



FCHP MassHealth Grievance Policies and Procedures

Definitions

The following definitions apply to the MassHealth Grievance policy and procedure:

Adverse Action	<p>The following actions or inactions by FCHP:</p> <ul style="list-style-type: none"> (1) the failure to provide Covered Services in a timely manner in accordance with the MassHealth waiting time standards in Section 2.6.B of the contract; (2) the denial or limited authorization of a requested service, including the determination that a requested service is not a Covered Service; (3) the reduction, suspension, or termination of a previous authorization for a service; (4) the denial, in whole or in part, of payment for a service, where coverage of the requested service is at issue, provided that procedural denials for requested services do not constitute Adverse Actions, including but not limited to denials based on the following: <ul style="list-style-type: none"> (i) failure to follow prior authorization procedures; (ii) failure to follow referral rules; (iii) failure to file a timely claim; (5) the failure to act within the timeframes in Section 2.4.B.4 of the contract for making authorization decisions. Also referred to as an "Initial Determination." and (6) the failure to resolve an Appeal within the timeframes specified in Section 2.9.B.4 of the contract.
Appeal	A request made by a Member or an Agent on behalf of a Member for review of the FCHP Adverse Action
Authorized Appeal Representative	Any individual that Member has authorized in writing to act on the Member's behalf with respect to a Grievance.
Board of Hearings (BOH)	The Board of Hearings within the Executive Office of Health and Human Services' Office of Medicaid.
Database	The system in which Grievance data is accumulated: data captured includes Member demographics and case specific Grievance type, outcome and turn around times.
Designated Reviewer	Administrative or clinical staff within the FCHP network who have the authority to address Grievances and to take corrective action if necessary. Examples of Designated Reviewers are: Team Leader, Administrator, Supervisor, Clinical Chief, Medical Director.
Grievance	Any expression of dissatisfaction by a Member or the Member's Authorized Appeal Representative about any action or inaction by FCHP other than an Adverse Action. Possible subjects for Grievances



	<p>include, but are not limited to:</p> <ul style="list-style-type: none"> • quality of care or services provided, • aspects of inter relationships such as rudeness of a Provider or employee of the FCHP, • failure to respect a Member's rights • not agreeing with FCHP decision to extend authorization timelines; • not agreeing with FCHP's extension of standard or expedited appeals timelines; <p>not agreeing with FCHP's decision not to expedite an Internal Appeal request.</p>
Grievance regarding Quality of Care	A Member's or Authorized Appeal Representative's complaint that involves the clinical care or medical treatment delivered to a Member (<i>with no associated service denial</i>), based on Member's perception of the delivery of care.
Inquiry	Any oral or written question by a Member received by FCHP regarding an aspect of FCHP operations that does not express dissatisfaction about FCHP.
PHI- Protected Health Information	Individual identifiable health information that is transmitted or maintain in any form or medium, excluding employment records held by FCHP in its role as employer.
Personal Representative Authorization Form	A form that, when signed, authorizes a third party to act on member's behalf during the Grievance.



I. GRIEVANCES PROCESSED BY THE CUSTOMER SERVICE DEPARTMENT RESEARCH UNIT

Grievances, which can be resolved within 2 business days, are handled by the Fallon Community Health Plan's Customer Service Research Unit. An example of such a Grievance would be a Member's complaint that they did not receive their ID card.

II. GRIEVANCES PROCESSED BY THE MEMBER RELATIONS DEPARTMENT

A. GRIEVANCE CASES RECEIVED BY TELEPHONE CALL, IN PERSON, E-MAIL OR FAX

The Member Relations Coordinator or the Member Relations Administrative Assistant may receive a Member's telephone call directly or by transfer from Customer Services Department. The Member Relations Coordinator or the Administrative Assistant informs Members of the following:

- ◇ Grievance process offered by FCHP (Additionally, the Grievance rights are available upon Member's request)
- ◇ translation services that are available through FCHP free of charge
- ◇ upon request from the Member, any correspondence relating to the Member Grievance is available in Spanish and large print
- ◇ Member Relations availability to assist with filing an Appeal or completing any necessary forms
- ◇ how the Member can file a Grievance which includes:
 - providing a description of the Grievance over the telephone
 - sending a letter in writing
 - submitting an e-mail to the Member Relations Department
 - meeting with a Member Relations Coordinator in the FCHP offices to discuss a Grievance directly

Once the Administrative Assistant is notified that a Member came in to speak with a Coordinator regarding a Grievance, she calls the next available coordinator and advises the coordinator of the walk-in request

B. GRIEVANCE CASES RECEIVED BY WRITTEN MEMBER CORRESPONDENCE

1. The Member Relations Triage Analyst acknowledges the Member's or Authorized Appeal Representative's Grievance within (1) business day of receipt of the Grievance.
2. The Member Relations Coordinator follows Grievance process outlined in II.A.

C. INTERPRETER SERVICES/AVAILABILITY OF MEMBER MATERIALS IN ALTERNATIVE FORMATS



If the Member requests interpreter services the Member Relations staff follow the following process:

- ◇ Use conference Hold to place the non-English speaker on hold.
- ◇ Dial one of the following Language Line Services number:
 - 1-800-523-1786 for emergencies or
 - 1-800-874-9426 for routine calls.
- ◇ Inform the Language Line Representative of the type of language needed by the Member
- ◇ Enter the FCHP client number, which is 226353.
- ◇ Enter the company name (FCHP) and the Member Relations staff person personal code. The personal code consists of the initials of the FCHP employee's first and last name along with the extension number.
- ◇ The interpreter is placed on the line to discuss the Member's issue.
- ◇ Once the interpretation is completed, Member Relations staff must state "end of call" to terminate the call.

If the Member requests that all Appeal related correspondence is sent to him/her in the Spanish language, the Member Relations staff accommodate such request by having the letter translated by the bilingual FCHP staff. If such staff is not available, the Member Relations staff may:

- ◇ Contact the FCHP Communications Department for assistance
- ◇ Access Ectaco - On Line Dictionary by clicking on the following link
<http://online-old.ectaco.com/online/diction.php3?refid=316&pagelang=23&word=harmless&direction=1&lang=12>

If the Member requests Appeal related correspondence in a large print, the Member Relations staff accommodate such request by printing the relevant documents in font size 14.

D. GRIEVANCE PROCESSING PROCEDURE

Upon receipt of a Grievance, the Member Relations Coordinator shall:

1. Determine whether or not the Grievance also involves review of an Adverse Action or Benefit Determination.
 - a) The Member Relations Coordinator identifies whether or not a Grievance also involves an Adverse Action. If the Coordinator determines that a Grievance also involves an Adverse Action, then this situation shall be handled separately but concurrently as a Grievance and an Appeal within the appropriate timeframes.



- b) The Member Relations Coordinator shall send the Member or Authorized Appeal Representative a written acknowledgment of the receipt of the Grievance within 1 business day.

2. Grievance Category Form.

- a) The Member Relations Coordinator completes a Grievance Category Form. The following information shall be noted on the Grievance Category Form:
 - ◇ Member's name;
 - ◇ Report number;
 - ◇ Member's date of birth;
 - ◇ Member's medical record number;
 - ◇ Case categorization—the Member Relations Coordinator refers to the Site and Department lists, for appropriate case categorization;
 - ◇ Case Open Date: Date of receipt of Grievance case;
 - ◇ Case Closed Date: Date of final written notification to Member to report resolution (notification may also include a call to the Member); Member must be notified of resolution within 30 calendar days of receipt of Grievance; and
 - ◇ The existence of a concurrent Appeal.

If the Member's complaint involves a Grievance and an Appeal then both issues will be documented and tracked.

- b) The Member Relations Coordinator submits the Grievance Category Form to the Department Administrative Assistant. The Administrative Assistant completes the demographic section and data entry of all information into the department database.
- c) The Department Administrative Assistant provides the Member Relations Coordinator with the case file report number after the data entry process is completed.

3. Grievance Case Summary Form. The Member Relations Coordinator documents the Member's issue on a Grievance Case Narrative Form. Grievance case summaries are located in the Member Relations G drive in the individual representatives file folders.

4. Grievances Regarding Quality of Care. The Member Relations Coordinator faxes the Quality of Care Grievance case narrative to the FCHP Quality Management Department. If the Member Relations Coordinator determines that the Quality of Care Grievance also involves a denial of services: *e.g., Member complains about the medical care s/he received because her/his doctor did not authorize surgery or other medical service or did not provide an appointment within the waiting time access standards specified in the*



contract with EOHHS, the denial of services issue shall be treated as an Appeal.

5. Grievances Initiated by Individuals Other Than the Member.

- a) If a Grievance is initiated by someone other than the Member, the Member Relations Coordinator acknowledges the Grievance with a notice that encloses the Personal Representative Authorization Form. This letter informs the Member that the Grievance will be dismissed if the Member does not sign and return the form within the timeframe to resolve the Grievance (30 calendar days of receipt of the Grievance).
- b) If FCHP does not receive the signed Representative Authorization form within 30 calendar days of the receipt of the Grievance, the Member Relations Coordinator may dismiss the Grievance by sending the Member written notice of the dismissal.
- c) The Member Relations Coordinator may need to obtain written authorization from the Member in order to request information necessary to process the Grievance. This includes obtaining any necessary forms, e.g. medical records and treatment authorization forms, when required by the provider. The request for written authorization may be enclosed with the letter to the Member acknowledging receipt of the Grievance.

6. Research. The Member Relations Coordinator initiates research of Grievances within 2 business days of receipt of the Grievance. The Member Relations Coordinator researches and collects all pertinent information and documents findings on the Grievance Case Narrative Form.

7. Contact with Contracted or Non-contracted Provider Offices. The Member Relations Coordinator shall contact provider or administrative offices to communicate about Grievances.

8. Contact with the Designated Reviewer.

- a) Within 5 business days of receipt of a Grievance, the Member Relations representative contacts the FCHP Designated Reviewer and forwards all pertinent information via fax or email. The representative requests that the Designated Reviewer (who had no prior involvement with this Grievance) address Member's issues, provide resolution and a create a corrective action plan if indicated. The Designated Reviewer may contact the Member to acknowledge the issue and provide resolution. In some circumstances, the Designated Reviewer may share with the Member the corrective action plans implemented to prevent the same Grievance from reoccurring. The Designated Reviewer shall be an actively practicing health care professional, in the same or similar specialty.



- b) The Member Relations Coordinator will ensure that the following types of Grievances are reviewed by health care professionals who have the appropriate clinical expertise in treating the Member's medical condition, performing the procedure, or providing the treatment that is the subject of the Grievance:
- ◇ Quality of Care Grievances;
 - ◇ Grievances regarding the denial of a Member's request that an Appeal be expedited;
 - ◇ Grievances regarding clinical issues.
 - ◇ Grievances where the Member is not agreeing with FCHP decision to extend authorization timelines;
 - ◇ Grievances where the Member is not agreeing with FCHP's extension of standard or expedited appeals timelines;
 - ◇ Grievances where the Member is not agreeing with FCHP's decision not to expedite an Internal Appeal request.

c) Medical Records.

- ◇ If the Designated Reviewer requests medical records, the Member Relations Coordinator facilitates acquisition of such records. The Member Relations Coordinator will include the FCHP Authorization for Release of Information form, when required by the provider who is releasing the medical record.
- ◇ In the event that the signed authorization required by the provider is not provided by the Member or the Member's Authorized Appeal Representative within (30) calendar days of the receipt of the Grievance, FCHP may, at its discretion, issue a resolution of the Grievance without review of some or all of the medical records. Prior to reaching this decision the Member Relations Coordinator will contact that member to request that that signed form be returned.
- ◇ Upon receipt of the signed Authorization of Release form from the Member, the Member Relations Coordinator sends the Member's signed Authorization of Release of Information form to the treating provider(s).
- ◇ The Member Relations Coordinator contacts the provider(s) by telephone if records are not received within 5 business days.

The Member Relations Coordinator sends a letter, the Grievance Case Summary and medical records to the Designated Reviewer.

- d) The Member Relations Coordinator contacts the Designated Reviewer within 2 business days of the Designated Reviewer's receipt of all pertinent information to discuss the outcome of review of the Grievance.



9. Grievance Case Summary Form. The Member Relations Coordinator documents the Designated Reviewer's findings, including the Designated Reviewer's comments and recommendations for internal follow-up and resolution of the Grievance, on the Grievance Case Narrative Form. The Member Relations representative also includes the recommended corrective action plan in the Grievance Case Summary.

10. Contact Member.

The Member Relations Coordinator shall provide the Member or an Authorized Appeal Representative with a written resolution of the Grievance within thirty (30) calendar days of receipt of the oral or written Grievance or as expeditiously as the Member's health requires. The written resolution shall include:

- ◇ documentation of the substance of Grievance made by the Member, the actions taken by the Plan, and
- ◇ the investigation of the substance of the Grievance by the Plan, including any aspect of clinical care involved.
- ◇ Information relating to FCHP toll-free number with TTY/TTD services
In cases with associated quality of care issues that are not completely resolved, the Member will receive notification that the Grievance was received and investigated and an explanation of final disposition provided.

11. Grievance Case Distribution. The Member Relations Coordinator submits the Grievance case to the Member Relations Administrative Assistant for distribution to FCHP and other Fallon-designated administrative personnel. The Administrative Assistant files Grievance cases in Member Relations central files.

12. Grievance totals and trends are also reported to the Customer Service and Performance Improvement Committees.

13. Document Retention. The Member Relations Department maintains Grievances files documentation for ten (10) years following the final resolution of the Grievance.

E. GRIEVANCE CASES RECEIVED FROM EOHHS

1. The FCHP MassHealth liaison receives the Member Grievance from EOHHS, which in turn is sent to the Member Relations Manager.
2. The Member Relations Manager assigns the Grievance to a Member Relations Coordinator for formal documentation and processing of the Grievance.
3. The Grievance is processed in accordance with section II. A of this policy within the timeframe requested by EOHHS.



4. The Member Relations Coordinator forwards the Grievance resolution letter as well as any grievance details to the FCHP MassHealth liaison

F. OPEN CASE TRACKING

The Administrative Assistant provides each Member Relations Coordinator with a weekly Open Case Tracking Report. Member Relations Coordinators are responsible for monitoring timeliness of case completion from the Open Case Tracking Report.



CA-GR-2.0 FCHP Grievances Oversight Policy

I. Grievances Case Tracking Policy

A. TRACKING

1. The Member Relations Administrative Assistant enters Grievance case categorization information into the Member Relations database.
2. The Member Relations Management compiles information from the Member Relations database on a monthly, quarterly, semi-annual and annual basis.
3. Member Relations Management identifies trends and establishes corrective action plans where necessary. The Manager distributes information relevant to identified trends and corrective action plans to the appropriate administrative personnel.
4. The Management presents this information to the Plan's Member Relation/Customer Service Committee and the Performance Improvement Committee (PIC).

B. CATEGORIZATION

1. The Member Relations Management is available to review Member issues with the department Coordinators for the purpose of providing direction on an as needed basis.
2. The Administrative Assistant provides Management with detailed summary reports of each department Coordinator's case volume/activity on a monthly basis.
 - a) The Member Relations Administrative Assistant generates categorization reports from the database.
 - b) The Manager reviews categorization reports for the purpose of verifying the appropriateness of category assignment and ensuring timeliness of resolution.
 - c) The Manager discusses any questions relevant to the appropriateness of categorization or timeliness of resolution with the department Coordinator by whom the case was documented.

C. CASE NARRATIVE DOCUMENTATION

1. The Management is available to review Member issues with the department Coordinators for the purpose of providing direction on an as needed basis.



2. The Management reviews a random sampling of completed cases from the department central file on a monthly basis.
3. The Management reviews case narrative documentation for: accuracy of categorization; timeliness of resolution; completeness; and compliance with Member rights and regulatory requirements.
4. At the discretion of the Manager, noted deficiencies are subject to corrective measures and/or disciplinary action as necessary.

D. OPEN CASE TRACKING REPORT

1. The Administrative Assistant provides a weekly report of all open cases for each Member Relations Coordinator to the respective coordinator and to the Management. Reports are designed to list open cases from oldest to newest.
2. The Member Relations Coordinators are responsible to monitor timeliness of case completion based on open case tracking report.
3. The reviews the open case tracking report on a weekly basis to monitor timeliness of case completion.
4. The Management meets with Coordinators regarding all cases that have been open in excess of 15 business days to monitor and assist where necessary with case completion within the 30 calendar day time standard.
5. All Grievances files are maintained for ten (10) years.

E. EOHHS Reporting Requirements

On a semi-annual basis, the Member Relations Department provides EOHHS a report of the Grievance activity for the Member Relations Department. The report includes an analysis of the number and types of -Grievances received from MassHealth Members, the action taken for each Grievance, and the time it took to resolve each Grievance.