

# **GRIEVANCE POLICY & PROCEDURE**

Revised 4/5/06

## CO-OP CARE PLAN

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## CO-OP CARE PLAN

**POLICY**

CO-OP Care Plan will ensure all Member's have an opportunity to express dissatisfaction about any service they receive from CO-OP Care Plan's staff and network providers at anytime and to receive a resolution and explanation in a timely manner.

**OBJECTIVE**

Members, Staff and Network Providers will understand the Grievance process and the Member's right to file a Grievance, Expedited Grievance, and Grievance Appeal for any dissatisfaction they express regarding the care and services they receive from CO-OP Care Plan and it's Network Providers.

**DEFINITION:**

**GRIEVANCE** – A verbal or written expression of dissatisfaction about any matter that does not amount to a change in scope, amount or duration of service. Possible subjects for Grievances 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 Member's rights.

**GRIEVANCE, EXPEDITED GRIEVANCE AND GRIEVANCE APPEAL PROCESS:**

- Member/designee or provider on Member's behalf may express dissatisfaction and file a Standard Grievance or an Expedited Grievance to any staff member either in person, in writing or at anytime by telephone. On-call staff is available after business hours.
- The Quality Improvement Supervisor serves as the Grievance and Grievance Appeals Officer.

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- If a person other than the Quality Improvement Supervisor or Quality Improvement Coordinator receives a verbal or written Grievance, the person receiving the information shall forward the Grievance in writing to the Quality Improvement Department, as immediately as possible based on the nature of the Grievance but no later than **one business day**.
- Grievances that can be immediately resolved to the Member's satisfaction the same day will not be responded to in writing. However, the Grievance and resolution will be documented and entered in the Grievance log for quality improvement purposes. If the Grievance cannot be resolved the same day the Quality Improvement Supervisor/designee will decide if the Grievance will be handled as an Expedited or Standard Grievance.
- An **Expedited Grievance** is a Grievance, which CO-OP Care Plan 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. A Member may also request an Expedited review of a Grievance.
- If the Member/provider requests an Expedited review and the Quality Improvement Supervisor/designee decides, after discussion with the Director of the Plan and/or Medical Director, that the Member's condition does not warrant an Expedited Grievance. The Grievance will be handled as a Standard Grievance and the Member/designee will be **notified verbally and in writing immediately of the decision**, and reason. (See template: "denial to expedite resolution to Grievance letter") If an acknowledgement letter of the request for an Expedited review has not already been sent, this information may be included in the acknowledgement letter. (See template: "Verbal Grievance Acknowledgment Letter" and "Written Grievance Acknowledgment Letter")
- If the Grievance is processed as an Expedited Grievance, the Grievance will be decided as fast as the Member's condition requires, but no more than **48 hours** of receipt of all necessary information, and no more than **seven (7) calendar days from the receipt of**

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**the Grievance.**

- If the Grievance is handled as a Standard Grievance, the Grievance will be decided as fast as the Member's condition requires, but no more than **45 calendar days** from receipt of all necessary information and no more than **60 calendar days** from receipt of the Grievance.
- An **Extension of up to 14 calendar days** to review an Expedited or Standard Grievance may be requested verbally or in writing by the Member, or provider on the Member's behalf. The Quality Improvement Supervisor in concurrence with the Director of Plan and/or Medical Director may also initiate an Extension if we can justify the need for additional information and if the Extension is in the Member's best interest. In all cases, the reason for Extensions will be well documented and the Member will be notified in writing of the reason for the Extension, how the delay is in the best interest of the Member and identify any additional information that the plan requires from any source to make the determination. (See template: "Grievance Extension Letter") This may be combined in the acknowledgement letter.
- The Quality Improvement Supervisor/designee will ensure the review of the Grievance is conducted by personnel who were not involved in any previous level of review, Or decision-making. If the Grievance pertains to clinical matters, the personnel reviewing the Grievance will include licensed, certified or registered health care professionals.
- The Quality Improvement Supervisor/designee will notify the Member of the decision for an Expedited Grievance by phone. For either Expedited or Standard Grievance the Quality Improvement Supervisor/designee will notify the Member in writing within three **(3) business days of the decision** and reason for the determination any action that has been or will be taken by CO-OP Care Plan and in cases where the determination has a clinical basis, the clinical rationale for the determination. (See template: Grievance decision Letter")
- To enable CO-OP Care Plan to handle all Grievances in an expeditious manner after

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business hours and eliminate any delay that could significantly increase risk to the Member, On Call Staff will contact the CO-OP Care Plan Director/designee via pager, on a 24 hour basis (twenty-four), seven (7) days a week basis. If a significant health care decision is needed, the CO-OP Care Plan Director/designee will contact the Medical Director via pager, on a 24 hour (twenty-four), seven (7) days a week basis.

- If the Grievance was registered verbally, the Quality Improvement Supervisor/designee will send the Member/designee a Grievance acknowledgment letter **within 15 (fifteen) business days of receipt** of the Grievance. (See template: “Verbal Grievance Acknowledgment Letter” and “Written Grievance Acknowledgement Letter”)
- The acknowledgement letters will include the name, address, telephone number of the person and department handling the Grievance and any additional information required by CO-OP Care Plan to make a decision.
- If a decision is reached before the written acknowledgement is sent, a notice of the decision may be included in or along with the acknowledgement letter.
- The Member/designee may Appeal the decision about the Grievance **within 60 business days of their receipt of the notice of the Grievance decision**. The Member or provider on the Member’s behalf must submit a request for a Grievance Appeal by letter.
- The Member/designee will not have Grievance Appeal rights if the request is not made **within 60 business days** of receipt of the notice of the Grievance decision and the Member/designee will be notified in writing. (See template, “denial to make a determination on a Grievance Appeal”)
- Upon receipt of the Grievance Appeal, the Quality Improvement Supervisor/designee will decide if the Grievance Appeal is an Expedited or Standard Appeal. The Member/provider may also request an Expedited Grievance Appeal. If the Member/provider requests an Expedited review and the Quality Improvement Supervisor/designee decides, after discussion with the Director of Plan and/or Medical Director, that the Member’s condition does not warrant an Expedited Grievance Appeal,

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the Appeal will be handled as a Standard Appeal. The Member/designee will be notified **verbally and in writing immediately** of the decision and the reason for the decision to process the Grievance Appeal as a Standard Grievance Appeal. (See template: “denial to expedite resolution to Grievance Appeal letter”)

- The Quality Improvement Supervisor/designee will send a written acknowledgment of the Grievance Appeal **within 15 (fifteen) business days of receipt of the Grievance Appeal request**. If a decision is reached before the written acknowledgement letter is sent, the notice of decision may be included in or along with the acknowledgement letter. The acknowledgment letter will include the name, address, telephone number of the person and department handling the Grievance Appeal and any additional information required by CO-OP Care Plan to make a decision. (See template: “Written Grievance Appeal Acknowledgment Letter”)

- The Quality Improvement Supervisor/designee will investigate the Grievance Appeal and make a decision **as fast as the Member’s condition requires, but no more than two (2) business days for Expedited Grievance Appeals and no more than 30 (thirty) business** for Standard Grievance Appeals of receipt of all necessary information. The determination of a Grievance Appeal on a non-clinical matter will be made by qualified personnel at a higher level than the personnel who made the Grievance determination. Grievance Appeal determinations with a clinical basis will be made by personnel qualified to review the Appeal, including licensed, certified or registered health care professionals who did not make the initial determination, at least one of whom must be a clinical peer reviewer.

- The Quality Improvement Supervisor/designee will send the Member a written notice of the decision. (See template: “Grievance Appeal decision letter”) The notice will include the reason for the determination, description of any actions that have been or will be taken, and in cases where the determination has a clinical basis, the clinical rationale for the determination.

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- The Member/designee does not have further rights to an External Appeal or State Fair Hearings on any Grievance Appeal decision by CO-OP Care Plan.

**GENERAL INFORMATION and PROCESSES**

1. The Grievance and Grievance Appeal process is described to the Member in the Member Handbook (available in Spanish and English, written in a manner easily understood,) which is reviewed with the Member by the Nurse Care Manager during the Initial Nursing Visit (INV), the Start of Care Visit (SOC) and again when the Grievance process is initiated.
2. CO-OP Care Plan Quality Improvement Supervisor/designee will assist the Member file a Grievance, Expedited Grievance or Grievance Appeal. If it is in the Member's interest or by their request, the Member may be referred to an advocacy group to assist the Member in filing a Grievance, Expedited Grievance or Grievance Appeal.
3. Interpreters are available free of charge when needed or requested by the Member/designee.
4. The Quality Improvement Supervisor coordinates the Grievance and Grievance Appeal process and serves as the Grievance and Grievance Appeal Officer. The Quality Improvement Supervisor/designee works closely with the Medical Director and Plan Director in all activities related to the Grievance and Grievance Appeal Process.
5. The CO-OP Care Plan Quality Improvement Supervisor/designee ensures all staff is oriented to the Grievance and Grievance Appeal process. This orientation will



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occur during regularly scheduled orientation program for new employees and as needed on an on-going basis.

6. Upon execution of a signed contract, the CO-OP Care Plan contracted provider has agreed to abide by CO-OP Care Plan's Grievance Policy and Procedure as indicated on page 3, Section 1:1-3 of the contract. The CO-OP Care Plan Quality Improvement Supervisor/designee will ensure Network Providers are oriented to the Grievance and Grievance Appeal process. This orientation will occur at the onset of their contract and will be reinforced on an ongoing basis as needed. When a provider receives a Grievance about their service, the provider will handle the complaints through their complaint procedure and notify CO-OP Care Plan's QI department of the complaint and resolution. If the provider receives a complaint on CO-OP Care Plan, the provider will inform the CO-OP Care Plan Quality Improvement Supervisor for implementation of the Grievance procedure as appropriate.
7. The Quality Improvement Supervisor/designee will ensure the timeframes are adhered to for all Grievances, Expedited Grievances and Grievance Appeals. The Quality Improvement Supervisor/designee maintains confidential files and logs of all Grievances, Expedited Grievances and Grievance Appeals and their resolutions. The following Steps 1 through 7 are followed to ensure all Grievance/Grievance Appeals are entered in appropriate logs maintained by QI Department.

Note: Following procedure does not apply to Vendor complaints, received by and about a Vendor, which are handled by the Vendor's complaint procedures
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- Step 1: Grievance about CO-OP Care Plan submitted to staff via written or oral communication.
- Step 2: Staff that received grievance immediately notifies Nurse Care Manager for action and enters information in Member's electronic chart
- Step 3: Nurse Care Manager notifies Nurse Care Management Supervisor and QI department of grievance and action taken to resolve issue.
- Step 4: The Nurse Care Management Supervisor will notify the QI department of the grievance and status of resolution.
- Step 5: All grievances will be entered in the appropriate Grievance Log by QI department.
- Step 6: Each month the Nurse Care Management Supervisors and QI staff will meet to ensure all grievances are logged in appropriate Grievance Logs.
- Step 7: If during chart reviews or case conferences the Nurse Care Management Supervisor discovers a grievance was submitted, Steps 4: through 6 will be followed.
8. The Quality Improvement Supervisor/designee is responsible for providing a report of the status of all Grievances and Grievance Appeals to the Medical Director and Quality Improvement Committee on an ongoing basis, but no less than quarterly.
9. The Quality Improvement Supervisor/designee will maintain the following information in the Grievance file:
- a. The date of the Grievance/Grievance Appeal was filed and a copy of the Grievance/Grievance Appeal;
  - b. The date of receipt of and a copy of the Member's acknowledgement letter, if any, of the Grievance/Grievance Appeal;
  - c. All Member/provider requests for Expedited Grievances/Grievance Appeals and CO-OP Care Plan's decision about the request;

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- d. Necessary documentation to support any extensions; and,
- e. The determination made by the plan, including the date of the determination, titles, and in the case of a clinical determination, the credentials of CO-OP Care Plan’s personnel who reviewed the Grievance/Grievance Appeal.

See attached templates for Notices:

CO-OP CARE PLAN  
 801 Co-op City Blvd.  
 Bronx, NY 10475  
 Toll free: (888) 830-5620  
 (Template Verbal Grievance Acknowledgement Letter)

(Date)

(Name of person filing Grievance)  
 (Address of person filing Grievance)

Re: (Name and MA# of Member)

Dear \_\_\_\_\_:

We have received your verbal Grievance on (date). The Nature of your Grievance is as follows:

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The name, title, address and phone number of the staff person designated to respond to your Grievance is:

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(888) 830-5620 extension: \_\_\_\_\_  
 Quality Improvement Department

Your Grievance will be investigated and resolved by (Date). To facilitate the investigation process, the following additional information is required to make a decision on your Grievance:

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CO-OP CARE PLAN

If you have any questions while we are handling your Grievance, please call the designated staff above at anytime.

Sincerely,  
(Name) \_\_\_\_\_, (Title)

CO-OP CARE PLAN  
801 Co-op City Blvd.  
Bronx, NY 10475  
Toll free: (888) 830-5620

(Template Written Grievance Acknowledgement Letter)

(Date)

(Name of person filing Grievance)  
(Address of person filing Grievance)

Re: (Name and MA# of Member)

Dear \_\_\_\_\_:

We have received your written Grievance on (date). The Nature of your Grievance is as follows:

\_\_\_\_\_  
\_\_\_\_\_

The name, title, address and phone number of the staff person designated to respond to your Grievance is:

\_\_\_\_\_  
\_\_\_\_\_

(888) 830-5620 extension: \_\_\_\_\_

Quality Improvement Department

Your Grievance will be investigated and resolved by (Date). To facilitate the investigation process, the following additional information is required to make a decision on your Grievance:

\_\_\_\_\_  
\_\_\_\_\_

CO-OP CARE PLAN

If you have any questions while we are handling your Grievance, please call the designated staff above at anytime.

Sincerely,  
(Name) \_\_\_\_\_, (Title)

Enclosure

CO-OP CARE PLAN  
801 Co-op City Blvd.  
Bronx, NY 10475  
Toll free: (888) 830-5620

(Sample denial to expedite resolution to Grievance letter)

(Date)

(Name of person requesting the Expedited resolution for the Grievance)  
(Address of person requesting the above)

Re: (Name and MA# of Member)

Dear \_\_\_\_\_:

We have received your request to expedite the resolution to your Grievance dated: (date). Your request for the Expedited resolution has been denied based on the following information, which indicates your Grievance, does not involve a significant health risk for (Name of Member): Your request will be handled as a Standard Grievance.

Reason:

\_\_\_\_\_  
\_\_\_\_\_

The name, title, address and phone number of the staff person that decided to deny your request for the Expedited resolution to your Grievance is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CO-OP CARE PLAN

(888) 830-5620 extension: \_\_\_\_\_  
Quality Improvement Department

If you have any questions while we are handling your Grievance, please call the above assigned staff at anytime.

Sincerely,

(Name) \_\_\_\_\_, (Title)

CO-OP CARE PLAN  
801 Co-op City Blvd.  
Bronx, NY 10475  
Toll free: (888) 830-5620

(Template: Grievance Extension Letter)

(Date)

(Name of person filing Grievance)  
(Address of person filing Grievance)

Re: (Name and MA# of Member)

Dear \_\_\_\_\_:

This letter is to notify you that CO-OP Care Plan is extending the review period of your Grievance dated (Date of Grievance) by up to 14 days to complete the investigation process.

The reason for the extension is as follows:

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The delay is in your interest due to the following reasons:

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CO-OP CARE PLAN

The additional information required to make our determination is as follows:

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If you have any questions while we are handling your Grievance, please call me at anytime. Telephone: [\(Number\)](#)

Sincerely,

[\(Name\)](#) \_\_\_\_\_, [\(Title\)](#)

CO-OP CARE PLAN  
801 Co-op City Blvd.  
Bronx, NY 10475  
Toll free: (888) 830-5620  
[\(Template: Grievance decision Letter\)](#)

[\(Date\)](#)

[\(Name of person filing Grievance\)](#)  
[\(Address of person filing Grievance\)](#)

Re: [\(Name and MA# of Member\)](#)

Dear \_\_\_\_\_:

We have investigated your Grievance, which we received on [\(date\)](#).  
The nature of your Grievance is as follows:

Decision: \_\_\_\_\_

Reason for the determination:

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Clinical basis for the determination (if applicable):

The following describes any actions that have been or will be taken by CO-OP Care Plan:

The name, title and address and phone number of the staff person assigned to investigate your Grievance is:

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CO-OP CARE PLAN

If you are not satisfied with the above decision, you may file an Appeal in writing within 60 business days of your receipt of this letter to:

CO-OP Care Plan Quality Improvement Department at Co-op City Blvd., Bronx, NY 10475

If you have a language, hearing or speech problem, we will provide you with assistance, free of charge by contacting me at (888) 830-5620, extension: (\_\_\_\_\_)

Sincerely,

(Name) \_\_\_\_\_, (Title)

CO-OP CARE PLAN

801 Co-op City Blvd.

Bronx, NY 10475

Toll free: (888) 830-5620

(Template: Written Grievance Appeal Acknowledgement Letter)

(Date)

(Name of person filing Grievance Appeal)

(Address of person filing Grievance Appeal)

Re: (Name and MA# of Member)

Dear \_\_\_\_\_:

We have received your written Grievance Appeal dated (Date of written Grievance Appeal). A copy of your Grievance Appeal letter is attached. Please retain this acknowledgement letter for your records.

The name, title, address and phone number of the staff person designated to respond to your Appeal is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(888) 830-5620 extension: \_\_\_\_\_

Quality Improvement Department

Your Appeal will be investigated and resolved by (Date).

If you have any questions while we are handling your Grievance Appeal, please call the designated staff above at anytime.



CO-OP CARE PLAN

To facilitate the investigation process, the following additional information is required to make a decision on your Grievance Appeal:

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Sincerely,

(Name) \_\_\_\_\_, (Title)

Attachment (Copy of written Grievance Appeal)

CO-OP CARE PLAN  
801 Co-op City Blvd.  
Bronx, NY 10475  
Toll free: (888) 830-5620

(Template denial to make a determination on a Grievance Appeal)

(Date)

(Name of person requesting Grievance Appeal)  
(Address of person requesting the above)

Re: (Name and MA# of Member)

Dear \_\_\_\_\_:

We have received your request for an Appeal to the Grievance decision dated (date of request) however we regret to inform you that the request is denied because the request was not submitted within **45 days** from the postmark date of the Notice of Action.

If you have any questions regarding your request, please contact me at the above address and phone number.

Sincerely,

(Name) \_\_\_\_\_, (Title)

CO-OP CARE PLAN

CO-OP CARE PLAN  
801 Co-op City Blvd.  
Bronx, NY 10475  
Toll free: (888) 830-5620

(Sample denial to expedite resolution to Grievance Appeal letter)

(Date)

(Name of person requesting the Expedited resolution for the Grievance Appeal)  
(Address of person requesting the above)

Re: (Name and MA# of Member)

Dear \_\_\_\_\_:

We have received your request to expedite the resolution to your Grievance Appeal dated: (date). Your request for the Expedited resolution has been denied based on the following, which indicates your Grievance Appeal does not involve a significant health risk for (Name of Member): Your request will be handled as a Standard Grievance Appeal.

Reason:

\_\_\_\_\_

The name, title, address and phone number of the staff person that decided to deny your request for the Expedited resolution to your Appeal is:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

CO-OP CARE PLAN

\_\_\_\_\_  
(888) 830-5620 extension: \_\_\_\_\_  
Quality Improvement Department

If you have any questions while we are handling your Grievance Appeal, please call the above assigned staff at anytime.

Sincerely,

(Name) \_\_\_\_\_, (Title)

CO-OP CARE PLAN  
801 Co-op City Blvd.  
Bronx, NY 10475  
Toll free: (888) 830-5620  
(Sample Grievance Appeal decision Letter)

(Date)

(Name of person filing Grievance Appeal)  
(Address of person filing Grievance Appeal)

Re: (Name and MA# of Member)

Dear \_\_\_\_\_:

We have investigated your Grievance Appeal, which we received on (date) and have made the following decision regarding the Appeal:  
Decision:

\_\_\_\_\_  
Summary of Grievance Appeal:

\_\_\_\_\_  
Reason for the determination:

\_\_\_\_\_  
Clinical basis for the determination (if applicable)

\_\_\_\_\_  
Description of any actions that have been or will be taking place by the Plan:  
\_\_\_\_\_

The name, title, address and phone number of the staff person assigned to investigate your Appeal is:

\_\_\_\_\_  
\_\_\_\_\_

CO-OP CARE PLAN

(888) 830-5620 extension: \_\_\_\_\_  
Quality Improvement Department

Please be aware that if you are not satisfied with the above decision, you do not have further rights to Appeal the decision.

Sincerely,

(Name) \_\_\_\_\_, (Title)