

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.

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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.

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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.

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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 an Senior Health Partners employee or provider.
- Provider compliments are included in the Provider Report Card Process.

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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.

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