



PENINSULA RSN

COMPLAINT, GRIEVANCES AND APPEALS POLICIES AND PROCEDURES

Policy Name: EXHIBIT N REPORT INSTRUCTIONS

Policy Number: 6.08

Reference: DSHS Contract- Exhibit N

Effective Date: 7/2005

Revision Date(s): 11/2010

Approved by: PRSN Executive Board

CROSS REFERENCES

- Form: Appeal Forms
- Form: Exhibit N- Medicaid and Non- Medicaid

PURPOSE

The Center for Medicare and Medicaid Services (CMS, formerly known as HCFA) requires the Department to report the frequency of grievances, appeals and Fair Hearings separately for children and adults for each half of the federal fiscal year. The report is also made available to individual RSNs for their review, analysis and for incorporation of the findings into local quality management functions.

The Exhibit N forms and instructions are developed and distributed by the Department.

DEFINITIONS

Case means a formal documentation of a complaint, grievance or Fair Hearing request and subsequent efforts to resolve the expression of dissatisfaction. A case **is counted only once** even though it may involve more than one type of complaint or more than one provider agency. It may begin as a Complaint and continue through the Grievance and Fair Hearing levels but will still be counted as one case.

A grievance is an issue of dissatisfaction that a client (or their designated advocate) expresses at the RSN level. All verbal grievances must be followed-up with a written and signed statement within seven (7) days.

- Issues of dissatisfaction related to Medicaid *actions* (authorization decisions) are resolved through the RSN appeal process.

Appeal means a request for review of an action.

An Action in the context of Medicaid services includes:

- The denial or limited authorization of a requested services
- The reduction, suspension, or termination of a previously authorized service
- The denial in whole or in part, of payment for a service
- The denial of requested inpatient services
- The failure of the PRSN to act within the timeframes provided in section 42 CFR 438(b) or
- For a resident of a rural area with only one managed care organization (MCO), the denial of an enrollee's request to exercise his or her right, under section 42 CFR 438.52 (b) (2) (ii), to obtain services outside the network

DSHS Administrative Fair Hearing means a hearing conducted through the auspices of the state Office of Administrative Hearings in accordance with Washington Administrative Code (WAC) 388-02. An issue of dissatisfaction must complete the PRSN Grievance/and Grievance Appeal process prior to requesting a DSHS Administrative Fair Hearings. The term Fair Hearing is synonymous with Administrative Hearing.

PROCEDURE

1. Due Dates

The PRSN is required to submit all the Exhibit N reporting forms, along with an analysis narrative to MHD for each time period listed below:

<u>Time Period</u>	<u>Due Date</u>
Ocotber1 through March 31	May 15
April 1 through September 30	November 15

2. Required Fields

RSN Name, Contact Name, Contact Person's Phone Number and Reporting Period

Cases

The total unduplicated number of cases, for adults and for children, is required. Please see the definition of "Case" and the example for more information on how to count cases.

Services provided to adults and children and counted separately.

Outstanding

At the end of the report period, some cases will not be resolved or closed. Enter the number of unresolved cases in the Outstanding column in the corresponding row that reflects the type of the case.

Resolutions

A case should be reported in the Resolutions section when it is closed or when it progresses to a higher level, i.e. Grievance or Fair Hearing.

Totals

The total number of Resolutions (lower portion of the report) Complaints, Grievances and Fair Hearings plus the total number of Outstanding cases (upper portion of the report) should equal the total number of Complaints, Grievances and Fair Hearings in the upper portion of the report.

Occurrence		Complaints	Grievances	Fair Hearings	Outstanding
<i>Adult (21 Yrs. and over)</i>					
Total		15	2	1	1

Resolutions		Complaints	Grievances	Fair Hearings	Outstanding from Last Period
<i>Adult (21 Yrs. and over)</i>					
Total		14	2	1	4

The sum of these 4 cells is equal to the sum of these three cells

Resolutions + Outstanding = total Complaints, Grievances and Fair Hearings

Outstanding From Last Period

This column should be used to report cases that were tallied in the Outstanding column of the Occurrences portion of the report in the previous report period.

In some cases, the number of “Outstanding from Last Period” will equal the number of Outstanding in the previous report. In some cases, it will not. It does not have to.

This feature of the report is an indicator of the number of cases that are resolved within six (6) months or less.

3. Collecting Numbers

- Grievances: The PRSN will compile the requested and processed Grievances at the PRSN level for PIHP and state funded services numbers to complete the grievance columns.

- Appeals: The PRSN will request the number of PIHP requested and processed Appeals for PIHP individuals from CommCare. These numbers are compiled to complete the Appeals form.

4. Exhibit N Analysis

- The PRSN will analyze the Exhibit N forms, over time, and compile a narrative report of the noted trends and outliers.
- The report will include possible explanations for outliers and trends.
- The report will include QUIC activities to the reporting time period and planned activities, if applicable.

5. Department Requested Revisions

- The Department reviews each submitted Exhibit N report. Upon request, the PRSN will provide any additional follow-up information or revised reports with an explanation of the reporting error, as well as a corrective plan to address/ prevent on-going reporting errors.

6. QUIC Oversight

The Quality Improvement Committee (QUIC) provides the oversight and monitoring of the PRSN compliant, grievances, and appeals tracking and resolutions.

The QUIC is provided quarterly network complaints, Ombuds trends, PIHP grievances and appeal reports at the quarterly meeting.

The QUIC also is provided and discusses the Exhibit N report, the meeting after the report and forms are submitted to the Department as a contract deliverable.

The PRSN or the QUIC may require PRSN further action and/or network provider specific corrective action.