

<b>CO Contractor Support</b>	
<b>Manage Contractor Grievance and Appeal</b>	
<b>Item</b>	<b>Details</b>
<b>Description</b>	<p>The <b>Manage Contractor Grievance and Appeal</b> business process handles contractor (e.g., managed care, at-risk mental health or dental care, primary care physician) appeals* of adverse decisions or communications of a grievance. The <b>Manage Contractor Communication</b> business process initiates a grievance or appeal. The State Medicaid Agency (SMA) logs and tracks the grievance or appeal; it triages to appropriate reviewers; it researches it; it may request additional information; it schedules and conducts a hearing in accordance with legal requirements; and it makes a ruling based upon the evidence presented. Staff documents and distributes results of the hearings, and adds relevant documents to the contractor's information. Agency formally notifies contractor of the decision.</p> <p>This business process supports the <b>Manage Performance Measures</b> business process by providing information about the types of grievances and appeals it handles; grievance and appeals issues; parties that file or are the target of the grievances and appeals; and the dispositions. This information used to discern program improvement opportunities, which may reduce the issues that give rise to grievances and appeals.</p> <p>Based on the appeal business process, if a contractor wins an appeal that impacts or clarifies a Medicaid State Plan, health plan, or health benefit this process sends that information to <b>Maintain State Plan, Manage Health Plan Information</b> or <b>Manage Health Benefit Information</b> business processes to modify the relevant policy or procedure. Disposition could result in legislative change requirements that will be communicated to lawmakers.</p> <p><b>NOTE:</b> States may define grievance and appeal differently, perhaps because of state laws.</p> <p>*This business process supports grievances and appeals for both prospective and current contractors. A non-enrolled contractor can file a grievance or appeal, for example, when agency does not award a contract to contractor. Protests received from prospective contractors are addressed in the <b>Award Contract</b> business process</p>
<b>Trigger Event</b>	<p>Environment-based Trigger Events:</p> <ul style="list-style-type: none"> <li>• Receive grievance or appeal alert from <b>Manage Contractor Information</b> business process.</li> <li>• Receive grievance or appeal alert from <b>Award Contract</b> business process.</li> </ul>
<b>Result</b>	<ul style="list-style-type: none"> <li>• Alert to send notification of final disposition of grievance or appeal to the contractor.</li> <li>• If applicable, alert sent to <b>Establish Compliance Incident</b> business process for further investigation.</li> <li>• If applicable, alert sent to <b>Maintain State Plan</b> business process to modify the relevant policy or procedure.</li> <li>• If applicable, alert sent to <b>Manage Health Plan Information</b> business process</li> </ul>

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	<p>to modify the relevant policy or procedure.</p> <ul style="list-style-type: none"> <li>• If applicable, alert sent to <b>Manage Health Benefit Information</b> business process to modify the relevant policy or procedure.</li> <li>• Tracking information as needed for measuring performance and business activity monitoring.</li> </ul>
<b>Business Process Steps</b>	<ol style="list-style-type: none"> <li>1. <b>START:</b> Receive grievance or appeal.</li> <li>2. Agency logs grievance or appeal.</li> <li>3. Validate information submitted is correct and as complete as possible. Information complies with syntax criteria and submitter has completed all required fields.</li> <li>4. Validate that the provided information is authentic.</li> <li>5. If appropriate, request additional documentation.</li> <li>6. Determine status as initial, second, expedited or other status as designated by the state.</li> <li>7. Triage to appropriate personnel for review.</li> <li>8. Perform research and analysis.</li> <li>9. If appropriate, schedule hearing within required time limit.</li> <li>10. If appropriate, conduct hearing within required time limit.</li> <li>11. Determine disposition.</li> <li>12. If applicable, send alert to <b>Establish Compliance Incident</b> business process for further investigation.</li> <li>13. If applicable, alert sent to <b>Maintain State Plan</b> business process to modify the relevant policy or procedure.</li> <li>14. If applicable, alert sent to <b>Manage Health Plan Information</b> business process to modify the relevant policy or procedure.</li> <li>15. If applicable, alert sent to <b>Manage Health Benefit Information</b> business process to modify the relevant policy or procedure.</li> <li>16. <b>END:</b> Send alert to notify contractor of disposition determination.</li> </ol> <p><b>NOTE:</b> Some of the above steps may be iterative and a grievance or appeals case may take many months to finalize.</p>
<b>Shared Data</b>	<p>Contractor data store including provider network and contract information</p> <p>Grievance and Appeal data store including case history information</p> <p>Claims data store including claims and premium Information</p>
<b>Predecessor</b>	<b>Manage Contractor Information</b>

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	<i><b>Award Contract</b></i>
<b>Successor</b>	<i><b>Manage Contractor Communication</b></i> <i><b>Maintain State Plan</b></i> <i><b>Manage Health Plan Information</b></i> <i><b>Manage Performance Measures</b></i> <i><b>Establish Compliance Incident</b></i>
<b>Constraints</b>	States have different requirements for evidence and the process for conducting the grievance/appeals cases. They have different rules for assigning outcome status and state specific consequences.
<b>Failures</b>	<ul style="list-style-type: none"> <li>Grievance and appeal supporting documentation is incomplete.</li> <li>The SMA cannot schedule or conduct hearing in the required period.</li> <li>Contractor withdraws grievance or appeal.</li> <li>Unable to process grievance or appeal per federal or state law.</li> </ul>
<b>Performance Measures</b>	<ul style="list-style-type: none"> <li>Time to complete process: normal grievance/appeal = __days; second appeal = __ days; expedited appeal = __hours</li> <li>Accuracy of decisions = __%</li> <li>Consistency of decisions and disposition = __%</li> <li>Error rate = __% or less</li> </ul>