# Compass MED D Book of Business - Grievance CCR Missed Opportunity (Reviewers and Supervisors Only)

[Grievance Process (SSI PDP, SSI EGWP, Aetna EGWP)](#_Toc207367312)

[Related Documents](#_Toc207367313)

**Description:** Provides the Call Reviewers and Supervisors with details necessary to initiate a Grievance, if it is determined that a representative missed an opportunity to initiate the Grievance. This could be due to any of the following:

* While performing a QA
* Receiving the results of a QA
* As a result of a MED D Coaching
* While reviewing a call recording

|  |
| --- |
| Grievance Process (SSI PDP, SSI EGWP, Aetna EGWP) |

http://sharepoint/sites/opscom/Operations%20Communication/Formatting/Icon%20-%20Important%20Information.png For remediation, even if the issue is resolved, it will still need to be filed in Compass if we are past the date of the call and within five days of the original call date.

Perform the steps below:

|  |  |  |  |
| --- | --- | --- | --- |
| **Step** | **Action** | | |
| **1** | Review the notes and confirm in Compass if a Grievance has been filed. Refer to **Compass MED D - Grievances Index** for assistance.  **Note:** This process would apply even in cases where the beneficiary’s issue was resolved.  **Exceptions:**   * Coverage Determination (CD) only * LEP determination | | |
| **2** | Access and log into Compass. | | |
| **3** | Add Member ID to Compass and click **Search** to access account. | | |
| **4** | * Select **Research Case** within the **Access Member Information** pop-up box.   **Result:**     * Once selected you will enter the member's account by clicking **Continue**.   **Note:** Please refer to **Compass MED D - Viewing Grievance History** in Compass to determine how to locate if a Grievance has been previously submitted. | | |
| **5** | Determine the following: | | |
| **If…** | **Then…** | |
| A corresponding Grievance is viewable  **Note:** When filing a grievance always use the original date of the incident for the date of occurrence. The date reported should be the date of the original Care call. | Determine the following: | |
| **If the Status is…** | **Then…** |
| Open or In Progress | No new Grievance needs to be filed.   * If the Grievance was filed by someone other than the CCR receiving the initial call, provide coaching to the CCR that took the original call accordingly. * If the Grievance is for more than one issue, make sure the pending Grievance is for the correct issue. |
| Resolved | Review the date the grievance was reported to determine if date reported is the same as date of call:   * If yes, no new grievance needs to be filed. * If no, then file a grievance.   **Exception:** If the beneficiary is adamant that they do not want to file a Grievance, do not file one. Document that beneficiary wanted Grievance withdrawn. |
| Corresponding Grievance is **NOT** viewable | * Close out the Members account under research to submit New Grievance within **Interaction Case**. The **Research** option does not allow to submit a Grievance or Coverage Determination. * When the **Access Member Information** pop-up displays, select **Interaction Case** from the drop-down box. * Click **I am working offline** checkbox to show there is no active call. This will bypass the authentication process. * Submit the Grievance in Compass. Refer to [Compass MED D - How to File a Grievance in Compass (066742)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1bfd5ce-4c26-4dbb-a851-188f548bdf81) as needed. | |
| **6** | The person reviewing the call will file a Grievance if necessary.  Refer to [Compass MED D - How to File a Grievance in Compass (066742)](https://thesource.cvshealth.com/nuxeo/thesource/#!/view?docid=a1bfd5ce-4c26-4dbb-a851-188f548bdf81) for details. | | |
| **7** | Document the account in Compass according to whether a Grievance was filed because of the call review:   * **If a Grievance was filed**, include the following documentation:   “Grievance <reference number> initiated for <beneficiary’s name> as a result of inbound call and/or call log review.”   * **If no Grievance was filed**, document the account per normal guidelines. | | |
| **8** | Provide coaching to the CCR accordingly.  **Supervisors Only:** If you receive coaching from a QA Reviewer that asks that an outbound call, be made to the member to resolve their issue, make sure that it is completed and documented as well. | | |

[Top of the Document](#_top)

|  |
| --- |
| Related Documents |

**Parent Document:** CALL-0048 - [Medicare Part D Customer Care Call Center Requirements-CVS Caremark Part D Services, L.L.C.](https://policy.corp.cvscaremark.com/pnp/faces/DocRenderer?documentId=CALL-0048)

[Top of the Document](#_top)

Not to Be Reproduced or Disclosed to Others Without Prior Written Approval

**ELECTRONIC DATA = OFFICIAL VERSION / PAPER COPY = INFORMATIONAL ONLY**