

Beneficiary Problem Resolution Process Summary of Changes

New Federal Medicaid regulations at 42 Code of Federal Regulations (CFR) require changes to MHP's existing beneficiary problem resolution processes at Title 9, California Code of Regulation (CCR), Section 1850.205. When there is not a conflict with new federal regulations, many existing state regulations will remain in effect; for example, MHPs will continue to be required to post problem resolution procedures and provide problem resolution forms at all MHP provider sites, even though this is not specifically required in new regulations.

Key Changes

- The informal complaint resolution process will be eliminated. The new beneficiary problem resolution system will contain grievances, appeals, and expedited appeals.
- New definitions:
 - Grievance: An expression of dissatisfaction about any matter other than an action (as action is defined).
 - Appeal: A request for review of an action (as action is defined).
 - Action: An action occurs when the MHP does at least one of the following:
 - Denies or limits authorization of a requested service, including the type or level of service;
 - Reduces, suspends, or terminates a previously authorized service;
 - Denies, in whole or in part, payment for a service;
 - Fails to provide services in a timely manner, as determined by the MHP or;
 - Fails to act within the timeframes for disposition of standard grievances, the resolution of standard appeals, or the resolution of expedited appeals.
- The person(s) making decisions on grievances and appeals must meet new requirements.
- MHPs must acknowledge receipt of grievances and appeals in writing in addition to providing written notices of grievance and appeal dispositions.
- MHPs must accept and track oral grievances and appeals.
- MHPs must allow beneficiaries a reasonable opportunity to present evidence in person as well as in writing.

- The following table provides a side-by-side comparison of changes to the grievances.

	“Grievance” per Title 9, CCR, Section 1850.205	“Grievance” per 42, CFR, Part 438, Subpart F
Criteria	Beneficiary files written complaint or expression of concern through MHP’s grievance process.	Grievances no longer have to be in writing. They may be presented orally, or in writing.
Nature of Problem	Any issue.	An expression of dissatisfaction about any matter <i>other than an action</i> (as action is defined).
Resolution Process Time Clock	Starts on date that beneficiary files written grievance with MHP.	Starts on date that beneficiary presents grievance orally or in writing to MHP.
Log Requirements	MHP must log grievance within 1 working day of the date of receipt of the grievance. Log must include at least: beneficiary name; date of grievance receipt; nature of problem; final disposition of grievance including the date the decision is sent to the beneficiary, or documentation of the reason(s) that there has not been final disposition of the grievance.	MHP must acknowledge receipt of grievance to beneficiary in writing. Title 9 log requirements will also be retained.
Written Notice Requirements	Must notify the beneficiary or appropriate representative in writing of the grievance decision (or document the efforts to notify the beneficiary, if s/he could not be contacted), and; <ul style="list-style-type: none"> (For 1st level of review notices): the beneficiary’s right to appeal to the 2nd level of review and to request a fair hearing if the beneficiary disagrees with the decision instead of, before, during or after filing the grievance at the 2nd level, or; (For 2nd level of review notices): the beneficiary’s right to request a fair hearing if the beneficiary disagrees with the decision. 	1 st and 2 nd levels of review will be consolidated into a single review. Must notify beneficiary or appropriate representative in writing of the grievance decision (or document the efforts to notify the beneficiary, if s/he could not be contacted), and explain the beneficiary’s right to request a state fair hearing if the beneficiary disagrees with the decision.
Decision Maker	At the discretion of the MHP.	Person not involved in any previous level of review or decision-making; and, if the decision is clinical in nature (as defined), person must be a health care professional with the appropriate clinical expertise in treating the beneficiary’s condition.
Disposition Timeframe	Within 30 calendar days of receipt of the grievance at each level of review. Could be up to 60 calendar days total, if grievance went through 1 st and 2 nd	Within 60 calendar days of receipt of the grievance. Regulations specify that grievance

	levels of review.	dispositions cannot exceed 90 days from the day in which the MHP received the grievance. Note: Timeframe may be extended by up to 14 days in certain circumstances.
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- MHPs will have to establish appeals and expedited appeals processes for requests to review “actions.” The following table differentiates standard appeals and expedited appeals.

	Standard Appeals	Expedited Appeals
Criteria	An oral or written request to review an action (as action is defined). <i>Oral appeals must be followed up with a written, signed appeal.</i>	An oral or written request to review an action (as action is defined), to be used when using the standard resolution process could jeopardize the beneficiary’s life, health, or ability to attain, maintain, or regain maximum function. Oral expedited appeals <i>do not</i> have to be followed up in writing.
Nature of Problem	Must be a request to review an “action.”	Same as standard appeals.
Resolution Process Time Clock	Starts with an “action.” Beneficiary must file an appeal within 90 days of the date of the action.	Same as standard appeals.
Log Requirements	MHP must log appeals within 1 working day of the date of receipt of the appeal. Log must include at least: beneficiary name; date of appeal receipt; nature of problem; final disposition of appeal including the date the decision is sent to the beneficiary, or documentation of the reason(s) that there has not been final disposition of the appeal.	Same as standard appeals.
Written Notice Requirements	Must notify the beneficiary or beneficiary’s representative of the appeal resolution in writing. The notice must contain: <ul style="list-style-type: none"> • The results of the appeal resolution process; • The date that the appeal decision was made; If the appeal is not resolved wholly in favor of the beneficiary, the notice must also contain: <ul style="list-style-type: none"> • The beneficiary’s right to a state fair hearing and the procedure for filing for a state fair hearing, and; • The beneficiary’s right to request to receive benefits while the 	In addition to following the same written notice requirements for standard appeals, the MHP must make reasonable efforts to provide the beneficiary with oral notice.

	hearing is pending and the procedures for making this request.	
Decision Maker	Person not involved in any previous level of review or decision-making; and, if the decision is clinical in nature (as defined), person must be a health care professional with the appropriate clinical expertise in treating the enrollee's condition	Same as standard appeals.
Disposition Timeframe	<p>Within 45 calendar days of receipt of the appeal.</p> <p>Note: Timeframe may be extended by up to 14 days in certain circumstances.</p>	<p>Resolve and notify affected parties orally and in writing no later than 3 working days after the MHP receives the appeal.</p> <p>Note: Timeframe may be extended by up to 14 days in certain circumstances.</p>