

CENCAL HEALTH POLICY AND PROCEDURE (P&P)	
Title: Provider Complaints and Grievances	Policy No.: PS-CR07
Department: Provider Services	
Cross Functional Departments: N/A	
Effective Date: 12/2016	Last Revised Date: 12/2023
Policy Require DHCS Approval? Y <input type="checkbox"/> N <input checked="" type="checkbox"/>	
Director Signature: Luis Somoza, Director of Provider Services	Officer Signature: Jordan Turetsky, MPH Provider Network Officer

I. Purpose:

To establish a process for CenCal Health's contracted and non-contracted providers to have their complaints and grievances heard and evaluated.

II. Policy:

CenCal Health has developed a process to address provider complaints and grievances efficiently and fairly. This policy provides an avenue for providers to bring concerns or opportunities for improvement to CenCal Health's attention, and thus drive CenCal Health operations and direction, as appropriate.

III. Procedure:

A. Receipt of Provider Claims Inquiries, Disputes or Appeals; and Authorization Inquires or Appeals

B. If a provider contacts ProviderServices with issues outside their purview (claims inquires or appeals, authorization inquiries or appeals, clinical or quality of care concerns), the Provider Services Customer Representative will "warm transfer" the caller to the appropriate department, and that department will review and respond as appropriate.

C. Receipt and Resolution of a Provider Complaint or Grievance:

1. The Provider Services Department is charged with the resolution of provider complaints and grievances. The complaint or grievance may be related to: non-clinical member issues, aspects of CenCal Health's administration of its programs, or other issues. The provider may file a complaint with the Provider Services Department via a telephone call, fax, e-mail, or handwritten letter.
2. If a complaint has no clinical or quality of care aspect, the PSR determines whether the provider needs routine assistance or would like to file a formal grievance. Formal grievances must be submitted in writing, preferably on the provider's letterhead.
3. Informal complaints and requests for routine assistance are addressed by the PSR, with assistance from other staff as needed. Formal written acknowledgements or resolutions are generally not necessary for these matters.

4. If the provider submits a written formal grievance, the PSR will notify the Provider Services Quality Liaison, who will send a receipt acknowledgment letter within five business days.
5. The PSR will collaborate with other staff as needed to investigate and resolve the provider's grievance. Following resolution of the grievance, the PSR will document the case and the outcome, and the Quality Liaison will send a resolution letter. All grievances are resolved within 45 business days.

D. Disclosure to Providers

1. Providers are informed of their right to file complaints and grievances, and the availability of assistance in the filing process, in a variety of ways. This may include but is not limited to through their provider contract agreements or amendments, CenCal Health's website, Provider Bulletins, and in provider materials and manuals issued by CenCal Health and updated periodically. CenCal Health's provider complaint and grievance process is in addition to any other dispute resolution procedures available to the provider. The provider's failure to use these procedures does not preclude the provider's use of any other remedy provided by law.
2. CenCal Health's Chief Operating Officer and Legal Counsel should be notified immediately when a provider's legal representative contacts CenCal Health regarding the pursuit of legal action to resolve a complaint or appeal.
3. CenCal Health will not discriminate or retaliate in any manner, including but not limited to the cancellation of the provider's contract, against a provider who files a complaint or grievance.
4. Grievances shall be received, handled, and resolved without charge to the provider. However, CenCal Health shall have no obligation to reimburse a provider for any costs incurred in connection with filing a complaint or grievance.

E. Confidentiality and Privacy Regarding Record Retention

1. All provider complaints and appeals shall be placed in designated files and maintained by the Provider Services Quality Liaison for at least ten (10) years after the resolution; the files of the previous two (2) years shall be in an easily accessible place at CenCal Health's offices.

F. Monitoring of the Process

1. Reports
 - i. The Provider Services Quality Liaison will prepare a quarterly summary of provider complaints and grievances to be presented to CenCal Health's Network Management Committee and Board of Directors. The summary shall summarize the number and type of provider complaints, grievances, and appeals.

IV. Definitions:

Complaint: A complaint is a request for assistance, or an expression of dissatisfaction related to non-clinical member issues, aspects of CenCal Health's administration of its programs, or other issues.

Grievance: A formal written expression of dissatisfaction by a provider with any aspect of CenCal Health's operations with the exception of CenCal Health decisions regarding claims or service authorizations- regardless of whether any remedial action is requested or can be taken.

V. References: N/A

VI. Cross References: N/A

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	DHCS P&P Approval Date
12/2023	Jordan Turetsky, Chief Operating Officer	2024 Template Migration	01/2024	N/A
01/2023	Robert Janeway, Director of Provider Services	Routine Review	12/2016	N/A
12/2016	Director of Provider Services	P&P Established	12/2016	N/A