

**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: October 1, 2009

TO: December 31, 2009

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 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:

Grievances by Funding

Reporting Period: October 1st, 2009 - December 31st, 2009



Funding Source	Consumer Grievances (C)		Provider Grievances (P)		Total of C and P		Consumer Grievances; Please list how many in each category	Provider Grievances; Please list how many in each category
	Number	%	Number	%		%		
Medicaid	1	25.0%	2	100.0%	3	50.0%	1 - Claims / Invoice Issue	2 - Service Issues
AAPS	3	75.0%	0	0.0%	3	50.0%	3 - Clinical Issues / QOC	
Not Linked to Funding	0	0.0%	0	0.0%	0	0.0%		

Total Number of Grievances Received in this Reporting Period:	6
Total Number Resolved within 14 Days or Less	100%
Percentage of Grievances resolved in 90 days or less	100%

Grievances by Region:

Medicaid:

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Medicaid Grievances by Region

Reporting Period: October 1, 2009 - December 31, 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	0	0.0%	0	0.0%	0	0.0%		
Wichita	0	0.0%	0	0.0%	0	0.0%		
West	0	0.0%	0	0.0%	0	0.0%		
Northeast	0	0.0%	1	50.0%	1	33.3%		1 Service Issue
South Central	1	100.0%	0	0.0%	1	33.3%	1 Claims Issue	
Southeast	0	0.0%	1	50.0%	1	33.3%		1 Service Issue
Other/Unknown	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: 100%
 Percentage of Grievances resolved in 90 days or less: 100%

AAPS:

AAPS Grievances by Region



Reporting Period: October 1, 2009 - December 31, 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	2	66.7%	0	0.0%	2	66.7%	2 Quality of Care	
Wichita	0	0.0%	0	0.0%	0	0.0%		
West	0	0.0%	0	0.0%	0	0.0%		
Northeast	0	0.0%	0	0.0%	0	0.0%		
South Central	1	33.3%	0	0.0%	1	33.3%	1 Quality of Care	
Southeast	0	0.0%	0	0.0%	0	0.0%		
Other/Unknown	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: 100%
 Percentage of Grievances resolved in 90 days or less: 100%

State Fair Hearing:

As of 12/31/09, no State Fair Hearings were requested.

Grievances by Regions (FY08):

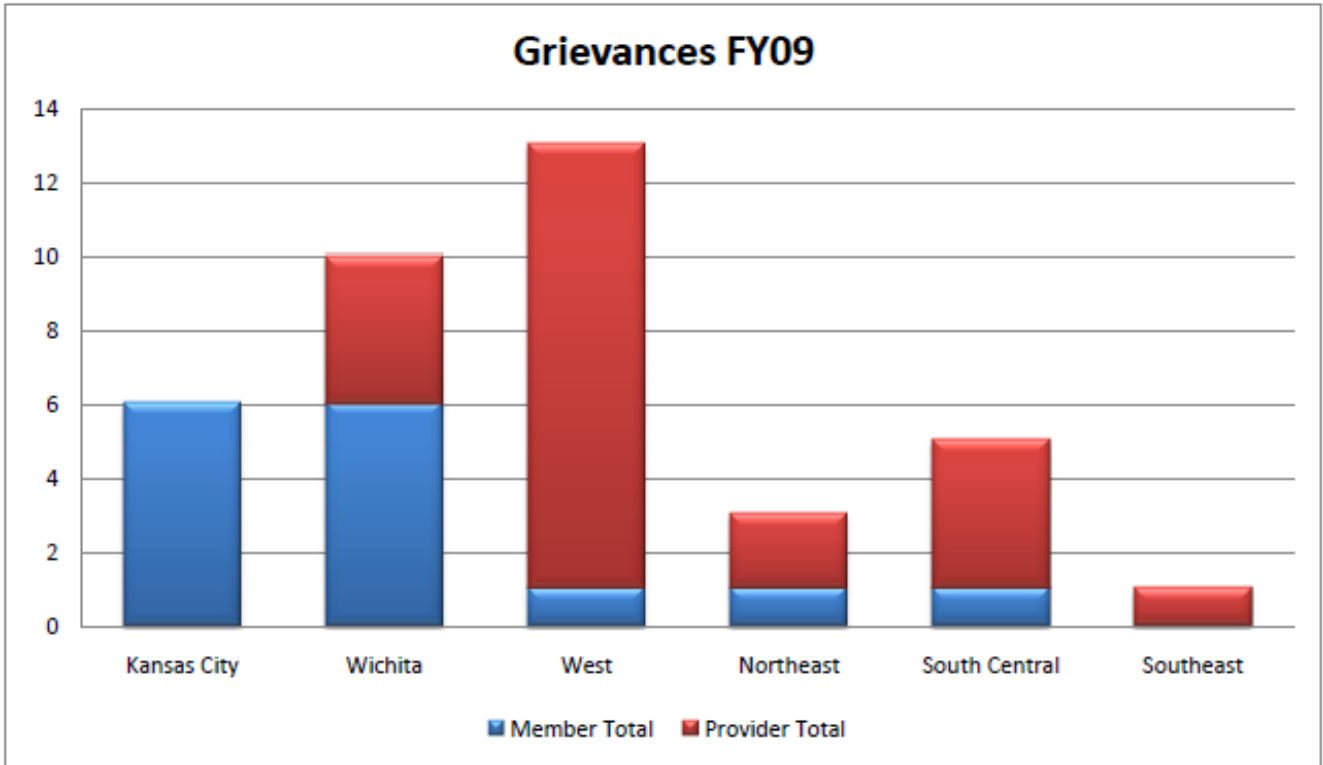
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Region	Consumer					Providers					GrandTotals
	1st	2nd	3rd	4th	Total (consumers)	1st	2nd	3rd	4th	Total(Providers)	
Kansas City	1	5	0	2	8	0	1	0	0	1	9
Wichita	0	0	0	0	0	1	1	1	1	4	4
West	0	0	0	0	0	1	2	4	2	9	9
Northeast	0	1	0	0	1	0	4	1	4	9	10
South Central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

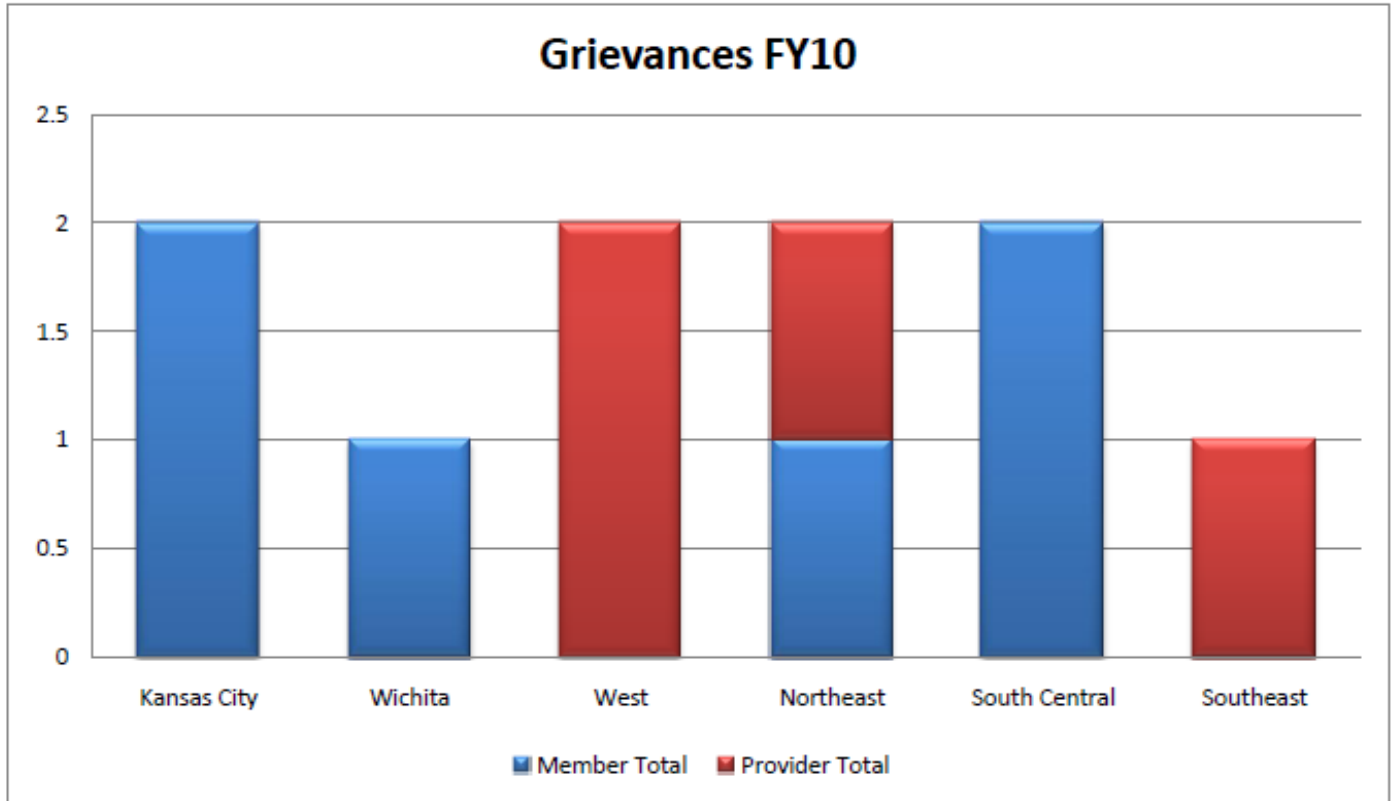
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Grievances by Regions (FY10):

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

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Conclusions:

Second Quarter FY10:

- For the Second quarter FY10, there were four (4) member grievances reported and two (2) provider grievances reported for a total of six (6).
- For the Second quarter FY10, of the six (6) grievances reported:
 - Claims/Invoice Issue = 1
 - Clinical Issues/QOC = 3
 - Service Issues = 2
- For the Second quarter FY10, of the six (6) grievances reported:
 - AAPS funded = 3
 - Medicaid = 3
 - Not Linked to Funding = 0
- When comparing Second quarter FY10 and First quarter FY10, there is an increase in the total number of grievances reported (First quarter FY10 = 4 total, Second quarter FY10 = 6).
- When comparing Second quarters of FY08, FY09 and FY10:
 - There is a decrease in total grievances reported each fiscal year (Second quarter FY08 = 18, FY09 = 13, and FY10 = 6).
 - There is a decrease in provider grievances reported (Second quarter FY08 = 12, FY09 = 8, and FY10 = 2).
 - There is a decrease in member grievances reported (Second quarter FY08 = 6, FY09 = 5, and FY10 = 4).
- There were no State Fair Hearings requested.

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- **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.**
- The highest number of grievances reported are in the Kansas City and South Central regions with a total of two (2) each for Second quarter FY10. The Northeast and Southeast regions each reported one (1) grievance total. The Wichita and West regions each reported zero (0) grievances for Second quarter FY10.
- In last quarter's AA (Q1 FY10), one grievance was still pending at the time the quarterly report was due, therefore, the data was incomplete. ValueOptions provided an update on this grievance. An extension was given on the pending provider grievance. This grievance was resolved within the extended 28 day timeframe.

Preliminary Recommendations to Committee:

- 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 the frequency of the Grievance Summary report submission by VO change to semi-annual, as well as, the Aggregate Analysis preparation by the State.**

Date Presented to SQC: 2/4/2010

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: 5/6/2010