



The Renal Network Grievance Process

The Renal Network is contracted by the Centers for Medicare/Medicaid Services (CMS) as an End-Stage Renal Disease (ESRD) Network and authorized under the Social Security Act to receive, investigate, and process grievances related to the quality and safety of care received by patients in Medicare-certified dialysis or transplant facilities in the state of Illinois. Grievances are reviewed in accordance with the Conditions for Coverage (CfC).

Who May File a Grievance?

The Network processes grievances from patients, their representatives, family members, professionals, advocates, and State Survey agencies, related to the quality and safety of care in ESRD certified facilities.

How to File a Grievance

A grievance may be filed with the Network by phone, fax, or postal mail. EMAIL IS NOT A SAFE OPTION AND IS DISCOURAGED. To submit a grievance by mail or fax, download a **Grievance Form**, complete and submit.

Patients wishing to be represented by a family member or other individual must submit a **CMS Appointment of Representative Form**.

In filing a grievance, a patient may remain anonymous to the facility. The Network will not release a patient's name to the facility without the patient's permission. However, anonymous grievances allow the Network to do only a general investigation. Patients will be asked to indicate their preference to disclose or not to disclose their name by completing the **Consent to Disclose Your Identity** form. Download individual forms or download a Grievance Packet which includes all of the forms and a handout of the grievance process.

Serving the renal community in Illinois.

911 E. 86th Street, Suite 202 Indianapolis, Indiana 46240

Patient Phone: 317.257.8265 FAX: 317.257.8291

Line: 800.456.6919

Email: info@nw10.esrd.net

Web: www.therenalnetwork.org

What is the Network Role?

The Renal Network's role in resolving grievances, depending upon the situation, is to act as: a) Investigator, b) Facilitator, c) Advocate, d) Educator, e) Coordinator, and f) Referral Agent.

- When the Network is contacted regarding a concern, it will attempt to resolve the issue in one of the following ways:
- Assist patients who wish to address the issue on his/her own by helping to organize his/her thoughts about a situation and providing information regarding their rights and responsibilities;
- With permission from the patient, the Network may contact the facility directly to gather information and attempt to resolve the matter;
- The facility may be required to complete an Improvement Plan to correct problems;
- More serious issues may be referred to the Network's Medical Review Board (MRB) for review;
- Life-threatening situations will be referred to the appropriate **State Survey Agency** for immediate action.
- If the grievance involves a concern that falls under another agency's or organization's authority, the Network will refer the grievance in accordance with CMS established guidelines.

How Long Will the Grievance Process Take?

The grievance process at the Network may involve a number of steps or it may be resolved within the same day it is received. In general:

- Network staff will respond within 5 business days to grievances received.
- Network staff will gather as much information as possible from all involved parties.
- Network staff will follow up with you within 5 business days of communication with dialysis facility staff.

- Every effort is made to complete the investigation within 30 calendar days. If the case is not closed within 30 days, all parties will be advised of the delay and when it is expected to conclude.
- The patient or his/her representative will be advised of whom to contact if not satisfied with the Network's processing of the grievance.
- A follow up contact will be made to you at the conclusion of the investigation. This contact is to determine your level of satisfaction with the grievance process. Your participation is voluntary.

What if the issue is life-threatening?

In some circumstances, the grievance may be reported to the State Survey Agency. This agency inspects dialysis facilities. In issues of "immediate jeopardy", life-threatening situations, the state agency has the authority to shut down a facility until it is safe.

When appropriate, TRN's Medical Review Board (MRB) appoints a committee to address the issues raised in a grievance. These reviews are known as Quality Case Reviews or Peer Reviews. Reviewers may include MRB members, Network staff, and professionals from other TRN Network facilities. The Network assures that conflict-of-interest procedures are followed at all times.

The Patient Services Department

The Renal Network Patient Services Department handles questions related to the quality and safety of care received by patients and any questions regarding grievances process. To contact Patient Services:

- Call: 317-257-8265 or 800-456-6919 (toll-free patient line).
- Email: info@nw10.esrd.net
- Mail: Questions or completed Grievance Form, Consent to Disclose Your Identity and if appropriate a CMS Appointment of Representative Form to The Renal Network, 911 E. 86th Street, Suite 202, Indianapolis, IN 46240, Attention: Patient Services Department.