Tufts Health Plan logo - appears as a footer on each slide

**Slide 1**

Unify Update to the Implementation Council

May 8, 2018

Management of Member Appeals and Grievances

**Slide 2**

Agenda

Management of Appeals and Grievances

* + Process Overview

Member Appeals and Grievances

* + Service Category
  + Outcomes

Analysis and Follow-up

**Slide 3**

Process Flow Overview

Process flow for appeals and grievances

* We receive Appeals and Grievances in the form of calls to member services, faxes, e-mails, letters or in person. We receive the appeals or grievances from the member or the member’s representative.
* All appeals and grievances are documented in an electronic health record. When the A & G team receives the appeal or grievance we review it, enter it into the system and then work to resolve the appeal or grievance. When a complaint related to care received is submitted, the same process is followed, but the grievances is resolved by the Quality Management Team.
* Expedited appeals are resolved within 72 hrs. Expedited grievances are resolved within 24 hrs. Standard appeals and grievances are resolved within 30 days. All appeals and grievances are resolved in writing. Letters include a contact number for members to call and discuss any outstanding questions.

**Slide 4**

Unify Grievance Summary Data

|  |  |  |
| --- | --- | --- |
| Member Grievances by Category / October 2017 – March 2018 | | |
| Category of Grievance | 6 Month Total | Rate per 1,000 Members  (rounded to nearest whole number) |
| Dental | 2 | 1 |
| Part C, Medicaid, and Supplemental | 3 | 1 |
| Part D | 2 | 1 |
| Enrollment | 4 | 1 |
| MassHealth | 0 | 0 |
| Medicare | 0 | 0 |
| Network | 4 | 1 |
| Other | 13 | 4 |
| Plan Management | 2 | 1 |
| Plan Marketing Materials | 0 | 0 |
| Provider | 0 | 0 |
| Quality of Care | 10 | 3 |
| Transportation | 12 | 4 |
| Total | 52 | 18 |

**Slide 5**

**Unify Grievances- Summary Data**

**Tufts One Care Member Grievances by Category - October 2017 – March 2018**

*(The following information is shown in two pie charts. The “Other Categories” in the first pie chart is further broken down in the second pie chart.)*

*1st pie chart*

Transportation 23%

Other Categories 77%

*2nd pie chart*

Plan Management 4%

Quality of Care 19%

Dental 4%

Part C, Medicaid, and Supplemental 6%

Part D 4%

Enrollment 7%

Network 8%

Other 25%

Grievances related to transportation and quality of care most common. However, all investigations except for transportation suggest no concerning patterns and trends.

**Slide 6**

Appeals Summary Data

*(The following information is shown in a pie chart.)*

**Tufts One Care Member Appeals by Service Category October 2017 – March 2018**

Part D 26%

Specialty Services 20%

LTSS 6%

HCBS 6%

Mental Health 42%

*(The following information is shown in a bar graph.)*

**Tufts One Care Member Appeals Outcomes by Service Category October 2017 – March 2018**

|  |  |  |  |
| --- | --- | --- | --- |
| **Appeal Category** | **Number of Appeals** | | |
| **Adverse Decision** | **Partially Favorable Decision** | **Fully Favorable Decision** |
| Specialty Services | 5 | 1 | 4 |
| LTSS | 3 |  |  |
| HCBS | 3 |  |  |
| Institutional |  |  |  |
| Mental Health | 16 |  | 5 |
| Substance Use |  |  |  |
| Other |  |  |  |
| Part D | 4 |  | 14 |

Slide 7

Trend Analysis and Follow-up

**Clinical Complaints/Grievances**

Highest volume related category Quality of Care which are trended by the following subcategories:

* + Care Received/Treatment Plan
  + Office Staff Communication/Attitude
  + Care received in a reasonable time

Trend Management

* + Provider of Concern report is run with each clinical compliant to identify provider trend over a 2 year period
  + Providers meeting a level of concern receive a second level of review
  + Results of the second level review could lead to a corrective action plan or ongoing monitoring of the provider

Slide 8

Trend Analysis and Follow-up

**Transportation Complaints/Grievances**

Highest volume related to:

* + Pick up delays
  + No shows
  + Driver behavior

Primarily in Suffolk County

* + Related to 3 vendors

Standard follow-up process upon notification

* + Vendor outreach to secure a ride
* Clinical investigation to assess and address member impact
* Vendor investigation initiated and facilitated by provider rep
* Tracking system and weekly huddles
* Improvement initiatives, including vendor investigation, causal factors and process changes

Ongoing network adequacy assessment and collaboration with Appeals/Grievances and Quality team

Slide 9

Trend Analysis and Follow-up

**Transportation Complaints/Grievances**

|  |  |  |
| --- | --- | --- |
| **Source** | **Issues** | **Improvement** |
| Internal  Intake | Ride scheduled based on pick up times not appointment time  Verbal acceptance followed by fax notification process inconsistent | Scheduling process based on appointment time and vendor lead time  Scripts to manage member expectations  End of day fax reconciliation instituted |
| External Vendor | Internal IT issues receiving faxes  No process for end of day reconciliation  Internal communication issues | Upgraded faxing technology  Daily end of day reconciliation  Communication standards and training |

Slide 10

Question For Discussion