



GRIEVANCE PROCESS OVERVIEW

AGENDA:

1. Understanding Member Grievances
2. Timeframes & Process Overview
3. Provider Responsibilities
4. Provider Expectations & Escalation Process
5. Grievance Response Request – Provider Guidance
6. Provider Resources

Understanding Member Grievances

A **grievance** is a formal expression of dissatisfaction submitted by a member regarding services received from the Alliance or its contracted providers. Grievances may include issues related to delays, quality of care, or provider behavior. Filing a grievance does not impact the member's health coverage and must be addressed by the Alliance per state regulatory standards.

Examples of When a Grievance May Be Filed:

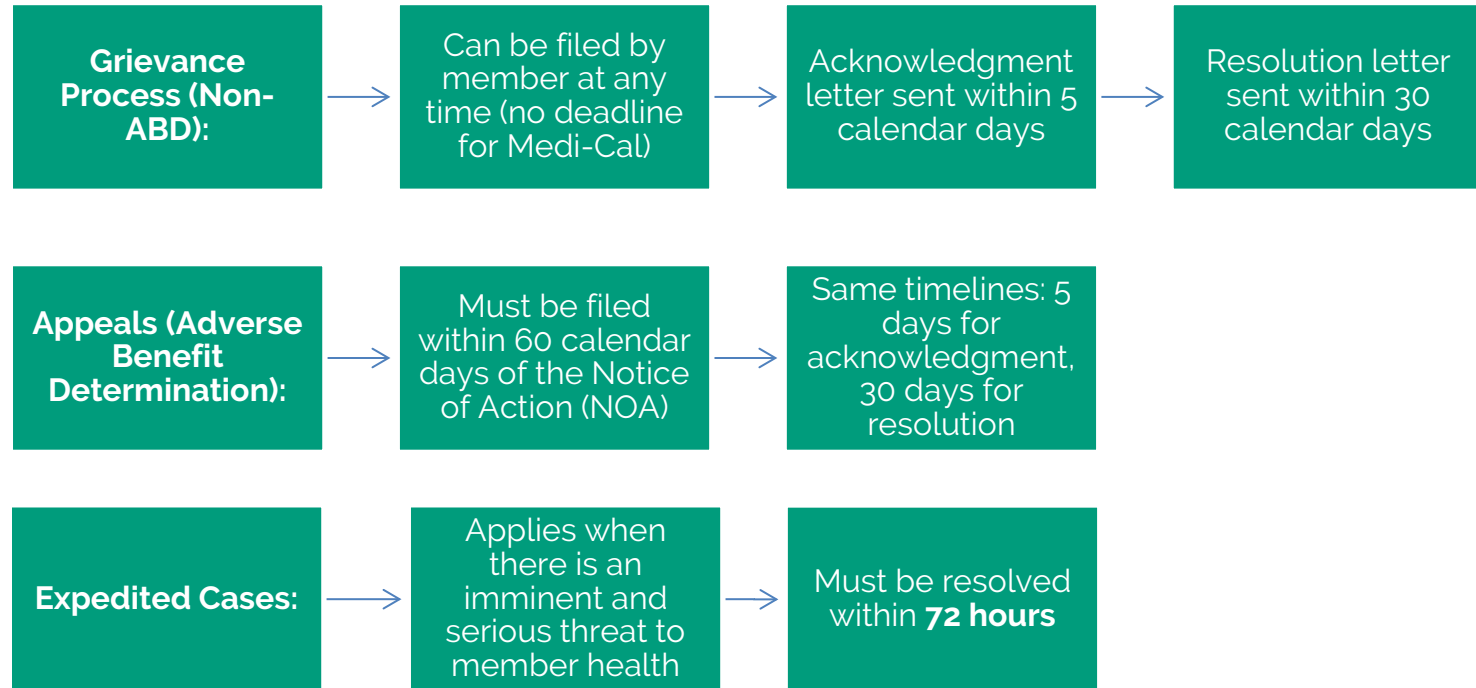
- Delays in care (e.g., medication, equipment, referrals or appointments)
- Dissatisfaction with provider services or conduct
- Concerns about privacy or dignity
- Billing concerns from a provider
- Not receiving gender-affirming care

Ways a Member Can File a Grievance:

- **Phone:** Member Services or Grievance Coordinator
- **Online:** Alliance website – Grievance submission form
- **Fax:** (831) 430-5579
- **Mail:** Central California Alliance for Health, ATTN: Grievance Coordinator
1600 Green Hills Rd, Ste 101, Scotts Valley, CA 95066
- **In Person:** Meet with a Member Services Representative
- **TTY Services:** For hearing/speech impaired member
- **Authorized Representative:** Members may assign someone to submit on their behalf



Timeframes & Process Overview



Provider Responsibilities

Providers must cooperate with the Alliance in identifying, processing and resolving all member grievances/complaints and appeal. This includes:

Respond to Member Complaints Promptly & Fairly:

- Investigate and resolve concerns in a fair and equitable manner
- No retaliation against members who file grievances

Cooperate with the Alliance:

- Speak with Alliance staff to assist in resolution
- Provide timely responses (within 7 business days)
- Submit documentation when requested:
- Medical records, scheduling logs, phone records, written responses, etc.

Support the Grievance Process:

- Designate staff to assist with grievance and appeal investigations
- Take reasonable corrective actions suggested by Alliance staff
- Assist members in accessing and completing grievance forms



Provider Expectations & Escalation Process

This outlines the policy expectations for providers and the steps that will be taken if timely responses are not received.

Act Within Policy Requirements:

- Providers may only file on behalf of a member with written consent
- Grievances may impact recredentialing during PRCC review

Follow-Up Escalation Process:

- If there is no response from the provider after three outreach attempts, the case will be escalated to management for further follow-up.
- If no response is received following management outreach, the issue will be referred for compliance review and handling.

What Counts as a Delayed or No Response?

- **Non-Responsive** – no response by day 27
- **Delayed Response** – response not by day 7



Grievance Response Request – Provider Guidance



Dear Provider,

The Plan received a member grievance and I'm reaching out to request a response.

The allegations detailed below are the Member's perception of the events. The Plan is required by law to investigate thoroughly. Regulatory requirements mandate providers to respond to these requests.

Please review all **relevant** information in your records regarding this case, including office policies and procedures, phone logs, electronic medical records, etc.

Per HIPAA, please remove any unrelated patient or member information from this grievance.

Please review the allegations below and respond to all questions listed within seven days on

Member Information:

- Member name:
- Member ID and/or DOB:

Summary of Grievance:

Plan Questions for Provider:

Provider Response:

Please select your level of agreement with the Member's statement(s) below. If you disagree or partially disagree, explain your response and provide any applicable information for the Plan's comprehensive review.

Agree Disagree Partially Disagree

Provider Response:

If you have any questions or concerns, please contact your Provider Relations Representative.

www.thealliance.health • 800-700-3874

What You Need to Know

- This form is sent when a member files a grievance about your practice or service.
- The allegations listed are the member's perception, not verified facts.
- Your response is part of a formal investigation required by DHCS.

How to Complete the Form

Review the Allegations Carefully

- Read the summary of the grievance in full.
- Check any accompanying documentation.

Answer All Plan Questions Thoroughly

- Use factual, concise responses.
- Reference call logs, visit notes, or internal policies as needed.

Indicate Your Agreement Level

- Select one: Agree, Disagree, Partially Disagree.
- If Disagree/Partially Disagree, **explain why**.

Avoid PHI Not Related to the Case

- Only include **relevant patient info**.
- Redact other member data per HIPAA rules.

Respond Within 7 Days

- Late responses delay resolution.
- Contact your Provider Rep if you need help.

Provider Resources

Below are key resources to guide providers in meeting grievance and appeal process requirements and supporting Medi-Cal members effectively.

Alliance Provider Manual:

- **Section 17: Resolution of Disputes and Grievances**

Outlines internal grievance procedures, documentation standards, and provider responsibilities.

https://thealliance.health/wp-content/uploads/Provider_Manual_202507.pdf

DHCS APL 21-011:

- Guidance from DHCS outlining state/federal compliance, provider documentation, and member notice templates. Ensures that providers and plans stay in compliance with **state and federal regulations**, especially those updated in the 2017 Final Rule.

<https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-011.pdf>

Alliance Member Rights:

- Provides Medi-Cal members with their rights regarding care access, complaints, and appeals.

<https://thealliance.health/for-members/get-started/about-your-health-plan/alliance-member-rights-and-responsibilities/alth>