

March 14, 2014

Department of Health Care Services
Delivered via email:
Sarah Brooks: Sarah.Brooks@dhcs.ca.gov
Nathan Nau: Nathan.Nau@dhcs.ca.gov

Re: DPL Complaint Tracking

Greetings:

Thank you for the opportunity to comment on the Dual Plan Letter (DPL) addressing complaint tracking under Cal MediConnect. We have provided the general comments below and redlined edits and comments on the attached documents.

We are concerned that the internal complaint procedures set forth in the DPL and attachments do not provide sufficient guidance and requirements for plans to adequately track complaints and systemic issues.

The plans should be required to submit detailed complaint data.

The attached spreadsheet only captures compiled data that does not allow the Department of Health Care Services (DHCS) or the contract management team to identify specific issues beneficiaries are experiencing in their Cal MediConnect plan. For example, the DPL does not include timeframes for addressing internal complaints and does not require plans to report how long it takes to resolve a complaint. Many of the categories for reporting are very broad. This makes it very difficult to identify discrete systemic issues a plan may be having. For example, column 10 requires the plans to report quality of care issues, presumably across the spectrum of benefits provided under a Cal MediConnect plan. This category encompasses an incredibly broad range of complaints, which, when looked at as a whole, does not assist DHCS and the contract management team in identifying and curing specific quality issues.

The spreadsheet does not capture important data.

Many types of complaints that should be tracked are not included in the spreadsheet. For example, the number of complaints a plan receives about its own or its contracted partners' member services should be included. Similarly, there should be a separate tracking column for drug coverage complaints as well as and confidentiality and privacy complaints. It is very

important that plans also track access issues with regard to ancillary services like durable medical equipment, labs, and suppliers. Many of the categories for tracking listed are ill-defined, making it difficult for the plans to input accurate data. For example, it is not clear in column 15 what providers qualify as "institutional" providers. Likewise, in column 13, it is not clear what types of complaints should be identified as "long-term care."

We encourage DHCS to work collaboratively with the contract management team and the selected independent ombudsman to identify what data should be collected in order to ensure systemic oversight. Without robust reporting requirements, the ability to assess the performance of Cal MediConnect plans is unachievable.

Sincerely,

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National Senior Citizens Law Center