

**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: April 1, 2009 **TO:** June 30, 2009
Conclusion includes annual summary for FY2009

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.

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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 SE and/or to the SE regarding utilization management decisions, and /or provider payment issues, or other provider related issues.

A **consumer grievance** is any oral or written statement expressing dissatisfaction with any aspect of the SE or its operation.

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

Grievance Categories:

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

Grievances by Funding:



Grievances by Funding

Reporting Period: April 1, 2009 - June 30, 2009

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	2	50.0%	1	33.3%	3	42.9%	1 Care Disruption 1 Access to Care	1 Claims/Invoice Issues
AAPS	2	50.0%	2	66.7%	4	57.1%	2 Quality of Care	2 Claims/Invoice Issues
Not Linked to Funding	0	0.0%	0	0.0%	0	0.0%	0	0

Total Number of Grievances Received in this Reporting Period:	7
Percentage Resolved within 14 Days or Less	85.7%
Percentage of Grievances resolved in 90 days or less	100.0%

Grievances by Region:

Medicaid:

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Medicaid Grievances by Region

Reporting Period: April 1, 2009 - June 30, 2009

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	1	50.0%	0	0.0%	1	33.3%	1 Care Disruptions	0
Wichita	1	50.0%	0	0.0%	1	33.3%	1 Access to Care	0
West	0	0.0%	1	100.0%	1	33.3%	0	1 Claims/Invoice Issues
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: 3
 Percentage Resolved within 14 Days or Less: 66.7%
 Percentage of Grievances resolved in 90 days or less: 100.0%

AAPS:

AAPS Grievances by Region



Reporting Period: April 1, 2009 - June 30, 2009

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	1	50.0%	0	0.0%	1	25.0%	1 Quality of Care	0
Wichita	1	50.0%	0	0.0%	1	25.0%	1 Quality of Care	0
West	0	0.0%	2	100.0%	2	50.0%	0	2 Claims/Invoice Issues
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: 4
 Percentage Resolved within 14 Days or Less: 100.0%
 Percentage of Grievances resolved in 90 days or less: 100.0%

State Fair Hearing:

As of 6/30/09, no State Fair Hearings were requested.

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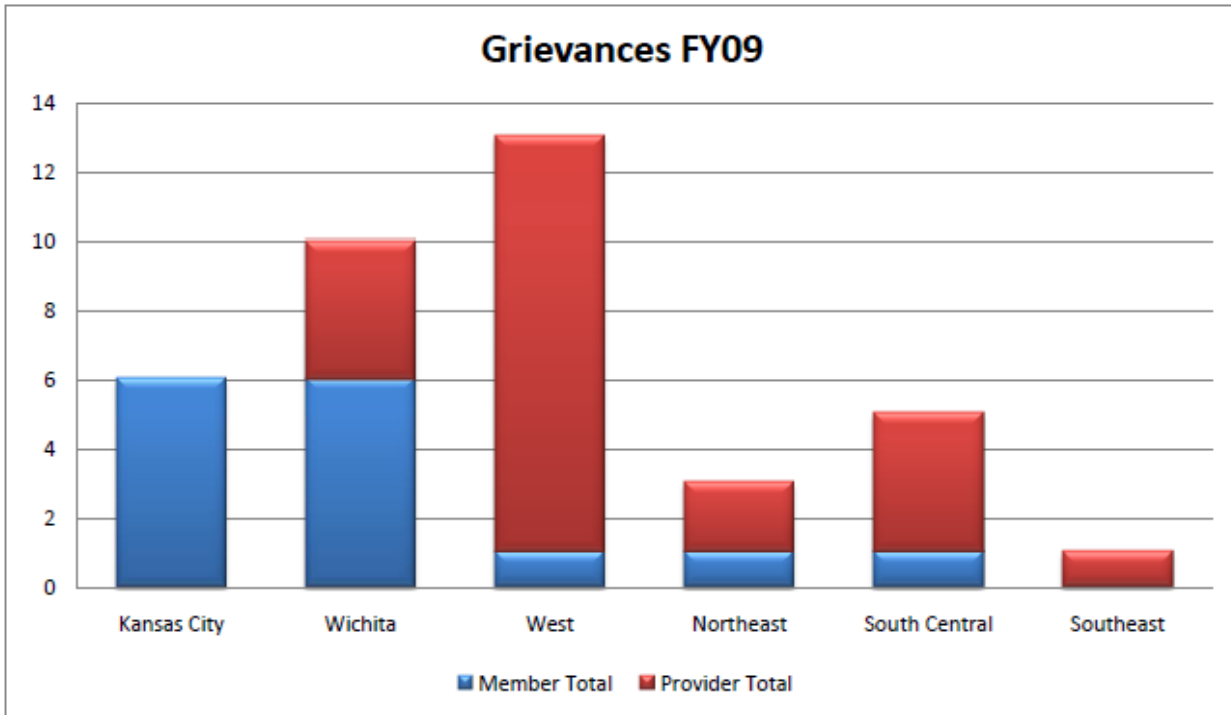
Grievances by Regions (FY08):

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					GrandTotals
	1st	2nd	3rd	4th	Total (consumers)	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

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Conclusions:

Fourth Quarter FY09:

- For the fourth quarter FY09, there were four (4) member grievances reported and three (3) provider grievances reported for a total of seven (7).
- For the fourth quarter FY09, of the seven (7) grievances reported:
 - Claims/Invoice Issue = 3
 - Quality of Care = 2
 - Care Disruption = 1
 - Access to Care = 1
- For the fourth quarter FY09, of the seven (7) grievances reported:
 - AAPS funded = 4
 - Medicaid = 3
 - N/A = 0
- The majority of the grievances reported this quarter were AAPS funded for funding source (57.1%) and Claims/Invoice Issues (42.9%).
- When comparing third and fourth quarters of FY09, there is the same total number of grievances reported (Third quarter FY09 = 7 total, Fourth quarter FY09 = 7).
- When comparing fourth quarters of FY08 and FY09:
 - There is a decrease in grievances reported (Fourth quarter FY08 = 12, Fourth quarter FY09 = 7).
 - There is a decrease in provider grievances reported (Fourth quarter FY08 = 10, Fourth quarter FY09 = 3). To reiterate last quarter's AA, a decrease again for fourth quarter could indicate progress in that there are fewer provider issues than last fiscal year.

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- However, there is an increase in member grievances reported (Fourth quarter FY08 = 2, Fourth quarter FY09 = 4). Also, to repeat last quarter's AA, an increase again for fourth quarter could indicate progress in that more members are understanding their rights.
- There were no State Fair Hearings requested.
- **The standard of 95% resolved within 14 days receipt of all required documentation was not met. The total percentage resolved within 14 days or less was 85.7%.** To note, because of the low number of grievances, there was only one grievance that put VO-KS out of compliance and that one grievance was from a provider and involved a spend-down claim. This grievance resolution was extended to 28 days with approval from the State and the provider. The provider did receive a resolution letter within 28 days, however, the grievance was not resolved until the provider received payment for services related to this spend-down claim which was a few days later.
- **The standard of 100% resolved within 90 calendar days was met.**
- The highest number of grievances reported are in the West with a total of three (3) for Fourth quarter FY09. The Kansas City and Wichita regions each reported two (2) grievances total. The Northeast, South Central, and Southeast regions all reported zero (0) grievances for Fourth quarter FY09.
- It was recommended by Triwest in the Independent Assessment that Grievances/Appeals breakouts should be reported by funding source at all levels of aggregate reporting in order to document differential trends accurately. In the Fourth quarter FY09 report, ValueOptions split the Grievances by Region into Medicaid and AAPS funded funding sources as shown on page 2 - 3 of this Aggregate Analysis.

Annual Summary (7/1/08 – 6/30/09):

- For FY09, there were thirty-eight total grievances:
 - Fifteen (15) were member grievances and twenty-three (23) were provider grievances.
 - Nineteen (19) were Medicaid, Twelve (12) AAPS funded, and (7) Not Linked to Funding
 - The West region reported thirteen (13) total. In decreasing order, the Wichita region reported ten (10), Kansas City region six (6), South Central five (5), Northeast three (3), and Southeast (1).
 - Totaling a slight decrease from FY08 total (FY08 = 41)
- Kansas City and Wichita regions reported the most Member grievances for FY09. Kansas City region reported the most Member grievances for FY08.
- The West region reported the most Provider grievances for FY09. The West and Northeast regions reported the most Provider grievances for FY08.
- There were no State Fair Hearings requested for FY09.
- The standard of 95% resolved within 14 days receipt of all required documentation was only met Third quarter (100.0%). The other quarters reported:
 - First quarter FY09 = 81.8%
 - Second quarter FY09 = 92.3%
 - Fourth quarter FY09 = 85.7%
- 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 of this standard.

Preliminary Recommendations to Committee:

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- It is recommended that the data trending continue.
- Approval by the Committee is also requested to share this aggregate analysis at the Regional QI meetings and to be posted on the ValueOptions website for public access.
- It is recommended by the Committee that Sheree and Kim report the results of their reassessment of provider grievance policies, the federal regulations surrounding these, and their recommendations for revisions to the Committee. **Kim and Sheree met and reported out in the minutes of the August 4, 2009 SQC meeting that the VO Provider/Stakeholder Grievance Policy was updated to reflect a change in the definition of a provider/stakeholder grievance. While all member expressions of dissatisfaction are formalized and considered grievances; if a provider or other stakeholder expresses dissatisfaction, the person is asked if he/she would like to file a formal grievance and receive a response back in writing.**

Date Presented to SQC: 8/4/2009

BY: Kim Brown

Recommendations from the Committee for action: Recommendation and changes made by the SQC to the Preliminary Recommendations are noted above in **bold**.

Person Responsible to follow-up and date due: Kim Brown Due: 11/5/2009