



April 26, 2022

**RE: Timely Response to the Grievance Summary Form (GSF)**

Dear Provider:

The purpose of this letter is to stress the requirement of Provider timely response to IEHP's **Grievance Summary Form (GSF)**. Provider non-response to GSFs impacts IEHP Members and IEHP's contractual, licensing, and accreditation requirements. We appreciate your partnership in our unwavering goal to address the needs of our Members and Providers so Members may benefit from timely and accessible care.

To provide further background, IEHP is required to establish and maintain a Member Grievance and Appeal System. CMS, DHCS, DMHC and NCQA\* oversight IEHP and are responsible for evaluating IEHP's compliance with applicable requirements, laws and regulations through ongoing monitoring and mandated audits/surveys.

The Member Grievance and Appeal System defines a grievance as **any expression of dissatisfaction\*\***, affirms that a complaint is the same as a grievance, and in cases where a managed care plan (MCP) cannot distinguish between a grievance and an inquiry, it must be considered a grievance. As such, **IEHP must not discourage the filing of a grievance\*\***. If a Member expressly declines to file a grievance, the complaint must be categorized as a grievance and not an inquiry.

The Member Grievance and Appeal System is designed with the following goals:

- 1) Resolve all Member grievances and complaints  
and
- 2) Correct negative trends and potential problems related to:
  - a) Access to Care
  - b) Quality of Care
  - c) Denial of Service
  - d) Continuity of Care
  - e) Staff, Confidentiality, or Provider Network Issues.

\* The Centers for Medicare and Medicaid Services, the California Department of Health Care Services, the California Department of Managed Health Care, and the National Committee for Quality Assurance

\*\* DHCS APL 21-011



IEHP stands as a neutral third party for the Member and Provider, unbiased and collaborative throughout the grievance investigation. IEHP partners with Providers by outreaching for the sole purpose of gathering the necessary information and supporting documentation to complete the investigation and respond to the Member. Provider participation in the investigation is imperative to determine if the Member's grievance is substantiated or unsubstantiated. Without Provider response, IEHP is required to resolve the grievance within the required regulatory timeframes and in favor of the Member.

If IEHP is found to have a significant Provider non-response rate to Member grievances, CMS, DHCS, DMHC, and NCQA are authorized to take action against IEHP and/or our delegates which may include financial sanctions.

Should you have any questions or concerns related to your requirement to respond to the GSF, please feel free to contact the IEHP Provider Relations Department toll free at 1-866-223-4347.

Thank you,

A handwritten signature in black ink that reads 'Susie White'.

Susie White, MBA  
Chief Operating Officer

cc: Jarrod McNaughton, Chief Executive Office  
Genia Fick, Vice President of Quality  
Ken Scott, Director of Provider Relations  
Tracey Schaper, Director of Grievance & Appeals  
Patricia Challenger, Director of Provider Operations