

**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, 2009 **TO:** March 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.

Addiction and Prevention Services State Quality Committee

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: January 1, 2009 - March 31, 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	%	Number	%		
Medicaid	0	0.0%	2	40.0%	2	28.6%	0	2=Claims Issues
AAPS	2	100.0%	0	0.0%	2	28.6%	1=Care Disruption 1=Clinical Issues/Quality of Care	0
Not Linked to Funding	0	0.0%	3	60.0%	3	42.9%	0	2=Services Issues 1 = Clinical Issue/Quality of Care

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

**Addiction and Prevention Services
State Quality Committee**

Grievances by Region:

Grievances by Region



Reporting Period: January 1, 2009 - March 31, 2009

Region*	Consumer Grievances (C) M = Medicaid, A = AAPS			Provider Grievances (P)			Total of C and P			Consumer Grievances; Please list how many in each category M = Medicaid, A = AAPS	Provider Grievances; Please list how many in each category M = Medicaid, A = AAPS, n/a = not tied to funding
	Number	%	Funder	Number	%	Funder	Number	%	Funder		
Kansas City	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A	0	0
Wichita	1	50.0%	A	1	20.0%	n/a	2	28.6%	1=A 1=n/a	1= Quality of Care (A)	1 = Clinical Issues/Quality of Care (n/a)
West	0	0.0%	N/A	3	60.0%	1 = M 2 = n/a	3	42.9%	1 = M 2 = n/a	0	2=Service Issues (n/a) 1=Claims/Invoice Issue (M)
Northeast	1	50.0%	A	1	20.0%	M	2	28.6%	1=A 1=M	1=Care Disruption (A)	1 = Claims/Invoice Issue (M)
South Central	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A	0	0
Southeast	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A	0	0
Other/Unknown	0	0.0%	N/A	0	0.0%	N/A	0	0.0%	N/A	0	0

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

State Fair Hearing:

As of 3/31/09, no State Fair Hearings were requested.

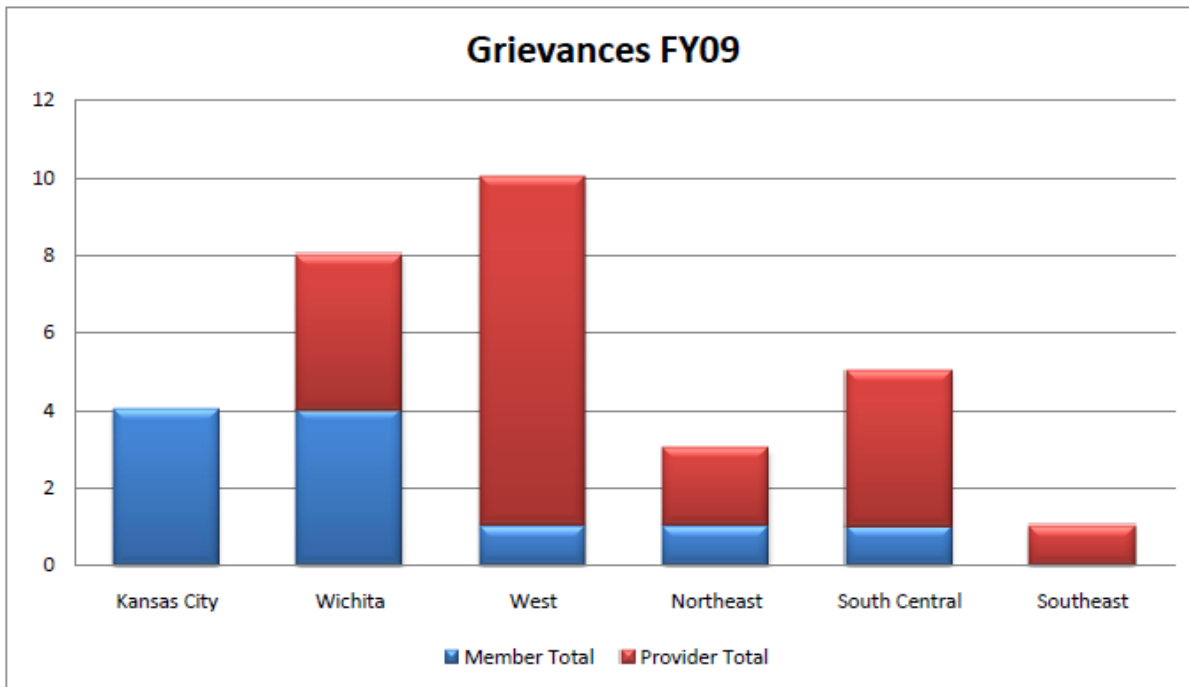
Grievances by Regions (FY08):

Region	Consumer					Total (consumers)	Providers				Total(Providers)	GrandTotals
	1st	2nd	3rd	4th	1st		2nd	3rd	4th			
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				Total (consumers)	Providers				Total(Providers)	GrandTotals
	1st	2nd	3rd	4th		1st	2nd	3rd	4th		
Kansas City	2	2	0		4	0	0	0		0	4
Wichita	2	1	1		4	1	2	1		4	8
West	0	1	0		1	3	3	3		9	10
Northeast	0	0	1		1	0	1	1		2	3
South Central	0	1	0		1	2	2	0		4	5
South East	0	0	0		0	1	0	0		1	1
Total ALL	4	5	2		11	7	8	5		20	31

**Addiction and Prevention Services
State Quality Committee**



Conclusions:

- For the third quarter FY09, there were two (2) member grievances reported and five (5) provider grievances reported for a total of seven (7).
- For the third quarter FY09, of the seven (7) grievances reported:
 - Service Issues = 2
 - Claims/Invoice Issue = 2
 - Quality of Care = 1
 - Care Disruption = 1
 - Clinical Issues/Quality of Care = 1
- For the third quarter FY09, of the seven (7) grievances reported:
 - AAPS funded = 2
 - Medicaid = 2
 - N/A = 3
- The majority of the grievances reported this quarter were N/A for funding source (42.9%) and Service Issues (28.6%) or Claims/Invoice Issues (28.6%).
- When comparing second and third quarters of FY09, there is a decrease in grievances reported from second quarter. (Second quarter FY09 = 13 total, Third quarter FY09 = 7).
- When comparing third quarters of FY08 and FY09:
 - There is a slight decrease in grievances reported (Third quarter FY08 = 8, Third quarter FY09 = 7).
 - There is also a slight decrease in provider grievances reported (Third quarter FY08 = 8, Third quarter FY09 = 5). This decrease could indicate progress in that fewer provider issues than last fiscal year.

**Addiction and Prevention Services
State Quality Committee**

- However, there is an increase in member grievances (Third quarter FY08 = 0, Third quarter FY09 = 2). This increase 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 met. The total percentage resolved within 14 days or less was 100%.
- The standard of 100% resolved within 90 calendar days was reported and met (100.0%).
- The highest number of grievances reported are in the West with a total of ten (10) as of third quarter FY09. The lowest number of grievances reported occurred in the Southeast with one (1) grievance reported as of third quarter FY09.

Preliminary Recommendations to Committee:

- It is recommended that the data trending continue.
- Grievance reporting numbers continue to appear low statewide. It is recommended that education continue regarding the grievance process with members and providers.
- 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 reassess provider grievance policies, the federal regulations surrounding these, and then bring back recommendations for revisions to the Committee.**

Date Presented to SQC: 5/7/2009

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: 8/4/2009