

## POLICIES AND PROCEDURES

<b>Policy Title: Member/Enrollee and Stakeholder Complaints/Grievances</b>		
<b>Policy Number: Q-6.4.4</b>		
<b>Original Effective Date: March 18, 2014</b>	<b>Approved by:</b>	<b>Eastpointe Board of Directors</b>
<b>Revised/Review Date: January 22, 2019</b>	<b>Approved by:</b>	<b>Eastpointe Board of Directors</b>

**Policy:** Eastpointe Local Management Entity/Managed Care Organization (LME/MCO) shall maintain a formal process and respond timely when addressing member/enrollee (regardless of funding source) and stakeholder complaints/grievances. Eastpointe shall utilize complaint/grievance data to promote organizational improvement. **(EQRO VI.A.1)**

**Definitions:**

**Action:** *The denial or limited authorization of a requested service, including the type or level of service; the reduction, suspension, or termination of a previously authorized service; the denial, in whole or in part, of payment for a service; the failure to provide services in a timely manner, as defined by the State; the failure of Eastpointe to act within the timeframes provided in 42 C.F.R. 438.408(b). For a rural area resident with only one Eastpointe, the denial of a Medicaid Member/Enrollee’s request to obtain services outside of the network. (EQRO VI.B.1.1.1)*

**Appeal:** *A request for review of an “action” taken by Eastpointe (EQRO VI.B.1.1.1)*

**Complaint/Grievance** - *A complaint/grievance is any form of dissatisfaction expressed orally or in writing, that the complainant perceives as a problem, other than an “action” as defined in this section. The term is also used to refer to the overall system that includes grievances and appeals handled at Eastpointe level and access to the State fair hearing process. (EQRO VI.A.1.1.1)*

**Health and Safety Issue:** *incidents that directly impact the safety of the individual(s). Examples are neglect, abuse, or reported risk of suicide or harm to others without follow up by provider.*

**Individual Budgeting Tool:** *a system designed to standardize the amount of services authorized among NC Innovations waiver beneficiaries who have similar support needs. The Individual Budgeting Tool ensures that funding is allocated in a fair and equitable manner to all*

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Contract Reference: Medicaid Contract, Attachment B, Section 7.5	Regulation: 10A NCAC 27G .0609; 10A NCAC 27G .7002; 42 C.F.R. 438.408(b), 42CFR 438.228, 42CFR 438 Subpart F
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*beneficiaries. Individual Budgets are based on (1) age, (2) residential living arrangement; including private home, group home or other Medicaid funded home, (3) support needed as measure by the Supports Intensity Scale (SIS).*

*Supports Intensity Scale (SIS): a nationally recognized assessment that measures the level of supports (general, medical, home living, community living, lifelong learning, employment, health and wellness, social activities, protection and advocacy, and behavioral support needs) required by people with disabilities to lead normal, independent, quality lives in their home community*

### **Procedure:**

- Complaints/Grievances received from participating network providers are resolved by utilizing the same procedure and process as outlined in this policy.
- Complaints/Grievances regarding an adverse utilization determination is considered as appeals and are handled according to the Clinical Management Section of the Policy and Procedure Manual.

Complaints/Grievances that are related to contracted provider provision of service are referred to Provider Monitoring for investigation and resolution.

### **MEMBER/ENROLLEE /GRIEVANCES WITH A DELEGATE**

In the event that a member/enrollee (regardless of funding source) expresses dissatisfaction with an Eastpointe delegate staff member, the complaint/grievance is handled just as if the complaint/grievance was against Eastpointe. If necessary, the Grievance and Appeal Staff contacts the delegate, keeping the identity of the complainant confidential, **(EQRO VI.A.4, VI.B.4)** unless permission has been granted, to discuss the particulars of the issue. The Grievance and Appeals Staff works with the delegate to bring the issue to resolution, provides notifications as described above, and then informs the member/enrollee of the next step if he/she is not satisfied with the resolution.

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MCO Form No: 0062:06/14/2016 [Relevant Policy No: Q-6.5.3]

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### THE COMPLAINT/GRIEVANCE PROCESS: [CORE 35 (A)] (EQRO VI.A.1.1.2)

1. Complaints from members/enrollees (regardless of funding source), or stakeholders can be received by telephone, the electronic form on the Eastpointe website, fax, mail, email or in person.
2. Members or stakeholders needing assistance completing the electronic Complaint/Grievance form on the Eastpointe website, or requesting to have the form mailed, may contact the Eastpointe Grievance and Appeals Department at 1-800-513-4002, Option #3.
3. Eastpointe employees receiving complaints shall document all complaints directly in Eastpointe's Electronic System and click "Submit", so the complaint is forwarded to the Grievance and Appeals Department. The staff documenting the complaint/grievance shall document the following information: **(EQRO III.D.1.1.4)**
  - Complainant's name and contact information
  - Member's name and identification number (if available), and other demographic information
  - Relationship to the member/enrollee (if not the member/enrollee)
  - Brief description of the nature of the complaint/grievance\

*Note: An anonymous caller/complainant's identity is not known to anyone. The caller does not give his or her name at any time during the call. A caller can provide their name but request that their name not be used in the course of the investigation. Anonymous callers/complainants should be informed that written resolution letters, follow-up information, status of complaint, etc. is only mailed/provided to callers/complainants with documented contact information.*

4. Grievance and Appeals staff keep the identity of the complainant confidential unless permission has been granted by the complainant to discuss the particulars of the issue. Permission to share information is maintained in complaint database.

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5. Upon notification of the submitted complaint, Grievance and Appeals staff or designee reviews the information upon receipt and takes the following actions:
- Provides verbal or written acknowledgement of the complaint/grievance within five (5) business days of receipt.
    - *ATTENTION: If the complaint/concern is a health and safety issue, Grievance and Appeals staff will immediately (within 1 business day) complete the Quality of Care QOC Formdesk referral.*
  - Grievances related to health and safety concerns including medical concerns are reviewed by a physician as a part of the resolution process and Quality of Care Concern process. **(EQRO VI.A.1.1.4)**
  - If the complaint/grievance is filed on behalf of a member by a provider, the Grievance and Appeals staff will mail by United States Postal Service (USPS) a “Consent to Act on Member’s Behalf” form and an “Eastpointe Release of Information” form to the member as permission to file the complaint/grievance on the member’s behalf.
  - Investigates the complaint/grievance or assigns the complaint/grievance to a customer services staff or another department for investigation. The identified staff or department investigates the complaint/grievance and includes organization leadership as needed.
  - Provides a written complaint/grievance resolution letter to the complainant and member/enrollee if the complaint/grievance is filed on behalf of a member/enrollee, within thirty (30) calendar days of receipt of the complaint/grievance. **(EQRO VI.A.1.1.3)**
  - Complaint/grievance resolution timeframes may be extended up to fourteen (14) calendar days if:
    - The Member/Enrollee requests the extension; or
    - Eastpointe shows (to the satisfaction of the State Agency, upon its request) that there is a need for additional information and how the delay is in the best interest of the Member/Enrollee’s best interest.

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- If Eastpointe extends the timeframe for any reason other than at the Member/Enrollee’s request, a written notice will be mailed to the Member/Enrollee explaining the reason for the delay.
- The resolution letter will include: **[CORE 35 (b)]**
  - The nature of the complaint/grievance
  - Summary of investigation and findings including relevant citations
  - Steps taken by the organization to resolve the complaint/grievance
  - Instructions to contact the organization for clarification or appeal the complaint/grievance resolution. **[CORE 35 (c)]**
  - The Grievance and Appeals Department assesses the complainant’s satisfaction with the complaint/grievance resolution via a Customer Service Satisfaction Survey.
- If a complaint/grievance is referred to state or local government agency, Eastpointe shall send a letter to the complainant informing the person of the referral and a contact number of the agency where the referral was made within 30 days from date complaint/grievance received and resolve the complaint/grievance in the complaint/grievance database. Eastpointe Grievance and Appeals Staff shall contact where the referral was made within eighty (80) business days and inform the complainant of agency response.
- Eastpointe shall not take punitive action against a network provider for filing a grievance on behalf of a member/enrollee or supporting a member’s grievance.

### **INNOVATIONS BUDGET-LETTER GRIEVANCE PROCESS:**

All beneficiaries funded through the NC Innovations waiver are assigned to one of four categories using the Individual Budgeting Tool. The base budget is a guideline for service planning and does not constitute a binding limit on the amount of services that may be requested or authorized.

- Upon receipt of the Individual Budget Notification Letter the member/legally responsible may file a grievance if they are not in agreement with the information presented.

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- The grievance may be made by telephone, in person or in writing and has no time limit.
- Grievance and Appeals staff will provide written acknowledgement of the grievance within three (3) business days.
- Written notification regarding the resolution shall be provided to the member/legally responsible person within thirty (30) calendar days from receipt of the grievance.

### **THE COMPLAINT/GRIEVANCE APPEALS PROCESS: (EQRO VI.B.1.1.2)**

If the member/enrollee (regardless of funding source) complaint/grievance is unresolved or is not addressed in a manner satisfactory to the complainant, an appeal of the complaint/grievance resolution may be requested. The request for an appeal must be made within twenty-one (21) calendar days from the date of the written resolution notification. All complaint/grievance appeal requests will be forwarded immediately to the complaints/grievances coordinator. The Grievance and Appeal Staff takes the following action:

- Provides verbal or written acknowledgement of the complaint/grievance appeal within five (5) business days of receipt. **(EQRO VI.B.1.1.5)**
- Informs supervisor who investigates the complaint/grievance and includes organization leadership as needed
- The Chief Executive Officer (CEO) will convene an ad hoc appeal review committee to review recipient and provider appeals
- Provides a written complaint/grievance appeal resolution letter within 28 calendar days of receipt of the complaint/grievance appeal. The complaint/grievance appeal resolution letter will include: **(EQRO VI.B.1.1.6)**
  - The nature of the complaint/grievance
  - Summary of investigation and findings from the original complaint/grievance
  - Summary of investigation and findings from the complaint/grievance appeal
  - Steps taken by the organization to resolve the complaint/grievance
  - Instructions to contact the organization for clarification.

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- Statement that the complaint/grievance appeal is the final review process for the complaint/grievance.

### COMPLAINT/GRIEVANCE TRACKING, REPORTING AND AUDITING:

1. Eastpointe tracks and reports all complaint/grievance activity, including: **(EQRO III.D.1.1.4, VI.A.1.1.5)**
  - Compliance with established timeliness standards surrounding the complaint/grievance and appeal resolution processes. **[CORE 35 (d)]**
  - Types of Complaints/Grievances
  - Involved Providers
  - Analysis of complaints/grievances to identify trends and ensure the root causes that led to the complaint/grievance are identified and quality improvement activities are developed to correct deficiencies. **(EQRO VI.A.3, VI.B.3)**
  - Upon completion of a complaint/grievance by a member/enrollee, Eastpointe will not tolerate any retaliation, humiliation, or interruption in services by the current service provider. Such action will initiate additional sanctions against the provider by the LME/MCO.
  - In accordance 10A NCAC 27G .0609 and Attachment B-Section 7.5 of the Division of Medical Assistance (DMA) contract, the Grievance and Appeals Department is required to report aggregate information on complaints using a form provided by the NC Department of Health and Human Services (DHHS). Aggregate information on complaints shall be submitted to the DMH/DD/SAS Customer Service Advocacy and Community Right team quarterly.
  - Additionally, aggregate information on Medicaid and State complaints is reported monthly for compliance with DHHS and DMA performance measures.
2. Quality Management (QM) Staff will review information in the database to determine that the complainant received verbal or written acknowledgement of the complaint/grievance within five (5) business days of receipt.

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3. QM Staff will review any grievance that was assigned to a department for investigation to determine the following:
  - Resolution was concluded within thirty (30) calendar days
  - Nature of the complaint/grievance
  - Summary of the investigation and findings including relevant citations
  - Steps taken by the organization to resolve the complaint/grievance
  - Instructions to contact the organization for clarification or appeal the complaint/grievance resolution.
4. QM Staff retrieves data from Eastpointe’s electronic system obtained from member/enrollee satisfaction surveys, and member/enrollee complaints/grievances.
5. QM staff will analyze the data from these sources to reach conclusion about member/enrollee complaints/grievances quarterly. Complaints/Grievances are analyzed and reported at least quarterly to the Eastpointe Global Quality Improvement Committee who shall review the complaint/grievance data and provide direction on potential quality improvement activities **[CORE 35 (e)]**.
6. QM staff will review complaints/grievances referred to state or local government agencies to ensure that the complainant received either verbal or written acknowledgement, a contact number of the agency where the referral was made, and an agency response within eighty (80) business days.
7. As part of QM program, data collected to assess member/enrollee complaints/grievances will be taken into account.

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