

**EBCI Tribal Option**  
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**Together We Heal**



*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, AMH, and AMH+ Member and Provider Grievance Policy**

**REVIEWED AND APPROVED BY: CIHA Executive Committee**

**EFFECTIVE DATE: 2/18/2021**

**LAST REVIEWED: 4/6/2023**

**POLICY OWNER: EBCI Tribal Option Member Services Manager and EBCI Tribal Option Provider Network Manager**

**PURPOSE:**

The purpose of this Policy is to provide and administer a fair and efficient Medicaid grievance process in accordance with the requirements established by federal law and the NCDHHS/EBCI Tribal Option Contract and to establish an Eastern Band of Cherokee Indians (EBCI) Tribal Option, AMH, and AMH+ Member and Provider Grievance Policy and procedures for EBCI Tribal Option Members and providers in accordance with requirements established in the Indian Managed Care Contract between the North Carolina Department of Health and Human Services (NCDHHS), Division of Health Benefits (DHB) and Cherokee Indian Hospital Authority (CIHA) (known as the NCDHHS/EBCI Tribal Option Contract) and 42 C.F.R. § 438.66(c) (2-3).

This Policy also serves as the Advanced Medical Home (AMH) and Advanced Medical Home Plus (AMH+) policy document for communication to Members, family members, and caregivers. **References to the AMH+ policies and procedures contained in this document are only applicable when the CIHA AMH+ becomes effective.**

**STAFF GOVERNED BY THIS POLICY:**

This Policy applies to all:

- CIHA Executive staff;
- EBCI Tribal Option staff;

**EBCI Tribal Option, AMH, and AMH+ Member and Provider Grievance Policy**

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- EBCI Tribal Option Member Services staff;
- EBCI Tribal Option Provider Network;
- Care Managers;
- Behavioral Health Care Managers [Behavioral Health Consultants (BHCs)];
- Other Primary Care (Nutritionists, Pharmacists, and Providers in the Integrated Care Team);
- Care Manager Extenders [Licensed Practical Nurses (LPNs)/Certified Medical Assistants (CMAs)/Other];
- Primary Care – Case Management Support (CMS).

CIHA and EBCI Tribal Option staff 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 Grievance Procedure*. All staff governed by this Policy are subject to this *EBCI Tribal Option Member and Provider Grievance Policy*.

**POLICY:**

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 EBCI Tribal Option encourages the Member or provider to exercise their right to file a grievance.

Grievances may be related to, but are not limited to, issues such as quality of care, dissatisfaction with Care Manager or other EBCI Tribal Option staff, complaints related to PCPs, 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 a Local Management Entity/Managed Care Organization (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 NCDHHS or NCDHHS’ designated contractor for services provided under Medicaid Direct.

**Appeal**

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

**Authorized Representative**

An individual, provider, or organization either 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

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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.

### **Cherokee Indian Hospital Authority (CIHA)**

An independent component unit of the Eastern Band of Cherokee tribal government to oversee, supervise, and direct the operations of the Cherokee Indian Hospital and other health programs assigned to CIHA by the EBCI Tribal Council.

### **Code of Federal Regulations (CFR)**

A compilation of administrative laws governing federal regulatory agency practice and procedures. This includes such agencies as Medicaid, Medicare, and Indian Health Service.

### **Complaint**

Complaints are Member issues that can be resolved promptly or within twenty-four (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 programs.

### **EBCI Tribal Option**

The EBCI Tribal Option is a managed care option for federally recognized tribal members and other individuals eligible to receive Indian Health Services (IHS). The EBCI Tribal Option will be established as an Indian Managed Care Entity, defined in 42 C.F.R § 438.14(a).

### **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. Subsequent revisions and amendments are also included in this definition. This Contract is also referred to as the NCDHHS/EBCI Tribal Option Contract.

### **EBCI Tribal Option PCCM Entity**

The program defined in the State Plan of North Carolina, administered by the North Carolina Department of Health and Human Services, Division of Health Benefits, and operated by CIHA under the NCDHHS/EBCI Tribal Option Contract, for providing Care Management support and other managed care functions to Medicaid populations using a Medical Home model. This Program is referred to as the EBCI Tribal Option.

### **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

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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 Managed Care Organization (MCO), Prepaid Inpatient Health Plan (PIHP), Prepaid Ambulatory Health Plan (PAHP), Primary Care Case Management (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 (UIOs) and which also may include the Service.

**Member**

Beneficiaries enrolled in and receiving Medicaid Benefits through the EBCI Tribal Option PCCM entity or other Medicaid managed care health plans.

**North Carolina Department of Health and Human Services (NCDHHS)**

A Department within the North Carolina Executive Branch that is the designated single state agency with the US Department of Health and Human Services, Centers for Medicare and Medicaid Services (CMS) for the administration of the Medicaid Program through the Division of Health Benefits.

**Primary Care Provider (PCP)**

A PCP is a specialist in Family Medicine, Internal Medicine, or Pediatrics, who provides definitive care to the undifferentiated patient at the first point of contact and takes continuing responsibility for providing the patient comprehensive care. This care may include chronic, preventive, and acute care in both inpatient and outpatient settings.

**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.

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## **PROCEDURE:**

Non-discrimination grievances shall be filed and processed in accordance to the *EBCI Tribal Option Non-Discrimination Policy for Employees, Members, and Providers* and will be recorded into the Grievance Tracking System and included in the Member or Provider Grievance report, which is submitted quarterly to NCDHHS, as required by the NCDHHS/EBCI Tribal Option Contract.

If a Member's Medicaid clinical coverage/service or Medicaid eligibility is reduced, terminated, or denied, a Member will receive a letter from either NC Medicaid Direct or from their Local Management Entity/Managed Care Organization (LME/MCO). The path for the Member's appeal depends on whether he/she received an Adverse Benefit Determination from an LME/MCO or an Adverse Determination from NC Medicaid Direct. No matter the sender, the letter will explain how to file an appeal and what happens next. For more information about LME/MCO appeal rights, the Member may reference the LME/MCO member handbook. EBCI Tribal Option Member and Provider Network Services shall understand procedures for handling Appeals for Adverse Benefit Determinations and Adverse Determinations and shall assist Members in following the procedures. The procedures for filing an appeal for an NC Medicaid Adverse Determination shall be documented in the *EBCI Tribal Option Member Handbook* and in the Member's section of the EBCI Tribal Option website at <https://ebcitrivaloption.com/members/grievances-and-appeals/>. EBCI Tribal Option Member or Provider Services shall assist the Member or provider in filing an appeal or shall make a referral for the Member or provider to get assistance in filing an appeal, requesting a State Fair Hearing by the NC Office of Administrative Hearings. Members may request an appeal (a State Fair Hearing) by contacting the NC Office of Administrative Hearings at 984-236-1860, or the Member can follow the instructions on the Appeal Request Form he/she was sent in the mail.

If a Member needs assistance understanding the Adverse Determination letter or the State Fair Hearing process, he/she can contact:

- *EBCI Tribal Option Member Services*  
1-800-260-9992 (TTY 711), or
- *Medicaid Appeals Line*  
919-855-4350, or
- *NC Medicaid Ombudsman*  
877-201-3750

## **Member Grievances and Appeals**

The EBCI Tribal Option Member Services Department shall be responsible for explaining to EBCI Tribal Option Members 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 NCDHHS, Division of Health Benefits. In the event that the grievance concerns a staff person or action taken by the EBCI Tribal Option, 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.

The determination process for Indian Health Service (IHS) eligibility is unique to the EBCI Tribal Option. An individual may appeal IHS eligibility if denied but still feels that he/she is entitled to these

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services. The individual can appeal by contacting the CIHA Patient Access Manager at 1-828-497-9163. This appeal will be processed by the CIHA Eligibility Committee, and a decision will be rendered within thirty (30) days of filing the appeal. IHS appeals are not to be considered by the *EBCI Tribal Option Member and Provider Grievance Policy* as IHS determination must be granted prior to being a Member of the EBCI Tribal Option.

Members may file a grievance about, but not limited to, the EBCI Tribal Option staff, 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 PCPs, 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, how to request the NCDHHS's review of the EBCI Tribal Option decision, or how to file a grievance with the NCDHHS's via the *EBCI Tribal Option Member's Handbook*, the EBCI Tribal Option website at [www.ebcitribaloption.com](http://www.ebcitribaloption.com), and/or by calling EBCI Tribal Option Member Services.

The EBCI Tribal Option Member Services Manager may assist the Member in filing a complaint/grievance or requesting assistance from the NC Medicaid Ombudsman for further assistance at 1-877-201-3750.

EBCI Tribal Option Members and Providers may contact the NC Department of Health and Human Services. The process for filing a complaint is available online at <https://www.ncdhhs.gov/media/8251/open>.

Additional information can be obtained by contacting the NCDHHS Compliance Attorney at 919-855-4800 or by mail at:

*DHHS ADA/RA Complaints  
Office of General Counsel  
2001 Mail Service Center  
Raleigh, NC 27699-2001*

AMH Members may contact their Health Plan's Member Services line to access information about grievances and appeals.

EBCI Tribal Option Members or providers may also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights. Complaint forms are available at:

- Electronically:
  - [www.hhs.gov/ocr/office/file/index.html](http://www.hhs.gov/ocr/office/file/index.html), or
  - Office for Civil Rights Complaint Portal Assistant at:  
<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

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- By Mail:  
*U.S. Department of Health and Human Services,  
Office for Civil Rights  
200 Independence Avenue SW,  
Room 509F, HHH Building  
Washington, DC 20201*

Members may also access information about filing a civil rights complaint in the “Notice of Non-Discrimination-Other Actions” section of the *Member Handbook*.

### **Medicaid Managed Care Ombudsman Program**

The NC Medicaid Ombudsman is a resource that Members can contact if they need assistance with their health care needs. The NC Medicaid Ombudsman is an independently operated, nonprofit organization whose only job is to ensure that individuals and families who receive NC Medicaid get access to the care they need. The NC Medicaid Ombudsman can:

- Answer questions about benefits;
- Help a Member understand their rights and responsibilities;
- Provide information about Medicaid and Medicaid Managed Care;
- Answer questions about enrolling in 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 their health care needs;
- Help resolve issues a Member is having with a provider, PCCM, Member, or health plan;
- Be an advocate for Members dealing with an issue or a complaint;
- Provide information to assist a Member with an appeal, grievance, mediation, or fair hearing;
- Refer the Member to legal assistance for help in resolving a problem with their health care (or if the provider needs help to resolve a problem);
- The NC Medicaid Ombudsman may be contacted at 1-877-201-3750 from 8:00am to 5:00pm Monday through Friday. To make contact after hours and on weekends (except for State holidays), the online portal may be accessed at <https://ncmedicaidombudsman.org/contact/>. Select the “Get Help” button or call the phone number, leave a message, and receive a return call the next business day.

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 PCP or Care Manager or contact EBCI Tribal Option Member Services at 1-800-260-9992 (TTY 711) (Monday through Friday from 8:00am to 4:30pm) or write to:

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

EBCI Tribal Option Member Services or the NC Medicaid Ombudsman is available to assist Members in filing a grievance, including accessing interpreters, communication aids, or other translation services.

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

1. Documented immediately in the Member/Provider Grievance Log within the Grievance Tracking System if the grievance is being expressed verbally;
2. If the grievance is in writing, the grievance will be date stamped to document receipt date and entered and scanned into the Grievance Tracking System;
3. EBCI Tribal Option Member Services shall notify the Member by calling and writing to acknowledge that the grievance was received and include the date it was received. The written notification will be provided using the *Acknowledgement of Receipt of Grievance Template* (Attachment A) as required by NCDHHS;
4. In the event additional information is required during the investigation of the grievance, the EBCI Tribal Option Member Services Manager shall request the additional information by utilizing the *Grievance Information Request Template* (Attachment B) as required by NCDHHS;
5. The grievance shall be investigated and a decision rendered. The Member will be notified in writing using the *Notice of Resolution Grievance Template* (Attachment C) as required by NCDHHS within twenty-one (21) business days from receiving the grievance;
6. 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/or the delay is in Member's best interest;
7. If the timeframe is extended, the EBCI Tribal Option Member Services 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 Member shall be notified of the request of the extension by utilizing the *Notice of Extension Grievance Template* (Attachment D) as required by NCDHHS that will include the reason for the decision to extend the timeframe;
8. At any point, the Member may file a grievance with NCDHHS or request that NCDHHS review the decision issued by the EBCI Tribal Option;
9. 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 contacting the NC Medicaid Ombudsman at:

*NC Medicaid Ombudsman  
319 Chapanoke Road  
Raleigh, NC 27603*

*Phone: 1-877-201-3750  
Fax: 1-984-260-9015*

- a. NCDHHS shall make a decision within sixty (60) calendar days of receipt of the grievance from the Member;
- b. NCDHHS's decision is final.

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If a Member files a grievance directly with NCDHHS in accordance with the NCDHHS/EBCI Tribal Option Contract, the following shall occur:

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

### **Provider Network Grievances and Appeals**

The EBCI Tribal Option Provider Network Department shall be responsible for educating PCP Network providers on how to file a grievance and shall include this information in the *EBCI Tribal Option Provider Manual*. The EBCI Tribal Option Provider 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 NCDHHS, Division of Health Benefits. In the event that the grievance concerns a staff person or action taken by the EBCI Tribal Option, 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, but not limited to, the EBCI Tribal Option staff, 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 PCPs, 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 NCDHHS's review of the EBCI Tribal Option decision or how to file a grievance with the NCDHHS via the *EBCI Tribal Option Provider's Manual*, the EBCI Tribal Option website at [www.ebcitribaloption.com](http://www.ebcitribaloption.com), and/or 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 writing 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;

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2. If the grievance is in writing, the grievance will be date stamped to document receipt date and entered and scanned into the Grievance Tracking System;
3. If the grievance was received in writing, the Provider Network Manager shall notify the provider by calling and writing to the provider to acknowledge that the grievance was received and include the date it was received. The written acknowledgement will be provided using the Provider “*Grievance Complaint Acknowledgement*” Letter template;
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 processing 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 EBCI 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 NCDHHS.

If a provider files a grievance directly with NCDHHS, in accordance with the NCDHHS/EBCI Tribal Option Contract the following shall occur:

1. If NCDHHS is contacted by a provider (the PCP Network or otherwise) or individuals/entities with a grievance regarding concerns about the EBCI Tribal Option. EBCI Tribal Option shall address the grievance/concern as soon as possible from the time when NCDHHS has informed EBIC Tribal Option of the grievance/concern;
2. EBCI Tribal Option shall keep NCDHHS informed about progress on resolving grievances/concerns in real time and shall advise NCDHHS of final resolution;
3. The process for logging and investigating a grievance and achieving resolution shall be identical to the process outlined for receiving the grievance;
4. NCDHHS shall not participate in contractual disputes between EBCI Tribal Option and the EBCI Tribal Option PCP Network providers.

If the provider is dissatisfied with disposition of grievance filed under this Policy, they may reach out to the Provider Ombudsman by sending an email to them at [Medicaid.providerombudsman@dhhs.nc.gov](mailto:Medicaid.providerombudsman@dhhs.nc.gov). Include:

- Detailed description of the concern;
- National Provider Identifier (NPI);
- Organization’s and/or individual’s name and address; and
- Reliable phone number where the inquiring provider can be reached to receive response.

On a quarterly basis, Member and provider grievance trends and themes will be presented to the Quality and Population Health workgroup and the Quality Improvement Committee (QIC) and on a monthly basis to PFAC. All grievance information will be de-identified to respect Member/provider privacy and to maintain their confidentiality.

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## **Medicaid Managed Care Provider Ombudsman**

Providers may contact the Provider Ombudsman to receive assistance with submitting a complaint about the EBCI Tribal Option or any PHP. For more information, refer to the EBCI Tribal Option Provider Manual.

## **Member and Provider Grievance Training**

All aforementioned staff governed by this Policy, shall receive training on the *EBCI Tribal Option Member and Provider Grievance Policy*. EBCI Tribal Option staff and the Compliance Office for CIHA and EBCI Tribal Option 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 NCDHHS;
- Analysis and trending of grievances for quality improvement purposes, and
- Adverse Benefit Determination Appeals and procedures conducted by a Member's LME/MCO or its vendors.

## **Reporting**

Member grievances filed shall be included in the Member Grievance Log within the Grievance Tracking System and a report submitted to NCDHHS on a quarterly basis in the format required by the NCDHHS/EBCI Tribal Option Contract. 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 NCDHHS/EBCI 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 grievances filed shall be included in the Provider Grievance Log within the Grievance Tracking System and a report submitted to NCDHHS on a quarterly basis in the format required by the NCDHHS/EBCI Tribal Option Contract. The quarterly report, as required by the NCDHHS/EBCI Tribal Option Contract on provider grievances, shall include the grievance requests received and processed by the EBCI Tribal Option, including the total number of grievances 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 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.

Attachment A: *Acknowledgement of Receipt of Grievance Template*

Attachment B: *Grievance Information Request Template*

Attachment C: *Notice of Resolution Grievance Template*

Attachment D: *Notice of Extension Grievance Template*

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**EBCI TRIBAL OPTION, AMH, AND AMH+ MEMBER AND PROVIDER GRIEVANCE POLICY:  
POLICY IMPLEMENTATION/REVISION INFORMATION**

Original Effective Date: 2/18/2021

**Revision Information:**

<b>Date</b>	<b>Section Updated</b>	<b>Change</b>
2/04/2022	Policy Header	Added “Last Reviewed” date
2/4/2022	Staff Governed By This Policy	Limited the application of <i>Grievance Policy</i> to CIHA key personnel rather than all CIHA staff
2/04/2022	All sections	Checked and amended grammar, numbering, and readability as needed
2/4/2022	Procedure	Reference the Appeal Procedures outlined in <i>EBCI Tribal Option Member Handbook</i>
2/04/2022	Attachments A, B, C, and D	Correction of the NC Medicaid Ombudsman phone number
2/04/2022	Attachment A	Added Acknowledgement of Receipt of Grievance Template
2/04/2022	Attachment B	Added Grievance Information Request Template
2/04/2022	Attachment C	Added Notice of Resolution Grievance Template
2/04/2022	Attachment D	Added Notice of Extension Grievance Template
2/04/2022	Policy Implementation/ Revision Information	Added policy revision information table
4/6/2023	Policy Heading	Added Cherokee language translation and syllabary for “EBCI Tribal Option” and added “Last Reviewed” date and the Policy Owner information
4/6/2023	Policy Title and Policy Owner	Added “AMH and AMH+” to the title and added EBCI Tribal Option Member Services Manager and EBCI

**EBCI Tribal Option, AMH, and AMH+ Member and Provider Grievance Policy:  
Policy Implementation/Revision Information**

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		Tribal Option Provider Network Manager
4/6/2023	Purpose	Added information stating that this Policy serves as the AMH and AMH+ policy document for communication to Members, family members, and caregivers and added disclaimer that references to AMH+ policies and procedures contained in the document are only applicable when the CIHA AMH+ becomes effective
4/6/2023	Staff Governed By This Policy	Updated this section with the appropriate staff and changed “employees” to “CIHA and EBCI Tribal Option staff”
4/6/2023	Policy and Procedure	Added, in both sections, the language, “but are not limited to,” to notify that grievances may be related to issues beyond what were listed
4/6/2023	Definitions	Added “CIHA,” “CFR,” EBCI Tribal Option,” “EBCI Tribal Option PCCM Entity,” “Member,” “NCDHHS,” and “PCP” to the definitions list
4/6/2023	Definitions	Amended the definitions for “Adverse Benefit Determination,” “Adverse Determination,” “Division of Health Benefits,” “EBCI Tribal Option Contract,” and “Indian Managed Care Entity.”
4/6/2023	Definitions and Procedure	Deleted all instances of “NC Health Choice”
4/6/2023	Procedure	Amended the title of the <i>EBCI Tribal Option Non-Discrimination Policy</i> to include <i>Employees, Members, and Providers</i>
4/6/2023	Procedure	Changed all instances of “the Department” to “NCDHHS”

**EBCI Tribal Option, AMH, and AMH+ Member and Provider Grievance Policy:  
Policy Implementation/Revision Information**

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4/6/2023	Procedure	Identified that the Member and Provider Grievance report is submitted “quarterly to NCDHHS as required by the NCDHHS/EBCI Tribal Option Contract”
4/6/2023	Procedure	Updated the new guidelines for Member’s appeals regarding Notices of Adverse Determination and Adverse Benefit Determination and included how to request a State Fair Hearing, as well as the contact information for the NC Office of Administrative Hearings
4/6/2023	Procedure	Added the contact information for Members who need assistance in understanding the Adverse Determination letter or the State Fair Hearing process
4/6/2023	Procedure	Amended the Manager’s title from CIHA “Patient Registration” to “Patient Access”
4/6/2023	Procedure	Included that the EBCI Tribal Option Member Services Manager may assist Members in filing a complaint/grievance, added the NC Medicaid Ombudsman information to provide further assistance, and included the online link to access the process for filing a grievance. Provided the NCDHHS Compliance Attorney’s phone number and the address to request additional information
4/6/2023	Procedure	Added language for AMH Members being able to contact their Health Plan’s Member Services line to access information about grievances and appeals
4/6/2023	Procedure	Included the information on how EBCI Tribal Option Members or providers may file a civil rights complaint,

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		including how to access forms electronically or by mail and added that more information was available in the <i>Member Handbook</i>
4/6/2023	Procedure	Changed all instances of “Medicaid Managed Care Ombudsman Program” to “NC Medicaid Ombudsman”
4/6/2023	Procedure	Added “PCCM” to the list of items that Members may need help resolving issues with
4/6/2023	Procedure	Added the directive to refer Members to legal assistance for help in resolving a problem with their health care
4/6/2023	Procedure	Included the hours and days of operation and the web address for the NC Medicaid Ombudsman
4/6/2023	Procedure	Included the EBCI Tribal Option Member Services days and hours of operation
4/6/2023	Procedure	Added language that the “Member/Provider Grievance Log” is within the Grievance Tracking System
4/6/2023	Procedure	Included NC Medicaid Ombudsman address and contact information for where Members can send a written request for NCDHHS to review a grievance and the decision EBCI Tribal Option made
4/6/2023	Procedure	Changed “resolving” to “processing” when referring to extending timeframes for processing grievances
4/6/2023	Procedure	Included Provider Ombudsman information so that a provider who is dissatisfied with disposition of grievance filed under this Policy may reach out to them
4/6/2023	Procedure	Added that Member and provider grievance trends and themes will be

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		presented to the Quality and Population Health workgroup and the QIC on a quarterly basis and on a monthly basis to PFAC, and all grievance information will be de-identified to respect Member/provider privacy and maintain their confidentiality
4/6/2023	Procedure	Amended the title for Provider Network Department and added the name of the Provider “ <i>Grievance Complaint Acknowledgement</i> ” Letter
4/6/2023	Procedure	Added that Providers may contact the Provider Ombudsman to receive assistance with submitting a complaint about the EBCI Tribal Option or any PHP
4/6/2023	Procedure	Amended that an Adverse Benefit Determination Appeals and procedures is conducted by a Member’s LME/MCO or its vendors instead of by NCDHHS
4/6/2023	Procedure	Specified that Member/provider grievances are included in the Member or Provider Grievance Log which is within the Grievance Tracking System

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## ATTACHMENT A: ACKNOWLEDGEMENT OF RECEIPT OF GRIEVANCE TEMPLATE

NOTICE DATE: [MAILING DATE]	Call [EBCI HELP LINE] for help
[MEMBER OR LEGAL GUARDIAN] [ADDRESS LINE 1] [ADDRESS LINE 2] [CITY, STATE, ZIP]	MEMBER: [MEMBER NAME]
	EBCI ID: [MEMBER PLAN ID]
	MID: [MEMBER MID]
	Trackable Mail Number: [TO USE FOR GRIEVANCE R/T EXPEDITED APPEAL REQUEST DENIAL]

On [DATE RECEIVED BY EBCI], we received your grievance. We are here to support your good health, and we want you to be happy with your healthcare providers and with our staff and service.

Here are the important details about the complaint that you reported to us:

- On [INSERT DATE OF PHONE CALL OR LETTER], you made a complaint about [BRIEF STATEMENT ON ISSUE (a service you received) (a contact with a staff member) (a contact with a provider) (denial of a request for Expedited Appeal)]. This complaint is called a grievance.
- We will finish working on your grievance by [INSERT DATE within 21 CALENDAR DAYS OF RECEIPT OF THE GRIEVANCE].

We will look at your grievance very carefully. Please send us any new information about your grievance that you want us to review. **Send us any new information you have as soon as you can.** You can get your information to us by fax or mail. You may also drop your information off in person at our business office.

**If you need any assistance understanding the grievance process, you can contact the NC Medicaid Ombudsman at 877-201-3750.**

[EBCI TRIBAL OPTION]  [EBCI ADDRESS LINE 1] [EBCI ADDRESS LINE 2] [CITY, STATE ZIP CODE]	Phone: [EBCI PHONE NUMBER]  Fax: [EBCI FAX NUMBER]
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We look forward to serving you!

[EBCI TRIBAL OPTION]  
[NAME OF APPLICABLE EBCI TEAM OVERSEEING GRIEVANCES]

### EBCI Tribal Option, AMH, and AMH+ Member and Provider Grievance Policy Attachment A: Acknowledgement of Receipt of Grievance Template

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## ATTACHMENT B: GRIEVANCE INFORMATION REQUEST TEMPLATE

NOTICE DATE: [MAILING DATE]	Call [EBCI HELP LINE] for help
[MEMBER OR LEGAL GUARDIAN] [ADDRESS LINE 1] [ADDRESS LINE 2] [CITY, STATE, ZIP]	MEMBER: [MEMBER NAME]
	EBCI ID: [MEMBER PLAN ID]
	MID: [MEMBER MID]
	GRIEVANCE ID: [GRIEVANCE ID NO.]

**We need more information to finish reviewing your Grievance.**

On [INSERT DATE OF PHONE CALL OR RECEIPT OF GREIVANCE], we received your grievance. We are here to support your good health, and we want you to be happy with your healthcare providers and with our staff and service.

We are reviewing your grievance, but we need more information to be able to respond. We need the following information to resolve your grievance:

- [INFORMATION REQUIRED]

You can submit this information to us by calling [CONTACT PHONE AND PERSON], by mailing information to the address below, or by faxing the information to [EBCI FAX NUMBER]. **Please include the Grievance ID number above or a copy of this request with any information you submit.** Once we receive this information, we will finish reviewing your grievance by [INSERT NEW DATE NO MORE THAN 14 DAYS FROM DATE ON ACKNOWLEDGMENT NOTICE].

**If you need assistance obtaining the information requested or have questions, you can contact us directly at [EBCI PHONE NUMBER], or you can contact the NC Medicaid Ombudsman for assistance at 877-201-3750. Our address, phone number, and fax number are listed below:**

[EBCI NAME]  [EBCI GRIEVANCE ADDRESS LINE 1] [EBCI GRIEVANCE ADDRESS LINE 2] [CITY, STATE ZIP CODE]	Phone: [EBCI PHONE NUMBER]  Fax: [EBCI FAX NUMBER]
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We look forward to serving you!

[EBCI TRIBAL OPTION]  
[NAME OF APPLICABLE EBCI TEAM OVERSEEING GRIEVANCES]

**EBCI Tribal Option, AMH, and AMH+ Member and Provider Grievance Policy  
Attachment B: Grievance Information Request Template**

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## ATTACHMENT C: NOTICE OF RESOLUTION GRIEVANCE TEMPLATE

NOTICE DATE: [MAILING DATE]	Call [EBCI HELP LINE] for help
[MEMBER OR LEGAL GUARDIAN] [ADDRESS LINE 1] [ADDRESS LINE 2] [CITY, STATE, ZIP]	MEMBER: [MEMBER NAME]
	EBCI ID: [TRACKING ID, IF ANY]
	MID: [MEMBER MID]

**We have completed our review of your grievance.**

Here are the important details about the grievance you reported to us:

- On [DATE OF PHONE CALL OR LETTER], you contacted us with a complaint. This complaint is called a grievance.
- We sent you a Notice to confirm that we had received your grievance on [DATE OF ACKNOWLEDGEMENT].
- On [DATE OF GRIEVANCE REVIEW or MEETING] we reviewed all information related to your grievance or complaint.

Below, you will see our resolution of your complaint or grievance:

[INSERT STATEMENT OF OUTCOME OF GRIEVANCE]

If you do not agree with our review or if you want more information about our review, please call us at [EBCI PHONE NUMBER] [TIMES AND DAYS OF CALL CENTER AVAILABILITY]. A Member Services representative is ready to help you. If you are not satisfied with our resolution, you can file a complaint with the North Carolina Department of Health and Human Services (NCDHHS) by contacting the NC Medicaid Ombudsman. The contact information for the NC Medicaid Ombudsman is:

**NC Medicaid Ombudsman**  
**319 Chapanoke Road**  
**Raleigh, NC 27603**

**Phone: 1-877-201-3750**  
**Fax: 1-984-260-9015**

Thank you again for choosing us as your health services coordinator.

[EBCI TRIBAL OPTION]  
 [NAME OF APPLICABLE EBCI TEAM OVERSEEING GRIEVANCES]

**EBCI Tribal Option, AMH, and AMH+ Member and Provider Grievance Policy**  
**Attachment C: Notice of Resolution Grievance Template**

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## ATTACHMENT D: NOTICE OF EXTENSION GRIEVANCE TEMPLATE

<b>NOTICE DATE:</b> [MAILING DATE]	<b>Call</b> [EBCI HELP LINE] for help
[MEMBER OR LEGAL GUARDIAN] [ADDRESS LINE 1] [ADDRESS LINE 2] [CITY, STATE, ZIP]	MEMBER: [MEMBER NAME]
	EBCI ID: [MEMBER PLAN ID]
	MID: [MEMBER MID]

**We need more time to finish reviewing your Complaint or Grievance.**

On [INSERT DATE OF PHONE CALL OR RECEIPT OF GREIVANCE], we received your grievance. We are here to support your good health, and we want you to be happy with your healthcare providers and with our staff and service.

We are reviewing your grievance, but we need more time to gather information to be able to respond to you. We will finish reviewing your grievance by [INSERT NEW DATE NO MORE THAN 14 DAYS FROM DATE ON ACKNOWLEDGMENT NOTICE].

**If you disagree with our decision to take more time to finish our review, you can file a complaint with us. You can file a complaint in writing, or you can call us. You can also contact the NC Medicaid Ombudsman for assistance at 877-201-3750. Our address, phone number, and fax number are listed below:**

[EBCI NAME]  [EBCI GRIEVANCE ADDRESS LINE 1] [EBCI GRIEVANCE ADDRESS LINE 2] [CITY, STATE ZIP CODE]	Phone: [EBCI PHONE NUMBER]  Fax: [EBCI FAX NUMBER]
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We look forward to serving you!

[EBCI TRIBAL OPTION]  
[NAME OF APPLICABLE EBCI TEAM OVERSEEING GRIEVANCES]

**EBCI Tribal Option, AMH, and AMH+ Member and Provider Grievance Policy  
Attachment D: Notice of Extension Grievance Template**

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