



TOBY DOUGLAS
Director

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
Governor

DATE: November 3, 2014

ALL PLAN LETTER 14-013 (REVISED)

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: GRIEVANCE REPORT TEMPLATE

PURPOSE

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with a template to use for submitting the Grievance Report that is required per the MCP contract and found in Exhibit A, Attachment 14, Member Grievance System, Grievance Log and Quarterly Grievance Report. The APL also provides the template's associated instructions.

POLICY

All MCPs must follow the instructions as outlined below and submit Grievance Reports per the attached template. The first report using this new template must be submitted to the Department of Health Care Services (DHCS) for data collected during the fourth quarter of 2014. DHCS will review every submission against this APL's requirements and return submissions to MCPs if the requirements are not met.

REQUIREMENTS

Forty-five (45) days after the end of each quarter, MCPs must submit a completed Grievance Report utilizing the attached template to pmmp.monitoring@dhcs.ca.gov with a CC to your contract manager. Submissions must be sent as a secure email with the subject line "Health Plan Name X Quarter 20YY Grievance Report" where X is the quarter and YY is the year. The file name must be labeled using the same convention.

The completed Grievance Report template shall include data for the quarter which ended prior to the 45 day period. Reporting must include *all cases received in the quarter*. MCPs should report member grievances only, not grievances from providers.

The first report using this new template must be submitted to DHCS for data collected during the fourth quarter of 2014.

Each grievance for each member will be entered in its own row and filled out according to instructions as follows:

- Year: Enter the year as four digits. Example: 2014.
- Quarter: Enter the quarter the grievance was received in as one digit. For example, the second quarter would be 2.
- Plan Code: Enter the plan code as three digits. Two-digit plan codes should be entered with a 0 in front. Example: Enter 29 as 029.
- CIN: Enter the member's CIN number as a nine-character number that consists of eight numbers and one letter.
- Categories: Enter the remainder of the columns according to the type(s) of grievance. If a grievance has more than one type, identify all applicable types or categories. The categories are:
 - Accessibility;
 - Benefits/Coverage;
 - Referral;
 - Quality of *Care/Service*; and
 - Other.

Then choose the appropriate code number in the selected category and enter it for the grievance. Example: a grievance that is "dispute over covered services" falls under the Benefits/Coverage category, so "1" would be entered in the category's column.

The Other category is for grievances that do not fall into any of the pre-defined categories. If the Other category is chosen, the grievance type(s) must be defined. For each other grievance type, assign a number and specify (as concisely as possible) the grievance type in the second cell under the Other column. If more than three Other types are included in the report, add more numbers with a definition for each number. Once an MCP establishes Other categories, the numbering and definition of these categories must be kept consistent in each subsequent report.

- Resolution: In the column to the right of the selected category column, enter 0 for unresolved, 1 for resolved in favor of the Member, and 2 for resolved in favor of the MCP.

A contract amendment will be forthcoming to revise Exhibit A, Attachment 14, Member Grievance System, Grievance Log and Quarterly Grievance Report and that references this APL for the requirements and format of the Grievance Report. The requirements in this APL replace what is currently required in the contract specific to Grievance Reports. It does not replace reporting for special populations or projects.

If you have any questions or concerns regarding this APL, please email pmmp.monitoring@dhcs.ca.gov or your Medi-Cal Managed Care contract manager.

Sincerely,

Original Signed by Mari Cantwell

Mari Cantwell
Chief Deputy Director
Health Care Programs

ATTACHMENT