



POLICY INFORMATION

Policy Title: Section 1557 – Grievance Policy and Procedure

Departmental Owner: Chief Compliance, Audit, and Privacy Officer

Version Effective Date: November 30, 2024

Last Reviewed: November 30, 2024

SCOPE

This policy applies to the following individuals and/or groups:

All Covered Individuals (e.g., all Nuvance workforce members, business affiliates, and agents) as defined below under Definitions.

This policy applies to all above listed Nuvance Health workforce members including but not limited to the following locations:

All of the below entities

Nuvance Health Systems

Danbury Hospital (including New Milford Hospital Campus)

Northern Dutchess Hospital

Norwalk Hospital

Putnam Hospital

Sharon Hospital

Vassar Brothers Medical Center

Health Quest Systems, Inc. “(HQSI)”

Health Quest Home Care, Inc

Hudson Valley Cardiovascular Practice, P.C. (aka The Heart Center) (“HVCP”)

Other HQSI-affiliated Entities Not Listed

Western Connecticut Home Care, Inc (“WCHN”)

Western Connecticut Health Network Physician Hospital Organization ACO, Inc.

Western Connecticut Home Care, Inc

Other WCHN-affiliated Entities Not Listed

Nuvance Health Medical Practices (NHMP PC, NHMP CT, ENYMS & HVCP)

POLICY STATEMENT/PURPOSE

It is the policy of Nuvance Health and its affiliates (“Nuvance”) not to discriminate on the basis of race, color, national origin, sex, age or disability.

Nuvance has adopted an internal grievance procedure providing for prompt and equitable resolution of complaints alleging any action prohibited by Section 1557 of the Affordable Care Act (42 U.S.C. 18116) and its implementing regulations at 45 CFR part 92 issued by the U.S. Department of Health and Human Services.

DEFINITIONS

For purposes of this policy, the terms listed below shall have the following meanings:

Covered Individual: Any Nuvance Health (“Nuvance”) workforce member, business affiliate, or agent, as those terms are described in subdivisions (i)-(iii) below:

i. *Workforce Members*

For purposes of this Policy, the term "workforce member" shall include any of the following individuals at Nuvance Health who, on a fulltime, part time or per diem basis, whether functioning remotely, onsite, or any combination thereof, performs, executes, or otherwise carries out Nuvance Health functions, duties, or services:

1. Members of the Nuvance Health Board of Directors, and Members of the Boards of any Nuvance related entity including, without limitation, any Nuvance entity first

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Revision Dates: 11/30/2024

Supersedes: 5.1.10 Section 1557 – Grievance Policy and Procedure

- highlighted above in Section III of this policy;¹
2. Chief Executive Officer;²
 3. Corporate Officers;³
 4. Executives and other senior managers regardless of title;⁴
 5. Employees;⁵
 6. Administrators;⁶
 7. Managers;⁷
 8. Affiliates;⁸
 9. Medical Staff Members;⁹
 10. Clinicians;¹⁰
 11. Allied Health Professionals;¹¹
 12. Appointees;¹²
 13. Volunteers;¹³
 14. Personnel;¹⁴
 15. Interns;¹⁵
 16. Students;¹⁶
 17. Trainees; **and**
 18. Any individual whose performance or other conduct is under the direction and control of Nuvance Health, whether or not they are paid by Nuvance Health;

ii. *Business Affiliates:*

For purposes of this Policy, the term "Business Affiliate" shall include any non-workforce member contractor, independent contractor, vendor, subcontractor, consultant, third-party, or person (collectively "Contractors"), who or that, in acting on behalf of Nuvance Health:

- (1) Delivers, furnishes, prescribes, directs, orders, authorizes, administers, or otherwise provides Federal healthcare program items, supplies, and services;¹⁷

¹ For purposes of this Policy, "members of the Nuvance Health Board of Directors and Members of the Boards of any Nuvance Health related entity" shall be construed to include members of any associated Board committee.

² 18 NYCRR 521-1.2 [b][1]

³ 18 NYCRR 521-1.2 [b][1]

⁴ New York State Office of the Medicaid Inspector General, Compliance Program Review Guidance, New York State Social Services Law 363-d and Title 18 New York Codes Rules and Regulations Part 521(10/26/16)(hereinafter 2016 OMIG Compliance Program Guidance), p.3

⁵ 18 NYCRR 521-1.2 [b][1]

⁶ 18 NYCRR 521-1.2 [b][1]

⁷ 18 NYCRR 521-1.2 [b][1]; see also, generally, OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8988, § [I] (1998)

⁸ 2023 OMIG Compliance Program Guidance, p. 18

⁹ See, generally, 2016 OMIG Compliance Program Guidance, p.3; see also OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8995-8996, § [II][E][I] (1998) and 18 NYCRR 521-1.2 [b][1] (last accessed on 9/3/24)

¹⁰ 18 NYCRR 521-1.2 [b][1]

¹¹ See, generally, OMIG Required Risk Areas at 18 NYCRR §521-1.3(d) (last accessed on 9/3/24)

¹² 2016 OMIG Compliance Program Guidance, p.3 (last accessed on 9/3/24)

¹³ 2016 OMIG Compliance Program Guidance, p.3 (last accessed on 9/3/24)

¹⁴ See, generally, OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8993, § [II][A][9] (1998) (last accessed on 9/3/24)

¹⁵ 18 NYCRR 521-1.2 [b][1] (last accessed on 9/3/24)

¹⁶ 18 NYCRR 521-1.2 [b][1] (last accessed on 9/3/24)

¹⁷ See CMS, DRA 6032 - Employee Education About False Claims Recovery- Frequently Asked Questions, p.6 (available at: <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207att1.pdf>) (last accessed on 9/3/24)



- (2) Performs coding or billing functions;¹⁸
- (3) Monitors the healthcare provided by Nuvance Health;¹⁹
- (4) Contributes to Nuvance Health's entitlement to payment under Federal healthcare programs or payment from private payors;²⁰
- (5) Is affected by any of the following Nuvance risk areas:²¹
 - (a) Medical record documentation;²²
 - (b) Coding;²³
 - (c) Billings;²⁴
 - (d) Claims preparation and submission;²⁵
 - (e) Claims reimbursement;²⁶
 - (f) Payments;²⁷
 - (g) Patient collections;²⁸
 - (h) Order services;²⁹
 - (i) Medical necessity;³⁰
 - (j) Quality of care;³¹
 - (k) Governance;³²

8/29/24); *See, also, generally* Department of Health and Human Services, Office of Inspector General, *OIG Special Advisory Bulletin on the Effect of Exclusion from Participation in Federal Health Care Programs* (Updated, 5/8/13) (available at: <https://oig.hhs.gov/exclusions/files/sab-05092013.pdf>)(last accessed on 9/3/24).

¹⁸ See CMS, DRA 6032 - Employee Education About False Claims Recovery - Frequently Asked Questions (available at: https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207_att1.pdf)(last accessed on 8/29/24; *see also* CMS, Center for Medicaid and State Operations, Dear State Medicaid Director Letter dated 12/13/06): <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD121306.pdf>)(last accessed on 8/29/24)

¹⁹ See CMS, DRA 6032 - Employee Education About False Claims Recovery - Frequently Asked Questions https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207_att1.pdf (last accessed on 8/29/24; *see also* CMS, Center for Medicaid and State Operations, Dear State Medicaid Director Letter dated 12/13/06): <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD121306.pdf>)(last accessed on 8/29/24)

²⁰ 2016 OMIG Compliance Program Guidance, p.3

²¹ Note, business affiliates affected by "other risk areas that are or should reasonably be identified by Nuvance through its organization experience" are also covered under this policy to the extent that the potential impact of such risk areas when exploited could reasonably lead to, or result in, a potential or actual overpayment. (10 NYCRR 521 -1.3 [d][10]). (last accessed on 9/3/24)

²² See 18 NYCRR 521-1.3 [d][10]

²³ See 18 NYCRR 521-1.3 [d][10]; *see also* CMS, DRA 6032- Employee Education About False Claims Recovery- Frequently Asked Questions (available at: https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/smd032207_att1.pdf)(last accessed on 8/29/24; *see also* CMS, Center for Medicaid and State Operations, Dear State Medicaid Director Letter dated 12/13/06): <https://downloads.cms.gov/cmsgov/archived-downloads/SMDL/downloads/SMD121306.pdf>)(last accessed on 8/29/24)

²⁴ See 18 NYCRR 521-1.3 [d][1]

²⁵ See 18 NYCRR 521-1.3 [d][10]

²⁶ See 18 NYCRR 521-1.3 [d][10]

²⁷ See 18 NYCRR 521-1.3 [d][2]

²⁸ See 18 NYCRR 521-1.3 [d][10]

²⁹ See 18 NYCRR 521-1.3 [d][3]

³⁰ See 18 NYCRR 521-1.3 [d][4]

³¹ See 18 NYCRR 521-1.3 [d][5]

³² See 18 NYCRR 521-1.3 [d][6]

- (l) Mandatory reporting;³³
 - (m) Credentialing;³⁴
 - (n) Contractor oversight;³⁵
 - (o) Identification and returning of overpayments;³⁶
 - (p) Joint ventures;³⁷
 - (q) Improper referrals, incentives, or financial arrangements;³⁸ or
 - (r) Cost reporting³⁹
- (6) Is otherwise affected by this policy due to their:
- (a) duties, functions, role, or responsibilities; or⁴⁰
 - (b) provision of goods or services to Nuvance.
- iii. *Agents*: For purposes of this Policy, the term "Agent" shall mean individuals or entities that have entered into an agency relationship with Nuvance Health. Agents may fall under the categories of either Workforce Members or Business Affiliates.

POLICY

Section 1557 prohibits discrimination on the basis of race, color, national origin, sex, age or disability in certain health programs and activities. Section 1557 and its implementing regulations may be examined in the office of:

Jared Gaynor
 Chief Compliance, Audit, and Privacy Officer
 100 Reserve Road Danbury, CT 06810
 Phone: 844-937-9326, TTY: 800-421-1220 Fax: 845-475-9761
compliance@nuvancehealth.org

The Chief Compliance, Audit, and Privacy Officer has been designated the Section 1557 Coordinator and will coordinate the efforts of Nuvance to comply with Section 1557.

PROCEDURE

It is against the law for Nuvance to retaliate against anyone who opposes discrimination, files a grievance, or participates in the investigation of a grievance. Any person who believes someone has been subjected to discrimination on the basis of race, color, national origin, sex, age or disability may file a grievance under this procedure:

³³ See 18 NYCRR 521-1.3 [d][7]

³⁴ See 18 NYCRR 521-1.3 [d][8]

³⁵ See 18 NYCRR 521-1.3 [d][9]; see also 42 USC 1396a [a][68][A] (last accessed on 9/3/24)

³⁶ See 18 NYCRR 521-1.3 [d][10]

³⁷ OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987, 8990, § [II][A][2] (1998) (last accessed on 9/3/24)

³⁸ See 18 NYCRR 521-1.3 [d][10]

³⁹ See 18 NYCRR 521-1.3 [d][10]

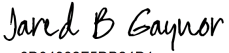
⁴⁰ See 18 NYCRR 521-1.3 [d]; see also OIG Compliance Program Guidance for Hospitals, 63 Fed. Reg. 8987,

8989 § [II][A] (last accessed on 9/3/24)



- Grievances must be submitted to the Section 1557 Coordinator within (60 days) of the date the person filing the grievance becomes aware of the alleged discriminatory action.
- A complaint must be in writing, containing the name and address of the person filing it. The complaint must state the problem or action alleged to be discriminatory and the remedy or relief sought.
- The Section 1557 Coordinator (or her/his designee) shall conduct an investigation of the complaint. This investigation may be informal, but it will be thorough, affording all interested persons an opportunity to submit evidence relevant to the complaint. The Section 1557 Coordinator will maintain the files and records of Nuvance relating to such grievances. To the extent possible, and in accordance with applicable law, the Section 1557 Coordinator will take appropriate steps to preserve the confidentiality of files and records relating to grievances and will share them only with those who have a need to know.
- The Section 1557 Coordinator will issue a written decision on the grievance, based on a preponderance of the evidence, no later than 30 days after its filing, including a notice to the complainant of the right to pursue further administrative or legal remedies.
- The person filing the grievance may appeal the decision of the Section 1557 Coordinator by writing to the Chief Experience Officer, within 15 days of receiving the Section 1557 Coordinator's decision. The Chief Experience Officer shall issue a written decision in response to the appeal no later than 30 days after its filing.
- The availability and use of this grievance procedure does not prevent a person from pursuing other legal or administrative remedies, including filing a complaint of discrimination on the basis of race, color, national origin, sex, age or disability in court or with the U.S. Department of Health and Human Services, Office for Civil Rights. A person can file a complaint of discrimination electronically through the Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf> by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201.
- Complaint forms are available at: <https://www.hhs.gov/sites/default/files/civil-rights-complaint-form-0945-0002-exp-04302019.pdf> . Such complaints must be filed within 180 days of the date of the alleged discrimination.
- Nuvance will make appropriate arrangements to ensure that individuals with disabilities and individuals with limited English proficiency are provided auxiliary aids and services or language assistance services, respectively, if needed to participate in this grievance process. Such arrangements may include, but are not limited to, providing qualified interpreters, providing taped cassettes of material for individuals with low vision or assuring a barrier-free location for the proceedings. The Section 1557 Coordinator will be responsible for such arrangements.

APPROVAL

Signed by:

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12/19/2024

Signature

Date