



OneCareVermont

Policy Title:	VMNG Beneficiary Grievance and Appeals Policy
Policy Number:	05-06
Responsible Department/s:	Operations, Compliance, DVHA
Date Implemented:	1/1/17
Date Reviewed/Revised:	12/05/17
Approved by:	
Next Review Date:	Annual

Purpose: To provide beneficiaries attributed to OneCare Vermont's (OneCare)'s providers with an effective process for addressing complaints or grievances with OneCare relating to its participation in the Vermont Medicaid Next Generation (VMNG) program.

Statement:

OneCare is committed to protecting beneficiary rights by actively seeking, listening and responding to the needs, preferences, concerns and grievances of beneficiaries. Beneficiaries have the right to freely communicate concerns without fear of reprisal including the following: OneCare's Operations department (Operations), anonymously to the OneCare Compliance Department, or directly to Department of Vermont Health Access (DVHA). OneCare encourages and empowers its employees to address concerns within the scope of their abilities.

Beneficiaries may contact OneCare to address OneCare's conduct in the VMNG program, relating to issues such as maintaining privacy of health information, coordination of care, quality reporting, or other OneCare actions. Complaints or concerns related to clinical decision making, VMNG benefit determinations or coverage, or other DVHA or participant actions will be directed to DVHA or the appropriate participant.

Beneficiary Rights:

OneCare and its network fully supports and complies with all applicable state and federal laws regarding member rights, including the following:

- The right to receive information in accordance with 42 CFR 438.10, which relates to informational materials;
- The right to be treated with respect and with due consideration for his or her dignity and privacy;

- The right to receive information on available treatment options and alternatives, presented in a manner appropriate to the member's condition and ability to understand;
- The right to participate in decisions regarding his or her health care, including the right to refuse treatment;
- The right to be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation, as specified in other federal regulations on the use of restraints and seclusion;
- The right to request and receive a copy of his or her medical records, and request that they be amended or corrected, as specified in the HIPAA Privacy Rule set forth in 45 CFR parts 160 and 164, subparts A and E, which address security and privacy of individually identifiable health information; and
- The right to be furnished health care services in accordance with 42 CFR 438.206 through 438.210, which relate to service availability, assurances of adequate capacity and services, coordination and continuity of care, and coverage and authorization of services.

Complaints:

Operations will provide direct support to beneficiaries for any routine ACO-related complaints. OneCare will respond to such complaints promptly, and collaborate with the beneficiary or representative on an appropriate path for resolution, including assisting the beneficiary with completing forms and other procedural steps. If a beneficiary is not satisfied with the resolution of the complaint, it may be escalated as a grievance within OneCare, as described below.

Grievances:

Beneficiary complaints that are not readily resolved through discussion with OneCare when first presented may be escalated for further review as a grievance, consistent with the definitions and procedures set forth in 42 CFR 438.400 et seq.

A beneficiary may present a grievance orally or in writing at any time. OneCare will provide reasonable assistance in completing forms and taking other procedural steps related to a grievance. This includes, but is not limited to, providing auxiliary aids and services upon request, such as providing interpreter services.

OneCare will appoint appropriate representatives to consider the grievance in accordance with procedures set forth in 42 CFR 438.406 and provide the beneficiary with notice of its determination within 14 days in a manner and format that may be easily understood and is readily accessible by the beneficiary. The 14 day timeframe may be extended due to the complexity of the review, in which case the beneficiary will be notified of the delay and provided a response within a reasonable timeframe not to exceed 30 days.

DVHA Grievance and Appeals Process:

If a beneficiary brings a complaint to OneCare that is outside the scope of OneCare's activities in the VMNG program, OneCare will inform the patient of the grievance and appeals process available through DVHA and refer the patient to DVHA.

OneCare will assist DVHA by providing information related to any investigation of and response to the beneficiary’s grievance. OneCare will also participate in the grievance and appeal process as necessary and requested by DVHA.

Maintenance of Records:

OneCare Vermont shall:

- Maintain records of all complaints and grievances received
- Analyze data for trends and systematic problems
- Take appropriate steps to maintain confidentiality of files and records relating to grievances and share information only with those who have a need to know
- Provide regular reports to leaders and DVHA, as requested.

Monitoring Plan:

OneCare will provide monthly reports to DVHA regarding grievances received or resolved in the prior month, in a format acceptable to DVHA. OneCare will also report any grievance activity to the OneCare Compliance Officer on a monthly basis. The OneCare Compliance Committee will review grievance data at its quarterly meetings.

References: DHVA Beneficiary Handbook, 42 C.F.R. § 438.400; 42 CFR 438.406 ;42 CFR 438.10; 45 CFR parts 160 and 164, subparts A and E; 42 CFR 438.206 through 438.210

Director, ACO Operations Date

Chief Operating Officer Date