Corporate Policy

Subject:	Complaints Management	**Policy No.:**	401
Authorized By:	President/CEO	**Date:**	4/10/2001
Department:	Quality Management	**Last Revised:**	5/1/2014
Applicability:	MTM Corporate		

PURPOSE:
To establish a mechanism and reporting system for all complaints including documentation, evaluation, tracking and trending, resolution and performance improvements in order to improve quality of services.

POLICY:
All complaints are important and are channeled to the Quality Management Department (QM) (unless protocols state otherwise) for documentation, investigation, tracking and trending, resolution, follow up and reporting.

Definitions:
Client: Refers to the customer contracted with MTM to handle the covered benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, Clients, members and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

Complaint: Any written or verbal expression of dissatisfaction about services, procedures or functions of MTM which causes an intervention by MTM for the member and/or the caller (if different).

Serious Complaint: Involves complaints such as, but not limited to those of sexual harassment, discrimination, threatening conversation/behavior or safe driving issues, etc.

Unsubstantiated Complaint:
An internal or external complaint in which, after full investigation is completed, the reported issue was found to be in compliance with MTM's Transportation Provider Handbook or internal policies and procedures.

Warm Transfer: A process where MTM is not delegated by the Client to handle complaints or for a specific process where the member needs additional assistance. In a Warm Transfer, the member will be transferred as directed by the Client to a location (phone number) other than MTM. MTM staff will remain on the line until a live person is reached.

RESPONSIBILITY:

A. A toll free number is available for Clients, members and healthcare providers to call and file a complaint.
B. All MTM personnel are trained to forward all calls (according to Client contract) regarding complaints to QM where an assigned Quality Service Representative (QSR) will intake and document the issues.
C. An assigned Quality Service Coordinator (QSC) will conduct the investigation, follow up, and reporting for all complaint issues, per contract.
D. If the complaint call is received after normal business hours or during holidays, the caller will receive the option to leave a voice message. A QSR will return the call by the following business day to ensure the complaint is documented and addressed.
E. The assigned QSC will then begin the investigation, resolution, and follow-up process. QSCs work with pertinent stakeholders to resolve complaints and initiate performance improvement plans. The QSC will document and code all complaints in the Non Emergency Transportation (NET) Management System.
F. Complaints submitted via mail, fax and/or e-mail will also be addressed in the same manner. The QSC will contact the person the complaint within 24 hours of receipt of the complaint and will indicate the issue has been documented in the NET Management System and will be addressed.
G. All complaints will be resolved as identified within the Client specific contract and/or protocols. Any complaint not resolved in that timeframe will be considered delinquent.
H. The QSCs will provide education to pertinent stakeholders as part of the resolution process.
I. If the complaint is found to be unsubstantiated at the time of the investigation, the complaint is coded as an unsubstantiated complaint and the transportation provider is notified by the QSC. (Note: Even if the complaint is found to be unsubstantiated, the complaint is documented on the Client monthly report.)

J. QSCs use a standard format for reports sent to Clients.
K. All Quality Reports are sent to the Client per Client contract via their FTP Server. HIPAA Privacy Rule 45 CFR 164.530 confidentiality clause, password protected, encrypted, or a secured server. (Note: Weekly reports are sent to Clients per contractual requirements.)
L. QM staff maintains discretion and confidentiality in all complaint situations.
M. All complaints will be tracked and trended monthly and presented to Quality Management and Network Management for recommendations on follow up and/or Performance Improvement Plans if the transportation provider is consistently not meeting quality expectation.
N. Disciplinary action recommendations will be presented to the Quality Management Committee (QMC) for approval.
O. MTM shall follow its current policies which identify the appropriate plan of action regarding vendor non-compliance and the application of appropriate performance improvement action(s).
P. Complaints are reported to the Quality Management Committee on a quarterly basis for tracking, trending, and quality improvement.

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Quality Management	Date
_____	_____
VP, Administration	Date
_____	_____
President/CEO	Date

Corporate Policy

Subject:	Management of Grievances and Appeals	**Policy No.:**	410
Authorized By:	President/CEO	**Date:**	5/31/2001
Department:	Quality Management	**Last Revised:**	5/1/2014
Applicability:	MTM Corporate		

PURPOSE:
To provide an infrastructure for defining the requirement for the complaint, grievance and appeals process.

POLICY:
All complaints, grievances and appeals are channeled through the Quality Management Department for documentation, investigation, resolution, and follow up and reporting. Complaints, grievances and appeals are given immediate and appropriate attention and may be originated by a health care provider or medical home, MTM passenger, MTM transportation provider, or MTM client. All records of complaints, grievances and appeals shall be maintained for ten (10) years following a final decision of closure of the grievance and/or appeal, or longer if contractually obligated. All records shall be maintained in accordance with HIPAA guidelines 45CFR 164.530.

DEFINITIONS:
Client: Refers to the customer contracted with MTM to handle the covered benefit offered to their covered population.

Member: Refers to the population served by MTM Clients. Often referred to as participants, beneficiaries, clients, members and other terms, for MTM purposes, member is being used as a standard meaning for the Client's covered population.

MTM Provider: Refers to the contracted transportation provider performing transportation services.

Grievance: Refers to any complaint or dispute, other than one involving an organization determination, expressing dissatisfaction with the manner in which a [Client] or delegated entity provides health care services, regardless of whether any remedial action can be taken. A [member] or their representative may make the complaint or dispute, either orally or in writing, to a [Client], provider, or facility. An expedited grievance may also include a complaint that a [Client] refused to expedite an organization determination or reconsideration, or invoked an extension to an organization determination or reconsideration time frame.

In addition, grievances may include complaints regarding the timeliness, appropriateness, access to, and/or setting of a provided health service, procedure, or item. Grievance issues may also include complaints that a covered health service procedure or item during a course of treatment did not meet accepted standards for delivery of health care.

Appeal: Refers to any written expression of continued dissatisfaction after the written resolution of a grievance. An appeal is the formal mechanism which allows a request for review of an action/decision of MTM. Appeals must be filed within the Client established timeframes and contractual obligations.

Transportation Provider: Refers to an MTM vendor providing the transportation service to a member.

Warm Transfer: Refers to a process where MTM is not delegated by the Client to handle complaints or for a specific process where the member needs additional assistance. In a Warm Transfer, the member will be transferred as directed by the Client to a location (phone number) other than MTM

Members' Rights

- Members shall have the right to file a grievance about any matter related to their services, without concern of reprisal from MTM, its employees, or providers.
- MTM will provide all members written notice of the grievance procedures upon denial of services, member request for appeal or grievance, or at the member's request.
- A written grievance request shall be mailed directly to MTM's Quality Management Department at the following address:

  Medical Transportation Management, Inc.
  16 Hawk Ridge Dr.
  Lake St Louis, MO 63367
  Attn: Grievance and Appeals

RESPONSIBILITY:

1. All MTM service operations shall strictly adhere to the established procedures and requirements, and will ensure that members' issues are appropriately routed to the Quality Management Department in a timely manner.
2. MTM shall provide whatever accommodations necessary to assist language, visual, hearing or other impaired members with filing a grievance.
3. The Quality Management Department will follow the steps listed below:
    a. In accordance with all applicable contracts and regulations as well as all other applicable state and federal laws and regulations, establish and maintain grievance processes and procedures.
    b. Adhere to the protocols for receiving and handling grievance requests via phone, letters, emails and/or faxes.
        i. All standard and expedited grievances received from a member, member's representative, or provider on behalf of a member (where applicable by state/contract) during normal business hours shall be handled in accordance with the established procedures.
        ii. All standard grievances received from member, member's representative, or provider on behalf of a member (where applicable by state/contract) after normal business hours will have the option to leave a message and shall receive a call back the next business day.
        iii. All expedited grievances received from a member, member's representative or provider on behalf of a member (where applicable by state/contract) after normal business hours via the toll-free number will have the option to leave a message, and shall receive a call and resolution within seventy-two (72) hours of receipt.
        iv. Grievance Appeals acknowledgement letters shall be mailed within fifteen (15) business days of receipt. (Only applicable in those contracts where required).
        v. Acknowledgement letters must include: the name and telephone number of the person working on the grievance and, if applicable, a request for any additional information needed to investigate the grievance.
    c. The Quality Management Department will involve all operational areas that need to be involved in the resolution of the grievance.
4. Up to 14 calendar days extension may be requested by the member or provider on behalf of a member where applicable by State regulation, on member's behalf (written or verbal). MTM may also initiate an extension if member/provider can justify a need for additional information and if the extension is in the member's best interest. In all cases, extensions must be well documented.

5. Provide prompt notification to the member using an approved notice (letter) regarding MTM's plan to take up to 14 calendar day extension on a grievance case.
6. Complaints may include both grievances and appeals. Complaints can be processed under the appeal procedures, under the grievance procedures, or both depending on the extent to which the issues wholly or partially contain elements that are organization determinations. If a member addresses two or more issues in one complaint, then each issue shall be processed separately and simultaneously (to the extent possible) under the proper procedure. Cases involving an Appeal complaint shall be forwarded to the Appeals Department for processing and resolution.

Grievance Processing and Resolution

Upon receipt of the assigned grievance, the Quality Management Coordinator shall determine the type of grievance and allowable timeframes for resolution:

1. Where applicable by State regulations, if a complaint/grievance cannot be resolved immediately (same day), then the issue will be handled by the Quality Management Department via the established protocols. The Quality Management Coordinator shall determine if the grievance should be processed as expedited or standard. The member shall be notified via telephone and an acknowledgement letter shall be mailed within the specified time.
2. An expedited grievance shall be processed if it's determined that a delay would seriously jeopardize the member's life, health, or ability to attain, maintain, or regain maximum function, as applicable by state/contract.

Record Keeping

1. Maintain a file on each grievance within MTM's system for review and audit purposes that must include (at a minimum):
    a. The date the grievance was filed and a copy of the grievance
    b. The date of receipt and a copy of the member's acknowledgement letter
    c. All member/provider requests for expedited grievances and MTM decision about the request
    d. Necessary documentation to support extensions, and
    e. The decision made by MTM, including the date of the decision, titles, and in the case of clinical decision, the credentials of MTM's personnel who reviewed the grievance
2. Log each grievance into the NET Management System and enter all actions taken and decisions into the appropriate system.
3. All documents and records shall be maintained for a period of 10 years from the termination date of the contract, or per Client specifications.

Reporting

1. Track, trend, and report grievances, both internally (Quality Management Committee) and to the appropriate state regulators, for the purpose of identifying opportunities for improved care and/or services to members.
2. All grievances shall be reported monthly, quarterly, and annually to appropriate committees and state/ plan regulators, with reports analyzed to identify outstanding issues and adverse trends.
3. Grievance reporting to the appropriate state/plan shall be submitted as deemed appropriate by state regulations/requirements.

   NOTE: transportation provider grievances and appeals are handled in the same manner as member grievances and appeals. Both transportation providers and members can request a State Fair Hearing at any time during the appeal process.

Details and timing of any grievance, appeal or State Fair Hearing are based upon contractual requirements per MTM Client and the Centers for Medicare & Medicaid Services (CMS).

This policy is reviewed by the Quality Management Committee on an annual basis for appropriateness and effectiveness.

APPROVED BY:

_____	_____
Director, Quality Management	Date
_____	_____
VP, Administration	Date
_____	_____
President/CEO	Date