



DAVID MAXWELL-JOLLY
Director

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



ARNOLD SCHWARZENEGGER
Governor

Date: April 17, 2009

MMCD Policy Letter 09-006

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: TIMEFRAMES FOR MEMBER GRIEVANCES

PURPOSE:

The purpose of this Policy Letter is to clarify the application of federal and State regulations regarding timeframes for Medi-Cal Managed Care Plan (Plan) Members to file a grievance, appeal, request a State Hearing, or request an Independent Medical Review.

BACKGROUND:

The Medi-Cal Managed Care Division (MMCD) and the Department of Managed Health Care (DMHC) both review Plan Policies & Procedures and Evidence of Coverage/Member Handbooks for grievance and appeal compliance. Federal regulations (Title 42, Code of Federal Regulations (CFR), Section 438.402) and State regulations (Title 28, California Code of Regulations (CCR), Section 1300.68) both contain timeframes for filing grievances and appeals.

MMCD and DMHC have analyzed those Federal and State requirements and have determined that no conflict exists between the Federal and State regulations because the separate authorities outline two separate timeframes based upon whether or not a Notice of Action (NOA) has been issued.

Pursuant to 42 CFR Section 438.402(b)(2), a Member has 90 days from the date of the NOA to file an appeal. A NOA is defined as a formal letter telling Members that a medical service has been denied, deferred, or modified.

State regulations, Title 28 (CCR) Section 1300.68(b)(9), covers those circumstances when a Member is dissatisfied with the Plan due to an incident or action that is not the subject of a NOA, and allows 180 days to file a grievance.

POLICY:

In accordance with the foregoing, Plan contracts will be amended to require that Policies and Procedures, Evidence of Coverage language, and other applicable informing materials inform Members as follows:

If a Member receives a Notice of Action from (Plan), the Member has three options. A Notice of Action is a formal letter telling you that a medical service has been denied, deferred, or modified.

- *Members have ninety (90) days from the date on the Notice of Action to file an appeal of the Notice of Action with their Plan.*
- *Members may request a State Hearing regarding the Notice of Action from the Department of Social Services (DSS) within ninety (90).*
- *Members may request an Independent Medical Review (IMR) regarding the Notice of Action from the Department of Managed Health Care (DMHC). (This only applies to Knox-Keene licensed health care service plans.)*

Members may file an appeal with their Plan regarding a Notice of Action and request a State Hearing regarding that Notice of Action at the same time. However, an IMR may not be requested if a State Hearing has already been requested for that Notice of Action.

Members can also file a grievance that is not about a Notice of Action. Members must file a grievance within one hundred eighty (180) days from the date the incident or action occurred which caused the member to be dissatisfied.

If you have any questions regarding this Policy Letter, please contact your Contract Manager.

Sincerely,



Catherine Halverson
Deputy Director
Health Care Operations