

**Per CMS:** "A grievance is an expression of dissatisfaction with any aspect of the operations, activities, or behavior of a plan or its delegated entity in the provision of health care or prescription drug services or benefits, regardless of whether remedial action is requested."<sup>1</sup> Basically, a grievance is **any expression of discontent**.

THP SCO Care Managers (CMs include Geriatric Support Services Coordinators (GSSCs), Registered Nurse Care Managers (RNCMs) and Behavioral Health Care Managers (BHCMS)) should respond to complaints by following this process to provide the member or their authorized representative the option to file a grievance. If they do choose to file a grievance, the CM will document the issue in a CaseTrakker **Activity Log**, copy the Activity Log entry into to an email and send to the Appeals & Grievances (A&G) Team at [AG\\_Coordinator\\_Team@tufts-health.com](mailto:AG_Coordinator_Team@tufts-health.com).

**Clear and accurate documentation will help  
A&G respond to the grievance appropriately.**

## **Process to follow when receiving a complaint from a member/authorized representative:**

1. Be sure to listen carefully to the member/authorized representative and ask questions to determine if another process may need to be followed before a grievance can be processed:
  - If the complaint is really a request for services, assist the member in contacting Customer Relations or **Task Precert** to request an **Organization Determination (OD)**.
    - **Example:** The member's PCP will not provide a referral to a specialist the member has seen in the past because they are not in the PCP's referral circle. The member states that they want to see that particular specialist. **Treat as an OD, since the member is requesting a referral so THP will cover services from this specialist.**
    - **Example:** The pharmacy rejected the member's prescription because of step therapy requirements. Member states they need to take the drug on the prescription. **Treat as an OD, since the member is requesting that THP to cover this particular prescription.**
  - If the complaint is really an appeal of a decision THP has made to deny services, instruct the member to follow the Appeals directions on their denial notification or assist the member in contacting Customer Relations.
    - **Example:** The member is stating they want a medical procedure covered even though it was recently denied by THP. **Treat as an appeal, since**

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<sup>1</sup> <https://www.cms.gov/Medicare/Appeals-and-Grievances/MMCAG/Grievances>

**the member is requesting the denial be overturned so they can receive the service.**

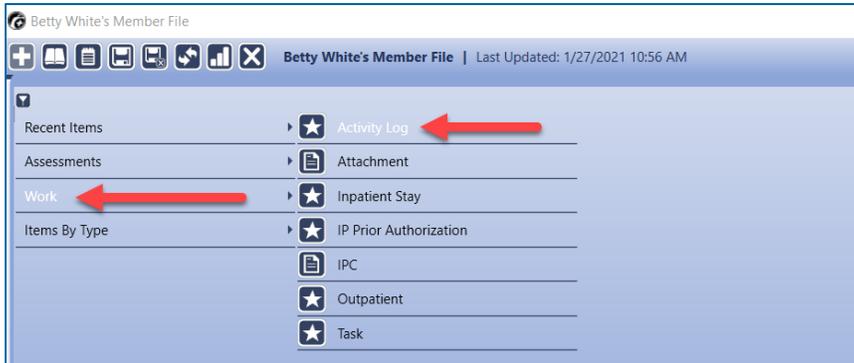
- If the complaint also comes with a request for an OD/Appeal, you will need to follow both processes.
  - **Example:** The member wants a referral outside of her PCP's referral circle. She is also upset that she has to stay within the referral circle.
    - 1) Assist the member in contacting Customer Relations or **Task Precert** to **request an OD, since the member is requesting a referral so THP will cover services from this specialist.**
    - 2) Follow the process below to **file a grievance, since the member is unhappy with the referral circle restriction.**
- 2. Remember that SCO CMs should always try to resolve the issue, if possible. Many times, the member/authorized representative will tell you what their desired outcome is when describing the situation, but you can also ask them directly. If the issue leading to the complaint is resolved by the SCO CM, the member/authorized representative should still be provided the option to file a grievance with A&G, which will be noted as "resolved." CMS and EOHHS both expect grievances to be documented and tracked, even if there is no follow up required.

Once you have tried to resolve the issue, ask the member/authorized representative:  
**Would you like to file this complaint as a grievance? That will allow Tufts Health Plan to document and investigate so we can improve our program.**

3. If the individual reporting the complaint is not the member, confirm whether they are an authorized representative, and able to file a grievance.
  - a) In order to be an authorized representative, there must be a valid Appointment of Representative (AOR), activated Health Care Proxy (HCP) or Durable Power of Attorney (DPOA) on file in **Maccess**.
    - a) AOR is a form from Tufts Health Plan signed by the member and is good for one year.
    - b) HCP/DPOA should be accompanied by a physician's letter activating the document.
  - b) If the individual is not the member/authorized representative, explain that a grievance can only be filed by the member or authorized representative. **Stop** until the member or an authorized representative contacts THP SCO to file a grievance.

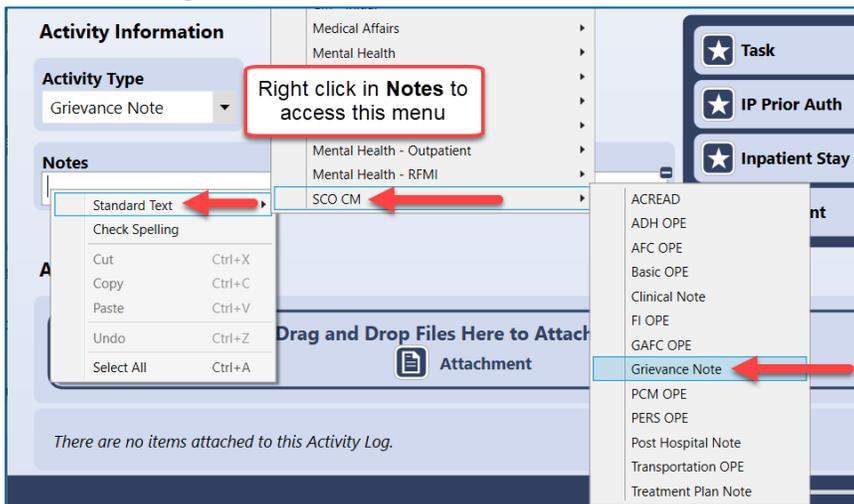
4. Document the grievance in CaseTrakker:

- i. From inside the Member's File, click , select **Work** and **Activity Log**.



- ii. For Activity Type, select **Grievance Note**

- iii. In **Notes**, right click and select **Standard Text** → **SCO CM** → **Grievance Note**.



- a. **Date of Assessment:** Provide date/time of complaint, even if it did not occur during a regular assessment visit; Note if the complaint was received by phone, during home visit, etc.
- b. **Brief Overview:** Briefly document who is making the complaint, when the event occurred, what they want to happen, and why they want that resolution. Just the facts!
- c. **Actions Taken:** Describe solution(s) that have been tried/offered by Care Management, and the result(s). Also include follow up, such as, Grievance emailed to A&G Coordinators Team; Assisted member in contacting CR for associated OD Request (if applicable)
- iv. Click and drag any attachments to the **Attachments** area, if necessary.

- v. Copy the text in **Notes**, then change the **Status** of the **Activity Log** to **Complete**. Click .



**Activity Log for Betty White** 

DOB: 8/12/1935 Phone: (916) 757-1444

Entered By/On: Jennifer Riedell - 3/17/2021 8:38:11 AM

Status   
Complete

Created Date  
3/17/2021 8:38:11 AM

**Activity Information**

Activity Type  
Grievance Note

**Notes**

Date of Assessment: 3/17/2021 @ 8:15am - Phone call from member

Brief Overview: Member called to say that her transportation to PCP visit has not arrived yet, and was due at 8am; Offered to reach out to ModivCare to confirm that trip was scheduled and to relay late pickup, but driver arrived while member on phone; Member requested contact be made to ModivCare to notify that driver is regularly 10-15 minutes late.

Actions Taken: Offered grievance process to member re: late arriving driver, but member has refused; Tasked CC to notify ModivCare about late pickup, and to confirm trips are scheduled properly; If trips are not being scheduled properly, will review scheduling process w/member and daughter/caregiver.

Task

IP Prior Auth

Inpatient Stay

Outpatient

5. Explain the follow up process to the caller: Notice of the grievance will be documented in the member's record and sent to the Appeals & Grievances Team for investigation. Someone on that team will follow up with an initial call within the next week or two.
6. **Immediately** paste the text from the Grievance Note into an email to [AG\\_Coordinator\\_Team@tufts-health.com](mailto:AG_Coordinator_Team@tufts-health.com). If additional information is available to assist the A&G Team, those details can be added in this email.



Appeals & Grievances reviews each grievance to determine what type it is, how it needs to be responded to and the timeframe that needs to be followed.



Grievances must be filed within 60 days of the event. If 60 days have passed but there are extenuating circumstances, such as the member having been hospitalized or incapacitated with no authorized representative, document the details so A&G can review for a possible extension.