

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Monitoring and Oversight of Grievance and Appeals System	Policy No. : MS-25
Department: Member Services	
Cross Functional Departments: Provider Services, Medical Management, Quality	
Effective Date: 07/2023	Last Revised Date: 10/2023
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 CenCal Health's Member Grievance and Appeal system is properly and effectively addressing and resolving Grievances and Appeals by overseeing and monitoring the process and resolution of Grievance and Appeals.

II. Policy:

- A. CenCal Health maintains oversight over its Member Grievance and Appeal system to ensure that the Plan is in compliance with all required response time frames and other applicable regulatory requirements.
- B. CenCal Health monitors its Member Grievance and Appeal system to ensure Member Grievances and Appeals are responded to, and resolved, in a timely and appropriate manner by tracking and trending Member Grievances and Appeals to identify and correct any systemic problems with:
 - 1. Network Providers/Specialists;
 - 2. Facilities providing medical care and services to Members;
 - 3. Health plan services to Members.
- C. CenCal Health provides Member Grievance and Appeals data to its Board of Directors and other relevant committees for access, awareness, and ability to address and remediate any identified issues.
- D. CenCal Health provides reports to the Department of Health Care Services (DHCS) on its Grievance and Appeals on a monthly and quarterly basis.

III. Procedure:

- A. Oversight by CenCal Health Member Services Department
 - 1. The Member Services Director and the Grievance QI Manager are knowledgeable on applicable laws, regulations, and DHCS requirements relating to Grievance and Appeals, including without limitation, the Knox-

Keene Act (Health & Safety Code Section 1368), California Code of Regulations Title 28 Section 1300.68, NCQA standards, and DHCS contractual requirements.

2. The Member Services Grievance-QI Manager provides the daily oversight of the Grievance and Appeal process. The Member Services Grievance-QI Manager and the Call Center Manager conduct the following oversight activities:
 - a. Monitor the intake and documentation;
 - b. Monitor the necessary coordination of care within the Grievance and Appeal process by Member Services Representatives;
 - c. Monitor resolution times for Grievance and Appeals;
 - d. Review of final letters to ensure, among other items, that they provide a clear and concise explanation of the Plan's decisions.
 3. Resolution time is considered a critical indicator for regulatory compliance as well as satisfaction of CenCal Health Members.
 4. The Member Services Director provides oversight of the necessary reporting to the quality committees, Board of Directors, and DHCS monthly and quarterly Grievance and Appeal reporting.
- B. Oversight of Member Grievance and Appeals System and Integration with the Quality Improvement System
1. On no less than a quarterly basis, the written record of Grievances and Appeals is submitted to CenCal Health's Quality Improvement and Health Equity Committee (QIHEC) for systematic aggregation and analysis. Grievances and Appeals reviewed include, but are not limited to, those related to access to care, quality of care, and denial of services; the data is reviewed by the QIHEC to analyze any opportunities for quality improvement. The QIHEC will work with the appropriate departments to take the necessary actions to remedy any problems identified.
 2. CenCal Health's Chief Customer Experience and Health Equity Officer, or designee, reviews Grievance and Appeals data monthly to prepare the Board of Directors Grievance and Appeals report as well as for purposes of internal tracking, trending, and file auditing purposes. The review is thoroughly documented, and any identified issues are communicated to the appropriate departments for further review and/or resolution. No member PHI/PII is shared in this reporting and these reports are aggregated data.
 3. The Grievances and Appeals report is provided monthly to CenCal Health's Board of Directors and reviewed periodically by the Community Advisory Board.
 4. CenCal Health ensures that individuals with authority to require corrective action participate in the resolution of Grievances and Appeals. All Grievances and Appeals related to medical quality of care issues are

immediately submitted to the Plan's Chief Medical Officer (CMO) or designee for action.

C. Monitoring

1. Monitoring of the Grievance and Appeal system process is performed through CenCal Health's Quality Committee structure. CenCal Health's Chief Medical Officer provides oversight and guidance for the process.
2. The Member Support Committee reviews all service and access indicators derived from aggregate Member Grievance and Appeal System data. Member exempt grievances are also reviewed. The data points include adherence to regulatory compliance with resolution time frames, and aggregate data by type and outcome. This data is monitored quarterly for trends and any systemic issues that might be identified are reported to applicable stakeholders /departments such as through those quality committees higher in the hierarchy of the Quality Committee structure or directly to Quality or Medical Management Departments. This data includes Seniors and Persons with Disabilities, Optional Targeted Low Income Children (OTLIC), Behavioral Health, Mental Health Grievance and Appeal Grievances for appropriate reporting to DHCS.
3. The Network Management Committee reviews quarterly Grievance and Appeal System data relating to Access and Availability issues. The Network Management Committee may refer any identified systemic issues that relate to access and availability issues to the Provider Advisory Committee review for further review and action.
4. This data is also presented to the Customer Experience Committee (report from the MSC of key findings), the Utilization Management Committee (appeals only) and the Quality Improvement and Health Equity Committee (grievance and appeal volume with outcomes) and is included in the monthly operational report to the Board of Directors (aggregate data and any key findings). The Member Services Director reports to the Chief Operations Officer all Grievance and Appeal documentation and reports for review of aggregate data and compliance with timeliness standards as part of an operations report to CenCal Health's Board of Directors.

D. Record Retention

1. All Member Grievance and Appeal System closed files are stored electronically and in hard copy in locked cabinets for a period of not less than ten (10) years.

IV. **Definitions:** See G&A Definition Addendum

V. **References:**

- A. DHCS APL 22-012: 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-24: Communication and Education of Grievance and Appeals Process
- 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 Approved P&P Revisions	Reason for P&P Revisions	P&P Revision Effective Date (date P&P is operationalized)	DHCS P&P Approval Date
10/2023	Eric Buben, Director of Member Services Van Do- Reynoso, MPH, PhD	Moved to new P&P template	10/2023	N/A

	Chief Customer Experience and Chief Health Equity Officer			
07/2023	<p>Eric Buben, Director of Member Services</p> <p>Van Do-Reynoso, MPH, PhD Chief Customer Experience and Chief Health Equity Officer</p>	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