

**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:** July 1, 2008    **TO:** September 30, 2008

**Unit/Team/Department:**  
PIHP Quality Improvement

**Topic/Project:**  
Grievance and Appeals  
    **Grievance Summary (VO #17, Grid Row #13)**

**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.

**Results:**

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

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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.

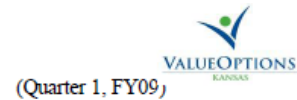
### Grievance Categories:

- |                                |                    |
|--------------------------------|--------------------|
| 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: **July 1, 2008 - September 30, 2008**



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	3	75.0%	5	71.4%	8	72.7%	3= Access to Services	5= Claims/Invoice Issues
Block Grant	1	25.0%	0	0.0%	1	9.1%	1 = Service Issues	0
Not Linked to Funding	0	0.0%	2	28.6%	2	18.2%	0	2= Service Issues

Total Number of Grievances Received in this Reporting Period: **11**  
 Total Percentage Resolved within 14 Days or Less: **81.8%**

## Grievances by Region:

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### Grievances by Region

Reporting Period: July 1, 2008 - September 30, 2008 (Quarter 1, FY09)

Region*	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	%		
Kansas City	2	50.0%	0	0.0%	2	18.2%	1 = Access to Care 1 = Service Issue	0
Wichita	2	50.0%	1	12.5%	3	27.3%	2 = Access to Care	1 = Service Issues
West	0	0.0%	3	37.5%	3	27.3%		3 = Claims/Invoice Issues
Northeast	0	0.0%	0	0.0%	0	0.0%		0
South Central	0	0.0%	2	25.0%	2	18.2%		1 = Claims Issue 1 = Service Issue
Southeast	0	0.0%	1	12.5%	1	9.1%		1 = Claims Issue
Other/Unknown	0	0.0%	0	0.0%	0	0.0%		0

Total Number of Grievances Received in this Reporting Period: **11**  
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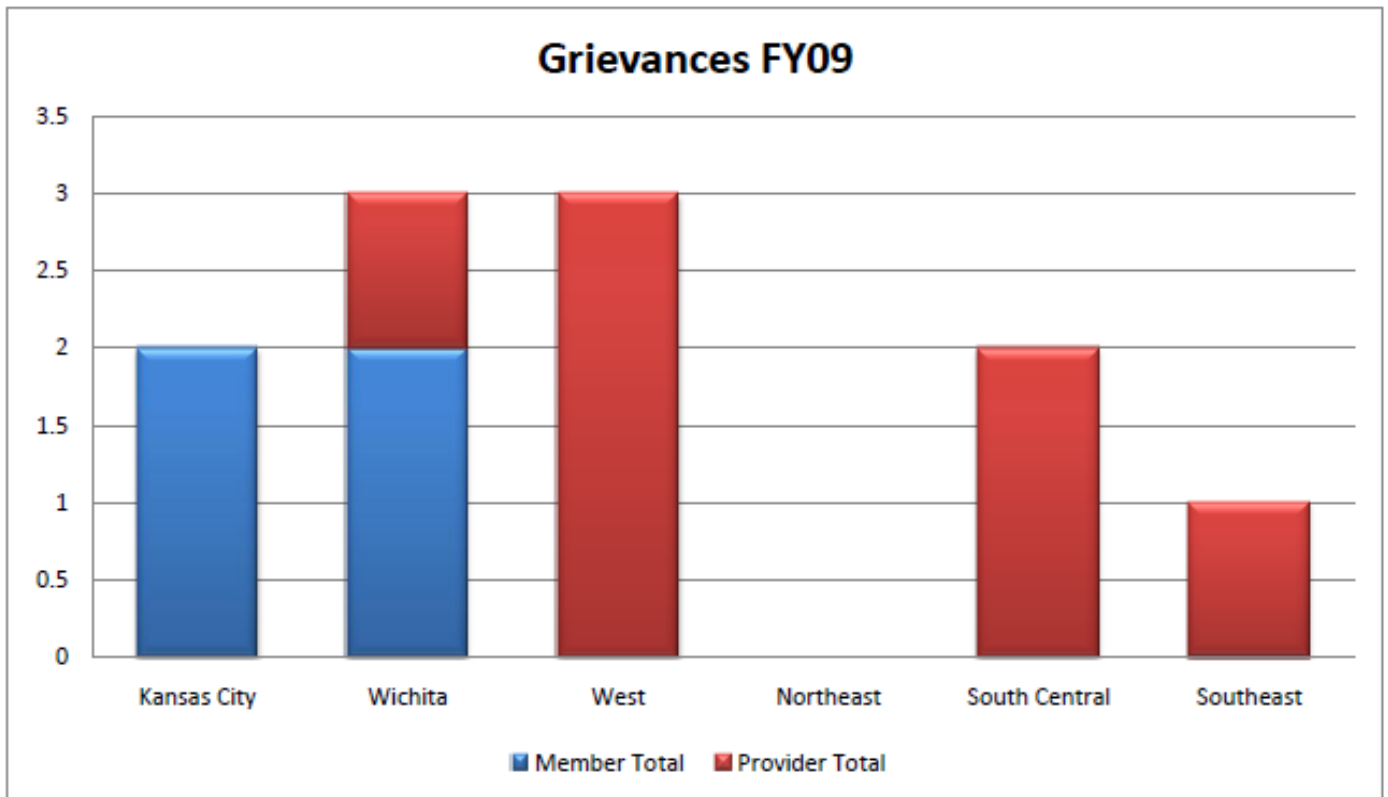
### State Fair Hearing:

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

### 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				0	2
Wichita	2				2	1				1	3
West	0				0	3				3	3
Northeast	0				0	0				0	0
South Central	0				0	2				2	2
South East	0				0	1				1	1
<b>Total ALL</b>	<b>4</b>				<b>4</b>	<b>7</b>				<b>7</b>	<b>11</b>

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**Conclusions:**

- For the first quarter, there were seven (7) provider grievances reported and four (4) consumer grievances reported for a total of eleven (11).
- Last quarter there were a total of ten (10) provider grievances reported and two (2) consumer grievances reported totaling twelve (12).
- The majority of the grievances reported this quarter were Medicaid (72.7%).
- The majority of all provider grievances reported this quarter were claims/billing issues, and the majority of consumer grievances reported this quarter regarded access to services.
- There were no State Fair Hearings requested.
- The percentage labeling was corrected on the report as requested at the last SQC meeting.
- 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 81.8%.
- The standard of 100% resolved within 90 calendar days was not reported in the report summary. However, after reviewing the report detail, it does appear the standard was met.

**Preliminary Recommendations to Committee:**

- It is recommended that the data trending continue.

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- It is recommended that education continue regarding the grievance process with members and providers.
- The standard of 100% resolved within 90 calendar days needs to be reported in the summary on future reports.
- Approval by the Committee is also requested to share this aggregate analysis at the SRS Regional QI meeting and to be posted on the ValueOptions website for public access.
- **It was noted by ValueOptions that the reason for the lower percentage resolved within 14 days or less was due to a new VO staff that was hired and in the training process. One grievance was received and resolved on the 15<sup>th</sup> day, rather than the 14<sup>th</sup> day, thus dropping the percentage to 81.8%.**

**Date Presented to SQC:** 11/6/2008

**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: 2/5/09