



Policy #: XXXXX
Title: **Member Grievance Process**
Department: Grievance and Appeals
Section: Not Applicable
Approval: Name

Effective Date: xx/xx/xx
Last Revised Date: xx/xx/xx

I. PURPOSE

This policy defines the process by which [Insert Organization Name] shall address and resolve a Member's Grievance, in accordance with applicable statutory, regulatory, and contractual requirements.

II. POLICY

- A. [Insert Organization Name] shall establish and maintain a process pursuant to which a Member or a Member's Authorized Representative may submit a Grievance for review and resolution.
- B. [Insert Organization Name]'s Grievance process shall address the receipt, handling, and disposition of Grievances in accordance with applicable statutes, regulations, contractual requirements, and this policy.
- C. A Member may file a Grievance regarding benefits and services with [Insert Organization Name] within one hundred and eighty (180) calendar days from the day the incident or action that caused the dissatisfaction by calling or writing to [Insert Organization Name].
 1. [Insert Organization Name] shall have a system in place for addressing Member Grievances, including Grievances regarding reasonable accommodations and access to services under the Americans with Disabilities Act (ADA).
 2. [Insert Organization Name] shall maintain written records of all Grievance activities, and notify appropriate stakeholders of all internal Grievances, and meet the standards set forth in contractual requirements.
- D. Grievance and Appeals resolution workgroup shall review and investigate Grievances.
 1. Decision makers for Grievances should not have been involved in previous levels of review or decision-making, and must be a multi-disciplinary team containing both administrative, compliance, and health care professionals with clinical

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expertise in treating the Member's condition or disease if any of the following apply:

- a. A Grievance regarding denial of expedited resolutions of an Appeal; or
 - b. Any Grievance involving clinical issues.
- E. Other [Insert Organization Name] departments, Health Networks, and Providers shall participate in the request for information relating to a Grievance within the timeframe specified by the workgroup.
- F. Except as provided in this policy, [Insert Organization Name] shall respond to a Grievance within thirty (30) calendar days after receipt of the Grievance.
- G. Expedited Grievance
1. A Member or a Member's Authorized Representative may request an Expedited Grievance for related services if:
 - a. [Insert Organization Name] determines that a Member's request for an Expedited Service Appeal fails to meet criteria, in accordance with [Insert Organization Name]; or
 - b. [Insert Organization Name] determines that it requires a fourteen (14) day extension to process a Member's request for Appeal.
 2. [Insert Organization Name] shall respond to an Expedited Grievance within twenty-four (24) hours after receipt of such Expedited Grievance.
- H. If a Grievance involves quality of care, GARS staff shall send a referral to the Quality Improvement Department for investigation.
- I. Member Notice
1. [Insert Organization Name] shall notify a Member of the Grievance process, as well as the right to file a Grievance directly with based on covered benefits and services upon initial enrollment and annually thereafter in the Member Handbook;
 2. The Front Office and Program Assistants shall inform a Member of the Grievance process workgroup upon the Member's involuntary disenrollment from;
 3. [Insert Organization Name], or the Member's Behavioral, Mental Health, Behavioral Health, or County Network, shall notify a Member of the Grievance process, and the right to file a Grievance, upon denial of the Member's request for an expedited review; and
 4. [Insert Organization Name] and a Member's Behavioral, Mental Health, Behavioral Health, or County Network shall inform a Member of the Grievance process upon the Member's request for such information.
- J. Upon request from a Member or Provider, Grievance workgroup staff shall provide:
1. Information on how a Member may file a Grievance directly with [Insert Organization Name];

2. The Member Request, Appeal, and Grievance Form to a Member or a Provider; and
 3. Assistance to a Member who wishes to file a Grievance.
- K. [Insert Organization Name] shall ensure that there is no discrimination against a Member on the basis that such Member filed a Grievance.
- L. [Insert Organization Name] shall maintain Member confidentiality throughout the Grievance process.
- M. [Insert Organization Name] shall track the number of Complaints, Grievances, Appeals, and resolutions in accordance with contractual reporting requirements.

III. PROCEDURE

- A. [Insert Organization Name] shall classify a Complaint as a Grievance. Upon classification, [Insert Organization Name] shall process a Grievance, in accordance with this policy.
- B. Grievance Processing
1. Upon receipt of a Grievance, Grievance workgroup staff shall:
 - a. Enter the information in the tracking tool; and
 - b. Contact the Member to obtain any missing information and enter such information in the database.
 2. Except in the case of an Expedited Grievance, GARS staff shall send a acknowledgement to the Member within five (5) calendar days after [Insert Organization Name]'s receipt of the Grievance. The acknowledgement shall:
 - a. Confirm receipt of the Grievance;
 - b. Provide the name of the workgroup staff assigned to the Grievance; and
 - c. Indicate the estimated timeframe to research and resolve the Grievance.
 3. Inform the Member about their right to call or write the State Department of Social Services to file a State Hearing at the following:
 - a. State Hearing Rights
Phone: (800) 952-5253
 - b. Department of Social Services
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430
- C. Grievance Investigation
1. The Grievance workgroup staff shall forward a Grievance Information Request or Notification Form to the responsible department for investigation and resolution.
 2. The responsible department, shall respond to the Grievance workgroup staff within the

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timeframe specified by the referring Grievance workgroup staff.

3. Upon receipt of the responsible department's, investigation and resolution of a Grievance, the Grievance workgroup Director, or designee, shall review the Grievance for completion and appropriate designation.

D. Grievance Resolution

1. Subject to the provisions of this policy, [Insert Organization Name] shall resolve a Grievance and provide the Member with a Complaint Resolution Letter within thirty (30) calendar days after receipt of the Grievance.
2. If [Insert Organization Name] determines that it requires a fourteen (14) day extension, it shall notify the Member or Member's representative, in writing, of the reason for the extension and the Member's right to request an expedited Grievance if the Member disagrees with the time extension. [Insert Organization Name] shall notify a Member by telephone of an Expedited Grievance resolution within twenty-four (24) hours after receipt of such Expedited Grievance.
3. [Insert Organization Name] shall respond to a Complaint related to quality of care in writing, regardless if the Complaint is filed orally or in writing. The written response shall include a description of the Member's right to file a written Complaint with the Quality Improvement workgroup.
4. [Insert Organization Name] may consult with its legal counsel prior to responding to a Member's Grievance.
5. [Insert Organization Name] shall take immediate action to implement the decision in accordance with the Complaint Resolution Letter.
6. [Insert Organization Name] shall consider a Grievance to be closed when:
 - a. The problem is resolved; and
 - b. [Insert Organization Name] takes appropriate action to implement the decision; or
 - c. The Member withdraws the Grievance.
7. Upon closure of the Grievance, Grievance workgroup shall close the case in the database by entering the case summary, closure date, and resolution status.

E. Grievance workgroup shall refer a Grievance to the Office of Compliance if:

1. A [Insert Organization Name] department fails to submit requested information within the specified timeframe;
2. The Grievance is recurrent;
3. The Grievance remains unresolved; or
4. The Grievance necessitates disciplinary action.

F. Grievance Reporting

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1. [Insert Organization Name] shall categorize Grievances according to type.
2. GARS shall generate monthly reports of Grievances according to:
 - a. Resolution status;
 - b. Grievance type;
 - c. Provider; and
 - d. Number of days to close the case.
3. Grievance workgroup shall report quarterly aggregated data on Grievances to the Grievance and Appeals Resolution Services Committee for analysis and identification of trends and quality improvement opportunities.
4. [Insert Organization Name] shall report aggregated Grievance data to stakeholders as required.
5. Such reports shall:
 - a. Exclude personal or confidential information with respect to any Member; and
 - b. Comply with formatting requirements specified by the state or federal agency. Information may include, but not limited to, the number and types of Grievances and resolutions.
6. Upon request, [Insert Organization Name] shall provide aggregate Grievance data to a Member. [Insert Organization Name] shall maintain confidentiality by excluding all Member identification from such data. [Insert Organization Name] may provide the following types of data to Members:
 - a. Number of Grievances per one thousand (1,000) Members; and
 - b. Number of Grievances involving quality of care in a specified time period.

G. Complaint and Resolution Tracking

1. Grievance workgroup will be responsible for receiving, responding to, and tracking complaints.

H. Grievance Records

1. [Insert Organization Name] shall maintain written records of each Grievance. Such records shall include at least the following information:
 - a. Date of receipt;
 - b. Member's name;
 - c. Name of the [Insert Organization Name] employee who received the Grievance;
 - d. Name of the [Insert Organization Name] employee assigned as the contact person;

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- e. Description of the Grievance; Disposition of the Grievance; and
 - f. Copy of all records, documents, evidence of coverage, and other relevant information [Insert Organization Name] used to render its decision.
2. [Insert Organization Name] shall maintain written records of each Grievance, including copies of Grievances and responses thereto, for a period of ten (10) years after the end of the fiscal year in which [Insert Organization Name]'s contract with stakeholder agencies terminates.

IV. ATTACHMENTS

- A. Member Request Appeal or Complaint Form
- B. Grievance Acknowledgment Letter
- C. Grievance Resolution Letter

V. REFERENCES

- A. [Insert Organization Name] Policy XXXX: Glossary of Terms
- B. Drug Medi-Cal Managed Care Manual
- C. Member Handbook

VI. REGULATORY AGENCY APPROVALS

None to Date

VII. BOARD ACTIONS

None to Date

VIII. REVIEW/REVISION HISTORY

| Version | Date | Policy Number | Policy Title | Line(s) of Business |
|----------------|-------------|----------------------|--------------------------|----------------------------|
| Effective | xx/xx/xxxx | XXXX | Member Grievance Process | |
| Revised | xx/xx/xxxx | XXXX | Member Grievance Process | |

IX. GLOSSARY

| Term | Definition |
|---------------------------|---|
| Authorized Representative | Any individual authorized by a Member, or under state law, to act on his or her behalf in obtaining an Organization Determination or in dealing with any level of the Appeal process. |
| Grievance | Any complaint or dispute, other than an organization determination, expressing dissatisfaction with the manner in which an organization or delegated entity provides services, regardless of whether any remedial action can be taken. It is any Complaint made by a Member about a policy that causes a benefit to be excluded or not covered. Such a Complaint is classified as a Grievance because it is about the benefit design structure. In addition, Grievances may include complaints regarding the timeliness, appropriateness, access to, and/or setting of a provided service, procedure, or item. Grievance issues may also include complaints that a service procedure or item during a course of treatment did not meet accepted standards for delivery of services. |
| State Hearing | A quasi-judicial proceeding conducted by a judge, during which each hearing party may present arguments and evidence, including witness (es), and cross examine witness (es) against them, with respect to a decision regarding the availability or delivery of services or benefits, made by the stakeholder and/or other government agencies. |