance total. The South Central and Southeast regions each reported zero (0) grievances for Third/Fourth quarter FY10.

Annual Summary FY10 (July 1, 2009 – June 30, 2010):

- As recommended by the Committee, the frequency of the Grievance Summary report submission by VO and Aggregate Analysis is now semi-annual covering two quarters of data.
- For FY10, there were sixteen (16) total grievances:
 - Six (6) were member grievances and ten (10) were provider grievances.
 - Ten (10) were Medicaid, Five (5) AAPS funded, and (1) Not Linked to Funding
 - The Northeast region reported five (5) total grievances. In decreasing order, the Kansas City and West regions reported three (3) each, Wichita and South Central regions reported two (2) each, and Southeast one (1).
 - Total grievances decreased each Fiscal Year (FY08 = 41, FY09 = 38, FY10 = 16)
- Kansas City and South Central regions reported the most Member grievances for FY10 with two (2) each.
- The Northeast region reported the most Provider grievances for FY10 with five (5).
- In FY10, the standard of 95% resolved within 14 days receipt of all required documentation was met in each reporting period. In FY09, this standard was only met Third quarter (100.0%).
- In FY10, the standard of 100% resolved within 90 calendar days was met in each reporting period. In FY09, the standard of 100% resolved within 90 calendar days was reported second, third, and fourth quarters of FY09. This standard was not reported first quarter. Therefore, no analysis was made for Fiscal years of this standard.

Preliminary Recommendations to Committee:

- It is recommended that the data trending continue.
- Approval by the Committee is also requested to post on the ValueOptions website for public access.
- **It is noted by the Committee that VO is continuing education efforts on filing grievances with providers at quarterly regional meetings. VO-KS reviewed a quick reference Grievance, Denials and Appeals tip sheet at the October 2010 Regional QI Committee meetings. This tip sheet is also posted on the VO-KS website and is shared at KCPC trainings for new providers.**
- **It is noted by VO that the Prevention, Education and Outreach Coordinator receives member concerns while gathering data for the member satisfaction survey. Although offered, members frequently do not want to file grievances. In these instances, general member concerns are shared with the provider for follow-up but member identifiable information is not provided.**

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- **Due to the continued decreasing numbers of grievances despite sustained outreach and education and the fact that providers are handling grievances locally, it is recommended by the Committee that the frequency of the report submission by VO and aggregate by the State be changed to annual instead of semi-annual.**

Date Presented to SQC: 11/4/2010

BY: Cissy McKinzie

Recommendations from the Committee for action: Committee approves of the Preliminary Recommendations as shown above. Enhancements made by the SQC to the Preliminary Recommendations are noted above in **bold**.

Person Responsible to follow-up and date due: Kim Brown Due: 2/10/11

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ATTACHMENT A: DATA

Grievances by Regions (FY08):

Region	Consumer					Providers					GrandTotals
	1st	2nd	3rd	4th	Total (consumers)	1st	2nd	3rd	4th	Total(Providers)	
Kansas City	1	5	0	2	8	0	1	0	0	1	9
Wichita	0	0	0	0	0	1	1	1	1	4	4
West	0	0	0	0	0	1	2	4	2	9	9
Northeast	0	1	0	0	1	0	4	1	4	9	10
South Central	0	0	0	0	0	0	0	0	3	3	3
South East	0	0	0	0	0	0	4	2	0	6	6
Total ALL	1	6	0	2	9	2	12	8	10	32	41

Grievances by Regions (FY09):

Region	Member					Providers					Grand Totals
	1st	2nd	3rd	4th	Total (members)	1st	2nd	3rd	4th	Total (Providers)	
Kansas City	2	2	0	2	6	0	0	0	0	0	6
Wichita	2	1	1	2	6	1	2	1	0	4	10
West	0	1	0	0	1	3	3	3	3	12	13
Northeast	0	0	1	0	1	0	1	1	0	2	3
South Central	0	1	0	0	1	2	2	0	0	4	5
South East	0	0	0	0	0	1	0	0	0	1	1
Total ALL	4	5	2	4	15	7	8	5	3	23	38

Grievances by Regions (FY10):

Region	Member				Providers				Grand Totals
	1st	2nd	3 rd & 4 th	Total (members)	1st	2nd	3 rd & 4 th	Total (Providers)	
Kansas City	0	2	0	2	0	0	1	1	3
Wichita	1	0	0	1	0	0	1	1	2
West	0	0	0	0	2	0	1	3	3
Northeast	1	0	0	1	0	1	3	4	5
South Central	0	2	0	2	0	0	0	0	2
South East	0	0	0	0	0	1	0	1	1
Total ALL	2	4	0	6	2	2	6	10	16