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| Policy Title:                | Section 1557 of the Affordable Care Act Grievance Procedure (CMP)               |
| Category:                    | CMP - Compliance  |
| Policy Number:               | 100 - 010   |
| Initial Effective Date:      | 11/18/16  |
| Review Date(s):              | 06/19/23  |
| Revised Date(s):             | 12/31/19, 01/25/21, 03/19/24  |
| Associated Forms & Policies: |   |
| Regulation Reference         | Section 1557 of the Affordable Care Act (42 U.S.C. § 18116)<br>45 C.F.R. pt. 92 |
| Key Words:                   | Discrimination, Affordable, Care, Act, Grievance                                |

## **I. Policy**

It is the policy of Crouse Medical Practice (CMP) not to discriminate on the basis of race, color, religion, national origin, sex, sexual orientation, gender identity, age, or disability. CMP 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 C.F.R. pt. 92, issued by the U.S. Department of Health and Human Services. Section 1557 prohibits discrimination on the basis of race, color, national origin, age, disability, or sex (including pregnancy, sexual orientation, gender identity, and sex characteristics) in covered health programs or activities. Section 1557 and its implementing regulations may be examined by the Human Resources Manager, 739 Irving Avenue, Suite 340A, Syracuse, NY; phone: 315-766-1630; Fax: 315-701-2528; who has been designated to coordinate the efforts of CMP to comply with Section 1557.

## **II. Purpose**

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

## **III. Scope**

This policy applies practice-wide.

## **IV. Procedure**

- 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 CMP 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 their 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 Executive Director within 15 days of receiving the Section 1557 Coordinator's decision. The Executive Director 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 in court or with the U.S. Department of Health and Human Services, Office for Civil Rights (OCR).

Complaint forms are available at: <https://www.hhs.gov/sites/default/files/ocr-60-day-frn-cr-crf-complaint-forms-508r-11302022.pdf>. Such complaints must be filed within 180 days of the date of the alleged discrimination. OCR may extend the 180-day period if the person can show "good cause."

A person can file a complaint of discrimination to OCR through:

- The Office for Civil Rights Complaint Portal, which is available at: <https://ocrportal.hhs.gov/ocr/smartscreen/main.jsf>, or
- By mail at:

Centralized Case Management Operations  
U.S. Department of Health and Human Services  
200 Independence Avenue, S.W.  
Room 509F, HHH Building  
Washington, D.C. 20201

- Via fax: (202) 619-3818
- Via E-mail: The completed complaint and consent forms can be emailed to [OCRComplaint@hhs.gov](mailto:OCRComplaint@hhs.gov) (Note - communication by unencrypted email presents a risk that personally identifiable information contained in such an email, may be intercepted by unauthorized third parties).

U.S. Department of Health and Human Services, Office for Civil Rights can be reached toll-free at: 1-800-368-1019, TDD: 1-800-537-7697 for any questions or assistance needed with filing a civil rights complaint. CMP 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.

**Definitions**

Not applicable.