NETWORK GRIEVANCE PROCESS

When a grievance is filed with Network 8, it will be handled as one of the following categories: Immediate Advocacy, General Grievance, or Clinical Quality of Care. The table below provides an overview of the grievance types.

GRIEVANCE TYPE	DEFINITION	PROCESS
Immediate Advocacy	These are cases of a simple, generally non-Quality of Care nature that can be completed in 7 business days or less.	 The Network and facility will work together in order to find a resolution that is suitable for both the facility and the patient. Within 3 business days of closing the case, provide a summary letter to the grievant that contains initial issues presented, Network actions, and which issues have been resolved.
General Grievances	These are cases of a more complex nature, that do not contain clinical Quality of Care issues, and that cannot be resolved within 7 business days. These grievances should be resolved within 60 calendar days.	 The Network will provide an acknowledgement letter to the grievant within 2 business days. The facility will provide the requested documentation to the Network within 7 calendar days.
Clinical Quality of Care	These are circumstances in which the grievant alleges that an ESRD service received from a Medicare-certified provider did not meet professionally-recognized standards of clinical care. These cases should be resolved within 60 calendar days.	 3. The Network may request improvement plans (IPs), as necessary – plans must be completed within 60 calendar days. 4. Within 3 business days of closing the case, the Network will provide a summary letter to the grievant that contains the initial issues presented, Network actions, and which issues have been resolved.

Please do not hesitate to contact Katy Chappelear or Tausha Rawls, if you have any questions.

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