



# APPEAL & GRIEVANCE COMMITTEE PROCESS

Common Ground Healthcare Cooperative (CGHC) has established a process to give appeals and grievances filed by our members the utmost attention and consideration, and to ensure that decisions made are fair to all members. An appeal is a complaint involving a medical decision, like a denial of a prescription drug or surgery. A grievance is a complaint involving a non-medical decision, like denial of an excluded service or termination of a policy due to non-payment.

## **WHAT TO EXPECT IF YOU FILE A COMPLAINT:**

- Upon receiving your written complaint, your concern is scheduled to be presented to the CGHC Appeal and Grievance Committee within 30 days of receipt. The Committee is primarily comprised of our Vice President of Quality, Chief Operating Officer, Vice President of Provider Relations, Member Services Manager, a member such as yourself (not employed with CGHC), and our Medical Director. There are generally two non-voting members at the meeting – our General Counsel & Chief Compliance Officer, and our Appeal & Grievance Coordinator. There may be other employees present at the meeting for subject matter expertise.
- Once your complaint has been scheduled for consideration at a meeting, you'll receive an invitation giving you the option to attend in person or participate by phone in the committee meeting. You'll be asked to contact the Appeal & Grievance Coordinator to discuss arrangements that work for you. You are welcome to have a representative present for you.
- Please understand your participation is welcome but not required. The committee members will have reviewed all of the information you submitted to us, as well as information gathered by us as part of the investigation process. As we begin the meeting, you will have the opportunity to make a statement about your situation. Questions for committee members are welcome. The intent of the meeting is to provide an opportunity for committee members to ask clarifying questions of you, so they can fully understand your concern and how your resolution aligns with the provisions of your policy. It is suggested that you provide any questions or supporting information in advance of the committee meeting as your time will be limited to 20 minutes.
- Once the committee has reviewed your case, the voting members have 72 hours to vote to either uphold the original decision, or to overturn the decision. A formal letter will be mailed to you within seven days of the Committee meeting. At times we make ask to extend our review up to 14 days.
- If the original adverse decision is upheld, the decision letter will contain direction and next steps available to you, if applicable. Not all complaints are eligible for next steps or additional review beyond the Appeal & Grievance Committee. If the original adverse decision is overturned, the decision letter will contain direction and next steps required on your part to effectuate the resolution, in addition it will include any required actions on the part of CGHC.

We hope that this information helps you better understand the appeal and grievance process and what to expect. If we can assist you with anything prior to the scheduled committee meeting, please contact the Appeal & Grievance Coordinator at [Grievance@CommonGroundHealthcare.org](mailto:Grievance@CommonGroundHealthcare.org) or 414.269.4684.