

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Communication and Education of Grievance and Appeals Process	Policy No. : MS-24
Department: Member Services	
Cross Functional Departments: Provider Services, Medical Management, Quality	
Effective Date: 07/2023	Last Revised Date: 11/2023
P&P Require DHCS Approval? Y <input checked="" type="checkbox"/> N <input type="checkbox"/>	
Director or Officer Signature: Eric Buben Director of Member Services	Officer Signature: Van Do-Reynoso, MPH, PhD Chief Customer Experience and Chief Health Equity Officer

I. Purpose:

To ensure that all relevant CenCal Health departments are: (i) trained and educated on the Member Grievance and Appeal process; and (ii) able to properly address Grievances and Appeals in compliance with all regulatory requirements.

II. Policy:

- A. CenCal Health educates and informs its staff, contractors, and Members on the rights and obligations relating to CenCal Health's Member Grievance and Appeal system.
- B. CenCal Health staff informs Members, parent/guardians of minor Members, and providers filing on behalf of Members, of their right to:
 - 1. File a Grievance or Appeal without fear of sanctions, penalties, or interruption of care;
 - 2. Provide information about their Grievance or Appeal either in writing, in person or to a Member Services Representative by calling CenCal Health's toll-free telephone number;
 - 3. Assurance from CenCal Health that there is no discrimination or retaliation against a Member on the grounds that they filed a Grievance or Appeal.

III. Procedure:

- A. Member Grievance and Appeal System – Member Notification
 - 1. CenCal Health sends new Members a current Evidence of Coverage and Disclosure Form (EOC) Member Handbook, which explains the Grievance and Appeal process. Replacement copies of the EOC/Member Handbook are also provided upon request. The EOC/Member Handbook

relays the following methods on how Members or their authorized representative may submit a Grievance or Appeal:

- a. Utilizing the Plan's website to submit a Grievance or Appeal form online;
 - b. Requesting a Grievance or Appeal form from the provider's office or the Plan directly for written submittals;
 - c. Calling the Plan's Member Service Department's toll-free telephone number to speak with a CenCal Health Member Services Representative (MSR) who will assist the Member with filing a Grievance or Appeal.
2. CenCal Health's website (www.cencalhealth.org) provides Members a dedicated webpage with information on how to file a Grievance or Appeal, including without limitation, instructions on how Members can contact Member Services or utilize the website to file their Grievance or Appeal, descriptions of the process, and making downloadable Grievance forms available online.
 3. CenCal Health distributes an annual Member newsletter, which informs Members of their Rights and Responsibilities, including information on how they can file a Grievance or Appeal.

B. Member Grievance and Appeal System – Provider Notification

1. CenCal Health informs Network Providers of the Member Grievance and Appeal system, including the process on how Members are able to file Grievances or Appeals, through the following methods:
 - a. Providing information on the Member Grievance and Appeal system at the time of contracting, and also providing a copy of the Grievance and Appeals policies and procedures at the time the Network Provider Agreement is executed.
 - b. Including a copy of this policy in CenCal Health's Provider Manual, which is available in hard copy or online.
 - c. Training Network Providers on, and immediately notifying Network Providers of any changes to, CenCal Health's Grievance and Appeals policies and procedures. Additional information for provider training (including the Grievance and Appeals process) can be found in Policy & Procedures: PS-CO301 New Provider Orientation and PS-PS103 Provider Education and Training.
2. Providers have access to CenCal Health's website (www.cencalhealth.org), which maintains information on how to file a Grievance or Appeal. CenCal Health provides a dedicated webpage for providers who may desire to assist a member with filing a Grievance or Appeal, which includes instructions, description of information to submit, and provides contacts to which such requests should be sent. Providers

must first obtain written consent from the Member prior to submitting a Grievance or Appeal on the Member's behalf.

3. All CenCal Health provider sites are supplied with CenCal Health Grievance and Appeal forms to assist Members in filing Grievances or Appeals, or for providers to file on behalf of Members (with Member's written consent). These forms are also available for download at cencalhealth.org and included in our Provider Manual for providers.

C. Member Grievance and Appeal System – Subcontractor Notification

1. CenCal Health's Grievance and Appeal policies and procedures are provided to Subcontractors and Downstream Subcontractors at the time that they enter into a Subcontractor Agreement and Downstream Subcontractor Agreement.
2. CenCal Health will ensure Subcontractors and Downstream Subcontractors are trained on and immediately notified of any changes to Plan's Grievance and Appeal policies and procedures.
3. CenCal Health includes the expectations within contract language that the Grievance and Appeal process is not delegated to the Subcontractor or Downstream Subcontractor under any circumstance and that Members must be referred to CenCal Health to file their Grievance with CenCal Health.
4. Subcontractors are advised to refer Members to Member Services at 1-877-814-1861 to file their Grievance directly with CenCal Health.
5. Joint Operation Committees between CenCal Health and the Subcontractors are the process used to advise of Grievance topics, such as reports, trends, and discussion of any changes to the Grievance process that are required by new regulations, Department of Health Care Services (DHCS) guidance, or CenCal Health preference to improve Grievance and Appeal process requirements.
6. The CenCal Health Grievance and Appeals team is available to answer Subcontractor questions related to Grievances and Appeals and provide ad hoc trainings with Subcontractors when needed or requested.
7. The CenCal Health Grievance and Appeals team will notify Subcontractors immediately of any new requirements or changes to its Grievance and Appeals process.
8. In the event Subcontractor or services provided by the Subcontractor are the subject of a Member's Grievance, CenCal Health will conduct investigatory outreach and work directly with Subcontractor's designated staff whose role is to address Member Grievances.
9. CenCal Health conducts annual delegation oversight audits of the Subcontractors to address any Grievance and Appeal process concerns, corrective action plans, or quality improvement opportunities, as applicable.

10. For additional information about Subcontractor and Downstream Subcontractor training practices, please reference policy and procedure: PS-PS110 Training of Subcontractors and Downstream Subcontractors.

D. Confidentiality – HIPAA Privacy and Security Standards

1. CenCal Health has adopted and implemented privacy policies and procedures relating to Member protected health information (PHI). CenCal Health's privacy program is a comprehensive process that addresses privacy standards and interrelating security standards. All minimum necessary precautions, as noted in the Health Insurance Portability and Accountability Act (HIPAA) Privacy and Security Standards, have been implemented for the grievance process. CenCal Health membership is notified of these standards through the HIPAA Notice of Privacy Practices.
2. CenCal Health's Network Providers are required to comply with applicable law relating to Member PHI, as set forth in Network Provider Agreements.
3. Subcontractors who access Member PHI are aware of expectations and bound to the requirements set forth in the business associate agreements executed between the parties.

E. CenCal Health Staff Education

1. The Member Services Training Manager provides in- service trainings to CenCal Health Member Services Representatives on a regular basis, including without limitation, training regarding appropriate documentation and how to ask appropriate questions relating to Grievances and Appeals. Member Service Representatives receive a training manual and job aids dedicated to the Member Grievance and Appeal system and its policies and procedures.
2. CenCal Health Provider Services Representatives receive training, job aids, and a training manual on the Member Grievance and Appeals process. Provider Services is a critical component of the Member Grievance and Appeal system when follow up with providers is necessary to address identified issues and for continual quality improvement.
3. Medical Management Quality Management (QM) clinical staff are knowledgeable about applicable laws, regulations, and DHCS requirements in relation to their roles and duties within CenCal Health, including without limitation, current Medi-Cal benefits, the Knox-Keene Health Care Service Plan Act of 1975, California Code of Regulations (CCR) Title 28, CCR Title 22, DHCS contractual obligations regarding Grievance and Appeals, and other relevant regulations. The Medical Management QM clinical staff leverage this knowledge for collaboration in the Member Grievance and Appeal process and have a cooperative working relationship with the Member Services Director and the Grievance-QI Manager.

IV. Definitions: See G&A Definition Addendum

V. References:

- A. DHCS APL 20-020 – Governor's Executive Order N-01-19, Regarding Transitioning Medi-Cal Pharmacy Benefits from Managed Care to Medi-Cal Rx
- B. DHCS APL 21-004 – Standards for Determining Threshold Languages, Nondiscrimination Requirements, and Language Assistance Services
- C. DHCS APL 21-011 – Grievance and Appeal Requirements, Notice, and “Your Rights” Templates

VI. Cross Reference:

- A. Policy and Procedures (P&P):
 - 1. MS-22: Member Grievances
 - 2. MS-23: Member Appeals
 - 3. MS-25: Monitoring and Oversight of Grievance and Appeals System
 - 4. PS-PS110: Training of Subcontractors and Downstream Subcontractors
- B. Standard Operating Procedure (SOP):
 - 1. MSSOP-062: Intake of Grievance or Appeal by MSR
 - 2. MSSOP-82: Exempt Grievances
 - 3. MSSOP-84:Expedited Appeals Process
 - 4. MSSOP-81: Expedited Grievances Process
 - 5. MSSOP-86: Pharmacy Grievances & Appeals
 - 6. MSSOP-85: Provider-Filed Appeals Process
 - 7. MSSOP-83: Standard Appeals Process
 - 8. MSSOP-80: Standard Grievance Process
- C. Program Documents:
 - 1. Grievances & Appeals Definition Addendum
 - 2. Provider Manual – Grievance & Appeals Section

VII. Attachments: N/A

Revision History:

P&P Revision Date	Leaders who Reviewed and	Reason for P&P Revisions	P&P Revision Effective Date	DHCS P&P
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Approved P&P Revisions			Approval Date	
10/2023	Eric Buben, Director of Member Services	Template Update	10/2023	N/A
07/2023	Eric Buben, Director of Member Services	Restructuring of MS-20 resulted in a number of more specific P&Ps, including this one, which focuses on member grievances. Minimal, if any, changes to content.	Upon DHCS Approval	12/2023