

CHAPTER 2

DEFINITIONS

If you are thinking about filing a grievance either with your unit, the ESRD Network or the State Health Department, then something has happened that is worrying you and/or making you unhappy. To make things clear it is important that everyone dealing with the grievance has the same understanding and meanings.

We will use definitions provided by Centers for Medicare & Medicaid Services (CMS) along with some helpful comments.

Grievance:


A written or oral communication from an ESRD patient, and/or an individual representing an ESRD patient, and/or another party, alleging that an ESRD service received from a Medicare-certified provider did not meet the grievant's expectations **with respect to safety, civility, patient rights, and/or clinical standards of care**. The grievant is not required to explicitly state that the care did not meet professionally recognized standards.

Grievant:

An ESRD patient or other individual who files a grievance with a Medicare-certified ESRD provider or the ESRD Network.

Medicare beneficiary:

An individual who is enrolled in fee-for-service Medicare or a Medicare health plan to receive benefits under Medicare Part A and/or B.



Under the definition for Grievance, CMS talks about Patient Rights.

In chapter 3 you will find the CMS defined Patient Rights and Responsibilities made from the Conditions for Coverage for End Stage Renal Disease Facilities, CMS Final Rule Published April 15, 2008, Effective date October 14, 2008.



Practitioner:

An individual credentialed in a recognized health care discipline who provides the services of that discipline to patients. Practitioners include physicians, nurses, nurse practitioners, physicians' assistants, physical therapists, occupational therapists, speech therapists, pharmacists, certified nursing assistant/dialysis technicians, and others.

Provider:

A health care facility, organization, or agency that provides ESRD services covered in whole or part by Medicare.