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

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Medi-Cal Rx Complaints/Grievances Policy

Version 6.0; *Current as of 04/07/2021*
Note: Substantively different language is denoted with bold/underlined text.

Part I: Purpose

This document outlines the Department of Health Care Services (DHCS') fee-for-service (FFS) Medi-Cal Rx complaints/grievances processes/protocols, which align with and build upon existing Medi-Cal FFS processes/protocols for the Medi-Cal program writ large. In partnership with Magellan, DHCS is committed to implementing and overseeing[1] an effective Medi-Cal Rx complaint/grievance process to ensure appropriate triaging, referral, and/or disposition.

This document does not address Adverse Benefit Determinations ("Appeals"; see definition below) by Medi-Cal beneficiaries relative to receiving a Notice of Action (NOA) for Medi-Cal Rx pharmacy services. All beneficiary appeals relative to NOAs are handled through the existing State Fair Hearing (SFH) process. Medi-Cal FFS beneficiaries are NOT required to exhaust any internal and/or administrative DHCS processes prior to requesting a SFH through CDSS. If Magellan receives a beneficiary appeal request through the Customer Service Center (CSC), the callers will be triaged and referred to DHCS' website to submit their request for a SFH. Magellan will not be handling any beneficiary appeals issues relative to Medi-Cal Rx.

For more information about the appeals process, please see DHCS' existing State Fair Hearing policy and processes, which is available on the DHCS and California Department of Social Services' (CDSS) websites, respectively.

Part II: Background & Definitions

The Medi-Cal Rx Customer Service Center (CSC) will administer all aspects of the complaints and grievances processes and related procedures for Medi-Cal pharmacy benefits. All Customer Service Representatives (CSR) will take calls and process complaints/grievances in a manner that is consistent with DHCS' existing requirements relative to threshold languages including providing interpreter services and a TTY option using the 711 National Service. Magellan will ensure compliance with DHCS' threshold language and interpreter requirements through a combination of employing staff who

[1] DHCS, like with other contracted partners, will ensure compliance with contractual obligations utilizing existing program integrity and internal audit functionalities.

speak one or more of DHCS' threshold languages, as well as through use of a subcontracted vendor who provides interpreter services.

DHCS' existing threshold languages (17 total) are Arabic, Armenian, Cambodian, Chinese, English, Farsi, Hindi, Hmong, Japanese, Korean, Laotian, Punjabi, Russian, Spanish, Tagalog - Filipino, Thai, and Vietnamese. There will also be a TTY option using the 711 National Service.

For purposes of this policy, the following definitions apply:

- "Complaint" and "grievance" are used interchangeably. A complaint/grievance is defined as when a Medi-Cal beneficiary, an authorized representative (AR) or other interested party (e.g., an anonymous submitter) is expressing dissatisfaction relative to the Medi-Cal pharmacy benefit and/or its administration[2], other than an "Appeal", as described below. For purposes of this policy, "Complainant" will be used to describe the individual submitting the complaint/grievance, and the following represents a list of what would be considered to be a complaint/grievance:

    - Dissatisfaction due to Medi-Cal Rx coverage policy, quality of care, and/or timeliness of care[3];
    - Dissatisfaction due to inaccuracies and/or omissions relative to services/information being provided; and/or
    - Dissatisfaction due to aspects of interpersonal relationships such as rudeness of a provider or employee (inclusive of discriminatory practices pursuant to applicable state/federal law[4]).

If a Complainant expressly declines to file a complaint/grievance, the call shall still be categorized as a complaint/grievance and not an inquiry. While the Medi-Cal Rx CSR may protect the identity of the caller, the complaint/grievance shall still be aggregated for tracking and trending purposes.

In addition to complaints/grievances, there are also other items, which while equally important, would be treated differently in terms of triaging/disposition for purposes of Medi-Cal Rx. A non-exhaustive list of the types of calls that would not be considered a complaint/grievance are as follows:

- Referrals: "Referrals" are defined as any circumstance in which the Complainant's case necessitates referral to another entity and/or department. Other entities

[2] Medi-Cal Rx CSRs will be trained, to identify a dissatisfied caller and follow the Medi-Cal Rx complaints/grievance procedure accordingly.
[3] Medi-Cal Rx CSRs will address all pharmacy-related complaints/grievances, as defined in this policy, which may include both clinical and non-clinical/administrative issues. For clinical issues, Medi-Cal Rx CSRs will provide education and information about the pharmacy benefit and – where appropriate – triage/escalate calls to clinical staff (i.e., nurses and/or pharmacists) within the CSC for consultation and disposition. Clinical issues relating to the medical benefit will be referred to the Health Plan/MCP.
[4] *See* Section 1557 of the Affordable Care Act (Title 45 Code of Federal Regulations Part 92); and Senate Bill (SB) 223 (Atkins, Chapter 771, Statutes of 2017).

and/or departments may include Medi-Cal MCPs for non-pharmacy related issues, CDSS for SFH issues, etc. In these cases, the referral will be executed, and the case will be logged as a referral[5].

- For complaints/grievances involving both pharmacy and medical services or complaints/grievances that originated prior **to Medi-Cal Rx full assumption of operations,** DHCS expects there to be coordination between the Medi-Cal Rx CSC and Medi-Cal MCPs.

    - In the event an individual who is part of a Medj-Cal MCP calls their plan's call center to submit a complaint/grievance, the Medi-Cal MCP should triage that call in their system according to existing processes and procedures and then refer to the Medi-Cal Rx CSR for research and resolution. In cases where the Complainant has a complaint/grievance that involves both pharmacy and non-pharmacy related issues, the Medi-Cal MCP call center staff shall address the non-pharmacy related issue through its own internal processes and refer the pharmacy-related issue to the Medi-Cal Rx CSC. For more specific examples, please see the scenarios presented below.
    - All pharmacy-related complaints/grievances for services provided by a Medi-Cal MCP on or before **Medi-Cal Rx full assumption of operations** must be fully adjudicated by the Medi-Cal MCP in accordance with All Plan Letter (APL)[6] 17-006 and any subsequent versions.
    - All pharmacy-related complaints/grievances received after **Medi-Cal Rx full assumption of operations** by the Medi-Cal Rx CSC for services provided by a Medi-Cal MCP after **Medi-Cal Rx full assumption of operations** will be transferred to the appropriate MCP by the Medi-Cal Rx CSC. Medi-Cal Rx will advise complainants that they should contact their MCP for resolution.
    - All pharmacy-related complaints/grievances received by a Medi-Cal MCP for Medi-Cal Rx services provided after **Medi-Cal Rx full assumption of operations** must be transferred to the Medi-Cal Rx CSC for resolution.

- Inquiries: An "inquiry" is defined as a request for information that does not include an expression of dissatisfaction. Inquiries may include, but are not limited to, questions pertaining to eligibility, pharmacy benefits, or other Medi-Cal Rx processes.

- Appeals: "Appeals" are defined as when an individual disagrees with a benefit- or –eligibility related decision, such as coverage disputes, disagreeing with and seeking reversal of a request for prior authorization (PA) involving medical necessity, etc. As noted above, this policy does not change the existing FFS Medi-Cal SFH process. As such, when Magellan's CSC receives a call relative to a beneficiary appeal, the CSR will offer to send the SFH form directly to them via

[5] Magellan is working on developing a referral process for cases that may need to be triaged potentially across other organizations. Once this process has been completed, it will be shared externally.
[6] APL 17-006 is available on DHCS" website at this link: https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2017/APL17-006.pdf

U.S. Mail at their address of record, and/or refer them to resources on the DHCS and CDSS website relative to submitting a SFH request[7] .

On these two websites, the Complainant can find additional helpful information relative to the associated timelines and statutory requirements as well as the ways they can submit their SFH request directly, such as:

- To the county welfare department at the address shown on the Notice of Action.
- To the California Department of Social Services
  State Hearings Division
  P.O. Box 944243, Mail Station 21-37
  Sacramento, California 94244-2430.
- To the CDSS, State Hearings Division, by fax to (833) 281-0905.
- To the California Department of Social Services at the online hearing request page.
- Through a toll-free call to CDSS, California Department of Social Services Public Inquiry and Response team, at (800) 743-8525 (Voice) and (800) 952-8349 (TTY)

Part III: Medi-Cal Rx Complaint/Grievance Processes

Timelines for Filing

All pharmacy related complaints/grievances received by the Medi-Cal Rx CSC for pharmacy services provided after **Medi-Cal Rx full assumption of operations** are the responsibility of the Medi-Cal Rx CSC.

Complaints/grievances are not subject to any specific codified timeframes, relative to the incident or action originating the Medi-Cal beneficiary's dissatisfaction. Medi-Cal Rx will adopt the standard that is least restrictive to Medi-Cal beneficiaries and allow complaints/grievances to be filed at any time, in accordance applicable state and federal requirements.

Methods of Filing

In accordance with applicable state and federal requirements, a complaint/grievance may be filed by a Medi-Cal beneficiary, an Authorized Representative, or other interested party (e.g., an anonymous submitter, or a provider acting on behalf of the beneficiary). Please note that when a complaint/grievance is submitted anonymously, the Medi-Cal Rx CSR will ensure it goes through the full investigative process but the communications and results will be suppressed.

[7] An Administrative Law Judge (ALJ) who reviews the materials submitted from a legal perspective and renders a Proposed Decisions (PD) oversees the SFH process. In addition, under our delegated authority specific to certain policy areas, e.g., medical and pharmacy benefits, DHCS also reviews ALJ's PD's for Medi-Cal beneficiaries from a clinical perspective. Appropriate clinical staff to confirm that the ALJ's PD aligns with Medi-Cal coverage policy and medical necessity standards review the PD's.

Complaints/grievances can be filed at any time and may be submitted in person, in writing[8] (e.g. mail, email, or chat), or by phone **Monday- Friday 8:00am-5:00 pm. At Medi-Cal Rx full assumption of operations, the call center will be available 24/7/365.**

Process, Timing, and Communication

The Medi-Cal Rx CSC system will have two levels of categorization for all calls received. For calls that need to be flagged as complaints/grievances, the CSR will mark the record in the CSC system under the "category" of "Complaints/Grievances". Every CSC call received is assigned a "category", which are approved by DHCS. Examples of "categories" include but are not limited to web support, drug inquiries, claims Inquiries, PA inquiries, etc. The second level of categorization will be one of the following depending on the description of the "complaint/grievance":

- Beneficiary was misinformed by the Medi-Cal Rx CSR or other DHCS or Magellan representative and/or provided incorrect or misleading information by the Medi-Cal Rx program.

- Missed Medi-Cal Rx service commitment (e.g., a Medi-Cal beneficiary calls and asks for a form to be mailed to his/her address of residence and the Medi-Cal Rx CSR commits to doing so, but the form was never mailed).

- Mistreatment towards the Complainant, which would be inclusive of a spectrum of behavior ranging from unprofessional conduct/rudeness to discrimination[9], among other things.

- Dissatisfaction and/or disagreement with DHCS pharmacy coverage policy relative to Medi-Cal Rx, but not rising to the level of an Appeal and/or otherwise related to a Medi-Cal Rx NOA.

The following represents an overview of how complaints/grievances are to be handled by CSRs, inclusive of applicable processes, timing, and closeout communication strategies. Please note that all CSRs will be trained to educate a caller on the process, identify complaints/grievances, and properly intake/triage complaints/grievances for disposition. All CSC training materials will be developed by Magellan, and reviewed/approved by DHCS.

Same-Day/Resolved at Intake (Commonly called "Exempt")

If the Complainant's complaint/grievance can be fully resolved by the CSR immediately during the call and no further research is required, the CSR will resolve and close the complaint/grievance.

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[8] DHCS – in partnership with Magellan - is working to develop a form/web-based submission solution that can be used to file a complaint/grievance by email, mail, or online.
[9] *See* Footnote 4.

- These calls are exempt from the requirement below to send an acknowledgement letter, as described below; however, the Medi-Cal Rx CSR will nonetheless generate a closeout communication and maintain a log of all such complaints/grievances containing all application information, e.g., date of the call, the name of the Complainant (if given), beneficiary identification number, nature of the complaint/grievance, nature of the resolution, and name of the CSR who took the call and resolved the complaint/grievance.

- Any complaint/grievance, even those resolved at intake will be classified as a complaint/grievance and captured on the daily report submitted to DHCS.

- The information contained in this log shall be periodically reviewed by DHCS, as part of its normal program integrity and oversight responsibilities, and be available in the regular CSC reporting submitted to DHCS.

Standard Processes & Procedures

If the Complainant's complaint/grievance cannot be fully resolved by the CSR immediately and further research is required, the CSR will adhere to the below standard processes and procedures. For any complaint/grievance that is sensitive and/or involves an urgent or otherwise serious matter based upon the CSC's categorization (as described herein) can be escalated by the agent for immediate attention and action, using an internal process/protocol established by Magellan and agreed up by DHCS. This escalation process can occur based upon a request made by the Complainant or the CSR's categorization of the Complainant's inquiry:

- Within one business day, the CSC system will automatically send a communication (i.e., an acknowledgement letter) to the Complainant acknowledging the complaint.

    - Note: All Medi-Cal Rx CSC acknowledgment letters will comply with existing DHCS requirements relative to translation into threshold languages and alternative formats, as well as required reading level and other related formatting requirements, consistent with applicable state and federal laws.

- If the complaint/grievance cannot be resolved by the CSR due to needing a deeper level of investigation, the acknowledgement of receipt of the complaint communication will be triggered within one (1) business day. The complaint will then be escalated to the Complaints and Grievances Unit (CGU). This unit is comprised of specialized CSRs who will only work on the research and resolution of escalated complaints.

- The CGU will do an initial investigation and within three (3) calendar days, the CSR will determine if the complaint needs to go to DHCS for further direction and disposition. DHCS will have a queue in the CSC system to see any complaint/grievance where direction is needed from DHCS. The complaint/grievance will have a place for DHCS to provide a formal response and then queue the complaint/grievance back to Magellan to take action and resolve.

- Complaints/grievances that will be sent to DHCS are any complaint grievance where the description involves claims of discriminatory practices based upon a protected classification as defined in law, pursuant to applicable state/federal requirements[10]. In addition, any complaints around policy disagreements and legal threats will be forwarded to DHCS for information and advisement prior to finalizing a resolution.

- The CGU will conduct an investigation[11], which can include but not be limited to listening to calls, reviewing all beneficiary history related to the complaint, contacting the prescriber or pharmacy[12], and interviewing CSRs who may have been involved with a previous interaction.

- All research and meetings will be documented in the CSC system in chronological order. These activities will occur until an action plan to resolve the complaint is reached.

- If a complaint/grievance cannot be resolved within ten (10) business days, the CGU will document the interim status and send a communication to the complainant.

- Upon resolution within thirty (30) business days, the CGU will update the final resolution and resolve the case. The CSC system will send a final communication to the complainant to summarize the resolution, as described below.

  If the case requires more than thirty business (30) days to resolve, the CGU will document the reason for this and communicate the reason on the daily report submitted to DHCS. The CGU will work with DHCS to come up with a resolution plan and execute accordingly.

Closeout Communication

For a complaint/grievance submitted by a Medi-Cal beneficiary, the Medi-Cal Rx CSR will mail or – if the Medi-Cal beneficiary has opted for enrollment via paperless communications will electronically post[13] – the final closeout communication letter outlining the outcome of the complaint/grievance in the secure message center contained within the beneficiary portion of the Medi-Cal Rx Pharmacy Portal. For anonymous submissions, please note that communication letters will not be generated. In general, the contents of closeout communication letters would include Complainant name, date of

[10] *See* Footnote 4.
[11] The CGU will have CSRs who have been trained in all aspects of servicing the benefit. The select CSRs will be dedicated to the CGU and receive additional training on investigations and the Complaints/Grievance policy and procedure. They will have access to RPHs for clinical questions and be led by a Supervisor who manager escalations, process oversight, and preventative measures.
[12] DHCS/Magellan will articulate through provider informing and training materials that Medi-Cal Rx CGU staff may reach out relative to complaints/grievances investigations.
[13] When information is posted to the secure message center, the Medi-Cal beneficiary will receive a push notification to the email address of record.

initial complaint/grievance submission, the Case ID, date of complaint/grievance resolution, and summary of complaint/grievance resolution.

All Medi-Cal Rx CSC close out communications will comply with existing DHCS requirements relative to translation into threshold languages and alternative formats, as well as required reading level and other related formatting requirements, consistent with applicable state and federal laws.

Part IV: Complaints/Grievances Information & Reporting

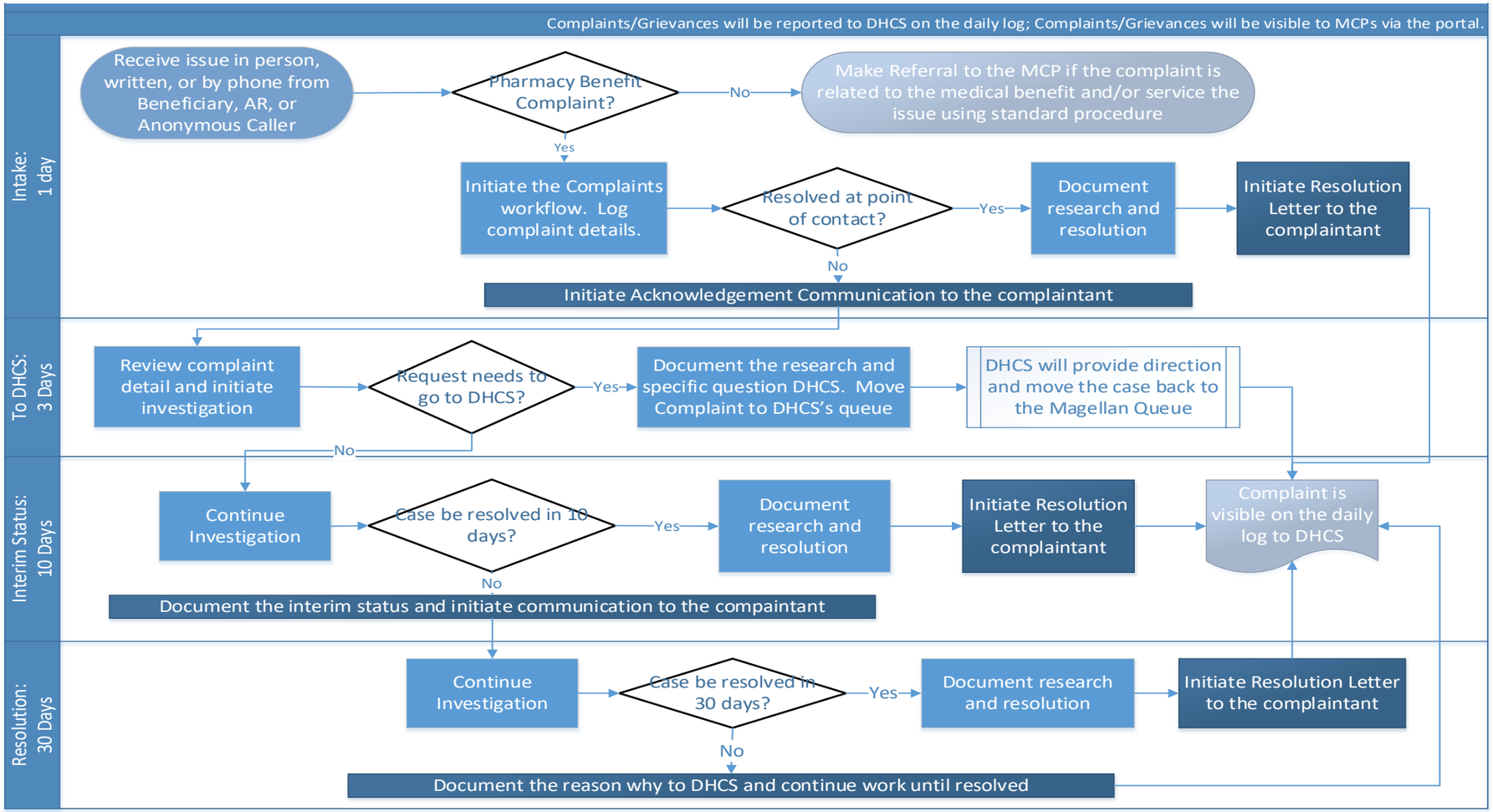
Complaints/grievances will be associated with a Medi-Cal beneficiary's record in the CSC system. Through the MCP secure portal on the Medi-Cal Rx website, designated users[14] from the Medi-Cal MCPs will be able to see all beneficiary contacts with the CSC, which will include date/time of contact, category of content, investigation actions/notes, resolution, copies of the letters, etc. The contact classification will be "Complaints/Grievance" and will be easily identifiable within the portal view.

DHCS will also receive a daily report via Magellan's electronic document management system (EDMS) that shows all complaints that were closed in a given month, plus any complaints/grievances that remain in process and require further steps to resolve. The report will show DHCS the complainant, the channel, other related complaints for a given beneficiary, the complaint/grievance classification, investigation steps, interim status, resolution, all relevant communication dates, and an additional explanation for any complaint open for more than 30 days. In addition, DHCS plans to make general information related to Medi-Cal Rx complaints/grievances statistics and reports available through DHCS' website, consistent with how DHCS reports other similar information today, e.g., through dashboards on the public-facing website and the Open Data Portal, etc. DHCS will provide additional information as it becomes available.

[14] For more information on "designated users", please refer to the Medi-Cal Rx Website & Electronic Portal policy. Designated users, which is inclusive of delegated entities, are those individuals identified by the Medi-Cal MCPs and validated through DHCS/Magellan, to have access to the secure MCP portal environment.

Sample Scenarios: For each of these sample scenarios, please assume that they are for pharmacy-related issues provided by Medi-Cal Rx **after Medi-Cal Rx full assumption of operations.**

ID#	Presenting Scenario	Categorization and High Level Actions
1	Beneficiary contacts the CSC indicating wrong information was received from the pharmacy.	Categorization—Complaint The CSR would document all the information and escalate this to the CGU to initiate an investigation including outreach to the pharmacy.
2	Beneficiary contacts the CSC indicating that a representative from DHCS and/or Magellan made a mistake and sent out the wrong information.	Categorization—Complaint The CSR would attempt to research what was sent and make the correction immediately. If the intake CSR can confirm and correct, the CSR will resolve the complaint and send a resolution letter. The complaint will still be reported to DHCS and the Supervisor will address prevention.
3	Beneficiary contacts the CSC and says a representative from DHCS and/or Magellan mistreated them.	Categorization—Complaint The CSR would document all the information and escalate this to the CGU to initiate an investigation to listen to call recordings, review previous interactions, and interview employees who interacted with the beneficiary in order to determine appropriate resolution.
4	Beneficiary contacts the CSC and says that he/she is upset because their physician prescriber will not give them a required prescription.	Categorization—Referral The CSR would document the incoming information and refer the beneficiary to the Medi-Cal MCP to follow their processes to assist the beneficiary.
5	Beneficiary contacts the CSC and says that the Medi-Cal Rx coverage policies are inappropriate and affecting the person's ability to stay well.	Categorization—Complaint The CSR would document all the information and escalate this to the CGU. The CGU would consult with DHCS to review the policy issue. The CGU would act on DHCS' direction in resolving the complaint.
6	Beneficiary contacts the CSC and asks what drugs are covered by Medi-Cal Rx.	Categorization—Inquiry The CSR would do a drug search and provide covered alternatives. The CSC would also let the beneficiary know how they can look up covered drugs if the person wants to know for the future.
7	Beneficiary contacts the CSC and asks how to look up on the DHCS website what drugs are covered by Medi-Cal Rx.	Categorization-–Inquiry The CSR would explain how the drug lookup tool on the DHCS website works, and provide helpful hints for reviewing the information that can be found there.


Complaints/Grievances will be reported to DHCS on the daily log; Complaints/Grievances will be visible to MCPs via the portal.
Intake: 1 day
To DHCS: 3 Days
Interim Status: 10 Days
Resolution: 30 Days
Receive issue in person, written, or by phone from Beneficiary, AR, or Anonymous Caller
Pharmacy Benefit Complaint?
No
Make Referral to the MCP if the complaint is related to the medical benefit and/or service the issue using standard procedure
Yes
Initiate the Complaints workflow. Log complaint details.
Resolved at point of contact?
Yes
Document research and resolution
Initiate Resolution Letter to the complaintant
No
Initiate Acknowledgement Communication to the complaintant
Review complaint detail and initiate investigation
Request needs to go to DHCS?
Yes
Document the research and specific question DHCS. Move Complaint to DHCS's queue
DHCS will provide direction and move the case back to the Magellan Queue
No
Continue Investigation
Case be resolved in 10 days?
Yes
Document research and resolution
Initiate Resolution Letter to the complaintant
Complaint is visible on the daily log to DHCS
No
Document the interim status and initiate communication to the compaintant
Continue Investigation
Case be resolved in 30 days?
Yes
Document research and resolution
Initiate Resolution Letter to the complaintant
No
Document the reason why to DHCS and continue work until resolved