Procedure Name:	Provider Grievance Procedure
Relevant Policy (COA Standard #):	NET 2.04
Applicable to:	All network providers
Location:	All locations
Effective Date:	January 2011
Date(s) of Revision:	March 2014; February 2015; June 2016; August 2018; April 2020
Additional Information:	

Provider Grievance Procedure

Scope of Procedure

1. This Procedure establishes a process by which providers may have their concerns, grievances, and appeals heard and evaluated. This Procedure applies to any provider that:
    a. Has a current contract with Choices to provide services to youth enrolled in the Choices program, either as a member of the Provider Network or as an individual provider;
    b. Has previously contracted with Choices to provide services to youth enrolled in the Choices program; or
    c. Has sought to contract with Choices but Choices did not elect to contract with the provider as either a member of the Provider Network or as an individual provider.
2. Providers shall be informed of Choices' Grievance Procedure at the time they enter into a contract with Choices to provide services to enrolled youth. This information shall be provided in writing and shall include contact information for the Grievance Officer and instructions for filing a grievance.
3. Through this Grievance Procedure, providers may address the following issues:
    a. Denial or termination of privileges within the Provider Network;
    b. Contracting concerns, including decisions not to contract or to abrogate existing contracts;
    c. Referrals for services;
    d. Conflicts within the Child and Family Team relating to services provided;
    e. Billing and claims issues; and
    f. Other service-related issues.

Level One: Resolution at Service Level

4. General Issues (not related to billing or claims) should be facilitated by the care coordinator and supervisor working with the provider.
    a. If the provider is a current member of a Child and Family Team, the provider should initially attempt to address those concerns with the Child and Family Team whenever appropriate. The provider should contact the care coordinator to request that the concerns be added to the agenda for the Child and Family Team meeting.

b. If the concerns cannot be appropriately addressed through the Child and Family Team process or the process does not result in satisfactory resolution of the concerns, the provider should discuss those concerns with the Choices staff member responsible for assisting with that function. This may happen either through a face-to-face or phone discussion, or through written communication.
c. If the discussion with the staff member does not result in satisfactory resolution of the concern, the provider should ask to speak with the staff member's supervisor. This may happen either through a face-to-face or phone discussion, or through written communication.
    i. If the supervisor was involved in the action or decision that is the subject of the concern or believes that he or she cannot objectively review the concern, the concern shall be forwarded to another member of the management team of that location for review.

5. Billing and Claims Issues:
    a. Billing and claims issues should be facilitated by a member of the claims department. These concerns include the following:
        i. Non-authorization or limited authorization of a requested service, including the type of level of service;
        ii. Reduction, suspension, or termination of a previously authorized service;
        iii. Denial, in whole or in part, of payment for a service; and
        iv. Other matters directly relating to the billing and claims process.
    b. A provider may bring a billing and claims issue to the attention of the claims department by sending an email to claims@choicesccs.org or by directly contacting a claims representative.
    c. The provider should submit sufficient information to Choices to assist in evaluating the claim, including:
        i. A copy of the denial notification from Choices;
        ii. A new paper claim form including all re-billed services;
        iii. A narrative outlining the reason for the resubmission;
        iv. Any denials from other funding sources for the services claimed; and
        v. Any other supportive documentation provider deems necessary for review.
    d. Any billing and claims issue that cannot be resolved by the claims representative shall be reviewed and addressed by the Finance Department and the supervisor overseeing the care coordination for the enrolled youth for whom the services were provided.

Level Two: Resolution with Grievance Officer

6. If the review at Level One does not result in satisfactory resolution of the concern, the provider may file a grievance with the Grievance Officer designated for the state in which that provider is located. The grievance should be submitted in writing or by email and should include the date,

time, description of the incident or situation, and the names of the individuals involved. Choices will assist the provider in filing a grievance upon request.

7. The Executive Director of each state program is designated as the Grievance Officer for that state. Contact information for each Grievance Officer is as follows:
    a. Indiana Choices: Jennifer Tackitt-Dorfmeyer
    7941 Castleway Drive
    Indianapolis, IN 46205
    Email: jtackitt-dorfmeyer@ChoicesCCS.org
    Phone: 317-205-8206
    b. Louisiana and Mississippi Choices: David Sikes
    2620 Centenary Blvd., Suite 180
    Shreveport, LA 71104
    Email: dsikes@choicesccs.org
    Phone: 318-613-7026

8. If the Level Two grievance involves a billing or claims issue, the Grievance Officer shall coordinate the review with the Vice President of Community and Provider Relations.
9. Within five working days following the receipt of a grievance, the Grievance Officer shall contact the provider to discuss the grievance and to obtain additional information regarding the issues. The Grievance Officer may also arrange a meeting with the provider at the request of either party.
10. Within ten working days following the receipt of a grievance, the Grievance Officer shall respond in writing or by email to the provider to provide a response and resolution to the grievance. If additional time is needed to investigate the grievance before providing the response and resolution, the Grievance Officer shall advise the provider in writing or by email of the delay and the new deadline for response.

Level Three: Grievance Committee

11. If the provider is dissatisfied with the Grievance Officer's response and resolution, the provider may request an appeal to the Grievance Committee. The request for appeal should be submitted in writing or by email to the Chief Executive Officer of Choices and should include all information that the provider wishes to be reviewed by the Grievance Committee. If the provider seeks to also speak with the Grievance Committee directly, this request should be included in the request for appeal. Contact information for the CEO is as follows:
    a. Michael Goldberg
    7941 Castleway Drive
    Indianapolis, IN 46250
    mgoldberg@choicesccs.org
    Phone: 317-205-8202

12. Within five working days following the receipt of an appeal, the CEO shall select a Grievance Committee, made of the CEO and at least two other members of the Executive Leadership Team and/or the Board of Directors.
13. The Grievance Committee shall review the appeal and provide a response and resolution in writing or by email to the provider within thirty days following the receipt of the appeal.

General Provisions

14. The Grievance Officer and CEO shall maintain a record of the receipt of the grievance, the subject matter of the grievance, and the resolution of the grievance.
15. A provider may also directly initiate a complaint with the U.S. Department of Health and Human Services or appropriate local, state, or federal funding, licensing, or regulatory agencies at any time.