



**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 [#]		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
Sub-Total		72	94				140	24		26		32	2	1	44	5	440

* 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.

[#] 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.