

## Grand Valley Health Plan (GVHP) Member Grievance Procedure

1. Members always have the right to grieve at any time. If a concern or problem cannot be resolved between a member and their provider on an informal basis, the member or their authorized representative has the right to request a formal grievance process with Grand Valley Health Plan.
2. A grievance is defined as a member complaint to GVHP. GVHP will respond to all member grievances either orally or in writing. If a member's request is reviewed and denied by GVHP, a written statement containing the reasons for this decision will be provided to the member. Members who wish to contest this decision will receive a written statement outlining the plan's position, a grievance form and a copy of this grievance procedure.
3. The grievance process is provided to a member at no cost. Upon request the member may have access to and copies of all documents relevant to their grievance (with the exception of peer review information protected under State and Federal regulations). The member may also request during the grievance process a copy of the actual benefit provision, guideline, protocol, or similar criterion on which decisions about their grievance were based.
4. Members have the right to submit written comments, documents or other information relating to their grievance, however, the member is not required to submit a written complaint or any documents at any stage of the grievance process.
5. Grievance requests may be presented up to 180 calendar days from the date of notification of denial.
6. The grievance is received by Customer Services who will acknowledge, in writing, receipt of the formal grievance. Customer Services will further investigate the matter and direct all information to the President for 1<sup>st</sup> level of appeal.
7. When a determination is made at the first level of appeal, a written statement from the President, containing the reasons for the determination, is provided to the member for both pre-service and post-service grievances within 15 calendar days of the receipt of the grievance by Grand Valley Health Plan. If there is a delay in the process for a post-service grievance only, the member will be notified by letter outlining the reason for the delay. This delay, which is applicable to post-service grievances only, shall not exceed 10 business days and will only apply if GVHP has not received requested information from a health care facility or health professional.
8. If the member is not satisfied with the response, he/she, or their authorized representative may verbally inform Customer Services that they would like their grievance to be taken to the next appeal level. The case can be heard without the member present, the member can choose to have someone else represent him/her, the member may choose to be heard via a telephone conference, or they may make a personal appeal to the Grand Valley Health Plan Grievance Committee.
9. In the event a member chooses not to attend, or fails to attend a requested Grievance Committee review, the Committee reserves the right to review the grievance and to render an opinion.
10. The Grievance Committee will consider the appeal and respond within 3 working days of their determination. The Grievance Committee's determination is the final determination by the Plan. If the final determination by GVHP is made orally, we shall provide a written confirmation of the determination to the member no later than 2 business days after the oral determination. The entire process for 1<sup>st</sup> and 2<sup>nd</sup> level pre-service grievances and determinations will not exceed 30 calendar days. The entire process for 1<sup>st</sup> and 2<sup>nd</sup> level post-service grievances and determinations will not exceed 30 calendar days (40 calendar days with an extension). IF these timeframes are not met by Grand Valley Health Plan the member has the right to directly seek an independent external review from the Office of Financial and Insurance Services as listed in step #11. The timing of a grievance may be tolled by the member or their authorized representative, however, for any period of time that the Member is permitted to take under the grievance procedure.
11. The final determination of the GVHP Grievance Committee may be appealed. GVHP will provide the member with the appropriate application form to file for an independent external review of final determination, which should be appealed directly to:

Office of Financial and Insurance Services  
611 West Ottawa, Third Floor  
P.O.Box 30220  
Lansing, MI 48909-7720  
PH: 1-877-999-6442  
[www.michigan.gov/ofis](http://www.michigan.gov/ofis)

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## Expedited Grievances:

An expedited grievance is a grievance that is submitted orally or in writing, substantiated by a physician that the time frame for a grievance would seriously jeopardize the life or the health of the member, or would jeopardize the ability of the member to regain maximum function, or would in the opinion of a practitioner with knowledge of the Member's medical condition, would subject the Member to severe pain that cannot be adequately managed with the care or treatment that is the subject of the request..

1. Clinically urgent (expedited) determinations will be made within 72 hours of receipt of the grievance. If GVHP makes the determination orally, GVHP shall provide a written confirmation of the determination to the member not later than two (2) business days after the oral determination. If you are not satisfied with GVHP's decision, within 10 days after receipt of a determination, you may request a determination of the matter by an independent review organization under the patient's right to independent review act. GVHP will provide the member with the appropriate form to request an external review, you will be required to release any medical records required to be reviewed for the purpose of reaching a decision. If you have any questions regarding this process you can also contact the Office of Financial and Insurance Services at the address and phone number listed below:

Office of Financial and Insurance Services  
611 West Ottawa, Third Floor  
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Lansing, MI 48909-7720  
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