

## **ELDERSERVE POLICY AND PROCEDURE GRIEVANCE AND GRIEVANCE APPEAL**

### **POLICY:**

ElderServe addresses and resolves member grievances in an orderly and timely manner following appropriate procedures. Grievances are kept confidential, and will not in any way affect the services offered to a member or the way a member is treated.

ElderServe ensures that members understand the grievance process, have access to and can fully participate in the grievance system by providing assistance whenever necessary, including interpreter services and help with vision and hearing problems. Upon enrollment, each member will receive a Member Handbook that describes the grievance system in detail. Members will be informed how to directly access Member Services for any clarification regarding the grievance system and the assistance available to them in filing their grievances. ElderServe encourages members to speak to us about any concerns

ElderServe, its staff and its providers, will not discriminate against any member because the member filed a grievance. ElderServe providers receive a copy of our grievance policy and agree to participate in the process.

### **Grievance:**

Definition: an expression of dissatisfaction by a member, or provider on a member's behalf, about care and treatment that does not amount to a change in scope, amount or duration of service. A grievance can be verbal or in writing.

Grievance Committee: The Grievance Committee is responsible for reviewing and resolving written grievances, and consists of the member's Nurse Care Manager (NCM), Member Services staff, the COO or designee, and for grievances involving clinical matters, the Medical Director or designated licensed, certified or registered health care professional.

### **PROCEDURE:**

#### **Grievance Process:**

A grievance can be filed in person, or by calling ElderServe Member Services at 1-XXX-XXX-XXXX, or by writing ElderServe Member Services Department, (address).

A grievance can be filed with any ElderServe staff, who records the member's name, address or ID number, telephone number, the issue, date and time. All

grievances will be routed first to Member Services, which notifies the COO or designee, and the member's NCM. If a grievance pertains to clinical matters, Member Services refers it to the Medical Director.

Member Services is responsible to handle, track and maintain a file on each grievance and any associated appeal. The Member Services staff discuss the grievance with the Member's NCM and the COO or designee. Grievances that can be immediately decided (same day) to the member's satisfaction will not be responded to in writing. Member Services logs and documents same day grievances and decisions for quality improvement purposes. If the grievance cannot be resolved the same day, then the COO or designee will determine if the grievance shall be handled on a standard or expedited basis.

A member may request an expedited review. A grievance will be expedited if the COO or designee 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.

Time frames for response: Member Services sends an acknowledgment of a grievance within 15 business days of receipt. If a decision is reached before the acknowledgment is sent, the acknowledgment may be included with the notice of decision (one notice).

All grievances will be decided as fast as a member's condition requires, and in accordance with the following:

(a) Expedited: within 48 hours of receipt of all necessary information, but no more than 7 days from receipt of the grievance;

(b) Standard: within 45 days of receipt of all necessary information, but no more than 60 days from receipt of the grievance.

Extension of time frame: An extension of up to 14 days may be requested, verbally or in writing, by a member or provider on the member's behalf. Member Services may initiate an extension if it can justify the need for additional information and if an extension is in the member's interest. Member Services sends an extension letter to the member and document all extensions.

Notice of decision: Member Services sends a written notice of decision to the member within 3 business days of decision. For an expedited grievance, the member will also be promptly notified by phone. The notice of decision will include the date and summary of the grievance, the reason with clinical rationale if applicable, ElderServe's action, the grievance appeal form, explanation of the grievance appeal process and available assistance.

### **Grievance Appeal:**

A Member may appeal a grievance decision. A grievance appeal must be filed in writing within 60 business days after the member's receipt of the notice of decision. A grievance appeal received past this time frame will not be processed, and Member Services will send a letter to that effect to the member. A member or provider acting on behalf of the member may request an expedited grievance appeal.

Member Services receives grievance appeals, and notifies the COO or designee and Medical Director who establishes if an appeal will be handled on a standard or expedited basis. The COO assures that grievance appeals will be handled by qualified personnel at a level higher than the personnel who handled the grievance, with oversight by the COO or designee. Grievance appeals with a clinical basis are referred to the Medical Director, who assures review by qualified personnel, including licensed, certified or registered health care professionals who was not involved in the initial decision, at least one of whom will be a clinical peer reviewer.

Time frames for response: Member Services sends an acknowledgment of a grievance appeal within 15 business days of receipt. If a decision is reached before the acknowledgment is sent, the acknowledgment may be included with the notice of decision (one notice).

All grievance appeals will be decided as fast as the Member's condition requires, and in accordance with the following:

- (a) Expedited: within 2 business days of receipt of all necessary information;
- (b) Standard: within 30 business days of receipt of all necessary information.

Notice of decision: Member Services provides the Member with a written notice of decision setting forth the date and summary of the grievance, the reason with clinical rationale if applicable, and ElderServe's action.

### **Record Keeping and Documentation:**

Member Services enters, tracks and maintains grievance information using grievance logs, which are stored in a manner that preserves 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:

- Copy of grievance/grievance appeal;
- Date of filing;

- Date of receipt;
- Acknowledgment;
- Requests for expedited review, and ElderServe's decisions;
- Extensions, and supporting documentation; and
- Determinations, including dates, titles (and for clinical determinations, credentials) of ElderServe personnel who reviewed the grievance/grievance appeal.

**Quality Management:**

Member Services provides a monthly report of grievance activity to the COO, and a quarterly report to the CEO, who reviews the data for purposes of performance improvement and in accordance with the quality assurance plan.