SUBJECT: BILLING DISPUTES / GRIEVANCE ***RISK MANAGEMENT PROTOCOL***	PAGE: 1 OF: 5
	EFFECTIVE: 12/03/2004
St. ANTHONY'S REHABILITATION HOSPITAL St. CATHERINE'S REHABILITATION HOSPITAL St. CATHERINE'S WEST REHABILITATION HOSPITAL	REVISED: 12/28/2018 REVIEWED: 12/28/2018

PROTOCOL:

- It is the protocol of this facility to provide a system whereby persons served and/or their significant others or representatives, can voice concerns about the quality of care received at the facility. Concerns over care received include, but are not limited to, concerns over perceptions related to premature discharge.

- Persons served have the right to voice complaints and make suggestions for change without the fear of reprisal, discrimination, coercion or unreasonable interruption of care, treatment and services.

DEFINITIONS:

- **Complaints:** A complaint is a patient issue that can be resolved promptly or within 24 hours and involves staff (such as nursing or administration) who are present at the time of the complaint. Complaints typically involve minor issues such as room housekeeping or food preferences that do not require investigation or detailed review of processes or procedures. A complaint should be able to be addressed quickly and informally and do not usually require a written response. However the complaint should be documented, including actions taken to resolve the complaint.

- **Grievances:** A grievance involves a more in-depth concern, such as alleged violation of patient rights, billing disputes or issues / billing complaints, failure to meet care expectations, premature discharge, failure to protect confidentiality, allegations of abuse or neglect or other serious concerns; a grievance may also be related to unresolved complaints. Grievances may be submitted verbally or in writing, following the process outlined below.

- At the time of admission to the facility, the person served or his or her representative, will be provided with information related to the grievance submission process. If the person's served condition does not allow for provision of the information at the time of admission, or if the person's served representative is not present at time of admission, every attempt will be made to distribute this information to the person served or his/her representative as soon as possible after the person served has been admitted.

- A description of the grievance process is provided in the patient handbook.

- During the admission process, the Admitting Department staff will provide the person served or his/her representative with written information outlining how the person served, or his/her representative submits a grievance related to quality of care or premature discharge.

- The information provided to the person served includes:

    - Whom the person served contacts to file a grievance (Grievance Coordinator)
    - How to reach the Grievance Coordinator
    - What the organizational grievance process entails
    - Time frames for review and resolution of grievance
    - The reasons for submitting a grievance, i.e., quality of care concerns or premature discharge perception
    - That the person served will receive a written notice of grievance determination
    - A list of other sources of assistance, i.e., ombudsman, legal services or adult protective services

- All grievances are to be submitted to the Grievance Coordinator, who is designated by the Administrator. Upon notification of a person served grievance, information sufficient to identify the individual registering the concern, the name of the person served (if not the individual submitting the information), date of receipt, nature of the concern, person's served attending physician and location of the person served will be recorded.

- The Grievance Coordinator or designee will conduct an investigation of the grievance, reviewing the person's served medical record, to obtain information regarding the person's served clinical condition. The coordinator or designee will interview the person served and/or person's served representative for additional information as needed. The coordinator or designee will also query other members of the healthcare team that have been involved in the care of the person served.

- After thorough research has been conducted, the Grievance Coordinator or designee will work in tandem with staff identified as key individuals critical to problem resolution for the specific identified concern. All efforts will be made to effectively and expeditiously resolve the person's served grievance.

- All grievances receive immediate priority and must be investigated with efforts made toward resolution preferably within 72 hours and almost always within 7 days.

- **Billing disputes / billing complaints:** These are investigated and completed within seven (7) days of the request for itemized statement or bills or complaint date. Bills / Statements / Itemized Bills and complaint resolution is provided to the patient within seven (7) days of receiving the dispute / grievance / request for bills / itemized bills. (Billing related disputes will be resolved within 7-10 days of the request or complaint, along with bills and resolution provided to the patient). Accuracy Reviews will be completed within 10 days.

Requesting an Itemized Statement or Bill:

- Patients may request an **itemized statement or bill**. The itemized statement or bill will be provided within **7 business days after the request or the discharge date**, whichever is later. The itemized bill will contain a description of the individual charges by date. Physician services may be billed separately; you should contact the physicians providing services to obtain an itemized statement or bill for services provided. To request an itemized statement or bill, please call the Centralized Billing Office at (954) 484 – 1515, Extension 5258 and ask to speak with the Patient Services Representative.

- **Billing questions or disputes can be addressed by calling the** Centralized Billing Office at (954) 484 – 1515, Extension 5258 and speak with the Patient Services Representative.

- When requested, we will make available to a patient all records necessary for **verification of the accuracy** of the patient's statement or bill **within 10 business days after the request for such records**. These records will be available to the patient before and after payment of the statement or bill.

- If you are not fully satisfied with the resolution to your questions or disputes, you may contact the Florida Agency for Health Care Administration directly at 888.419.3456 / 800.955.8771.
    - *Bills will have a contact number to call to receive live customer service assistance / person to deal with the billing queries.*
      For itemized bills: It will explain what the bill charges are per item; billing can be done in bundles or per insurance payor source; a number to call is listed if patient has questions; the actual itemized bill requested will be provided within 7 business days; patient may request onsite or phone review, and if so, they will be accommodated within 10 days in order to compare medical records versus bills. If the patient is not satisfied, we encourage the patients to contact the Agency for Health Care Administration and also refer to our internal grievance program.

Agency for Health Care Administration Contact: by phone toll-free at (888) 419-3456 / (800) 955-8771; Florida Relay Service (TDD number) or by mail at: **Agency for Health Care Administration, 2727 Mahan Drive, Tallahassee, FL 32308.**

Delray Beach Field Office - Broward

AHCA – Local Contact:

Arlene Mayo-Davis, Field Office Manager
5150 Linton Boulevard, Suite 500
Delray Beach, Florida 33484
(561) 381-5840 Phone
(561) 496-5924 Fax

AHCA - Miami Field Office - Miami-Dade

Arlene Mayo-Davis, Field Office Manager
8333 N.W. 53rd St. Suite 300
Miami, Florida 33166
(305) 593-3100 Phone
(305) 499-2190 Fax

- *If all other categories of grievances (excluding billing disputes which are completed within seven (7) days) cannot be resolved within the 7 days, or if the investigation is not or will not be completed within 7 days, the Hospital should inform the person served or their representative that the hospital is still working to resolve the grievance and that the Hospital will follow-up with a written response within thirty (30) days in accordance with the Hospital's grievance policy.*

    - If the grievance is unable to be resolved to either the person's served or Grievance Coordinator's satisfaction the following avenues will be accessed:

        - If the unresolved grievance is related to a quality of care concern, the Director of Nurses will be notified and requested to intervene.

        - If the unresolved grievance is related to perceived premature discharge, Case Management will be notified and requested to intervene.

- The person served will be provided with notice of:
    - The name of the Grievance Coordinator
    - The steps taken to resolve the grievance
    - The final result of the grievance
    - Resolution date

- The person served or his/her representative has the right to appeal a grievance determination. Appeals for grievance determinations will be submitted to the Grievance Coordinator, who will in turn, forward the appeal to the Administrator. Final determinations for appeals must be made within 30 days of appeal notification.

- If a grievance is not resolved to the person's served or his/her representative's satisfaction, this organization will refer the person served or his/her representative to other sources of assistance, i.e., ombudsman, legal services or adult protective services programs.

- The person served and/or his/her representative maintains the right at all times to notify any of the state or federal regulatory agencies governing healthcare organizations. This facility supports the person's served right to voice concerns regarding his or her healthcare and will provide assistance in contacting any of the regulatory agencies requested.

- A grievance log will be maintained by the Grievance Coordinator. Such log will indicate the number of grievances handled, a categorization of the cases underlying the grievances and the final disposition of the grievances.