

Definition: A grievance appeal is a written communication from the member that the member disagrees with the decision of GuildNet in response to the grievance filed. Once a member files a grievance appeal, GuildNet must look again at the determination to decide if the decision was the correct one.

POLICY:

Members are instructed during enrollment of their right to appeal a grievance determination if the member is dissatisfied with the determination of a grievance. Members are advised how to file a grievance appeal and if needed, told how to obtain assistance from GuildNet staff. GuildNet staff will review the grievance appeal with no disruption in the member's care and members will be free from coercion, discrimination or reprisal by the program.

The member has the right to present their reasons for the grievance appeal both in person and in writing during the grievance appeal process. The member has the right to examine all records that are part of the grievance appeal process. The member has the right to have a designated representative.

There are two (2) types of grievance appeal processes. They are:

- a. Standard grievance appeal decisions are made within 30 business days of the date of receipt of necessary information.
- b. Expedited grievance appeal decisions (if the member, provider on behalf of member or GuildNet feel that the time interval for a standard grievance appeals process could result in serious jeopardy to the member's health, life or ability to attain, maintain or regain maximum function) are made within 2 business days of receipt of all necessary information.

For both the standard and expedited process, the member must submit a written grievance appeal form request within 60 business days from the receipt of the initial grievance decision. The appeal request form is sent with all notices of action, denial of service requests or grievance determinations not made in the members favor. Members may request an appeal verbally and GuildNet staff will complete the appeal request form on the member's behalf, and file with QAPI.

PROCEDURE:

[The following procedures pertain to all services with the exception of Dental which is administered by HealthPlex and is described immediately following the internal procedures.]

- 1) Once QAPI staff or case manager has sent a letter with the grievance decision, the member must file a grievance appeal request in writing within sixty (60) business days. If the grievance appeal request is made after 60 days, the QAPI Director or designee will send a letter denying the request.

- 2) If the member calls to file a request for grievance appeal, unless it is to be expedited, the member must send a written request.
The QAPI Director or designee will record all grievance appeals requests on a log. The grievance appeal request information is given to the Director of Care Management or Director of QAPI for assignment. The grievance appeal determination will be made by personnel qualified to review the grievance appeal, including licensed, certified or registered health care professionals, who did not make the initial determination.
- 3) The QAPI Director or designee will send a letter acknowledging the grievance appeal request and outlining how GuildNet will process the request within 15 days of receipt of grievance appeal request, unless the appeal is expedited in which case the acknowledgement letter and grievance appeal decision will be combined.
- 4) The process of the grievance appeal review can include:
 - Review by knowledgeable clinical personnel who were not involved in GuildNet's initial decision;
 - Contact with the primary care physician;
 - Possible telephone or home visit contact with the member or member representative;
 - Review of the Medical Record;
 - Review of vendor response (if any); and,
 - Utilization of assessment tools;
- 5) If the member feels that the request for grievance appeal needs to be expedited, and if after review, the QAPI Director does not agree with the expedited nature of the grievance appeal, the member will be notified in writing within (1) day from receipt of request to expedite grievance appeal. The letter informs the member that the request for an expedited grievance appeal has been denied and the grievance appeal will be handled as a standard grievance appeal and identify timeframes for standard grievance appeal resolution. The QAPI Director will send a written notice regarding the resolution of the grievance appeal determination within two (2) business days of receipt of all necessary information if the request is an expedited grievance appeal.
- 6) The QAPI Director or designee will send a written decision to the member within:
 - Thirty (30) days from receipt of all necessary information if the request is a Standard Grievance appeal; and,
 - Two (2) days from receipt of all necessary information if the request is an expedited grievance appeal and GuildNet agrees that the request should be expedited.

- 7) The letter contains the date of grievance, date of appeal, appeal decision, a summary of the grievance appeal and description of the actions that have been taken by the plan when the grievance appeal is decided in the members favor.

Dental

Dental services are managed under contract with HealthPlex. HealthPlex shall participate in and comply with GuildNet's **grievance** procedures and timeframes described above. HealthPlex shall maintain a written record, not limited to but including type of **grievance** and numbers of same, of any **grievance** and provide such record monthly. At such time, HealthPlex will also provide all GuildNet specified relevant documentation regarding the action and shall provide any other applicable documentation in a timely manner as reasonably requested.

GuildNet will review periodically HealthPlex's compliance with GuildNet Policies and Procedures including such particulars as use of GuildNet letterhead for pertinent member correspondence and adherence to required timeframes.