

CCM Select

Approved 1/19/06

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Grievances

POLICY:

CCM Select assures that Members understand the grievance process. Upon enrollment each Member will be presented with a Member Handbook that explains the grievance process in detail. Members will be informed of how to directly access Member Services to obtain clarification with regard to the grievance process. The Member Services Department is responsible for the oversight of grievances and for referring a grievance to the Clinical Director if it pertains to clinical matters. CCM Select assures Members that grievances will be kept confidential and will in no way affect the services that Members receive. Whenever necessary, a Member is provided with assistance in filing a grievance. CCM Select providers receive a copy of our grievance policy and agree to participate in the process.

DEFINITION:

A grievance is an expression of dissatisfaction by the Member or provider on Member's behalf about care and treatment that does not amount to a change in scope, amount or duration of services. (Refer to Appeals Policy for matters that impact on scope, amount or duration.)

Grievance Process:

A grievance can be filed at anytime, either orally or in writing by the Member or someone acting on behalf of the Member, including a provider. An oral grievance can be filed with any staff member or provider of covered services, or by calling CCM Select Member Services at 1-877-226-8500, 24 hours a day. The staff member or provider will forward the grievance to the Member Services Department. A written grievance can be filed by writing CCM Select Member Services, 2401 White Plains Road, Bronx, N.Y. 10467.

Upon receipt of a grievance Member Services will record it in the grievance log. Member Services along with input as necessary from the Nurse Care Manager and the Clinical Director will determine if the grievance can be immediately (end of same business day) resolved to the Member's satisfaction. If an immediate resolution can be made, the Member is informed and a written notice of decision is unnecessary. Member Services will document the grievance resolution and maintain the grievance log for quality improvement purposes. If a solution cannot be reached the same day, Member Services along with the Clinical Director will determine whether the grievance will be handled on an expedited or standard basis. A Member may also request an expedited review of a grievance. Member Services will send a Grievance Acknowledgment with details of the review process to the Member within fifteen (15) business days of receipt of the grievance.

Timeframes for Review of Grievances:

A grievance will be expedited if CCM Select determines or the provider indicates that a delay would seriously jeopardize the Member's life or health or ability to attain, maintain or regain maximum function. As noted, the Member may request an expedited review and will be notified within the Grievance Acknowledgement if the grievance will be handled as expedited or standard.

A grievance must be decided as soon as a Member's condition requires, but no more than:

1. Expedited: Forty-eight (48) hours from receipt of all necessary information but no more than seven (7) calendar days from the receipt of the grievance.
2. Standard: Forty-five (45) calendar days from receipt of all necessary information but no more than sixty (60) days from receipt of the grievance.

The decision will be made by Member Services along with the Clinical Director who assures that the review will not include any staff member involved in any previous level of review or decision-making related to the grievance. Member Services will inform the Member of the decision in writing.

Extension of Timeframe:

The above timeframes maybe extended for up to fourteen (14) days, if requested in writing or verbally by the Member or a provider on Member's behalf. Any CCM Select staff involved in the grievance resolution process may also initiate extension upon justification of the need for additional information and if the extension is in the Member's interest. Member Services will give the Member written notice of an extension, stating the reason and the additional information required. Documentation for the extension will be kept with the grievance records.

Notice of Grievance Decision:

For an expedited grievance, the Member shall be promptly notified by telephone by Member Services of the decision.

In addition, for all grievances (expedited and standard), a written notice of decision shall be provided to the Member within three (3) business days of decision.

If a decision is reached before the Grievance Acknowledgement is sent, the acknowledgement may be included with the notice of decision.

The notice of decision shall include the date and summary of the grievance, the reason with the clinical rationale where applicable, CCM Select's action, explanation of the grievance appeal process, the grievance appeal form, and the availability of assistance in filing a grievance appeal.

Grievance Appeal:

A Member may appeal a grievance decision. A grievance appeal must be filed in writing within sixty (60) business days after the Member's receipt of the notice of decision. Member Services

will receive this appeal and send a Grievance Appeal Acknowledgement. The grievance appeal is communicated to the Program Director who will make the decision whether or not to expedite the appeal. If the request is received over 60 business days from the date of the original decision a grievance appeal will not be processed, and Member Services will send the Member notification that a determination will not be made. A Member or provider acting on Member's behalf may request an expedited grievance appeal. Member Services will consult with the Clinical Director and the Program Director as appropriate to determine if the grievance appeal will be handled on an expedited or standard basis.

A written acknowledgement of the grievance appeal will be sent to the Member within fifteen (15) business days of receipt of the grievance appeal. The acknowledgment shall state name and telephone of the CCM staff or department responsible for review, any additional information required, and whether the appeal will be expedited.

The Program Director assures that the grievance appeal will be handled by qualified staff at a higher level than those who made the initial grievance decision, and will refer appeals with a clinical basis to the Clinical Director, or to the Medical Director if the Clinical Director was involved in the initial decision, or to an appropriate clinical peer reviewer

Timeframes for Review of Grievance Appeals:

A grievance appeal must be decided as soon as the Member's condition requires, but no more than:

1. Expedited: Two (2) business days of receipt of all necessary information.
2. Standard: Thirty (30) business days receipt of necessary information.

Member Services shall provide the Member with a written notice of decision, which shall include the reason for determination and description of any actions that have or will be taken by CCM Select and in cases where the determination has a clinical basis, the clinical rationale for the determination.

If a decision is reached before the written acknowledgement is sent, the acknowledgement may be included with the notice of decision. No further appeal is available.

Record Keeping and Confidentiality:

Grievance information is entered and tracked using grievance logs, which are maintained by Member Services and are stored in a manner that preserves the confidentiality of the information. The confidentiality of such information is reviewed with all staff upon hire.

Specific information related to individual grievances/grievance appeals are kept together and stored in binders, along with the corresponding logs. The information shall include:

- a copy of the grievance/grievance appeal with the filing date;
- a copy of the Grievance / Grievance Acknowledgement form;

- Member/provider requests for expedited grievances/grievance appeals and CCM Select's decision;
- necessary documentation to support any extensions and
- a copy of the notice of decision, and in the case of a clinical determination, the credentials of the clinical staff that reviewed the grievance/grievance appeal.

Quality Management:

Member Services provides the Program Director with a monthly report of grievances and grievance appeals and an aggregate report is provided to the Vice President of Quality Management on a quarterly basis. The Vice President of Quality Management reviews the data for purposes of performance improvement and in accordance with the QAPI plan.

Forms:

Grievance Acknowledgment

Grievance Acknowledgment and Notice of Decision (Combined)

Notice of Plan Initiated Extension

Notice of Decision

Grievance Appeal Acknowledgment

Grievance Appeal – Refusal to Hear

Notice of Decision of Grievance Appeal