OneCare Vermont

Policy Update

March 2021

Policy #	Policy Title	Most Recent Approval	Next Board Approval	Does GMCB Have Active Version?	Comments
02-04-PY21	Community Care Coordination Program PY 2021	6/16/2020	5/18/2021	Yes	Next Board Approval is for PY 2022 version of policy
03-03	Data Use	9/17/2019	5/18/2021	Yes	
04-07-PY21	Program Settlement PY 2021	2/16/2021	5/18/2021	Yes	Replaced 04-07 PY 2020 Next Board Approval is for PY 2022 version of policy
04-13-PY21	Value Based Incentive Fund PY 2021	2/16/2021	5/18/2021	Yes	Replaced 04-13 PY 2020 Next Board Approval is for PY 2022 version of policy
04-15-PY21&22	Population Health Management Payments PY 2021 & 2022	2/16/2021	5/1/2022	Yes	Last Board approval was for 2021 and 2022
04-16-PY21	Community Care Coordination Payments PY 2021	6/16/2020	5/18/2021	Yes	Replaced 02-02 PY 2020 Next Board Approval is for PY 2022 version of policy
05-02	Participant Appeals	5/19/2020	5/18/2021	Yes	
05-03	OneCare Network Development and Composition	3/17/2020	4/14/2021	Yes	
06-19	Complaints, Grievances, and Appeals for Attributed Lives	3/16/2021	3/1/2022	Yes	Renamed; formerly “Patient Complaints and Grievances”
07-02	Compliance	6/16/2020	6/15/2021	Yes	
07-03	Privacy	2/16/2021	2/1/2022	Yes	
07-06	Conflict of Interest	12/15/2020	12/21/2021	Yes	
07-09	Security	2/16/2021	2/1/2022	Yes	

Notes:

- Updates since the last report are noted in orange
- The Next Board Approval date is a future anticipated date and OneCare may adjust dates due to operational priorities

OneCare Vermont

Summary of Policy Changes

March 2021

The following policy was approved by the OneCare Board of Managers in March 2021.

- **06-19 Complaints, Grievances and Appeals for Attributed Lives**
  - **Description**: Provides Attributed Lives with a means to address Complaints, Grievances, and Appeals with OneCare.
  - **Key Changes:** Changes reflect improved structure, additional definitions, and enhanced clarity of requirements as indicated by the references to GMCB Rules, 42 CFR, HIPAA, and ACO Payer Agreements.

OneCare Vermont

Policy Number & Title:	06-19 Complaints, Grievances, and Appeals for Attributed Lives
Responsible Department:	Operations
Author:	Joan Zipko, Director, Operations
Original Implementation Date:	January 1, 2018
Revision Effective Date:	March 16, 2021

I. **Purpose:** To provide Attributed Lives with a process for addressing Complaints, Grievances and Appeals with OneCare. Processes not within OneCare's authority to resolve, such as Appeals, will be referred to the relevant Payer process, as described in this Policy, and in accordance with applicable laws, regulations, and Payer Program Agreement terms.

II. **Scope:** Applicable to members of OneCare's Workforce, Members of the Board of Managers and Board Committees, Providers, and other members of OneCare's Network.

III. **Definitions:** Capitalized terms have the same definition as set forth in OneCare's *Policy and Procedure Glossary*. For purposes of this policy, the terms below have the following meanings:

Adverse Benefit Determination refers to a determination by a Commercial Payer regarding benefits afforded to an Attributed Individual under a commercial health plan, or a determination by DVHA regarding matters defined by 42 CFR § 438.400(b) under the VMNG Program.

Appeal refers to review of an Adverse Benefit Determination. Such reviews remain with the relevant Payer and are subject to the Grievance and Appeal Process of that Payer.

Clinical Decision-Making refers to the process engaged in by licensed clinicians—such as physicians, physician assistants, nurses, and physical therapists, among others—involving the judicious use of evidence, and taking into account both the expertise of the clinician and the needs and wishes of the individual patient, to make and implement decisions regarding the patient's care. A decision made by a Payer that impacts this process, such as denying authorization for certain treatments, procedures, or courses of care, is considered an Adverse Benefit Determination rather than a part of the clinical decision-making process.

Grievance refers to an Attributed Individual(s)'s expression of dissatisfaction about actions taken by OneCare or its Providers that relate to Attributed Lives such as dissatisfaction with an ACO Program, an ACO Program policy, or a Provider affiliated with a Payer, which may include the quality of care or services provided, aspects of interpersonal relationships such as rudeness of a Provider or employee, or failure to respect the Attributed Individual's "Member Rights", as that term is defined in this Policy, regardless of whether remedial action is requested. Grievances related to clinical decision-making or an Adverse Benefit Determination are resolved with the Payer(s).

Grievance and Appeal Process refers to the process by which a Payer addresses Appeals of Adverse Benefit Determinations and Grievances.

Member Rights refers to rights afforded to Attributed Lives by GMCB Rule 5.000, the relevant ACO Program Agreement—including those set forth in sections 4.7 through 4.10 of the VMNG Program Agreement—and by any applicable federal and state laws, rules, and regulations.

VMNG Program refers to the Vermont Medicaid Next Generation Accountable Care Organization ACO Program administered by OneCare and services by its member Providers.

IV. **Policy:** OneCare shall maintain a process for Attributed Lives to bring and resolve Complaints and Grievances, and to refer Appeals of Adverse Benefit Determinations, as well as certain Grievances, to the Grievance and Appeal Process of the relevant Payer(s).

OneCare will ensure Attributed Lives are provided with copies of Medical Records and other relevant documents necessary to participate in this process, and will fully cooperate in the Grievance and Appeal Processes of Payers. At all times during this process, OneCare will work with Attributed Lives, their families and representatives to resolve Complaints and Grievances.

A. **Complaints:** An Attributed Individual may make a Complaint at any time. If the Complaint cannot be resolved informally, OneCare will assist the individual with submitting a Grievance, including completion of forms and other relevant steps associated with this process.

B. **Grievances:** An Attributed Individual may also present a Grievance orally or in writing at any time. An initial effort to resolve a Grievance informally is not required. OneCare will provide reasonable assistance with completing forms and taking other procedural steps related to the process, as well as with providing auxiliary aids and services, such as interpreter services, upon request.

   Upon receiving a Grievance, OneCare will appoint appropriate representatives to consider the Grievance pursuant to the requirements of 42 CFR §438.406 and will provide the Attributed Individual with notice of its determination within 14 days in a manner and format that may be easily understood and is readily accessible. The 14-day timeframe may be extended due to the complexity of the review, in which case the Attributed Individual will be notified of the delay and provided a response within a reasonable timeframe not to exceed 90 days.

   If an individual attributed to the VMNG Program is unsatisfied with OneCare's determination concerning a Grievance, OneCare will offer them the opportunity to escalate the Grievance to DVHA's Grievance and Appeal Process, and will provide them with contact information for the Office of the Health Care Advocate.

C. **Appeals:** OneCare will refer Appeals presented by individuals attributed by Commercial Payers to the relevant Payer's Grievance and Appeal Process. Similarly, OneCare will refer Appeals presented by individuals attributed to the VMNG Program to DVHA's Grievance and Appeal Process, while serving as the first line of intake, and will further advise them of their right to escalate the matter to the State Fair Hearing process in accordance with 42 CFR § 438.408.

D. **Evidence and Testimony:** OneCare will provide the Attributed Individual with a reasonable opportunity, in person and in writing, to present evidence and testimony and make legal and factual arguments.

   OneCare will inform individuals attributed to the VMNG Program of the limited time available sufficiently in advance of the resolution timeframe for Appeals as specified in § 438.408(b) and (c) in the case of expedited resolution, respectively 30 days or 72 hours.

E. **Medical Records, Documents, and Other Records:** OneCare will ensure the Attributed Individual, and their representative(s), is provided with any records necessary to the process if requested, including: medical records, other relevant documents or records, and any new or additional evidence considered, relied upon, or generated by OneCare - or at OneCare's direction - in connection with this process.

OneCare will ensure this information is provided free of charge and sufficiently in advance of the resolution timeframe for Grievances or Appeals, as specified in § 438.408(b) and (c).

F. **Notification:** OneCare will provide notice regarding disposition of a Grievance in the following manner:

a. Attributed Individual: OneCare will provide notice to the Attributed Individual as expeditiously as their Attributed Individual's health condition requires, and within State-established timeframes that may not exceed the timeframes specified in 42 CFR § 438.408(b) and (c).

b. Payers: OneCare will provide notice to the relevant Payer at the same time it provides Notice to the Attributed Individual.

c. Office of the Healthcare Advocate: No less than twice per year, or as directed by the Green Mountain Care Board ("GMCB"), OneCare will provide aggregated reports of Complaints and Grievances to the Office of the Health Care Advocate. OneCare will provide the information in de-identified form in accordance with 45 CFR § 164.514.

d. Green Mountain Care Board: As directed, but no less than twice per year, OneCare will provide aggregated reports of Complaints and Grievances to the GMCB. OneCare will provide this information in de-identified form in accordance with 45 CFR § 164.514.

G. **Maintenance of Records:** OneCare will maintain accurate records of Complaints, Grievances, and Appeals in accordance with GMCB Rule 5.208 and OneCare's policy entitled *06-01 Documentation and Maintenance of Records*.

V. **Review Process:** This policy will be reviewed annually and in accordance with the terms of OneCare's ACO Program agreements with Payers, and with federal and state law and regulations.

VI. **References:**

- OneCare ACO Program agreements with Payers
- GMCB Rules 5.000, 5.208, 5.501, and 5.503
- 42 CFR §438.400
- 42 CFR §438.406
- 42 CFR §438.408
- 45 CFR §164.514
- HIPAA Privacy and Security Rules

VII. **Related Policies/Procedures:**

- 06-01 Documentation and Maintenance of Records Policy
- O05-44 OneCare Inquiries, Complaints, Grievances and Appeals Procedure

Location on Shared Drive: S:\Groups\Managed Care Ops\OneCare Vermont\Policy and Procedures

Management Approval:

Joan Zipko — 3/18/21

Director, Operations — Date

Sara E Barry — 03/23/2021

Chief Operating Officer — Date

Board of Manager Approval:

3/30/21

Chair, OneCare Board of Managers — Date