Grievance System Report

**Analysis requirement:** OAR 410-141-3875 (6) The MCE shall analyze all grievances, appeals, and hearings in the context of quality improvement activity pursuant to OAR 410-141-3525 and 410-141-3875.

**Instructions:**

Full instructions for filling out the Grievance System Report begin on page 18 of the Instructions for submitting Exhibit I Deliverables listed on the website as the *Grievance System Reporting Instructions\_2023.*

[**https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx**](https://www.oregon.gov/oha/HSD/OHP/Pages/CCO-Contract-Forms.aspx)

**Enrollment Number:** Please use the enrollment number from the Grievance and Appeal Log. The enrollment number should be based on the MCE’s 834 information. The enrollment number is an average over the three months of the quarter. For consistency, please use the same enrollment number on all reports.

**Calculations performed in this report:**

* Rate per 1000 members

Example: Rate of complaints/grievances per 1000 members:

Total number of complaints/grievances ÷ average enrollment number/quarter x 1000 = rate per 1000 Members

*Example*: *152 ÷ 39,666 x 1000=3.83*

* Percentage

Example: Percent of MCE level overturned appeals:

Number of MCE level overturned appeals ÷ total number of appeals x 100 = percent

*Example: 6 ÷ 45 x 100 = 13.33%*

**MCE:**

**Submitted by:** (Name/Title)

**Calendar Quarter:** (YY/QX)

**Enrollment Number: ( )**

**Complaints/Grievances**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Q1(year)** | **Q2(year)** | **Q3(year)** | **Q4(year)** |
| Average Enrollment |  |  |  |  |
| Access to Care |  |  |  |  |
| Interaction with Provider/Plan |  |  |  |  |
| Consumer Rights |  |  |  |  |
| Quality of Care |  |  |  |  |
| Quality of Service |  |  |  |  |
| Client Billing  |  |  |  |  |
| Total Grievances |  |  |  |  |
| Rate per 1000 members |  |  |  |  |
| % Resolved within 5 business days |  |  |  |  |
| % Resolved between  6 & 30 days |  |  |  |  |
| % Resolved past 30 days |  |  |  |  |

**NOTE:** The time frames are listed inOAR 410-141-3880 (1) –(2)(a-b)

(1) A member may file a grievance at any time either orally, or in writing…

(2) For standard resolution of grievances – 5 business days, or up to 30 days with written notice to the member that specifies why the additional time is necessary.

**Narrative:**

1. Briefly describe the significance of any increases or decreases in the 3 grievance

 types with the highest number of complaints.

1. Describe identified trend/trends across quarters that may indicate a problem in access, quality of care, and/or education. How is data analyzed about any identified problem areas?
2. Describe interventions the MCE has taken in current quarter to remedy, sustain or improve an outcome and to reduce the highest rates of complaints.
3. Over time how have these interventions resulted in a change in the areas of highest number of complaints?
4. Briefly describe why any complaint resolutions have exceeded 30 days in current

quarter.

1. Is the CCO data on grievances gathered by race/ethnicity, language, and disability (REALD)?
2. Briefly describe process for incorporating REALD data and how that information is used.

*Examples: what policies have been changed; what committees are reviewing processes, procedures; have new positions been hired to address organizational issues. Was any education, technical assistance or changes in performance expectations provided to sub delegates during the quarter?*

**Notice of Adverse Benefit Determination (NOABD)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Q1(year)** | **Q2(year)** | **Q3(year)** | **Q4(year)** |
| Total NOABDs (including pre & post services) issued for the quarter |  |  |  |  |
| Rate per 1000 members |  |  |  |  |
| % of NOABDs where timeframe was extended  |  |  |  |  |
| % of NOABDs (services not previously authorized) issued after 28 days (standard – 14 days with possible 14-day extension) |  |  |  |  |
| % of NOABDs (services previously authorized) that were issued less than 10 days before the service was reduced, terminated, or suspended. \*  |  |  |  |  |
| % of NOABDs issued after 17 days (expedited- 72 hours with possible extension up to 14 days) |  |  |  |  |

**NOTE:** The time frames can be reviewed in OAR 410-141-3835

<https://secure.sos.state.or.us/oard/displayChapterRules.action>

\* *OAR 410-141-3835(10)(B) For notice of actions/adverse benefit determinations that affect services previously authorized, the MCE shall mail the notice at least ten days before the date the adverse benefit determination takes effect.*

This is a manual calculation – review all NOABDs listed in Column D for category c. Calculate the percentage of those that were issued less than 10 days from the effective date of the NOABD.

**Narrative:**

1. Briefly describe the volume (including service type) of NOABDs issued in current

 quarter.

2. Briefly describe any Standard and Expedited NOABDs that were issued past

 timeframes.

3. Which three service types had the highest % of NOABDs in current quarter?

 Compare to previous quarter and provide brief explanation for change.

4. What is the MCE doing to review and address the NOABDs issued by the MCE

 and Subcontractor(s)? Over time how have these interventions resulted in a change

 in the number or type of NOABDs issued by MCE or Subcontractor(s)?

5. Briefly address any changes in volume of NOABDs issued for Hepatitis C or ABA

 services in current quarter. Include brief analysis and any activities undertaken by

 MCE to modify process to authorize, or deny, Hepatitis C or ABA services.

*Examples: what policies have been changed; what committees are reviewing processes, procedures; have new positions been hired to address organizational issues.*

**Appeals**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Q1(year)** | **Q2(year)** | **Q3(year)** | **Q4(year)** |
| 1. Total Denial or limited authorization of a requested service
 |  |  |  |  |
| 1. Total single PHP service area, denial to obtain services outside the PHP panel
 |  |  |  |  |
| 1. Termination, suspension, or reduction of previously authorized covered services
 |  |  |  |  |
| 1. Failure to act within the timeframes provided in CFR 438.408
 |  |  |  |  |
| 1. Failure to provide services in a timely manner as defined by the state
 |  |  |  |  |
| 1. Denial of Payment, at the time of any action affecting the claim
 |  |  |  |  |
| g.) Denial of a member’s request to dispute a financial liability |  |  |  |  |
| Total Appeals received in the quarter |  |  |  |  |
| Rate per 1000 members |  |  |  |  |
| % Denials overturned on appeal |  |  |  |  |
| % of appeals where timeframe was extended |  |  |  |  |
| % Notice of Appeal Resolution (NOAR) issued after 30 days (standard 16 days with possible 14-day extension) |  |  |  |  |
| % Notice of appeal resolutions issued after 17days (expedited – 72 hours with possible 14-day extension) |  |  |  |  |

**NOTE:** The time frames are listed inOAR 410-141-3890

<https://secure.sos.state.or.us/oard/displayChapterRules.action>

**Narrative:**

1. Briefly describe any trends in the type or volume of appeals in current quarter.

Include three service types which had the highest % of Appeals in current quarter and compare to previous quarter with brief explanation for change.

1. How is data analyzed from appeals? For overturned/partially overturned NOABDs, what is your MCE’s threshold (percentage) to trigger a focused review? Include what the MCE quality committee has done to improve performance and to reduce high percentages of overturned appeals by the MCE.
2. Over time how have these interventions resulted in changes to numbers or type of appeals?
3. Is the CCO data on appeals gathered by race/ethnicity, language, and disability (REALD)?
4. Briefly describe process for incorporating REALD data and how that information is used.

**Hearings** **Narrative**:

1. Briefly describe how this data is analyzed and used to make improvements in the CCO’s

 Grievance System.

**Prior Authorizations (PAs)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | **Q1(year)** | **Q2(year)** | **Q3(year)** | **Q4(year)** |
| 1. Total PAs received
 |  |  |  |  |
| 1. Total PAs denied
 |  |  |  |  |
| 1. Total PA denials overturned
 |  |  |  |  |

**Prior Authorizations (PAs) Narrative:**

1. Briefly describe any trends in the type or volume of Prior Authorizations (PAs) in current quarter.
2. Which three service types had the highest % of PA denials in current quarter?

Compare to previous quarter and provide brief explanation for change.

**Additional Narrative**

1. Briefly describe any instances of Subcontractors placed on corrective action by MCE, in the current quarter, for failure to meet grievance and appeal system requirements. Include any Subcontractor delegation agreements terminated in current quarter.
2. Briefly describe MCE analysis of current quarter’s grievance and appeal data to demonstrate its members with culturally and linguistic needs have equal access to grievance and appeal system operated by the MCE and its subcontractors.