From: DMHC Licensing eFiling

Subject: APL 22-021 - Quarterly Grievance Reports

Date: Tuesday, October 11, 2022 9:33 AM

Attachments: APL 22-021 - Quarterly Grievance Reports (10.11.22).pdf

Dear Health Plan Representative,

The Department of Managed Health Care (Department) issues this All Plan Letter (APL) to remind health care service plans to comply with the quarterly grievance data reporting requirements as outlined in section 1300.68(f) of title 28 of the California Code of Regulations (CCR).

Thank you.

Gavin Newsom, Governor
State of California
Health and Human Services Agency
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ALL PLAN LETTER

DATE: October 11, 2022

TO: All Health Care Service Plans

FROM: Rachel Long, Deputy Director, Help Center

SUBJECT: APL 22-021 - Quarterly Grievance Reports

The Department of Managed Health Care (Department) issues this All Plan Letter (APL) to remind health care service plans to comply with the quarterly grievance data reporting requirements as outlined in section 1300.68(f) of title 28 of the California Code of Regulations (CCR).

The report shall be prepared for the quarters ending March 31st, June 30th, September 30th and December 31st of each calendar year. The report shall also contain the number of grievances referred to external review processes, such as reconsiderations of Medicare Managed Care determinations pursuant to 42 C.F.R. Part 422, the Medi-Cal fair hearing process, the Department's complaint or Independent Medical Review system, or other external dispute resolution systems, known to the plan as of the last day of each quarter. When a plan submits a quarterly grievance report to the Department through the Quarterly Grievance Report Web Portal, the plan must include the following:

- Grievances that were or are pending and unresolved for 30 days or more.
- The total number of grievances filed by enrollees that were or are pending and unresolved for more than 30 calendar days at any time during the quarter under the categories of Commercial, Medicare, and Medi-Cal/other products offered by the plan.
- A brief explanation of why the grievance was not resolved in 30 days and whether the grievance was or is pending at: (1) the plan's internal grievance system; (2) the Department's consumer complaint process; (3) the Department's Independent Medical Review system; (4) court; or (5) other dispute resolution processes. Alternatively, the plan shall indicate whether the grievance was or is submitted to: (1) the Medicare review and appeal system; (2) the Medi-Cal fair hearing process; or (3) arbitration.
- The nature of the unresolved grievances as: (1) coverage disputes; (2) disputes involving medical necessity; (3) complaints about the quality of care; (4)

complaints about access to care (including complaints about the waiting time for appointments); (5) complaints about the quality of service; and (6) other issues. All issues reasonably described in the grievance shall be separately categorized.

Health plans are reminded that the quarterly report shall be verified by an officer authorized to act on behalf of the plan.

Plans are also reminded that, per California Code of Regulations, title 28, section 1300.68(b), they must designate an officer to have primary responsibility for the plan's grievance system. The officer must "continuously review the operation of the grievance system to identify any emergent patterns of grievances." The plan's grievance system must "include the reporting procedures in order to improve plan policies and procedures." Additionally, the plan's governing body, the plan's public policy body, and the officer responsible for the plan's grievance system must periodically review the record plan grievances and document this review.

If you have questions regarding this APL, please contact Rachel Long, Help Center Deputy Director, at (916) 639-9529 or via email at Rachel.long@dmhc.ca.gov.