

## **Subject: Member Grievances**

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### **Objective:**

- I. To ensure Tuality Health Alliance (THA) members have access to a comprehensive process for submitting grievances regarding services they received through THA.
- II. To ensure that THA members receive a timely and appropriate resolution to any grievances by an appropriate means of communication (e.g., telephone call or written communication).
- III. To ensure THA member confidentiality throughout any grievance process.

### **Definition:**

Grievance means an expression of dissatisfaction about any matter other than an adverse benefit determination. Grievances may include, but are not limited to, the quality of care or services provided, and aspects of interpersonal relationships such as rudeness of a provider or employee, or failure to respect the enrollee's rights regardless of whether remedial action is requested. Grievance includes an enrollee's right to dispute an extension of time proposed by the MCO, PIHP or PAHP to make an authorization decision.

### **Policy:**

- I. A THA member, member's authorized representative, or member's provider on behalf of the member, may file a grievance with any THA staff member.
- II. Upon receipt of a grievance, THA will assist the member with any reasonable assistance in completing forms and taking other procedural steps related to filing and resolution of a grievance. THA will provide members with interpreter services or TTY/TTD capabilities as needed.
- III. A THA member, member's authorized representative, or member's provider on behalf of the member, may withdraw a grievance at any time.
- IV. THA will protect employees and members from retaliation, retribution, or any form of harassment for requesting, or considering requesting, an appeal or a contested case hearing.
- V. A THA member, member's authorized representative, or member's provider on behalf of the member, may request an expedited review of their grievance.
- VI. THA documentation, review, and resolution process includes the following:
  - a. Upon receipt of a grievance, and in a manner that is consistent with THA confidentiality requirements, the appropriate THA staff will investigate all aspects of the grievance and document the investigation/actions/resolution in THA's Grievance database (cHINTa).

- Non-clinically related provider-specific grievances will be investigated by THA Provider Relations.
  - Clinically related grievances will be investigated by the THA Nurse Case Management team and/or the THA Medical Director, as appropriate.
  - The member file shall include, at a minimum: Notice of Action; if filed in writing, the Appeal or Grievance; If an oral filing was received, documentation that the Grievance or Appeal was received orally; Records of the review or investigation; Notice of resolution of the Grievance or Appeal; and all written decisions and copies of all correspondence with all parties to the Grievance or Appeal.
- b. The THA member must authorize disclosure or release of information if there is a need to discuss their grievance with providers not involved with the grievance. An authorization to release information related to the grievance does not constitute authorization to disclose medical information unrelated to that grievance. If the grievance is alleged to be a quality of care issue, THA has the right to use member information for purposes of resolving the grievance and for health oversight purposes without a signed release from the member.
- c. Within five (5) business days, THA will acknowledge receipt of or resolve the grievance to the member, member's authorized representative or the member's provider on behalf of the member.
- d. Should THA be unable to resolve the grievance within five (5) business days, the member, member's authorized representative or the member's provider on behalf of the member, will be provided a written notice informing them of the reason for the delay.
- e. All grievances will be resolved within thirty (30) business days from the date of grievance receipt.
- f. Notification of the resolution may be made orally or in writing, depending upon the method in which the original grievance was received:
- Written grievances will be resolved in writing including review of each aspect of the grievance.
  - Oral grievances will be resolved orally including review of each aspect of the grievance.
- g. Should the member, member's authorized representative, or member's provider on behalf of the member, be dissatisfied with the grievance resolution, the grievance may be presented to the

Department of Health and Human Services Client Services Unit at  
(800) 273-0557 or Oregon Health Authority's Ombudsperson at (503)  
947-2347.

- VII. All grievances are reported to Health Share of Oregon for review quarterly.
- VIII. THA Grievance Subcommittee monitors the grievance system for:
  - Review of completeness, accuracy, rates, trends, and timeliness of documentation;
  - Compliance with written procedures for receipt, disposition, and documentation;
  - Compliance with applicable Oregon Health Plan rules; and
  - To evaluate access, provider service, clinical care, or other THA service to members for improvement.
- IX. On a monthly basis, the THA Grievance Subcommittee will meet to discuss the grievances reported for the previous month and report findings with trends and patterns to the bi-monthly Quality Management Committee for monitoring, modifications, disciplinary action, and/or quality improvement. If indicated, the THA Medical Management Manager and/or other appropriate THA staff will provide training on identified quality improvement needs.
- X. THA maintains all grievance records for a minimum of seven (7) years.

**References:** 42 CFR 438.400 through 438.424  
 OAR 410-141-3225 to OAR 410-141-3255  
 OAR 410-141-3260-3266  
 OAR 410-141-0000 (26)  
 OAR 410-141-0260 (1) (c) through 0266  
 ORS 411-320  
 42 CFR 431.300  
 42 CFR 438.400(b)(7)  
 Oregon Health Authority Coordinated Care Organization  
 Contract January 2018  
 Health Share of Oregon-Tuality Health Alliance Contract  
 January 2018

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