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Title 22@ Social Security

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Division 3@ Health Care Services

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Subdivision 1@ California Medical Assistance Program

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Chapter 4.5@ GEOGRAPHIC MANAGED CARE PROGRAM

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Article 2@ OPERATIONAL REQUIREMENTS

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Section 53914@ Member Grievance Procedures

53914 Member Grievance Procedures

(a)

Each GMC plan shall establish and maintain written procedures for the submittal, processing, and resolution of all member grievances and complaints. The grievance system shall include the handling of complaints and shall: (1) Operate according to the written procedures, which shall be approved in writing by the department prior to use. Amendments shall be approved in writing by the department prior to implementation of the revised procedure. (2) Be described in information sent to each member upon enrollment in the GMC plan and annually thereafter, pursuant to Sections 53926.5 and 53927. The description shall include: (A) An explanation of the GMC plan's system for processing and resolving grievances, and how a member is to use it. (B) A statement that grievance forms are available in the office of each primary care provider, or in each member services department of the GMC plan, in the case of a GMC plan in which all primary care providers are the exclusive providers of that plan and are contiguously located. (C) A statement that grievances may be filed in writing or verbally directly with the GMC plan in which the member is enrolled or at any office of the GMC plan's providers. (D) The telephone number a member may call to obtain information, request grievance forms, and register a verbal grievance. (E) A statement that a member has a right to request a fair hearing, pursuant to Section 50951.

(1)

Operate according to the written procedures, which shall be approved in writing by the department prior to use. Amendments shall be approved in writing by the department prior to implementation of the revised procedure.

(2)

Be described in information sent to each member upon enrollment in the GMC plan and annually thereafter, pursuant to Sections 53926.5 and 53927. The description shall include: (A) An explanation of the GMC plan's system for processing and resolving grievances, and how a member is to use it. (B) A statement that grievance forms are available in the office of each primary care provider, or in each member services department of the GMC plan, in the case of a GMC plan in which all primary care providers are the exclusive providers of that plan and are contiguously located. (C) A statement that grievances may be filed in writing or verbally directly with the GMC plan in which the member is enrolled or at any office of the GMC plan's providers. (D) The telephone number a member may call to obtain information, request grievance forms, and register a verbal grievance. (E) A statement that a member has a right to request a fair hearing, pursuant to Section 50951.

(A)

An explanation of the GMC plan's system for processing and resolving grievances, and how a member is to use it.

(B)

A statement that grievance forms are available in the office of each primary care provider, or in each member services department of the GMC plan, in the case of a GMC plan in which all primary care providers are the exclusive providers of that plan and are contiguously located.

(C)

A statement that grievances may be filed in writing or verbally directly with the GMC plan in

which the member is enrolled or at any office of the GMC plan's providers.

(D)

The telephone number a member may call to obtain information, request grievance forms, and register a verbal grievance.

(E)

A statement that a member has a right to request a fair hearing, pursuant to Section 50951.

(b)

Each GMC plan shall make local or toll-free telephone service available to members during normal business hours for requesting grievance forms, filing verbal grievances, and requesting information.

(c)

Each GMC plan shall provide upon request a grievance form, either directly or by mail if mailing is requested to any member requesting the form.

(d)

Each GMC plan shall provide assistance to any member requesting assistance in completing the grievance form.

(e)

The member grievance procedures shall at a minimum provide for: (1) The recording in a grievance log of each grievance received by the GMC plan, either verbally or in writing. The grievance log shall include the following information: (A) The date and time the grievance is filed with the GMC plan or provider. (B) The name of the member filing the grievance. (C) The name of the GMC plan provider or staff person receiving the grievance. (D) A description of the complaint or problem. (E) A description of the action taken by the GMC plan or provider to investigate and resolve the grievance. (F) The proposed resolution by the GMC plan or provider. (G) The name of the GMC plan provider or staff person

responsible for resolving the grievance. (H) The date of notification of the member of the proposed resolution. (2) The immediate submittal of all medical or dental quality of care grievances to the medical or dental director for action. (3) The submittal, at least quarterly, of all quality of care grievances to the GMC plan's quality assurance committee for review and appropriate action. (4) The mailing of a written notice of the proposed resolution to the member. Each notice shall include information about the member's right to request a fair hearing pursuant to Section 50951.

(1)

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(A)

The date and time the grievance is filed with the GMC plan or provider.

(B)

The name of the member filing the grievance.

(C)

The name of the GMC plan provider or staff person receiving the grievance.

(D)

A description of the complaint or problem.

(E)

A description of the action taken by the GMC plan or provider to investigate and resolve the grievance.

(F)

The proposed resolution by the GMC plan or provider.

(G)

The name of the GMC plan provider or staff person responsible for resolving the grievance.

(H)

The date of notification of the member of the proposed resolution.

(2)

The immediate submittal of all medical or dental quality of care grievances to the medical or dental director for action.

(3)

The submittal, at least quarterly, of all quality of care grievances to the GMC plan's quality assurance committee for review and appropriate action.

(4)

The mailing of a written notice of the proposed resolution to the member. Each notice shall include information about the member's right to request a fair hearing pursuant to Section 50951.

(f)

Grievance forms and a grievance log shall be available in the offices of each of the GMC plan's primary care providers, or in each member services department of the GMC plan, in the case of a GMC plan in which all primary care providers are the exclusive providers of that plan and are contiguously located.

(g)

Each GMC plan shall adhere to the following requirements and time frames in

processing member grievances: (1) Member grievances shall be resolved within thirty days of the member's filing the grievance. (2) In the event resolution is not reached within thirty days, the member shall be notified in writing by the GMC plan of the status of the grievance and shall be provided with an estimated completion date of resolution.

(1)

Member grievances shall be resolved within thirty days of the member's filing the grievance.

(2)

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(h)

Each GMC plan shall maintain in its files copies of all grievances, the responses to them, and logs recording them for a period of five years from the date the grievance was filed.

(i)

Any member whose grievance is resolved or unresolved shall have the right to request a fair hearing, in accordance with Sections 50951 through 50955.