



SANDHILLS CENTER

Provider Grievance & Appeals System



NEW PROVIDER GRIEVANCE & APPEALS SYSTEM

- Sandhills Center has developed a new entry system for receiving provider and community stakeholder grievances and appeals;
- The Provider Grievance System is separate from the Member Grievance System. If a member or member guardian wish to enter a grievance, please encourage them to fill out the Grievance Form found on our website at <https://www.sandhillscenter.org/for-consumers/grievance-form/> or via our Customer Service Line at 1-800-256-2452.
- Provider Appeals can also be submitted via the new Sandhills Center Provider Grievance & Appeals System if a provider wishes to appeal a grievance resolution or adverse action taken by Sandhills Center.



WHAT ISSUES WOULD PROMPT A PROVIDER GRIEVANCE TO BE ENTERED?

- If a provider or community stakeholder has a grievance or complaint against another provider;
- If a provider or community stakeholder has a grievance or complaint against Sandhills Center (including a Sandhills Center department or staff member);
- Reasons for Provider Grievances Include:
 - Allegation or suspension of fraud, waste or abuse by a Sandhills Center Provider
 - Sandhills Center function
 - Physical health provider function
 - Non-Emergency Medical Transportation (NEMT) provider function
 - Pharmacy provider function
 - Other (if this option is chosen, additional information will be required)



PROVIDER GRIEVANCE TYPES

- Provider Grievance Types Include:
 - Grievance against a Sandhills Center Provider
 - Grievance against Sandhills Center staff member or department
 - Grievance against physical health provider
 - Grievance against NEMT (Non-Emergency Medical Transportation)
 - Grievance against pharmacy provider
 - Other (if this option is chosen, additional information will be required)



PROVIDER GRIEVANCES NOT ACCEPTED

- What types of grievances will not be accepted in the new system?
 - Grievances against a provider who is not contracted with Sandhills Center (out-of-network providers can submit a grievance)
 - Grievances made in relation to a remedial action being taken by Sandhills Center (a provider can submit an appeal regarding a remedial action)
 - Against a provider/facility that is licensed with DHSR (**exception may occur at the discretion of the Chief Medical Officer/Chief Clinical Officer)
 - Quality of Care (QOC) concern (a grievance may be reclassified as a QOC based on review)
 - Grievances regarding ascertains of monies owed to or by a provider
 - Ascertains of Provider agency/facility employment contract violations



SUBMITTING A PROVIDER GRIEVANCE

- Please use the Google Chrome browser when accessing the Provider Grievance & Appeals System.
- The link to the Provider Grievance System can be found at: <https://shcextweb.sandhillscenter.org/ga>;
- Please ensure that all required information has been completely entered
- If the provider (or stakeholder) would prefer to fill out a grievance form and submit it via mail, the Provider Grievance Form (printable) can be found in the Provider Grievance System link;

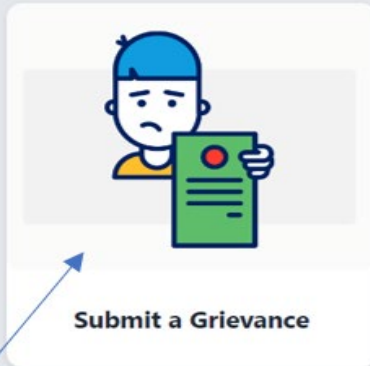


ENTERING A PROVIDER GRIEVANCE

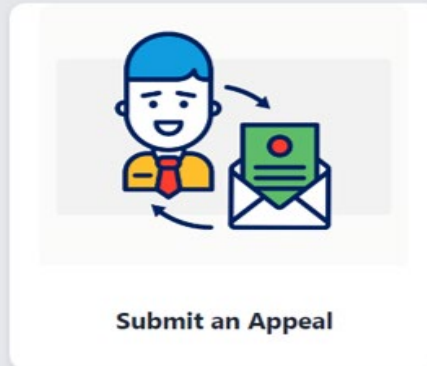
- Go to the Home page, and Select “Submit a Grievance”



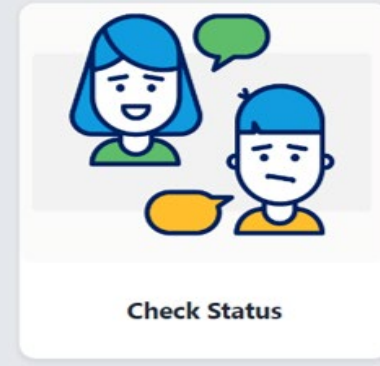
Welcome to the Sandhills Center Grievances and Appeals!



[Provider Grievance Form Printable](#)



[Provider Appeal Form Printable](#)



[Provider Appeal Extension Request Printable](#)



ENTERING A PROVIDER GRIEVANCE (cont'd)

Date and time will auto-populate when Grievance is submitted

Grievance Provider Intake Form

Received Date

12/6/2022

Received Time

12:00 AM

* Type Of Grievance

Please select

Grievance against a Sandhills Center Provider

Grievance against Sandhills Center Staff Member or Depa...

Grievance against Physical Health Provider

Grievance against NEMT (Non-Emergency Medical Transp...

Grievance against Pharmacy

Other

If "Other" is marked, please fill in the required information in the supplied field

Provider Alpha Id



SANDHILLS CENTER

ENTERING A PROVIDER GRIEVANCE (cont'd)

* Reason For Grievance

Other ▾

Fraud, Waste or Abuse by a Sandhills Center Provider

Sandhills Center Function

Physical Health Provider Function

NEMT Provider Function

Pharmacy Function

Other

* Other Reason (Specify)

Provider Alpha Id

If "other" is selected, please ensure you list the grievance type in the box provided



ENTERING A PROVIDER GRIEVANCE (cont'd)

Please include your provider
AGENCY name and the Alpha ID
for easier identification

* Provider Name

Provider Alpha Id

Form being submitted by the main contact for this appeal?

Yes No

If you will not be the main provider contact,
please select "No" and fill in the relevant
information; you will be able to provide the main
contact information below

* Submitter Name

* Submitter Email

* Submitter Phone



ENTERING A PROVIDER GRIEVANCE (cont'd)

Please include the main provider contact as well as the main provider contact email and phone number

* Main Contact Name

* Main Contact Email

* Main Contact Phone

Address Line 1

Address Line 2

Please include the provider's MAILING address

City

State

Zip

May Sandhills Center Contact you?

Yes No

Please only check "No" if you do not want Sandhills Center to contact your agency regarding additional information; providers will receive correspondence regarding receipt and resolution of their grievance only; Please note that providers who choose to opt out of further correspondence may hinder the review process.

May Sandhills Center use your name in the investigation of the grievance?

Yes No

If your agency wishes to remain anonymous in the investigation (i.e., not have your name shared with the subject of the grievance), please check "No"



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ENTERING A PROVIDER GRIEVANCE (cont'd)

Does the Grievance involve a Member?

Yes No

Member Name

Member Alpha Id

If the grievance involves member, please select "Yes" and include their name and Alpha ID if available for easier look-up

Does the Grievance involve a Sandhills Center Staff Member or Department?

Yes No

Sandhills Center Staff name

Sandhills Center Department

If the grievance involves a SHC staff member or department, please select "Yes" and include all relevant information



ENTERING A PROVIDER GRIEVANCE (cont'd)

Please be thorough and write as complete of a description as possible including dates, locations, individuals involved, etc.

* Description of the Grievance

Please specify the date of the grievance and as many details as possible regarding the grievance

Once all required fields are filled in, please select "Next"

Next



ENTERING A PROVIDER GRIEVANCE (cont'd)

Instructions

Please review all information for accuracy and click "Submit"; if additional editing is required, please click "Previous" to return to the form

Grievance Provider Intake Form

Review

[Previous](#) [Submit](#)

Received Date:	12/6/2022
Received Time:	12:00 AM
Type of Grievance:	Grievance against a Sandhills Center Provider
Reason For Grievance:	Fraud, Waste or Abuse by a Sandhills Center Provider
Provider Name	ABC 123
Provider Id	12345



ENTERING A PROVIDER GRIEVANCE (cont'd)

Instructions

Grievance Provider Intake Form

Confirmation

Your grievance/complaints form have been submitted at 12/06/2022 11:14 AM
Your confirmation is Id: 2022120611143331

Please note the confirmation ID# as well as this will be required to check the status of the grievance (along with the first word of the provider name); additionally, the confirmation will be provided to the main provider contact via letter and email.



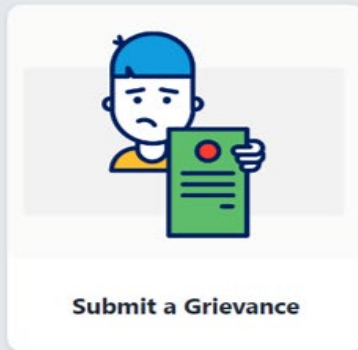
SANDHILLS CENTER

CHECKING THE STATUS OF A PROVIDER GRIEVANCE

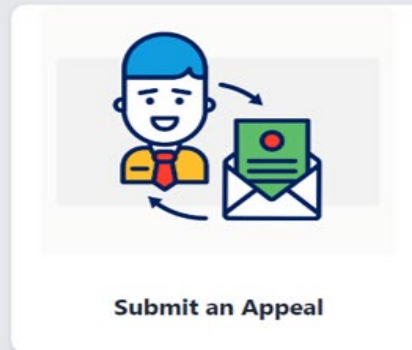
- To check the status of a submitted grievance, go to the home page and click on “Check Status”



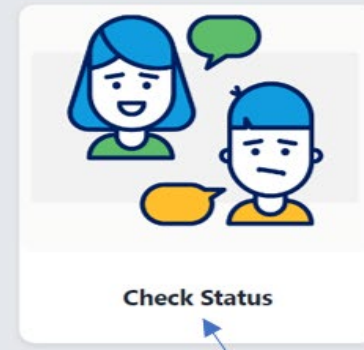
Welcome to the Sandhills Center Grievances and Appeals!



Provider Grievance Form Printable



Provider Appeal Form Printable



Check Status

Provider Appeal Extension Request Printable

CHECKING THE STATUS OF A PROVIDER GRIEVANCE (cont'd)

Verify Status of a Grievance or Appeal

Search for:

Grievance Appeal

To lookup a submitted grievance, you will need to enter the first few letters of the first word of the provider name as well as the Confirmation ID number

* First Word of Provider Name

abc

* Confirmatin Grievance/Appeal Id

2022120611143331

Next

Click "Next" to generate the grievance status below

Grievance Status

Received Date:

12/6/2022

Received Time:

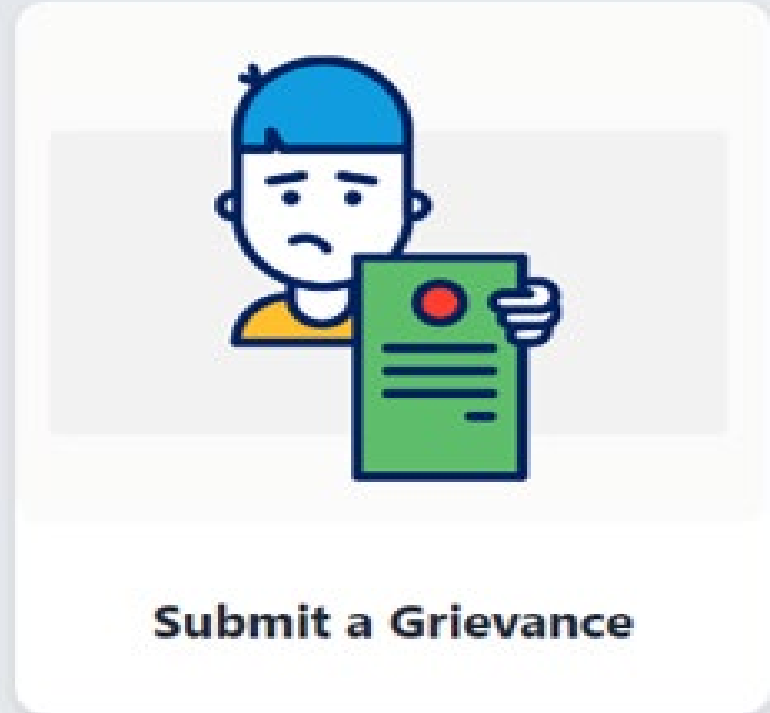
12:00 AM



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PRINTABLE PROVIDER GRIEVANCE FORM

If a provider states that they want to fill out an actual hardcopy form, please refer them to the printable Provider Grievance Form available on the Grievance System homepage [Provider Grievance Form Printable](#)



[Provider Grievance Form Printable](#)



IMPORTANT INFO REGARDING PROVIDER GRIEVANCES

- All provider grievance requests will be resolved within thirty (30) calendar days of receiving a complete Grievance request (the date on which all the evidence is submitted to the Sandhills Center);
- A certified letter and secure email with read receipt will be sent to the submitting provider notifying them of the receipt of the grievance as well as the grievance resolution;
- At the time of notification, the provider will also be given additional information regarding the process for appealing the decision if they choose to do so which must be submitted within thirty (30) calendar days of receipt of the grievance resolution notification.



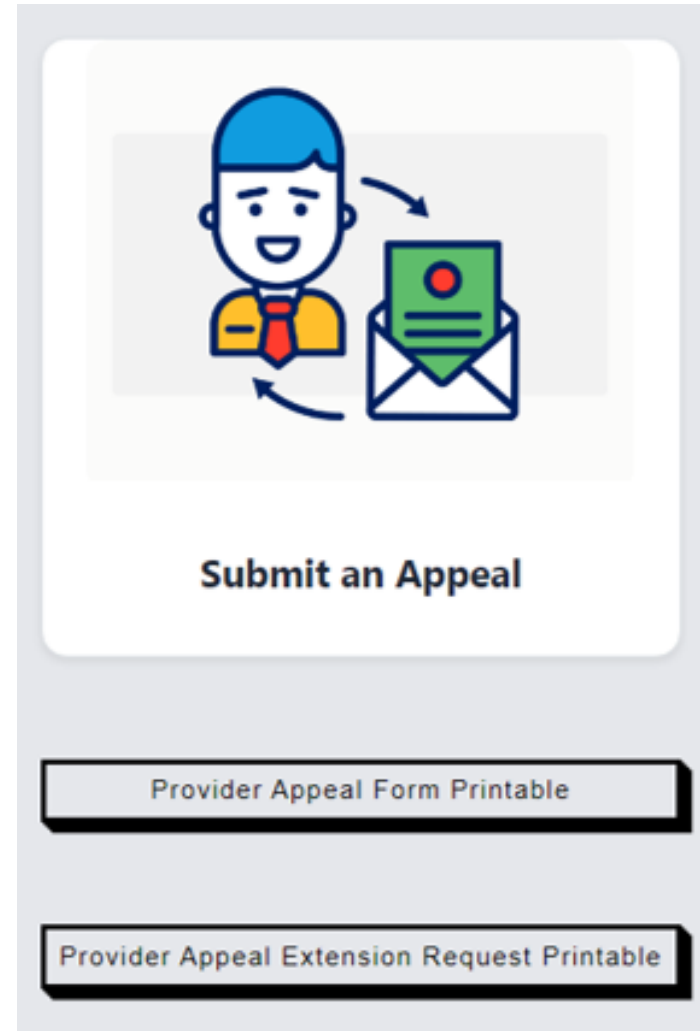
PROVIDER APPEALS PROCESS

- Providers can submit an appeal for either of the following:
 - An adverse action taken by Sandhills Center via such departments as Network Management, Finance or Program;
 - A grievance resolution
- In both instances, the appeal must be submitted to Sandhills Center within thirty (30) calendar days from the date on which the Provider received written notification from Sandhills Center;
- Providers can request an appeal extension for an additional thirty (30) calendar days if the good cause rationale is accepted by Sandhills Center; the Provider Appeal Extension Request Form is available to be downloaded on the Provider Grievance & Appeals System homepage.



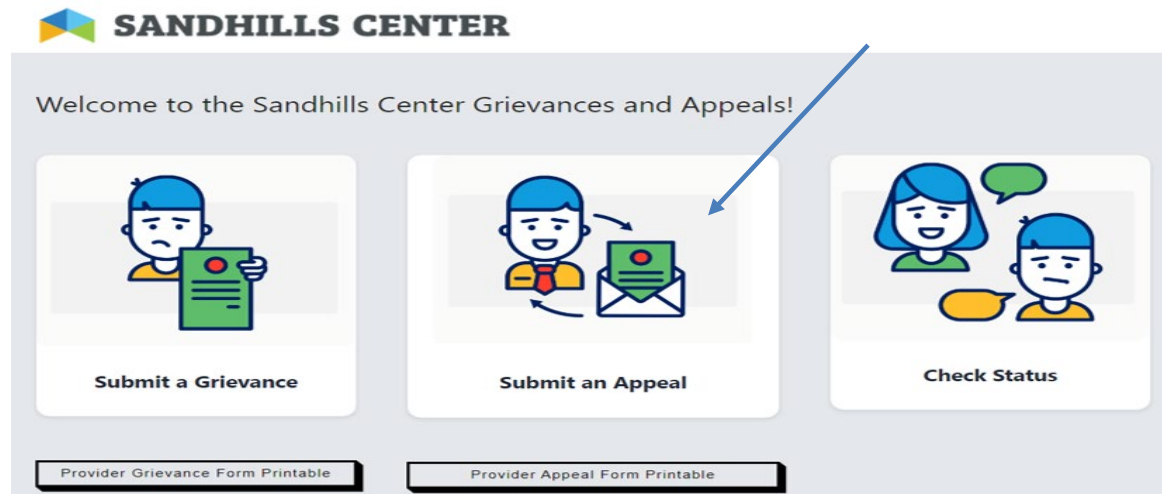
PROVIDER APPEALS FORMS

- Please note that providers can access printable versions of both the Provider Appeal Form and the Provider Appeal Extension Request Form (to request an additional 30 days in which to submit the appeal) on the home page of the Provider Grievance & Appeals System as seen here: [_____](#) →



SUBMITTING A PROVIDER APPEAL

- If a provider wishes to appeal a grievance or an adverse action taken by Sandhills Center, they can submit the request electronically through the Appeals system available at the following link:
<https://shcextweb.sandhillscenter.org/ga;>



SUBMITTING A PROVIDER APPEAL (cont'd)

Instructions

If you are not the main contact submitting the form, please select "No"; if you are, please fill in all of the relevant information including the provider agency contact information; provider agency MAILING address and Provider AGENCY name; please also include the Alpha ID if known

Appeal Intake Form

The date and timestamp will auto-populate

Received Date: 12/8/2022 Received Time: 12:00 AM

Form being submitted by the main contact for this appeal?
 Yes No

* Main Contact Name * Main Contact Email * Main Contact Phone

Mailing Address Information

* Address Line 1 Address Line 2

City State Zip

* Provider Name Provider Alpha Id



SUBMITTING A PROVIDER APPEAL (cont'd)

Reason for Appeal

- Appealing an Adverse Action
- Appealing Grievance Resolution
- Other - It should be specified in the description

If "other" is marked, please provide a description in the auto-populated box

The date will auto-populate but can be changed if needed

* Appeal Related to Sandhills Department

* Adverse Action Notification Date

Does appeal involve a member?

- Yes
- No

* Name of the member

* Member Alpha Id

Please provide information regarding any member that may be a part of the appeal; if there is more than one member, please provide the additional information in the description



SUBMITTING A PROVIDER APPEAL (cont'd)

Founding Source (If "Other" please specify the founding source in the description)

Unknown State Medicaid Tailored Plan Other

Please ensure the funding source is indicated if applicable; if "Other" is marked, please provide a description in the auto-populated box

Please identify if you are requesting either of the following options as part of your appeal?

Virtual / Telephonic Interview In-Person

Please note that this option is ONLY available to providers where Sandhills Center has withheld or suspended payment; the hearing will be held within 15 days of request

* Description

Please provide as much relevant information in the description as possible concerning the appeal request and click "Next"

Next



SUBMITTING A PROVIDER APPEAL (cont'd)

- As with grievances, the submitted appeal will need to be reviewed before finally clicking the “Submit” button; if additional information or editing is required, select “previous”:



CHECKING THE STATUS OF A PROVIDER APPEAL

- As with grievances, the same protocol will need to be followed in order to check the status of a provider appeal:



Welcome to the Sandhills Center Grievances and Appeals!



Submit a Grievance

Provider Grievance Form Printable



Submit an Appeal

Provider Appeal Form Printable



Check Status

Provider Appeal Extension Request Printable



SANDHILLS CENTER

CHECKING THE STATUS OF A PROVIDER APPEAL (cont'd)

- As with grievances, the same protocol will need to be followed in order to check the status of a provider appeal:

Verify Status of a Grievance or Appeal

Search for:
 Grievance Appeal

* First Word of Provider Name

* Confirmatin Grievance/Appeal Id

To lookup a submitted appeal, you will need to enter the first few letters of the first word of the provider name as well as the Confirmation ID number

Click "Next" to generate the appeal status below



IMPORTANT INFO REGARDING PROVIDER APPEALS

- All provider appeal requests will be resolved within thirty (30) calendar days of receiving a complete appeal request (the date on which all the evidence is submitted to the Sandhills Center);
- A certified letter and secure email with read receipt will be sent to the submitting provider notifying them of the receipt of the appeal as well as the appeal determination;
- At the time of notification, the provider will also be given additional information regarding appeal rights with OAH.



WHO TO CONTACT WITH PROVIDER GRIEVANCE OR APPEALS QUESTIONS:

Alexis Wright, Provider Grievance &
Appeals Coordinator

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336-840-1138

Ashley Canupp, Network Operations
Manager

ashleyc@sandhillscenter.org

336-840-1131



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