



Policy and Procedure Template

Policy Name:	Member Grievances & Complaints		
Effective Date:		Revision Date:	
Department(s)/Site(s):			
Document Owners:			
Approved By:			
Relevant Law/Standard:	California Department of Health Care Services under Title 22, California Code of Regulations, Section 53230. (Requires the review and certification of Primary Care Practitioner (PCP) sites.) Department of Health Care Services (DHCS) All Plan Letter 20-006, Site Reviews: Facility Site Review and Medical Record Review		

Purpose:

To establish a process for member grievances & complaints.

Definition:

- A "grievance" is defined as any written or oral expression of dissatisfaction that involves coverage dispute, healthcare medical necessity, experimental or investigational treatment. The health plan does not delegate the resolution of grievances to contracted medical groups.
- A "complaint" is any expression of dissatisfaction regarding the quality of service (excluding quality of care) which can be resolved in the initial contact. A "complaint" is self-limiting (e.g. service complaints, appointment wait times) that can be resolved to the member's satisfaction, such as they do not ask for additional assistance.

Policy:

The site has an established process for member grievances and complaints.

At least one telephone number for filing grievances is posted on site or is readily available upon request. Complaint forms and a copy of the grievance procedure are readily available on site and can be provided to members promptly upon request.

Procedure:

A. The staff will ensure that any member who expresses a grievance or complaint is informed of the right for a State Fair Hearing and offered the following numbers:

1. The California Department of Managed Health Care: 1-888-HM0-2219
2. For Hearing and Speech impaired: 1-800-735-2929
3. State Fair Hearing: 1-800-952-5253
4. San Francisco Health Plan: 1-800-288-5555
5. Ombudsman: 1-888-452-8609

B. Staff will ensure that grievance forms (in threshold languages) for each participating health plan will be provided to members promptly upon request.

- The grievance form must be submitted to the health plan within 1 business day.

C. The Staff will ensure that all complaints (self-limiting complaints: e.g. service complaints, appointments wait times) are logged and submitted to the health plan monthly (if were complaints during the time period).

1. These complaints may be resolved at the point of service
2. Log the complaint and include:
 - a) Date of complaint
 - b) Name of complainant and ID#
 - c) Nature of the complaint
 - d) Resolution/action taken (include information that health plan was notified as appropriate)
 - e) Date of resolution/action
 - f) Date log submitted to health plan

Resource:

Go to www.sfhp.org, Provider Resources, Provider Forms (<https://www.sfhp.org/providers/provider-forms/grievances/>)

First Name Last Name – Title	Date
First Name Last Name – Title	Date

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