

## Client Management (CL)

<b>CL: Manage Client Grievance and Appeal Process</b>	
Item	Details
<b>Description</b>	The <i>Manage Client Grievance and Appeal</i> business process receives data from the client or the client's agent or representative (Human Rights Councils, advocacy organizations, ACLU, facilities, etc.): records the problem, tracks the problem investigation, appeal and resolution process, and documents communications, dates and outcome; screens for required fields, edits required fields, verifies client information with external entities if available, assigns an ID, tracks the process and timeline, and records the final outcome.
<b>MITA Reference</b>	Source Process Name: <i>Manage Member Grievance and Appeal</i> Source Process Business Area: <i>Member Management</i> References: Part 1 Appendix C, Business Process Model Details Part 1 Appendix D, Business Process Capability Matrix Details <a href="http://www.cms.hhs.gov/MedicaidInfoTechArch/04_MITAFramework.asp">http://www.cms.hhs.gov/MedicaidInfoTechArch/04_MITAFramework.asp</a>
<b>Sample Data</b>	Service data: Services and provider types; program policy; and provider/contractor information Provider/contractor data, such as type, location, language, availability. Grievance and Appeal Case Files

### CL: Manage client Grievance and Appeal: Maturity Levels

Level 1	Level 2	Level 3	Level 4	Level 5
All activities are manual. Client fills out one or more paper forms for various programs and services, which are primarily received via USPS & fax using nonstandard formats. The process is lengthy, and may have inconsistencies between cases of the same type.  This Level complies with agency requirements.	The process incorporates Web interfaces for inquiries; scanned files; basic business rules; and state agency specific standards. The process is partially automated, improving consistency and reducing review time. Correspondence is generated automatically using templates.  This Level includes additional data and quality edits.	Client and/or agency staff enter all grievance and appeal information directly into an automated system. BH-MITA standard data and MITA compatible system interfaces are used to initiate and develop the case. The case file is Web-enabled to facilitate sharing among the review team. Cross agency coordination results in a one-stop shop model for both provider/contractor and client appeals.  At this Level data is standardized against HL7 RIM.	Client can enter all grievance and appeal information directly at the point of service. The process can be initiated by, tracked, or shared with business partners and clients through HIEs statewide. Clinical data and automated business rules help substantiate case findings and lead to earlier resolution of cases. A client case against a provider/contractor may be triggered directly from the clinical record.  This Level adds clinical data.	Interoperability and data sharing agreements across states facilitate case resolution through HIEs nationally. For example, one state can view how other states have resolved similar cases; one state can determine if the client is (or has been) involved in similar cases in other states.  This Level adds nationwide technical interoperability.

VA As Is

VA To Be

### Automation

Level 1	Level 2	Level 3	Level 4	Level 5
All/mostly paper	Internal processes mostly automated	Internal agency processes/interfaces mostly automated	External agency processes/interfaces mostly automated	Non-state entity processes/interfaces mostly automated

VA As Is

VA To Be

<b>Standards</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
Use few or no national standards	Internal processes use national standards	Internal agency processes/interfaces mostly use national standards	External agency processes/interfaces mostly use national standards	Non-state entity processes/interfaces mostly use national standards
VA As Is				
VA To Be				
<b>Cross Coordination</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
Little/no coordination across processes or with other programs	Internal agency operational processes coordinated	Internal agency program processes coordinated	External agency program and operational processes coordinated	Non-state entity program and operational processes coordinated
VA As Is				
VA To Be				
<b>Client Data</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
Little/no access to client specific data	Internal processes have access to client specific data	Internal agency processes have access to client specific data	External agency processes have access to client specific data	Non-state entity processes have access to client specific data
VA As Is				
VA To Be				
<b>Interoperability</b>				
<b>Level 1</b>	<b>Level 2</b>	<b>Level 3</b>	<b>Level 4</b>	<b>Level 5</b>
None	Limited interoperability internally or limited to claims processing systems	Interoperability with internal agency systems other than claims processing	Interoperability with external agency systems other than claims processing	Interoperability with non-state entity systems
VA As Is				
VA To Be				