



Standard Operating Procedure (SOP)

Subject: Complaints and Grievances

Appendix #: 3H

Effective Date/Revised Date: 05/01/2023

Summary of Changes: N/A

Policy Associations: Policy 3-2: Grievances and Complaint Management

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Purpose: This document outlines the complaint and grievance process and seeks to ensure service excellence with timely responses to provide resolution to complaints and grievances brought forth regarding a member's experience. Complaints are defined as any issues or concerns brought forth by a member, family member and/or advocate that are resolved within the Care Management teams. Grievances are defined as any issue or concerns addressed within care management, up to and including the Vice President of Care Management, and remains unresolved. It should also be noted that at any time a member, family member and/or advocate may also reach out to directly to the Customer Service Center or the Member Relations team if not comfortable following the Care Management hierarchy (Care Manager, Assistant Director, Regional Director, Vice President, Senior Vice President).

Standard Operating Procedure:

1. Complaints

- a. Members, family members and/or advocates are encouraged to first communicate any complaints to their Care Manager. If the person making the complaint is not satisfied with the resolution, they have the option to escalate the complaint to the Assistant Director and continue through Care Management administration up to and including Regional Director and Vice President of Care Management for resolution. If the complaint is resolved, no further action is taken.



2. Grievances

- a. If the issue or concern remains unresolved after escalation to the Vice President of Care Management, a formal Grievance is initiated.
- b. A member of the Care management team notifies the Member Relations department via the Grievance Support Form.
- c. Once a grievance has been submitted, the Member Relations team will follow the process below:
 - I. Within (2) business days, a member of the Member Relations team will contact the Care Manager, Assistant Director and/or Regional Director to discuss the grievance and schedule a meeting, as needed, to gather information.
 - II. A plan of action will be developed which may include but not limited to; a member of the Care management team reaching out to person filing the grievance and/or member/family member/advocate. If deemed not appropriate for Care Management to reach out, Member Relations staff will reach out to coordinate a response.
 - III. The Care management team and Member Relations staff work together to resolve the grievance through whatever means necessary.
 - IV. The Care Management team is responsible for ensuring consistent communication to all parties including the person filing the grievance up to and including resolution.
 - V. It is the expectation that grievances are resolved expeditiously within (15) business days from the initial request to Member relations.
 - VI. Information regarding the grievance and steps taken to resolve the issue will be documented by the Care Manager in the Electronic Health Record.
 - VII. Member Relations will track all grievances through to resolution.

Related Forms/Documents:

Grievance Support Form

Approval:

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