L.A. Care HEALTH PLAN
For All of L.A.

ECAC
Meeting Presentations

September 14, 2022

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

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Appeals and Grievances

September 2022

ELEVATING HEALTHCARE IN LOS ANGELES COUNTY SINCE 1997

Purpose

- L.A. Care Appeals & Grievance Team overview
- Understanding Your Rights
- Understanding an Appeal vs a Grievance
- Understanding expedited vs standard
- Who may Request an Appeal or Grievance
- How to file an Appeal or Grievance
- Appeals & Grievance case volume
- Enhancements & Opportunities
- Questions

Appeals and Grievances Team Overview

Who are we?

- The Appeals and Grievances Department (A&G) researches member complaints and disputes.
- We are a department that cares about our members and appropriately investigates member cases.

What do we do?

- Assist members in exercising their Appeal & Grievance rights.
- Ensure issues are fully investigated and addressed.
- Ensure that cases are processed according to regulatory guidelines.
- Provide actionable information to internal units based on case review results.
- Deliver compliance reporting to Regulatory Agencies.
- Supply tracking & trending data to key stakeholders.

How do we do it?

- Work closely with key stakeholders to review member complaints and disputes to find solutions.
- Do an underlying cause analysis to find patterns and/or problems that are making it hard to take care of members and provide services.

Why we do it?

- To keep members happy and make sure they get the excellent service they deserve.
- To keep improving by keeping track of data and trends so we can give our key stakeholders feedback they can use.
- To maintain compliance and provide excellent customer service.
- To give Members the opportunity to share their experiences.
- To learn about Member perceptions of L.A. Care.
- To find opportunities for improving our services

Understanding Your Rights

- You have the right to complain about L.A. Care, the health plans and providers we work with, or the care they get without fear of losing their benefits. L.A. Care will help you with the process. If you don't agree with a decision, you have the right to appeal, which is to ask for a review of the decision.

Next step if you do not agree with L.A. Care

- Depending on the Plan, you can proceed with the following:
  - California Department of Managed Health Care (DMHC) and ask them to review your complaint or conduct an Independent Medical Review.
  - Ask for a State Hearing from the California Department of Social Services (CDSS), and a judge will review your case

What is an Appeal?

- An appeal is when someone does not agree with our decision not to cover services.
  - If we sent the member a Notice of Action (NOA) letter telling them that we are denying, delaying, changing, or ending a service(s), and they do not agree with our decision, they can ask L.A. Care for an appeal.

- If the member is asking for an appeal, they are asking us to change our decision.

- The member must file an appeal request within the time frame listed on the written Notice of Action they receive. The time frame may vary depending on the Plan and the reason for the appeal.

What is a Grievance?

- A complaint (or grievance) is when the member has a problem or is unhappy with the services they receive from L.A. Care or a provider.

- There is no time limit to file a complaint. A member can file a complaint with L.A. Care at any time by phone, in person, in writing or online.

What is the difference between an Appeal and a Grievance?

Appeal:

- A member has been denied a medical service, and are unhappy with the decision.
- The member received a letter letting them know that services have been denied.

Grievance:

- A member is unhappy with the service or care given by the doctor, specialist, medical group, hospital, pharmacy or L.A. Care.

Expedited vs Standard

- Appeals and Grievances can be expedited or standard.
- Members have the right to request an expedited review.
- If you want us to make a fast decision because the time it takes to resolve your complaint would put your life, health or ability to function in danger, you can ask for an expedited (fast) review.
- Within 24 hours of receiving your complaint, we will make a decision on whether we will expedite your complaint.
- The processing time for expedited cases is quicker than standard cases depending on the case type.
  - 24 hours vs. 30 Calendar Days.

Who May Request an Appeal or Grievance?

APPEAL

- A Member, a Member's authorized representative or a treating provider acting on the Member's behalf.
- If you choose to have an authorized representative act on your behalf you will need to submit an Authorization Representative Document (ARD)/ Appointment of Representative (AOR) form.

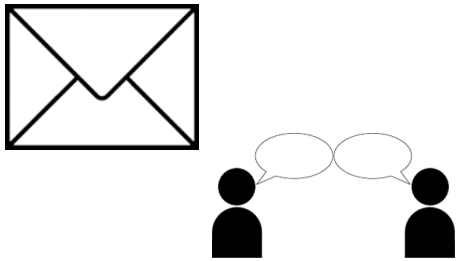
GRIEVANCE

- A Member or a Member's authorized representative.
- If you choose to have an authorized representative act on your behalf you will need to submit an Authorization Representative Document (ARD)/ Appointment of Representative (AOR) from.

How do I file a an Appeal or Grievance?

- Write or visit L.A. Care at:

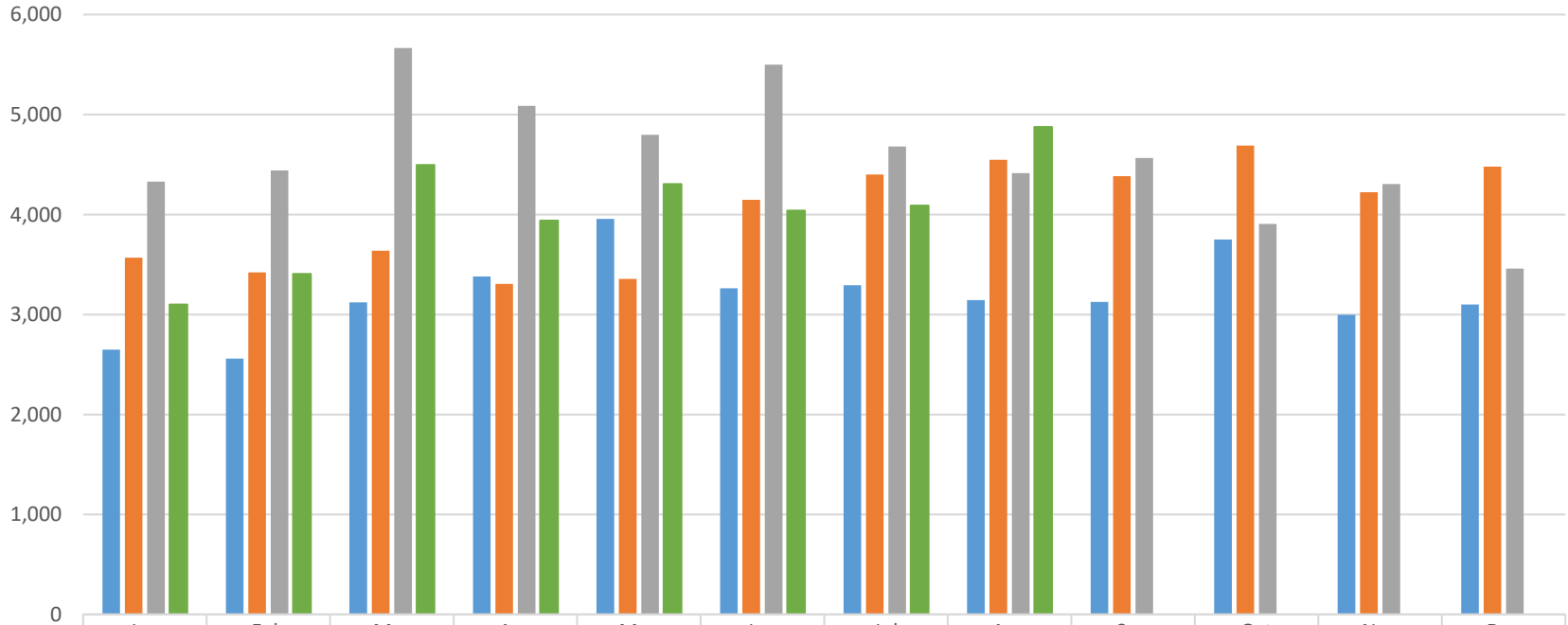
  L.A. Care Health Plan
  Customer Solution Center
  Attn: Appeals & Grievances
  1055 West 7th Street
  Los Angeles, CA 90017
  Fax: 1(213) 438-5748



- L.A. Care can help you fill out the grievance or appeal form over the phone 24 hours a day.
  - L.A. Care Covered/Direct Member Services: 1-855-270-2327
  - Medi-Cal Member Services: 1-888-839-9909
  - PASC-SEIU Member Services: 1-844-854-7272
  - Cal-MediConnect: Member Services1-888-522-1298

- You can file an appeal or grievance online at the L.A. Care website: https://www.lacare.org/members/member-support/file-grievance

A&G Cases Volume



	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec
2019	2,648	2,559	3,122	3,380	3,957	3,262	3,293	3,144	3,126	3,750	2,997	3,101
2020	3,568	3,421	3,639	3,307	3,356	4,148	4,400	4,547	4,384	4,690	4,223	4,480
2021	4,329	4,442	5,666	5,087	4,797	5,500	4,681	4,415	4,566	3,906	4,305	3,459
2022	3,099	3,406	4,496	3,939	4,305	4,039	4,089	4,875				

2019 Total Cases 38,339 2020 Total Cases 48,163 2021 Total Cases 55,153 2022 Total Cases 32,248

Note: Case Volume excludes Exempt Grievances from the Call Center

ALL LOB Appeals

ALL LOB	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Membership	1,458,244	1,470,777	1,530,714	1,488,551	1,496,111	1,519,771	1,576,762	1,589,324
Total Appeals Received	174	166	238	203	205	142	180	136
Rate per 1000 members	0.12	0.11	0.16	0.14	0.14	0.09	0.11	0.09
Overturned by the Plan	48	50	49	60	63	43	46	43
% denial overturned on appeal	27.59%	30.12%	20.59%	29.56%	30.73%	30.28%	25.56%	31.62%

Analysis

- 21.84% decrease in appeal volume from Jan-2022 to Aug-2022
- 25% decrease in Rate per member from Jan-2022 to Aug-2022
- 10.42 decrease in Overturned by the Plan from Jan-2022 to Aug-2022
- 14.61% increase in Overturn rate from Jan-2022 to Aug-2022
  - Out of the 402 cases in YTD, 366 were overturn and resulting in being fully favorable to the members (91.04%)
- 8.99% increase in Membership volume from Jan-2022 to Aug-2022

ALL LOB Grievances

ALL LOB	Jan-22	Feb-22	Mar-22	Apr-22	May-22	Jun-22	Jul-22	Aug-22
Membership	1,458,244	1,470,777	1,530,714	1,488,551	1,496,111	1,519,771	1,576,762	1,589,324
Total Grievances	2,965	3,087	4,192	3,618	3,895	3,015	3,705	2,587
Total Exempt	6,206	6,233	7,222	6,431	6,384	6,142	2,678	3,147
Grand Total	9,171	9,320	11,414	10,049	10,279	9,157	6,383	5,734
Rate per 1000 members	6.29	6.34	7.46	6.75	6.87	6.03	4.05	3.61

Analysis

- 37.51% decrease in Grand Total Grievance volume from Jan-2022 to Aug-2022
  - 12.75% decrease in Grievance volume from Jan-2022 to Aug-2022
  - 49.29 decrease in Exempt grievance volume from Jan-2022 to Aug 2022
- 42.61% decrease in Rate per member from Jan-2022 to Aug-2022
- 8.99% increase in Membership volume from Jan-2022 to Aug-2022

Enhancements and Opportunities

Enhancements

Membership Engagement

- Participation in the Member Experience Workgroup as well as external committees. This will drive improvements within A&G and with our internal business partners to decrease appeals and grievances.

A&G System Updates

- Continued enhancement of grievance & appeal categories in the A&G system to support data analytics.

New A&G System of Record

- Implement new A&G system to allow for compliance with regulatory requirements & reporting and to improve overall efficiencies in workflow. The implementation date is 2023.

Opportunities

Process Improvements

- The teams have been engaged to evaluate and improve department structure, staffing, and procedures integral to processing appeals and grievances.

A&G Associate Survey

- An A&G specific engagement survey has been completed. The data is being aggregated for review and future actions.

A&G Associate Training and Auditing

- The A&G Training Program is being enhanced. The A&G training program will have an extensive curriculum that includes healthcare basics, regulatory requirements, and A&G processes. An important part of the program will be A&G associate ongoing refreshers.
- An enhanced A&G Case Audit Program began on 06/01/22. At this time, we are working on trending the results and updating the tool. The A&G Audit Program is in place to ensure that the department processes cases while remaining in regulatory compliance.

QUESTIONS / COMMENTS