

EBCI Tribal Option



The Mission of the Cherokee Indian Hospital is to be the provider of choice for the community by providing accessible, patient and family centered quality healthcare with responsible management of the Tribes resources.

TITLE: EBCI Tribal Option Member and Provider Grievance Policy

REVIEWED AND APPROVED BY: Executive Committee

EFFECTIVE DATE: 2/18/21

PURPOSE: To establish an EBCI Tribal Option Member and Provider Grievance Policy and procedure for EBCI Tribal Option Members and Providers in accordance with requirements established in the Indian Managed Care Contract between NC Department of Health and Human Services, Division of Health Benefits and Cherokee Indian Hospital Authority (EBCI Tribal Option Contract) and 42 C.F.R. § 438.66(c) (2-3).

STAFF GOVERNED BY THIS POLICY: This policy is for applicable Cherokee Indian Hospital staff, EBCI Tribal Options staff, internal and external Primary Care Physicians (PCPs), subcontractors, and all other agents of the EBCI Tribal Option.

Employees are accountable to the *CIHA Personnel Manual* and are subject to filing personnel grievances as outlined in the *CIHA Personnel Manual, Section 15.00 Employee Personnel Grievance Procedure*. Subcontractors and EBCI Tribal Option Network Providers are subject to this EBCI Tribal Option Member and Provider Grievance Policy.

POLICY: The EBCI Tribal Option shall provide and administer a fair and efficient Medicaid grievance process in accordance with the requirements established by federal law and the EBCI

EBCI Tribal Option Member and Provider Grievance Policy

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This hospital policy is applicable to the Cherokee Indian Hospital Authority and other locations where services of this hospital are provided.

Tribal Option contract with NC Department of Health and Human Services (DHHS), Division of Health Benefits.

The EBCI Tribal Option is committed to resolving concerns, issues or complaints promptly and immediately. The EBCI Tribal Option encourages open communication at the time of the event in which the member or provider is not satisfied. In the event, the member or the Provider is not pleased with the complaint resolution, the Member or the Provider, the EBCI Tribal Option encourages Members or Providers to exercise their right of filing a Grievance.

Grievances may be related to issues such as regarding quality of care, dissatisfaction with care manager or other EBCI Tribal Option staff, complaints related to primary care provider, professional conduct, failure to respect Member's rights, and program fraud.

DEFINITIONS:

Adverse Benefit Determination: Has the same meaning as Adverse Benefit Determination as defined in 42 C.F.R. § 438.400. Adverse Benefit Determinations relate to decisions made by an LME/MCO for services covered by the LME/MCO.

Adverse Determination: Has the same meaning as Adverse Determination as defined in N.C.G.S. 108A-70.9A. Adverse Determinations relate to decisions made by the Department, or the Department's designated contractor, for services provided under Medicaid Direct.

Authorized Representative: An individual, Provider or organization designated by a Beneficiary, or authorized by law or court order, to act on their behalf in assisting with the individual's participation in the Medicaid Managed Care program. With written consent of the Member, or as otherwise legally authorized, an Authorized Representative may, for example, request an Appeal, file a Grievance, or request a State Fair Hearing on behalf of the Beneficiary with the exception that a Provider cannot request continuation of Benefits.

Appeal: The process for a Member to seek review of an Adverse Determination or an Adverse Benefit Determination.

Complaint: Complaints are Member issues that can be resolved promptly or within 24 hours and involve staff who are present (e.g., nursing, administration, patient advocates) at the time of the complaint. Complaints typically involve minor issues, such as a housekeeping complaint or the care manager did not answer a question.

Division of Health Benefits: The North Carolina Department of Health and Human Services, Division of Health Benefits, formerly the Division of Medical Assistance, responsible for operating the State Medicaid and Health Choice programs.

EBCI Tribal Option Contract: The Indian Managed Care Entity Contract #30-2020-014-DHB between the North Carolina Department of Health and Human Services, Division of Health Benefits and Cherokee Indian Hospital Authority

Grievance: An expression of dissatisfaction about any matter other than an Adverse Determination or Adverse Benefit Determination including but not limited to, quality of care or services provided and aspects of interpersonal relationships such as rudeness of Provider or employee, or failure to respect the Member's rights.

Indian Health Service (IHS): A federal agency under the Department of Health and Human Services, including contracted Tribal health programs, entrusted with the responsibility to assist eligible American Indian/Alaskan Native (AI/AN) individuals with health care services.

Indian Managed Care Entity (IMCE): a MCO, PIHP, PAHP, PCCM, or PCCM entity that is controlled (within the meaning of the last sentence of section 1903(m)(1)(C) of the Act) by the IHS, a Tribe, Tribal Organization, or Urban Indian Organization, or a consortium, which may be composed of one or more Tribes, Tribal Organizations, or Urban Indian Organizations, and which also may include the Service.

Provider Grievance: Any oral or written complaint or dispute by a Network PCP over any aspects of the operations, activities, or behavior of the Contractor except for any dispute for which the Network PCP has appeal rights.

State Fair Hearing: The hearing or hearings conducted at the Office of Administrative Hearings (OAH) under Article 2, Part 6A of Chapter 108A of the General Statutes to resolve a dispute related to an Adverse Determination and under Article 2 of Chapter 108D of the NC General Statutes to resolve a dispute related to an Adverse Benefit Determination.

PROCEDURE:

Non-Discrimination Grievances shall be filed in accordance and processed in accordance to the *EBCI Tribal Option Non-Discrimination Policy* and will be recorded into the Grievance Tracking System and included in the Grievance Report.

Appeals for Adverse Benefit determination such as for reduction, termination or denial of a Medicaid clinical coverage/service or for Medicaid eligibility shall be conducted and resolved by the NC Department of Health and Human services in accordance with established NC rules and policy. The Department or the Department's designated contractor shall be responsible for receiving and responding to Member Appeals regarding Notices of Adverse Determination and Adverse Benefit Determination. EBCI Tribal Option Member and Provider Services shall understand procedures for handling Appeals of Adverse Benefit Determinations and Adverse

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Determinations and shall assist Members in following the procedures. EBCI Tribal Option Member or Provider Services shall assist the member, provider or make referral to get assistance for the member or provider in filing an appeal. Members may also contact the Medicaid Appeals Line at 919-855-4350 or the Ombudsmen Program at 1-833-870-5500.

Member Grievances and Appeals

The Member Services Department shall be responsible for explaining to the members of the EBCI Tribal Option on how to file a Grievance or use the State Fair Hearing process. Members have the right to file a Grievance with the EBCI Tribal Option or file directly with NC DHHS, Division of Health Benefits. In the event that the grievance concerns a staff person or action taken by the EBCI Tribal Option Section, the grievance shall be reassigned by the EBCI Tribal Option Director to another section or staff to review and investigate the grievance in order to avoid any conflict of interest or bias.

Unique to the EBCI Tribal Option is determining Indian Health Service (IHS) eligibility. An individual may appeal IHS eligibility if denied and they feel that they are entitled to these services, the individual can appeal by contacting the CIHA Patient Registration Manager at **1-828-497-9163**. This appeal will be processed by the CIHA Eligibility Committee and a decision rendered within thirty (30) days of filing the appeal. IHS appeals are not to be considered by the EBCI Tribal Option Grievance policy as IHS determination must be granted prior to being a member of the EBCI Tribal Option.

Members may file a grievance about the Tribal Option employees, Care Managers, the PCP network or other Members regarding quality of care, dissatisfaction with care manager or other EBCI Tribal Option staff, complaints related to primary care provider, professional conduct, failure to respect Member's rights, and program fraud.

Members will receive information about the Grievance process, including how to file a Grievance and request the NC DHHS's review of the EBCI Tribal Option decision or how to file a Grievance with the NC DHHS's via the EBCI Tribal Option Member's Handbook, the EBCI Tribal Option website, [www: ebcitribaloption.com](http://www.ebcitribaloption.com) and by calling EBCI Tribal Option Member Services.

Medicaid Managed Care Ombudsman Program

The Medicaid Managed Care Ombudsman Program is a resource that Members can contact if they need assistance. The Ombudsman Program is an independently operated, nonprofit organization whose only job is to ensure that individuals and families who receive North

Carolina Medicaid and NC Health Choice get access to the care that they need. The Ombudsman Program can:

- Answer questions about benefits
- Help a member understand rights and responsibilities
- Provide information about Medicaid and Medicaid Managed Care
- Answer questions about enrolling with or disenrolling from a health plan
- Help a member understand a notice received
- Refer a member to other agencies that may be able to assist with health care needs
- Help to resolve issues that the member is having with a provider, member or a health plan
- Be an advocate for members dealing with an issue or a complaint
- Provide information to assist the member with an appeal, grievance, mediation, or fair hearing
- Connect a member to legal help if the provider needs it to help resolve a problem

Contact Information for the Ombudsman Program is **1-833-870-5500**.

Members may file a Grievance in writing or verbally at any time. The EBCI Tribal Option encourages the member to discuss the complaint with their primary care provider or care manager. They may also contact EBCI Tribal Option Member Services at 1-800-260-9992 (TTY 711) or write to:

*EBCI Tribal Option
241 Cherokee Hospital Loop
Cherokee, NC 28719*

EBCI Tribal Option Member Services or the NC Medicaid Ombudsman Program is available to assist members in filing a Grievance including accessing interpreters, communication aids or other interpreter capability.

Upon receipt by the EBCI Tribal Option of a Grievance, the grievance shall be:

1. Documented in the Grievance Tracking System immediately if the grievance is being expressed verbally.
2. If the grievance is in writing, the grievance will be date stamped of date receipt, entered into the Grievance Tracking system and the written document scanned into the tracking system.
3. If the grievance was received in writing, Member services shall notify the member by calling and in writing that the grievance was received and the date received.
4. The grievance shall be investigated, decision rendered and Member notified in writing within twenty-one (21) business days from receiving the grievance.
5. The EBCI Tribal Option may extend the timeframe for resolving the grievance up to fourteen (14) calendar days if there is a need for additional information and the delay is in Member's best interest.

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6. If the timeframe is extended, The Tribal Option Member Service Manager or designee will make every effort to give the Member prompt verbal notice of the delay and give the Member written notice within two (2) calendar days. The notice will include the reason for the decision to extend the timeframe.
7. At any point, the member may file a Grievance with the NC DHHS or request that the NC DHHS review the Decision issued by the EBCI Tribal Option.
8. If the Member is dissatisfied with disposition of grievance filed under this policy, the Member may request a review of the Grievance and the EBCI Tribal Option decision by submitting the request in writing to the NC DHHS. INSERT ADDRESS AND CONTACT INFORMATION
 - a. The NC DHHS shall make a decision within sixty (60) calendar days of receipt of the Grievance from the Member.
 - b. The NC DHHS's decision is final

If a Members Files a Grievances directly with the NC DHHS in accordance with the DHHS contract the following shall occur:

1. If the NC DHHS is contacted by a Member, Authorized Representative of a Member, family members or caregivers of a Member, advocates, the Ombudsman Program, or other individuals/entities with a Grievance regarding concerns about the care or lack of care a Member is receiving, the NC DHHS shall notify EBCI of the Grievance.
2. The EBCI Tribal Option shall address the Grievance within thirty (30) days of the NC DHHS informing the EBCI Tribal Option of the Grievance.
3. The EBCI Tribal Option shall keep the NC DHHS informed about progress on resolving concerns in real time and shall advise the NC DHHS of final resolution.
4. The process for logging, investigating and resolution shall be identical to the process outlined for receiving the grievance.

Provider Network Grievances and Appeals

The EBCI Tribal Option Provider Department shall be responsible for educating network providers in how to file a grievance and include the information in the EBCI Tribal Option Provider Manual. The EBCI Tribal Option Network Department will be responsible for accepting, investigating and issuing letters of disposition to the provider filing the grievance. Providers have the right to file a grievance with the EBCI Tribal Option or file directly with NC DHHS, Division of Health Benefits. In the event that the grievance concerns a staff person or action taken by the EBCI Tribal Option Department, the grievance shall be reassigned by the

EBCI Tribal Option Director to another section or staff to review and investigate the grievance in order to avoid any conflict of interest or bias.

Providers may file a grievance about the Tribal Option employees, Care Managers, the PCP network or other providers regarding quality of care, dissatisfaction with care manager or other EBCI Tribal Option staff, complaints related to other primary care providers, professional conduct, failure to respect Member's rights, and program fraud.

Providers will receive information about the Grievance process, including how to file a Grievance and request the NC DHHS's review of the EBCI Tribal Option decision or how to file a Grievance with the NC DHHS via the EBCI Tribal Option Provider's Manual, the EBCI Tribal Option website, [www: ebcitribaloption.com](http://www.ebcitribaloption.com), and the EBCI Tribal Option Provider Council.

Grievances may be filed by calling EBCI Tribal Option Provider Services at 1-800-260-9992 (TTY 711) or write to:

*EBCI Tribal Option
241 Cherokee Hospital Loop
Cherokee, NC 28719*

Upon receipt of a Provider Grievance by the EBCI Tribal Option, the grievance shall be:

1. Documented in the Grievance Tracking System immediately if the grievance is being expressed verbally.
2. If the grievance is in writing, the grievance will be date stamped of date receipt, entered into the Grievance Tracking system and the written document scanned into the tracking system.
3. If the grievance was received in writing, Provider Network Manager shall notify the provider by calling the provider and in writing that the grievance was received and the date received.
4. The grievance shall be investigated, decision rendered and Provider notified in writing within fifteen (15) CIHA business days from receiving the grievance.
5. The EBCI Tribal Option may extend the timeframe for resolving the grievance up to fourteen (14) calendar days if there is a need for additional information and the delay is in Provider's best interest.
6. If the timeframe is extended, The Tribal Option Provider Network Manager or designee will make every effort to give the Provider prompt verbal notice of the delay and give the Provider written notice within two (2) calendar days. The notice will include the reason for the decision to extend the timeframe.
7. At any point, the Provider may file a Grievance with the NC DHHS

If a Provider files a grievance directly with the NC DHHS, in accordance with the DHHS contract the following shall occur:

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1. If the NC DHHS is contacted by a Provider (the PCP Network or otherwise) or individuals/entities with a Grievance about the EBCI Tribal Option
2. The EBCI Tribal Option shall address the Grievance as soon as possible of the Department informing the EBCI Tribal Option of the Grievance.
3. The EBCI Tribal Option shall keep the NC DHHS informed about progress on resolving concerns in real time and shall advise the NC DHHS of final resolution.
4. The process for logging, investigating and resolution shall be identical to the process outlined for receiving the grievance.
5. The NC DHHS shall not participate in contractual disputes between the EBCI Tribal Option and the Tribal Option PCP Network providers.

Member and Provider Grievance Training

All applicable Cherokee Indian Hospital staff, EBCI Tribal Options staff, internal and external Primary Care Physicians (PCPs), subcontractors, and all other agents of the EBCI Tribal Option shall receive training on the EBCI Tribal Option Member and Provider Grievance Policy. EBCI Tribal Option Staff and CIHA Compliance Office shall receive additional training on the procedures including but not limited to:

- Logging the grievance into the Grievance Tracking System
- Investigating the grievance
- Issuing resolution documentation to the member or provider
- Completing documentation of grievance resolution in the Grievance Tracking System
- Reporting Requirements to DHHS
- Analysis and trending of grievances for quality improvement purposes
- Adverse Benefit Determination appeals and procedures conducted by the NC DHHS or its vendors.

Reporting

Member grievances filed shall be included in the Grievance Tracking System and a report submitted to the NC DHHS on a quarterly basis in the format required by the DHHS Tribal Option Contract. The EBCI Tribal Option shall maintain records of all Member Grievances, inclusive of allegations of discrimination, and shall review the information and trends as part of its ongoing monitoring and quality improvement procedures. The quarterly report on Grievances, as required by the DHHS Tribal Option Contract, shall include the total number of Grievance requests filed with the EBCI Tribal Option, the basis for each Grievance, the status of pending requests, the disposition of any requests that have been resolved, and time to resolution.

Provider grievance filed shall be included in the Grievance Tracking System and a report submitted to the NC DHHS on a quarterly basis in the format required by the DHHS Tribal

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Option Contract. The Quarterly report, as required by the DHHS Tribal Option Contract on Provider Grievances, shall include the grievance requests received and processed by the TO, including the total number of Grievances filed with the Tribal Option, the basis for each Grievance, the status of pending requests, the disposition of any requests that have been resolved, and time to resolution as outlined in 42 C.F.R. § 438.66(c)(3).

Review of Policy and Procedures:

This policy will be reviewed annually and updated as federal/state managed care Grievance requirements are modified.