



**Cal MediConnect  
January 2015 Complaint and Resolution Report**

Complaints Resolved by Category																	
Health Plan	Eligibility	Benefit Package	Access	Privacy	Contractor/ Partner	Coverage Gap	Customer Service	Enrollment/ Disenrollment	Equitable Relief/ Good Cause Requests	Appeals/ Grievances	Marketing	Payment/ Claims	Plan Administration	Pricing/ Premium	Quality of Care	Other	Plan Total
Anthem Blue Cross															1		1
Care1st Health Plan		8	2					4			1				5		20
Care More Health Plan		2						1								1	4
Community Health Group *		32	30				9	21		6		18			2		118
Health Net Community Solutions		2	2				5	3		9		1			5	1	28
Health Plan of San Mateo			1				5	1							5		12
IEHP Health Access#		35	29				34			2				1	15		116
LA Care Health Plan		4	7				9	4				2			3	2	31
Molina Healthcare		9					26	11		9							55
Santa Clara Family Health		1					3										4
Sub-Total		93	71				91	45		26		21	0	1	36	4	389

\*On 1/1/2015 all beneficiaries in a Medicare Dual Special Needs Plan and in the Low Income Subsidy program were passively enrolled into a Cal MediConnect plan in Los Angeles, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara counties. As a result, Cal MediConnect enrollment increased from 58,945 on December 1, 2014 to 124,239 for March 1, 2015.

<sup>#</sup>CHG coverage determination calls were being categorized as pharmacy process and pharmacy eligibility benefit complaints. Plan representatives would then assist the member in initiating a coverage determination. These calls are now be categorized as coverage determinations and the Plan will develop a desktop process that will optimize the coverage determination process.

#In January IEHP's enrollment increased by 9,929 members due in part to the D-SNP transition. The enrollment increase contributed to the rise in benefit and access complaints. IEHP's Grievance Department expanded to accommodate the increase in membership. Additional staff resources have been allocated to review and resolve complaints. The Plan has issued education letters and corrective action plans to providers in response to quality of care complaints. The Plan will monitor and review all providers with high grievance rates per their internal policy. In addition, IEHP has approved funding for 46 new specialist physicians.



**Cal MediConnect  
February 2015 Complaint and Resolution Report**

Complaints Resolved by Category																	
Health Plan	Eligibility	Benefit Package	Access	Privacy	Contractor/ Partner	Coverage Gap	Customer Service	Enrollment/ Disenrollment	Equitable Relief/ Good Cause Requests	Appeals/ Grievances	Marketing	Payment/ Claims	Plan Administration	Pricing/ Premium	Quality of Care	Other	Plan Total
Anthem Blue Cross								2									2
Care1st Health Plan		8	2				1	3		1					4		19
Care More Health Plan		1	2				1						1		3		8
Community Health Group*		18	21				7	12		5		31					94
Health Net Community Solutions		16	2				4	3		7			1		6		39
Health Plan of San Mateo		2	5				29								5	2	43
IEHP Health Access <sup>#</sup>		13	60				68	1		11					20	2	175
LA Care Health Plan		11	1				12	2						1	5	1	33
Molina Healthcare		2	1				15			2		1			1		22
Santa Clara Family Health		1					3	1									5
<b>Sub-Total</b>		72	94				140	24		26		32	2	1	44	5	440

\*On 1/1/2015 all beneficiaries in a Medicare Dual Special Needs Plan and in the Low Income Subsidy program were passively enrolled into a Cal MediConnect plan in Los Angeles, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara counties. As a result, Cal MediConnect enrollment increased from 58,945 on December 1, 2014 to 124,239 for March 1, 2015.

<sup>\*</sup>DHCS inquired on the number of payment/claim related complaints CHG reported. The primary reason providers have improperly billed Plan members was due to providers not following best billing practices, which requires both Medicare and Medi-Cal Explanation Of Benefit's to be in hand before billing. Due to the impatience of some billing entities, the Plan has enhanced their EOB form to be all inclusive of both Medicare and Medi-Cal. This new EOB form was implemented in May 2015.

<sup>#</sup>IEHP's enrollment increase contributed to a rise in access complaints and customer service complaints. IEHP has approved funding for additional specialist physicians. The Plan provides members with specific information on dental benefits and authorization protocols. The Plan will continue to educate dental providers on proper authorization request processes. The Plan has issued education letters and corrective action plans to providers in response to quality of care complaints. The Plan will monitor and review all providers with high grievance rates per their internal policy.



**Cal MediConnect  
March 2015 Complaint and Resolution Report**

Health Plan	Eligibility	Benefit Package	Access	Privacy	Contractor/ Partner	Coverage Gap	Customer Service	Enrollment/ Disenrollment	Equitable Relief/ Good Cause Requests	Appeals/ Grievances	Marketing	Payment/ Claims	Plan Administration	Pricing/ Premium	Quality of Care	Other	Plan Total
Anthem Blue Cross																1	1
Care1st Health Plan		13	1				2	6							7		29
Care More Health Plan		1	2				7	1							3	1	15
Community Health Group*		69	54				8	8				1			1		141
Health Net Community Solutions		16	7				13	2		2					4	1	45
Health Plan of San Mateo		1	3				8								2	2	16
IEHP Health Access <sup>#</sup>		17	59				49	1		21					16	2	165
LA Care Health Plan		10	4				13			2	3		1		18	4	55
Molina Healthcare			2				7	2		2					4	5	22
Santa Clara Family Health										1						1	2
<b>Sub-Total</b>		127	132				107	20		28		1	1	0	55	17	<b>491</b>

\*On 1/1/2015 all beneficiaries in a Medicare Dual Special Needs Plan and in the Low Income Subsidy program were passively enrolled into a Cal MediConnect plan in Los Angeles, Riverside, San Bernardino, San Diego, San Mateo and Santa Clara counties. As a result, Cal MediConnect enrollment increased from 58,945 on December 1, 2014 to 124,239 for March 1, 2015.

\*CHG coverage determination calls were being categorized as pharmacy process and pharmacy eligibility benefit complaints. Plan representatives would then assist the member in initiating a coverage determination. These calls are now be categorized as coverage determinations and the Plan will develop a desktop process that will optimize the coverage determination process.

<sup>#</sup>In March IEHP's enrollment increased by 539 members due to passive enrollment resulting in higher Access and Customer Service complaints. IEHP has approved funding for additional specialist physicians once the specialist is contracted and credentialed.