



# HHSC UNIFORM MANAGED CARE MANUAL

CHAPTER

**5.4.2.16**

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## NURSING FACILITY COMPLAINTS AND APPEALS REPORT INSTRUCTIONS

EFFECTIVE DATE

**March 1, 2017**

**Version 2.1**

TEXAS HEALTH AND HUMAN SERVICES COMMISSION

### DOCUMENT HISTORY LOG

STATUS <sup>1</sup>	DOCUMENT REVISION <sup>2</sup>	EFFECTIVE DATE	DESCRIPTION <sup>3</sup>
Baseline	2.0	August 1, 2016	Initial version Uniform Managed Care Manual Chapter 5.4.2.16, "Nursing Facility Complaints and Appeals Report Instructions."  This chapter applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, and 529-13-0042.
Revision	2.1	March 1, 2017	Version 2.1 applies to contracts issued as a result of HHSC RFP numbers 529-10-0020, 529-12-0002, and 529-13-0042; and to Medicare-Medicaid Plans (MMPs) in the Dual Demonstration.  I "Applicability" is modified to add MMPs in the Dual Demonstration.  IV "General" is modified to update and clarify the reporting period.  V "Instructions for Completing the Report" is modified to update the column headers to conform to the report template.

<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represented as "Baseline" for initial issuances, "Revision" for changes to the Baseline version, and "Cancellation" for withdrawn versions.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.



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### I. Applicability of Chapter 5.4.2.16

Applicability Modified by Version 2.1

This chapter applies to Managed Care Organizations (MCOs) participating in STAR+PLUS (including the Medicare-Medicaid Dual Demonstration (MMDD)). 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.

### II. 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:

1. The source and location of the complaint and/or appeal
2. The nature of category of complaint and/or appeal
3. The disposition of complaint and/or appeal (substantiated or unsubstantiated)
4. The complaint and/or appeal resolution length and entity that resolved complaint and/or appeal
5. Type of service or procedure-related to complaint and/or appeal

Attachment A – Uniform Managed Care Contract Terms and Conditions, Article 2 Definitions

**Complaint (Medicaid only)** means an expression of dissatisfaction expressed by a Complainant, orally or in writing to the MCO, about any matter related to the MCO other than an Action. As provided by 42 C.F.R. §438.400, possible subjects for Complaints include, but are not limited to, the quality of care of services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the Medicaid Member’s rights.

### III. 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 46 Coordination of Interagency Nursing Facility Resident Complaint Data and Information; and in accordance with the instructions below.



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The MCO should report any complaints/appeals for members currently residing in the nursing facility, who were residing in the facility at the time of the complaint or who were residing in the facility on the date of service.

### IV. General

IV. General Modified by Version 2.1

The MCO must report all consumer NF complaint and appeals data using the Microsoft Excel template provided by HHSC in UMCM Chapter 5.4.2.15. 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 (separating regular Medicaid and MMP membership) 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 Nursing Facility Complaints and Appeals Report template to the MCO 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 only add columns to add additional consumer appeals and complaints.

**Reporting Period:** The MCO must submit the initial report by October 15, 2016. This report will include data collected from March 1, 2015 through August 31, 2016. The MCO will submit the next 3 reports on a monthly basis, due no later than 45 days from the end of the reporting month (i.e. September 2016 complaints/appeals report will be due by the 15<sup>th</sup> day of November). Thereafter, each subsequent report will be due no later than 45 days from the end of the reporting quarter, beginning in the 2<sup>nd</sup> quarter of 2017 (i.e. SFY17 Q2 complaints/appeals report will be due by the 15<sup>th</sup> day of April 2017).

### V. Instructions for Completing the Report

#### Naming Convention

MCOs must use the naming conventions as set out in UMCM Chapter 5.1 and the deliverables codes from UMCM Chapter 5.1.1.

#### Row Headers

- Name of MCO:** The MCO must enter the name of the MCO, including Health plan name, Service Area and Plan code.
- Consumer # 1** (Identifies the issue being reported); begins with 1, then increasing the count, by one, on each entry

#### Column Headers

V. Instructions Modified by Version 2.1



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1. **Type of Contact:** Indicate if Complaint or Appeal
2. **Source:** Entity filing the complaint/appeal (Member or Member advocate)
3. **Complaint Against** who the complainant filed the complaint against
4. **Nursing Facility Identifier:** Provide NPI or Facility ID where Member resides
5. **Address:** Address of NF (including county and Service Delivery Area)
6. **Phone Number:** 10 digit phone number of NF
7. **Type of Service:** Refer to the Data and Definitions tab on the reporting template
8. **Nature of Complaint/Appeal Contact Reason:** Refer to the Data and Definitions tab on the reporting template
9. **Date Received:** Date complaint or appeal was received
10. **Date Resolved:** Date complaint or appeal was resolved based on contractual requirements
11. **Entity Resolving:** Refer to the Data and Definitions tab on the reporting template
12. **Resolution:** Indicate if complaint/appeal was substantiated, unsubstantiated or unable to substantiate
13. **Disposition:** Refer to the Data and Definitions tab on the reporting template
14. **Additional Comments/Notes:** MCO is able to provide any additional information or clarification, to the case, that may not be appropriate for another field.