

## Proposed UMCM Chapter

In order to comply with HB 1 Article II Special Provision 46 (LBB GEER), HHSC is requesting that each STAR+PLUS managed care organization (MCO) collect and report managed care nursing facility (NF) consumer complaint and appeals data, including:

1. The source and location of the complaint and/or appeal
2. The reason for the complaint and/or appeal
3. The disposition or validation of complaint and/or appeal (substantiated or unsubstantiated)
4. The amount of time to resolve the complaint and/or appeal and the entity that resolved complaint and/or appeal
5. Type of service or procedure-related to complaint and/or appeal

The MCO must report all NF complaint data using the Microsoft Excel template provided by HHSC in the attached, UMCM Chapter 5.4.2.XX. The required data fields are defined on the Data and Definitions tab. The MCO is required to submit a monthly report for each service area in which the MCO operates. The MCO must submit the report to [HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us).

HHSC has provided the Nursing Facility Complaints and Appeals Report template to the MCOs in an electronic format via the UMCM. Spreadsheet integrity is critical to the automated compilation of this data. The MCO may not alter the file name, worksheet name, existing cell locations, format of the data in the cells, or any other template function. The MCO may not add or delete any columns or rows to the spreadsheet.

If you have any questions please contact Michael Osborne at [mike.osborne@hhsc.state.tx.us](mailto:mike.osborne@hhsc.state.tx.us).

---

### HHSC Uniform Managed Care Manual

- Nursing Facility Complaints and Appeals Report Instructions

#### DOCUMENT HISTORY LOG

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	September 1, 2015	Initial version Uniform Managed Care Manual Chapter 5.4.2. XX, "NURSING FACILITY COMPLAINTS AND APPEALS REPORT INSTRUCTIONS."  Version 2.0 applies to contracts issued as a result of HHSC RFP numbers 529-06-0293, 529-08-0001, 529-10-0020, 529-12-0002, and 529-12-0003.

<sup>1</sup> Status should be represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.

<sup>2</sup> Revisions should be numbered in accordance according to the version of the issuance and sequential numbering of the revision— e.g., "1.2" refers to the first version of the document and the second revision.

<sup>3</sup> Brief description of the changes to the document made in the revision.

## **Applicability of Chapter 5.4.2.XX**

This chapter applies to Managed Care Organizations (MCOs) participating in STAR+PLUS. References to “Medicaid” or the “Medicaid Managed Care Program(s)” apply to the STAR+PLUS Program. For purposes of this Chapter, the term “MCO” includes health maintenance organizations (HMOs), exclusive provider organizations (EPOs), insurers, and any other entities licensed or approved by the Texas Department of Insurance. The requirements in this chapter apply to all Programs listed in this section, except where noted.

## **References**

HB 1 Article II Special Provision 46 (LBB GEER), effective September 1, 2015 requires HHSC to collect Medicaid Managed Care Nursing Facility (NF) consumer complaint and appeals data from the MCO, including:

6. The source and location of the complaint and/or appeal
7. The nature of category of complaint and/or appeal
8. The disposition OR validation? of complaint and/or appeal (substantiated or unsubstantiated)
9. The complaint and/or appeal resolution length and entity that resolved complaint and/or appeal
10. Type of service or procedure-related to complaint and/or appeal

## **Objective**

The MCO contracting with the State of Texas to arrange for or to provide healthcare to Texas Medicaid Members residing in contracted nursing facilities must submit a detailed monthly complaint and appeals report to HHSC, in accordance with HB 1 SP 46, section 47 Coordination of Interagency Nursing Facility Resident Complaint Data and Information; and in accordance with the instructions below.

## **General**

The MCO must report all NF complaint data using the Microsoft Excel template provided by HHSC in UCMCM Chapter 5.4.2.XX. The required data fields are defined on the Data and definitions tab. The MCO is required to submit a monthly report for each Service Area in which the MCO operates.

The MCO must submit the report to [HPM\\_Complaints@hhsc.state.tx.us](mailto:HPM_Complaints@hhsc.state.tx.us) and DTS.

HHSC has provided the OON Utilization Report template to the MCO in an electronic format via the UCMCM. Spreadsheet integrity is critical to the automated compilation of this data. The MCO may not alter the file name, worksheet name, existing cell locations, format of the data in the cells, or any other template function. The MCO may not add or delete any columns or rows to the spreadsheet.

**Reporting Period:** The MCO must submit all NF complaint and appeals data to HHSC, for the prior month, by the fifth business day of each calendar month (i.e. September 2015 complaint data must be submitted by October 7, 2015). HHSC is requesting the initial report, spanning

March 1, 2015 through August 31, 2015 be submitted by September 30, 2015 to email address [HPM\\_complaints@hhsc.state.tx.us](mailto:HPM_complaints@hhsc.state.tx.us) ; as well as DTS

### **Instructions for Completing the Report**

#### **Column Headers**

1. **Name of MCO:** The MCO must enter the name of the MCO
  2. **Consumer # 1** (Identifies the issue being reported); repeating until exhausted
  3. **Rows**
  4. **Type of Contact:** Indicate if Complaint or Appeal
  5. **Source:** Entity filing the complaint/appeal
  6. **Location:** Refer to the Data and Definitions tab on the reporting template
  7. **Identifier:** Provide NPI or Facility ID
  8. **Address:** Address of NF (including county and Service Delivery Area)
  9. **Phone Number:** 10 digit phone number of NF
  10. **Complaint Against:** who the complainant filed the complaint against
  11. **Type of Service:** Refer to the Data and Definitions tab on the reporting template
  12. **Nature of Complaint/Contact Reason:** Refer to the Data and Definitions tab on the reporting template
  13. **Date Received:** Date complaint or appeal was received
  14. **Date Resolved:** Date complaint or appeal was resolved based on contractual requirements
  15. **Entity Resolving:** Refer to the Data and Definitions tab on the reporting template
  16. **Validation:** Indicate if complaint/appeal was substantiated or unsubstantiated
  17. **Disposition:** Refer to the Data and Definitions tab on the reporting template
-

Type of Contact	Type of Service	Nature of Complaint	Definition	Comments
Complaint or Appeal	Administration	Authorization	Drug or medical procedure requires prior authorization, or authorization denied.	Combined "req. prior authorization" and "denial of authorization of care"
Complaint or Appeal	Administration	Marketing practices	A complaint relating to any part of the UMCM Section, "Marketing and Member Materials Policy and Procedures."	LTCCO rec added
Complaint or Appeal	Administration	Payment/claims	A problem with payment to a provider of care, including delay of claim, and clean claim as defined in the UMCC.	Combines "denial of claim" and "denial of payment"
Complaint or Appeal	Administration	Pricing/co-insurance	A problem with charges to a member, including co-insurance amounts and balance billing	LTCCO rec added
Complaint or Appeal	Member Rights	Abuse, neglect, or exploitation	Report of abuse, neglect, or exploitation.	HHSC rec added
Complaint or Appeal	Member Rights	Appeal/Complaint decision or process	Problem with appeal notice, timing of notice, primary language used, or outcome of appeal decision; complaint is not being addressed or not addressed timely.	LTCCO rec added
Complaint or Appeal	Member Rights	Benefit/coverage	Problem with coverage or benefits provided, access to information about benefits, and benefit cards not received.	LTCCO rec added
Complaint or Appeal	Member Rights	Eligibility	Relates to Medicaid or MC eligibility, including reduction, change, or end of a service.	Combined our definitions
Complaint or Appeal	Member Rights	Enrollment and dis-enrollment	Unauthorized disclosure of confidential information, including MCO coercion, facility coercion, technical problems with enrollment or dis-enrollment, and complaints about the auto-enrollment	LTCCO rec added
Complaint or Appeal	Member Rights	Eviction/Involuntary discharge	resident is discharged against their wishes	
Complaint or Appeal	Member Rights	Member rights, incl. civil and religious	(Require up to 50 char description)	Combined HHSC/LTC ideas
Complaint or Appeal	Member Rights	Privacy	Unauthorized disclosure of confidential information, including violations of HIPAA, members' rights, and other privacy requirements.	Combined definitions of HHSC/LTC
Complaint or Appeal	Member Rights	Provider availability	Problem with finding an available service provider or changing a provider, including contracted providers.	Combination of "ability to access provider" and "change plan" with LTC idea
Complaint or Appeal	Member Rights	Retaliation	As a result of a previous complaint or appeal, the provider or organization takes negative action, such as threatening discharge from plan or facility, not providing care, or ignoring request.	HHSC rec added
Complaint or Appeal	Member Rights	Transportation	Problem getting transportation to appointments or emergency transportation, or problem with quality or safety of transport.	HHSC rec added
Complaint or Appeal	Member Rights	Value added services	Complaint about value added services changing, not provided or denied.	LTCCO rec added
Complaint or Appeal	Quality of Care and Life	Add on services	Problem with denial of, or service not provided. Add on services in a nursing facility include CPWC, CWC, ACD, DME, and additional therapies.	LTCCO rec added
<b>Complaint or Appeal</b>	<b>Quality of Care and Life</b>	<b>Behavioral health</b>	<b>Problem getting or keeping needed behavioral health services.</b>	<b>Added from HPM list</b>
Complaint or Appeal	Quality of Care and Life	Communication and care coordination	Lack of communication between care providers, or coordination with PCP, MCO, facility, etc.	Combines "lack of communication..." and "care coordination" (not service coordination)
<b>Complaint or Appeal</b>	<b>Quality of Care and Life</b>	<b>Dental, hearing, or vision</b>	<b>Problem getting needed services related to dental, hearing, or vision.</b>	<b>Added from HPM list</b>
Complaint or Appeal	Quality of Care and Life	Durable medical equipment	Problem getting, repairing, or condition of needed durable medical equipment.	From HHSC Type of Service
Complaint or Appeal	Quality of Care and Life	Emergency care	Not able to get emergency care	Adapted from "Ability to Access Provider/Emergency Care Access"
Complaint or Appeal	Quality of Care and Life	Insufficient staffing	Not enough staff in a facility setting, or staff not arriving as scheduled	HHSC rec added
Complaint or Appeal	Quality of Care and Life	Medications and pharmacy	Problem with medication ordering, refilling, errors, and preferred drug list	Combined and adapted from "med error," "non preferred drug list," and "too soon to refill."
Complaint or Appeal	Quality of Care and Life	Service coordination	A complaint about the person with primary responsibility for providing service coordination and care management to STAR+PLUS Members.	Adapted from "Care Coordination"
Complaint or Appeal	Quality of Care and Life	Staff behavior	Problem with staff treatment or attitude toward a member.	Renamed "staff behavior"
Complaint or Appeal	Quality of Care and Life	Staff training	Issue with staff that reflects inadequate training, such as doctor orders, recognition of illness, skill in procedure.	Combination of three versions of "staff lack of skills/knowledge"
Complaint or Appeal	Quality of Care and Life	Supplies/equipment	Not enough supplies or equipment, or goods and materials of inferior quality	Combined with "Quality of goods or materials"
<b>Complaint or Appeal</b>	<b>Quality of Care and Life</b>	<b>Therapy</b>	<b>Problem getting, keeping, or quality of therapy services.</b>	
Complaint or Appeal	Quality of Care and Life	Treatment inappropriate, ineffective, not provided	Report of insufficient care, lack of attention to a medical issue, ineffective or inappropriate treatment, or other poor quality of care	Combination of LTCCO and HHSC ideas, including "treatment inappropriate"
Complaint or Appeal	Quality of Care and Life	Unsanitary conditions	living conditions are dirty or unhealthy	