The Who, What, Where, and When of Appeals and Grievances

Tufts Health Plan Senior Care Options

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What? – Grievances

"Any expression of discontent"

- Part C: Any complaint or dispute, other than an organization determination (OD) or an appeal, expressing dissatisfaction with the manner in which a Medicare health plan provides health care services
- Part D: Any complaint or dispute, other than one that involves a coverage determination or an appeal or an LIS or LEP determination, expressing dissatisfaction with any aspect of the operations, activities, or behavior of a Part D plan sponsor

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What? – Grievances

- Expedited Grievance: If a member disagrees with Tufts Medicare Preferred decision to extend the timeframe for a determination or Tufts Medicare Preferred refuses to grant an expedited OD, CD, or Appeal, this complaint is considered an expedited grievance
- Quality of Care Grievance (clinical grievance): A complaint received by a Medicare health plan concerning the quality of service a member received is generally treated as a grievance
- The member or their authorized representative can file a grievance

What? – Reconsiderations

- Medicare Part C Reconsideration – Definition
  - An enrollee's first step in the appeal process after an adverse organization determination
  - A Medicare health plan or Independent Review Entity (IRE) may reevaluate an adverse OD, the findings upon which it was based, and any other evidence submitted or obtained
- Additional Part C Appeal Guidelines
  - Standard Part C Appeals must be submitted in writing
  - Expedited Appeals may be submitted orally by member or physician
  - Appeals must be filed within 60 calendar days from the denial notification unless "just cause" is shown
  - The member, their authorized representative, or treating provider can request a reconsideration (providers do not have to be an authorized representative to file an appeal on the member's behalf)

What? – Reconsiderations

- Medicare Part D Reconsideration – Definition
  - The first level of the appeal process, which involves a Part D plan sponsor reevaluating an adverse coverage determination, the findings upon which it was based, and any other evidence submitted or obtained
- Additional Part D Appeal Guidelines
  - Standard Part D Appeals can be submitted orally or in writing
  - Expedited Appeals may be submitted orally by member or physician
  - Appeals must be filed within 60 calendar days from the denial notification unless "just cause" is shown
  - The Plan has to accept and process expedited Part D appeals 24/7
  - The member, their authorized representative, or treating provider can request a reconsideration (providers do not have to be an authorized representative to file an appeal on the member's behalf)

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Where?

Appeals	Grievances
• Reconsideration decisions are made in a weekly multidisciplinary appeals committee • All upheld Reconsiderations must be forwarded to the IRE • Redetermination decisions are made by covering MD	• Administrative Grievances can be responded to by phone or in writing • Clinical Grievances and Grievances received in writing must always be responded to in writing

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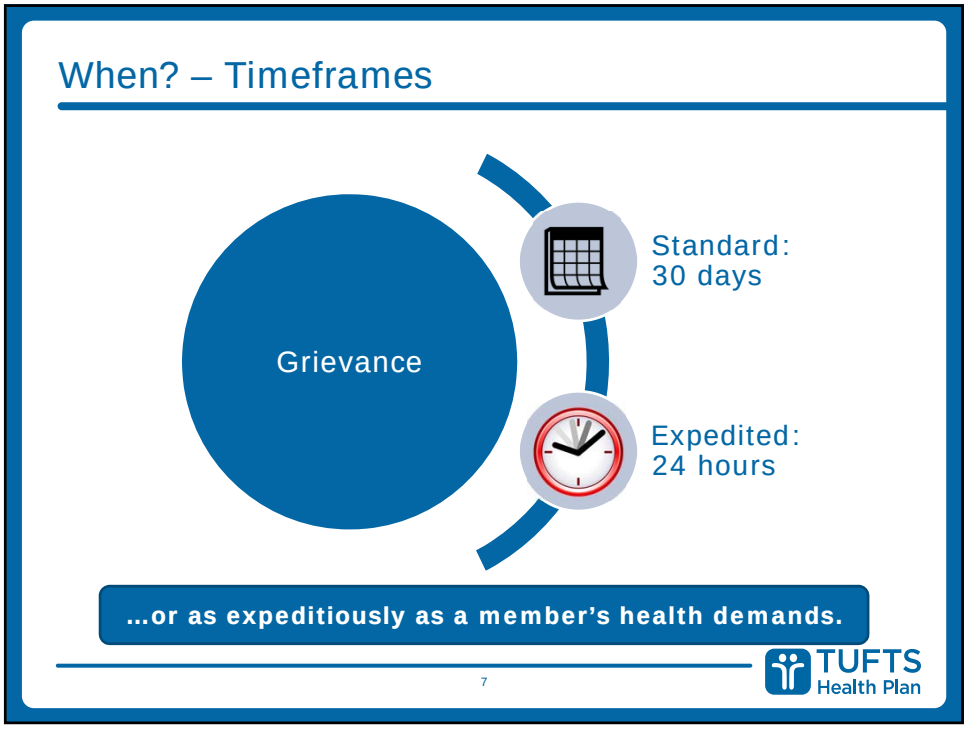
When? – Timeframes
Grievance
Standard:
30 days
Expedited:
24 hours
...or as expeditiously as a member's health demands.
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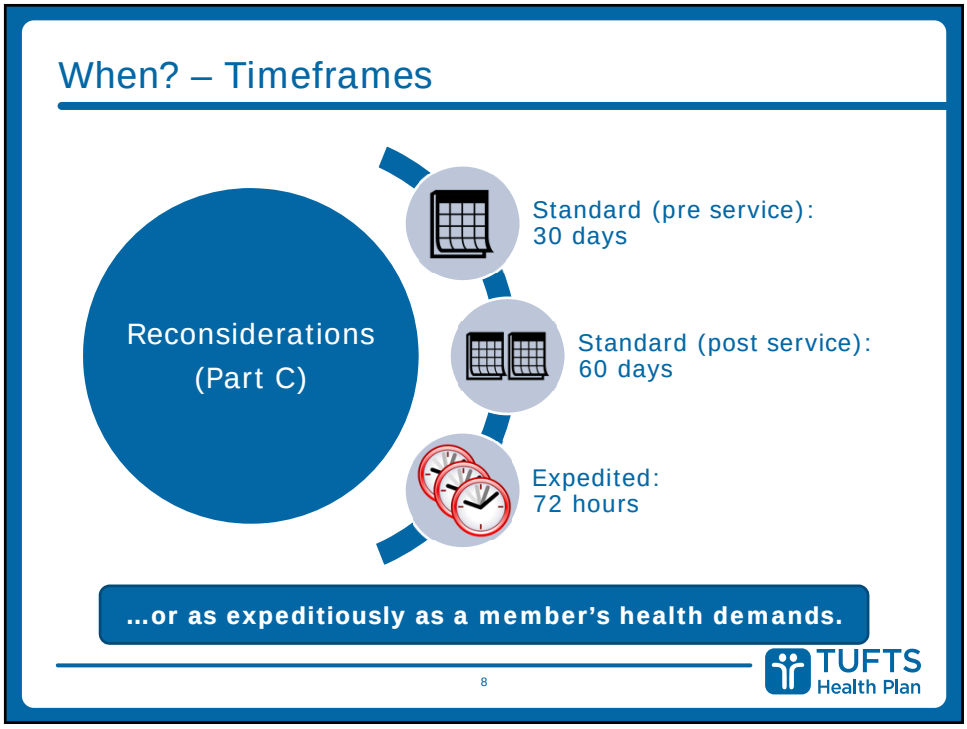
When? – Timeframes
Reconsiderations
(Part C)
Standard (pre service):
30 days
Standard (post service):
60 days
Expedited:
72 hours
...or as expeditiously as a member's health demands.
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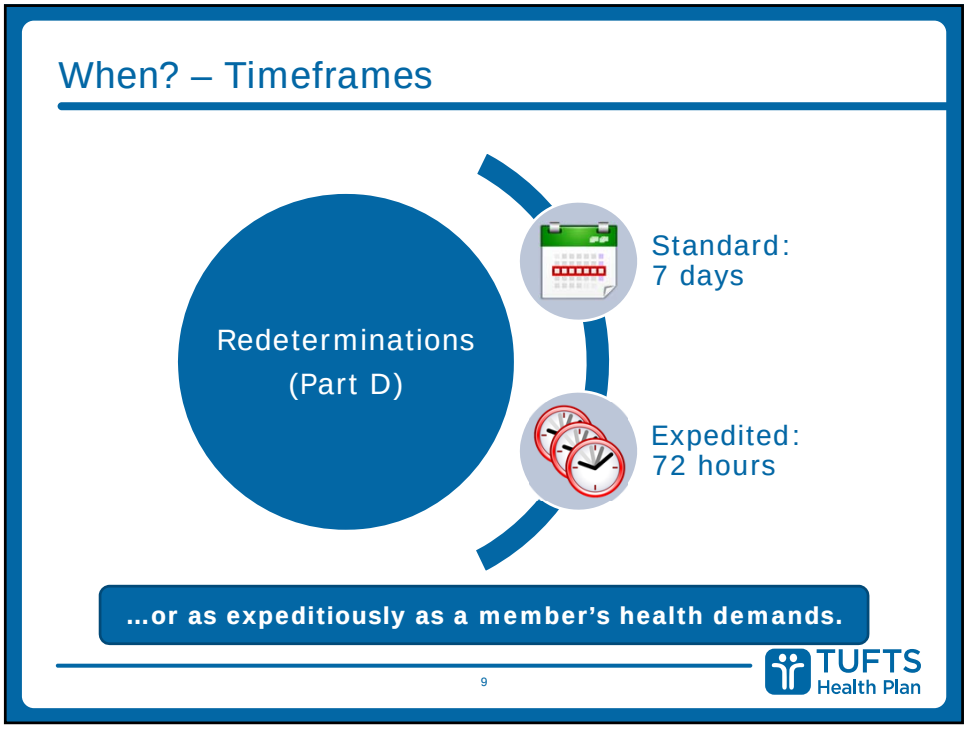
When? – Timeframes
Redeterminations (Part D)
Standard: 7 days
Expedited: 72 hours
...or as expeditiously as a member's health demands.
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Now it's time to check your knowledge!
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SCO Appeals & Grievances Contacts

- For further information on filing an appeal or grievance – contact the Tufts Health Plan SCO Member Services at **1-855-670-5934**
- For further information on filing an appeal through the Executive Office of Health and Human Services (EOHHS), contact the following:

  Board of Hearings
  Office of Medicaid
  100 Hancock Street, 6th Floor
  Quincy, MA 02171
  Phone: 1-617-847-1204
  Fax: 1-617-847-1200

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