

# NETWORK GRIEVANCE PROCESS

When a grievance is filed with Network 8, it will be handled one of three ways: Immediate - Advocacy, General Grievance, or Clinical Quality of Care case. The table below provides the definitions and processes of grievance types. -

GRIEVANCE TYPE	DEFINITION	PROCESS -
<b>Immediate Advocacy</b>	These are cases of a simple, generally non-Quality of Care nature that can be completed in 7 calendar 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.
<b>General Grievances</b>	These are cases of a more complex matter, that do not contain clinical Quality of Care issues, and that cannot be resolved within 7 calendar days.	<ol style="list-style-type: none"> <li>1. Provide acknowledgement letter to the grievant within 2 business days</li> <li>2. Facility provides requested documentation <u>within 5 business days</u></li> </ol>
<b>Clinical Quality of Care</b>	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	<ol style="list-style-type: none"> <li>3. Implement improvement plans (IPs) as necessary – plans must be completed within 60 calendar days of the grievance process</li> <li>4. 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.</li> </ol>

Please do not hesitate to contact Katy Chappellear or Kristi Durham if you have any questions.

Katy Chappellear -  
kchappellear@nw8.esrd.ne -

601 936 9260

Kristi Durham  
kdurham@nw8.esrd.net



END STAGE RENAL DISEASE  
**NETWORK 8, INC.**