<table>
<tr><td>Section:
Customer Service</td><td>Procedure Name:
Grievance Procedure</td><td>Procedure #:
MHL P06.07.01</td></tr>
<tr><td colspan="3">Overarching Policy:
MHL 06.07 Medicare Member Grievance Policy</td></tr>
<tr><td>Owner:
Customer Services Manager</td><td>Reviewed By:
Sarah Ameter</td><td>Total Pages:
5</td></tr>
<tr><td>Required By:
☒ BBA ☒ MDHHS ☒ NCQA
☐ Other (please specify):
_______________________</td><td>Final Approval By:
Sarah Ameter</td><td>Date Approved:
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<tr><td>Application:
☒ SWMBH Staff/Ops
☐ Participant CMHSPs
☐ SUD Providers
☐ MH/IDD Providers
☐ Other (please specify):
_______________________</td><td>Line of Business:
☐ Medicaid
☐ Healthy Michigan
☐ SUD Block Grant
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☐ Other (please specify):
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Policy: All verbal or written grievances received at Southwest Michigan Behavioral Health (SWMBH) will be investigated and resolved in a consistent and timely manner, in accordance with the guidelines outlined in Section 42 of The Code of Federal Regulations, Part 422, Subpart M- Grievances, Organization Determinations and Appeals and Part 438, Subpart F: Grievance System and Appeal System. The grievance process meets all Centers for Medicare and Medicaid Services (CMS) guidelines, and National Committee of Quality Assurance (NCQA) standards. An expedited process will be implemented whenever a complaint or grievance has been determined to be of an urgent clinical nature. All grievances will be monitored, tracked and trended in a central database maintained by the Member Service Department.

Purpose: This procedure outlines the requirements of SWMBH staff to ensure complete, accurate and timely communication, documentation, and tracking of Grievances. This procedure promotes a high standard of clinical care and sharing of pertinent information for grievances. It also provides an accurate account of grievances filed in order to identify trends and improve care.

Scope: Member Services

Responsibilities: SWMBH Member Services department shall ensure compliance with this procedure related to the processing and record keeping of grievances.

Definitions:

A. <u>Authorized Representative:</u> An individual appointed by an enrollee or other party, or authorized under State or other applicable law, to act on behalf of an enrollee or other party involved in an appeal or grievance. Unless otherwise stated, the representative will have all of the rights and responsibilities of an enrollee or party in obtaining an organization determination, filing a grievance, or in dealing with any of the levels of the appeals process, subject to the applicable rules described at 42 CFR Part 405.

B. <u>Grievance:</u> An expression of dissatisfaction with any aspect of the operations, activities or behavior of a plan or its delegated entity in the provision of health care items, services, or prescription drugs, regardless of whether remedial action is requested or can be taken. A grievance does not include, and is distinct from, a dispute of the appeal of an organization determination or coverage determination or an LEP determination.

C. <u>Quality of Care:</u> The extent to which health care services provided to individuals and patient populations improve desired health outcomes. In order to achieve this, health care must be safe, effective, timely, efficient, equitable and people centered. A quality of care complaint may be filed through the Medicare health plan’s complaint process and/or a QIO. A QIO must determine whether the quality of services (including both inpatient and outpatient services) provided by a Medicare health plan meets professionally recognized standards of health care, including whether appropriate health care services have been provided and whether services have been provided in appropriate settings.

Procedure:

A. <u>Member or member’s authorized representative will contact SWMBH orally or in writing to express their grievance/complaint.</u>
   1. If a member wishes to name a representative for a grievance, Member Services will send an appointment of representative form for the member to complete and return.

B. <u>Grievances will be addressed by the Member Services Department.</u>

C. <u>Member Services will listen, support, and help problem-solve when a member and/or authorized representative contacts SWMBH with a grievance. SWMBH will ask questions to determine the member’s desired resolution/outcome related to the grievance.</u>

D. <u>Initial investigation will determine if the reported concerns will be addressed and tracked as a grievance.</u>
   1. If the nature of the complaint relates to an adverse benefit determination, the complaint may be treated as an appeal solely or concurrently with a grievance.
   2. If member or authorized representative simply wants to notify SWMBH of a concern without any follow up or desired outcome, it is logged as an “Inquiry” for tracking purposes.

E. <u>Member services will offer and facilitate language assistance or interpreter services, auxiliary aides, or other support to help the member or authorized representative understand and complete the grievance process.</u>

F. <u>Member services will inform the member or authorized representative of the right to present information or evidence orally or in writing related to the grievance. They can argue their case and will be told the timeframe they have to do so.</u>

G. Member services will determine if the grievance will be filed using the standard process, or if the request is clinically urgent and needing an expedited resolution timeframe as defined in Policy 6.7: Medicare Member Grievance Policy.
H. Grievances that are believed to be a quality of care grievance will be brought to the appropriate clinical staff or physician for review. Member Services will coordinate with an appropriately credentialed clinician or physician when reviewing evidence and resolving a quality of care grievance.
I. Member Services will respond to quality of care grievances in writing. Member Services will provide information to members about their right to file a grievance with the Quality Improvement Organization (QIO) and how to do so.
J. Member Services will document the grievance. Grievance documentation will be kept separate from the member's clinical record in order to protect their privacy during the investigation.
   1. If the grievance was received in writing, the document will be scanned and saved to the member's grievance record.
   2. Member Services will enter known information into the following fields under the "Grievance" record:
      a. Relation to Client
      b. Date Received
      c. Received Via
      d. Complaint Category
      e. About
      f. Indicate "Grievance" or "Inquiry"
      g. Complainant's Name and Address if not Member
      h. Staff Involved in Initial Decision
      i. Explain Issue
K. Member Services will acknowledge receipt of the grievance verbally or in writing for grievances filed verbally. Member Services will acknowledge receipt of the grievance in writing when the grievance is received in writing or if it is regarding quality of care.
   1. If acknowledging in writing, the Grievance Acknowledgment will include:
      a. Name of the member for whom the grievance was filed.
      b. The date the grievance was received.
      c. A general description of the grievance.
      d. The date the grievance must be resolved by.
   2. If acknowledged orally, Member Services will verbally summarize the request back to the caller to ensure that their request and desired outcome is documented correctly. Member Services will document any verbal acknowledgement in the grievance record.
L. Member Services will begin investigating the grievance, including any aspects of clinical care involved, by contacting appropriate individuals related to the grievance. This may include, but is not limited to: facility involved in the grievance, member's clinical team, supervisory staff at facility, SWMBH provider network department, SWMBH utilization management department, SWMBH compliance department, etc.

M. Member Services will enter any additional information (including date/time of contacts) in the "Additional Information" field in the Grievance record.

N. If Member Services determines that the grievance requires consultation or corrective action, Member Services will work with appropriate SWMBH Senior Leaders to implement the change/corrective action where appropriate within SWMBH and/or contracted providers.

O. Member Services will notify the member or their authorized representative in writing if there is an extension of the grievance timeframe, including the anticipated date of resolution within the extension timeframe if:
   1. The member or authorized representative asks for an extension of the timeframe; or
   2. Member Services can justify the need for additional information and how a delay is in the member's best interest.

P. Upon resolution of the investigation, Member Services will complete the following steps to finalize the grievance.
   1. Contact the member to verbally inform them of the resolution/results of the investigation.
   2. Complete the remaining fields in the Grievance record:
      a. Additional Information
      b. Steps Taken; Steps Taken Comments
      c. Outcomes; Outcome Comments
      d. Date Resolved
      e. Names of clinical/physician reviewers (as applicable)
   3. When written resolution is needed, complete and mail a Grievance Resolution that includes:
      a. Name of the member for whom the grievance was filed.
      b. Date the grievance was received
      c. Date the grievance was resolved
      d. A summary of the grievance
      e. A summary of the resolution
      f. A statement that the grievance investigation is closed
      g. Member's right to file an "appeal" with the Michigan fair hearing system if the grievance is not resolved within the timeframes stated in Policy 6.7: Medicare Member Grievance Policy. (Hearing information is included only if the grievance is not resolved timely).
   4. Member services will upload written acknowledgments and resolutions to the grievance record.

Effectiveness Criteria: Effectiveness of this procedure will be measured by complete documentation and timely processing of member grievances.

References: None

Attachments: None

Revision History

Revision #	Revision Date	Revision Location	Revision Summary	Revisor
1	6/3/17	SWMBH		
2	10/23/17	SWMBH		Kim Rychener
3	1/1/20	Definitions, Procedure: A1, C-E, H-K, O-P	New Format, grievance process updates	Heather Woods

MHL P06.07.01 Grievance Procedure

Final Audit Report 2020-05-08

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