**Introduction Slide**

Appeals and Grievances Presentation

Presenters:

**Libby Graves**, Vice President of Customer Experience

**Myriam Jackson**, Contact Center Director

**Joseph Tierney**, Appeals and Grievances Supervisor

Improving care for people with disabilities and chronic health needs



*Note: CCA’s logo and this information in quotes appear on slides 2-9.*

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**Slide 1**

**Types of Complaints**

* Members have the right to file a complaint with CCA regarding processes, service delivery, quality of care, etc.
* Complaints can be reported in these different ways:
* By telephone
* In writing
* In person

**Formal Complaint:**

* Appeal
* Grievance

**Slide 2**

**How to File a Grievance**

**With CCA**

**Member Services Department**

**(866) 610-2273**

Translation available

**Outside CCA**

 **One Care Ombudsman**

 **MassHealth**

 **CMS – Center for Medicare and Medicaid Services**

**Slide 3**

**Members have the Right to Elect a Representative**

* Appointment of Representative
* Power of Attorney
* Legal Guardian

**Slide 4**

**Complaint Workflow**

This slide contains a workflow chart which illustrates the following:

A complaint is reviewed by the Member Services Department. The Department identifies the complaint type – Grievance, Appeal or Inquiry. The Grievance then goes to a “Quality of Care” review and is escalated to the CCA Chief Quality Care Officer.

**Slide 5**

**Quality of Care Grievances**

This slide contains a cartoon of a woman, man and doctor with this caption “His pacemaker keeps opening and shutting the garage door.”

**Slide 6**

**Complaint Timeframes**

|  |  |
| --- | --- |
| **Non-Pharmacy Appeal** | **Timeframe** |
| Standard Appeal | 30 calendar days |
| Expedited Appeal | 72 hours |

|  |  |
| --- | --- |
| **Pharmacy Appeal** | **Timeframe** |
| Standard Appeal | 7 calendar days |
| Expedited Appeal | 72 hours |

|  |  |
| --- | --- |
| **Grievance** | **Timeframe** |
| Standard | 30 calendar days |
| Expedited | 24 hours |

\*Cases may be extended by 14 calendar days if CCA believes the extension is in the member’s best interest

**Slide 7**

**Who reviews the appeal?**

* A qualified clinician
* Separate from the initial reviewer
* Joint-reviewers at times

**Slide 8**

**Appeal Review Levels**

**Level 1 Internal Appeals**

**\*Level 2 Independent Review Entity (Maximus) and/or Board of Hearings**

**Level 3 Administrative Law Judge (ALJ)**

**Level 4 Medicare Appeals Council (MAC)**

**Level 5 Federal District Court**

*\*Appeals which deny a Medicare covered service or item is automatically sent to Maximus by CCA*