

# Grievance Level II Committee Member Training

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Presented by:  
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# What is a Grievance and how is it initiated?

- ❖ A grievance is when the MCO makes a decision to:
  - ❖ Deny a service
  - ❖ Decrease a service, or
  - ❖ Approve a service different from the service requested because the Peer Advisor at the MCO determines it is not medically necessary
  - ❖ A request by a member or advocate to reconsider a decision concerning the medical necessity and appropriateness of a health care service.



# Medical Necessity Criteria

- ❖ **Clinical determinations to establish a service or benefit which will or is reasonably expected to:**
  - ❖ Prevent the onset of an illness, condition, injury or disability
  - ❖ Reduce the physical, mental, or developmental effects of an illness, condition, injury or disability
  - ❖ Assist the individual to achieve or maintain functional capacity in performing daily activities

# Peer Review

- ❖ When a service manager or CAFS Coordinator cannot determine if Medical Necessity Criteria is met, they will send the case for a peer review.
- ❖ A peer review is a discussion between the member's evaluator or their delegate with a VBH-PA peer advisor. Member does not participate at this level.
- ❖ A Peer Advisor is a M.D., D.O., Ph.D., or PsyD working within the scope of their licensure. Their credentials will be matched to those of the evaluator and will have either equal or higher credentials than those of the evaluator.
- ❖ If the decision of the peer review is to deny the services as requested, the member will receive a denial letter that is mailed within **two (2) business days** of the peer review.



# Grievance Level One

- ❖ The member will have the opportunity to file a Grievance Level I. If the request is for continuation of services, the member must file within **10 calendar days** of the date of their denial letter to receive continuation rights. The member has up to **45 calendar days** total to file a grievance request from the date the letter was written.
- ❖ An acknowledgement letter will be sent within **two (2) business days** of the receipt of the Grievance Level 1 request.



# Grievance Level One - continued

- ❖ Member participates in the Grievance Level I and may have representation
- ❖ The Grievance Level 1 review will be scheduled within **30 calendar days** of the date the grievance request is filed.
- ❖ A resolution letter is sent to the member within **five (5) business days** of the grievance review.

# Grievance Level Two

- ❖ If the decision is not approved in the amount and/or duration requested or the level of care requested, the member will have the opportunity to file for a second level grievance.
- ❖ If the request is for continuation of services, the member must file within **10 calendar days** of the date of their denial letter. The member has up to **45 calendar days** total to file a grievance request from the date the letter was written.
- ❖ An acknowledgement letter will be sent within **two (2) business days** of the receipt of the Grievance Level II request.



# Grievance Level Two - continued

- ❖ The Grievance Level II review will be scheduled within **30 calendar days** of the date the grievance request is filed.
- ❖ A resolution letter is sent to the member within **five (5) business days** of the Grievance Level II review
- ❖ The Grievance Level II is made up a committee of 3 voting members. These members have no prior involvement in decisions related to the services under review.

# Where are the Meetings Held?

- ❖ County offices

- ❖ Provider offices

- ❖ VBH-PA

  - ❖ Always at the convenience of the member!



# What does the Committee do?

- ❖ The committee members bring their unique experiences to the panel. They essentially have the same role.
- ❖ Based on the presentation of information by the member, their representative and the related documentation the committee decides if medical necessity criteria was appropriately applied for each member.
- ❖ If any specialized information is needed, MNC can be explained by the Peer Advisor to the family member.
- ❖ A facilitator will guide the committee through the meeting process.



# The Committee Members:

- ❖ The Committee is made up of three voting members that did not have prior involvement in decisions related to the services under review:
  - ❖ 1. **County Representative**
  - ❖ 2. **VBH-PA- M.D., D.O., PhD., or PsyD.**
  - ❖ 3. **Consumer/Family Representative**

# What does a Facilitator do?

- ❖ Begins the Grievance with:
  - ❖ Introduction of the non-voting attendee's along with their relationship to the member.
  - ❖ Introduction of the voting committee to the member
  - ❖ Notification of the amount of time reserved for discussion of the case (1 hour).
  - ❖ That the meeting will be tape recorded and records will be stored or destroyed in accordance to all applicable State and Federal regulations.

# Facilitator – continued

- ❖ Ensure that the sign-in/confidentiality sheet is signed by all people attending the meeting in person along with their relation to the member. For those attending the meeting by teleconference, inform them that they are being signed in on the sign-in/confidentiality form along with their position.
- ❖ Explanation that none of the committee members have any prior knowledge or involvement in treatment decisions regarding this member for the plan of care under discussion.
- ❖ Clarification of the services under discussion at the meeting.

# Facilitator – continued

- ❖ Ensures the member's rights are preserved through all rules and regulations surrounding the level 2 process
- ❖ Explain that the committee will have the opportunity to ask questions to ensure their understanding of the facts and that only the committee may ask questions of the individuals presenting information.
- ❖ Explanation of the voting committee makeup.
- ❖ Keeps the process flowing and maintains professionalism.



# Basic Grievance Committee Functions

- ❖ The committee will meet prior to the start of the grievance to review all documents related to grievance review request.
- ❖ The actual grievance meeting.
- ❖ The committee will have the opportunity to ask questions to clarify any concerns they may have to those individuals presenting information at the grievance meeting.

# Basic Grievance Committee Functions- continued

- ❖ Once the member and their representative have presented all their information and the committee has no further questions, the member and their representative along with the VBH-PA service manager or CAFS coordinator will be dismissed from the meeting.
- ❖ The committee members will discuss their impressions with one another and vote to either overturn (approve services as requested) or uphold the decision (approve either a lesser amount or duration of services, or a different level of care.).



# Basic Grievance Committee Functions- continued

- ❖ A resolution letter or decision letter is sent to the member within five business days of the grievance review.
- ❖ If the decision is not approved for the amount and/or duration or level of care requested, the member will then have the opportunity to file, if they haven't already, for an a DPW Fair Hearing and an External Review.



# External Review

- ❖ Filed by the member or representative within **15 days**
- ❖ Can only be requested **after** the Grievance Level 2 has been completed
- ❖ Reviewed by a licensed doctor who does **NOT** work for VBH-PA
- ❖ Decision will be issued within **60 days**



# DPW Fair Hearing

- ❖ Must file within 10 calendar days for continuation rights.
- ❖ Can file after peer review, grievance level one or two.,
- ❖ Department of Public Welfare will issue decision within **90 days**

# Expedited/Early Decision Grievance

- ❖ A review put into place whenever a member's ability to attain, maintain or regain maximum functioning is in danger by following the normal grievance process-Critical needs.
- ❖ Written verification from doctor who has made evaluation as to why an expedited is requested.
- ❖ Decision within 48 hours of doctor's certification or 3 business days, whichever is shorter
- ❖ VBH-PA **doctor makes decision** with the assistance of the committee-according to State regulations



# Expedited/Early Decision DPW Fair Hearing

- ❖ Department of Public Welfare will notify VBH-PA of expedited
- ❖ Decision in 48 hours or 3 business days, whichever is fastest.
- ❖ The Department of Public Welfare will notify the member of its decision.



# Thank you for being a Committee Member!

Please ensure that I have good contact information for you:  
Phone number, availability and your experience with services as  
either an adult or a parent of a child.

## **My contact information:**

~Teri Binduga~

## **Phone:**

877-615-8502 ext: 34 6318

