

## INTRODUCTION AND OVERVIEW

To define the process, by which Amwins will address an enrollee's standard grievance in accordance with CMS applicable statutory, regulatory, and contractual requirements.

## DEFINITIONS

**Grievance:** As defined by CMS, Grievances A grievance is an expression of dissatisfaction with any aspect of the operations, activities, or behavior of a plan or its delegated entity in the provision of health care or prescription drug services or benefits, regardless of whether remedial action is requested.

**Grievances may include the following, but are not limited to:**

- An enrollee's involuntary disenrollment initiated by the plan.
- A change in premiums or cost sharing arrangements from one contract year to the next.
- Lack of quality of the care received.
- Plan benefit design.
- Difficulty contacting the plan via phone.
- Interpersonal aspects of care.
- The appeals process.
- The plan's decision not to expedite a coverage or appeal request.
- General dissatisfaction about a co-payment amount, but not a dispute about the amount the enrollee paid or is billed.
- General issue about a drug not being on the formulary or listed as an excluded drug; or
- Calculation of True Out-of-Pocket (TrOOP) costs.

## POLICIES

- Amwins shall establish and maintain a process to send Elixir beneficiary grievances within timeframes established by CMS requirements. Corrective actions will be implemented as needed within the established timeframes.
- Enrollee or an Enrollees Authorized Representative may file a grievance orally or in writing. All grievances are documented in the PharmScreens system.

When a Request is Considered Received by the Plan. Plans must have processes in place to accept requests (grievance, coverage, and appeal requests) 24 hours a day, 7 days a week (including holidays). Requests (and for Part D, prescriber supporting statements for exception requests) are deemed "received" on the date and time:

- The plan initially stamps a document received by regular mail (i.e., U.S. Postal Service)
  - A delivery service that has the ability to track when a shipment is delivered (e.g., U.S. Postal Service, UPS, FedEx, or DHL) delivers the document.
  - A faxed document is successfully transmitted to the plan, as indicated on the fax transmission report.
  - A verbal request is made by telephone with a customer service representative.
  - A message is left on the plan's voicemail system if the plan utilizes a voicemail system to accept requests or supporting statements after normal business hours.
  - A request is received through the plan's website, provided the website and/or portal meets all applicable regulatory requirements.
- Amwins grievance process shall address the receipt, handling, documentation, tracking, and disposition of grievances

## PROCEDURE

- Timeframe to File a Standard Grievance
  - Standard grievances must be filed within 60 days of the event that initiated the complaint. If the enrollee indicates that they have good cause for not meeting the 60-day timeframe, Elixir will take into consideration evidence submitted by the enrollee to extend this timeframe.
- Grievance Processing
  - If a complaint is both a grievance and a coverage determination/appeal, the grievance is handled according to the grievance policy/procedure and the coverage determination/appeal is handled according to the applicable policy/procedure. Each is processed separately but concurrently. Each case file includes documentation that the other part of the complaint is being handled separately.
- Upon receipt of a Grievance, the Contact Center or Representative shall:
  - Enter information including the date and time the grievance was filed, contact information for the enrollee and/or their authorized representative, and the details of the complaint in PharmScreens,
  - If a beneficiary files a grievance about two or more different issues during a single contact or communication, each grievance is counted separately,
  - If a beneficiary files a grievance and then files a grievance again on the same issue, prior to the Plan's decision or the deadline for decision notification (whichever is earlier), then that should only be counted as one grievance.
  - If a beneficiary files a grievance and then files a subsequent grievance on the same issue after the Plan's decision or deadline for decision notification (whichever is earlier), then that counts as a separate grievance.
- Grievance Investigation
  - The Elixir Compliance staff shall receive the complaint and work the complaint with the assistance of AmWINS through the Compliance department.
- Grievance Resolution shall be executed according to Elixir's policy and procedures
  - Elixir shall resolve a grievance and provide the enrollee with a written response to the member for the resolution.
  - Elixir may extend the 30-day timeframe by up to 14 days if the enrollee requests the extension or if Elixir justifies a need for additional information and documents how the delay is in the interest of the enrollee or within 24 hours for an expedited grievance.
- All grievances will be responded to in writing or verbally.
  - For expedited grievances, notification must be delivered no later than 24 hours from receipt.
  - When written notification is required for expedited grievances, Elixir may initially provide verbal notification of its decision and must deliver written confirmation of its decision within 3 calendar days of the verbal notification.