Section 6 - Grievances, Appeals and Compliments

Senior Health Partners strives to achieve member satisfaction at all times. Broad systems have been implemented to accept, investigate, make a determination and handle appeals and all grievances and to report compliments. Senior Health Partners offers assistance to members and their representatives in all phases of the grievance and appeal process.

6.1 Complaints and Grievances

The regulatory definition of a grievance is any expression of dissatisfaction regarding care and treatment that does not amount to change in scope or duration of service” includes all issues previously thought of as complaints.

- A grievance can be written or verbal.
- A grievance can be filed by the member, family/caregiver, friend or provider on behalf of the member.
- A grievance can be made to one of the Care Management Team members (nurse, social worker or service coordinator) or any other Senior Health Partners staff member.
- Grievances are tracked by a formal mechanism.
- Attempts are made to rectify grievances immediately or within required time frames, based on the nature of the issue.
- The initial determination notice includes an explanation of the reasons for the decision.
- A member who is dissatisfied with an initial grievance determination may request a second review by filing a grievance appeal.
- A report of all grievances is submitted to the Department of Health on a quarterly basis.

6.2 Appeals

- An appeal can be written or verbal.
- An appeal can be filed by the member, family/caregiver, friend or provider on behalf of the member.
- The appeal must be filed within 45 days of the postmarked date of the letter notifying the member of the action.
- Appeals can be Standard or Expedited
- Appeals are tracked by a formal mechanism.
- Appeal decisions are made within required time frames, based on the urgency of the issue.
- Appeal determinations are made by someone other than the person making the initial determination.
- The appeal determination notice includes an explanation of the reasons for the decision, including the
clinical rationale and information regarding filing external appeal or Fair Hearing information as appropriate.

- A report of appeals is submitted to the Department of Health on a quarterly basis.

6.3 Compliments

- A compliment can be written or verbal.
- A compliment can be filed by the member, family/caregiver, friend or provider on behalf of the member.
- A compliment can be made about a Senior Health Partners employee or provider.
- Provider compliments are included in the Provider Report Card Process.

6.4 Quality Review and Oversight

- Records of grievances, appeals and compliments are stored, tracked and reviewed by the Vice President of Clinical Excellence or designee.
- Providers may be asked to investigate individual or aggregate grievances and may be asked to define action improvement plans, as necessary.
- Results of activities are reported to the Quality Utilization and Management (QUM) Committee to determine ongoing issues, trends and opportunities for improvement. Recommendations may also be made to limit a provider’s participation in the network.
- The results of the review and analysis are also reported to the Quality Management Committee.