

Member Grievances

Members can submit a written grievance to the Member Appeals and Grievance Department:

Member Appeals and Grievance Department
PO Box 10344
Van Nuys, CA 91410-0344
800-522-0088
Fax: 877-713-6189

Appeals and grievances process for Exclusively Aligned Enrollment (EAE) Medicare Dual-Eligible Special Needs Plan (D-SNP) members

In the existing Medicare and Medi-Cal appeal and grievance processes, dually eligible individuals must follow separate Medicare and Medi-Cal appeal and grievance pathways that differ in key respects, such as the timeframes a plan must make a decision about an enrollee's grievance. Because of the complexity for members to navigate different Medicare and Medi-Cal procedures, the California Department of Health Care Services (DHCS) released a final rule for EAE D-SNP plans to provide integrated (unified) appeals and grievances to their enrollees beginning January 1, 2023. Integrated appeals and grievances provide members with a single path to submit an appeal or grievance regardless of the benefit the appeal or grievance is regarding as well as a single response.

EAE D-SNP plans are identified as "Applicable Integrated Plans" by the Centers for Medicare & Medicaid Services (CMS). As a Medicare D-SNP contractor with EAE D-SNP plans, Wellcare By Health Net (Health Net*) provides integrated appeals and grievances, state hearings, and independent medical review processes for members in EAE D-SNP plans:

- H3561-007 Wellcare CalViva Health Dual Align (HMO D-SNP) – available in Fresno, Kings, and Madera Counties
- H3561-008 Wellcare Dual Align (HMO D-SNP) – available in Los Angeles, Sacramento, and Tulare Counties



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These processes offer integrated plan-level appeal and grievance pathways for all Medicare and Medi-Cal members, resolve misalignments between Medicare and Medi-Cal plan-level processes, and result in simpler, more straightforward experiences for enrollees, states, and plans.

The integrated appeal and grievance processes below apply only to the plans above (other Wellcare By Health Net D-SNP plans continue to follow regular Medicare processes):

Appeals and grievances	Process and timing
<p>Integrated grievances</p>	<p>For integrated grievances, a D-SNP members, a member’s representative or a provider can file a standard or expedited integrated grievance via verbal or written request at any time.</p> <ul style="list-style-type: none"> • The Plan will send a written acknowledgement of an integrated grievance that is dated and postmarked within five (5) business days of receipt. • The timeframe to resolve a standard integrated grievance is within 30 calendar days from the receipt of the standard integrated grievance. • The timeframe to resolve an expedited grievance is within 24 hours from the receipt of the expedited integrated grievance. • The Plan will provide a resolution within the timeframe for a standard and expedited integrated grievance.
<p>Integrated appeals</p>	<p>For integrated appeals, D-SNP members, a member’s representative or a provider can file a standard or expedited integrated appeal.</p> <ul style="list-style-type: none"> • The Plan will send a written acknowledgement of an integrated appeal within five (5) business days of receipt. • The timeframe to resolve a standard integrated appeal is within 30 calendar days from the receipt of the standard integrated appeal. • The timeframe to resolve an expedited integrated appeal is within 72 hours from the receipt of the expedited integrated appeal. • If an appeal is denied, in whole or in part, for a Medi-Cal service or benefit and is not for a Medicare-only service or benefit, the Plan will inform the D-SNP member of their rights to an independent medical review (IMR) and a state hearing. The Plan will send a Notice of Appeal Resolution, which will include an IMR form, the state hearing H-form and instructions to the member.