
16. GRIEVANCE AND APPEAL RESOLUTION SYSTEM

D. IPA, Hospital and Practitioner Grievance and Appeal Resolution Process

APPLIES TO:

- A. This policy applies to all IEHP Medi-Cal Providers (IPA, Hospital and Practitioners).

POLICY:

- A. Providers (IPAs, Hospitals and Practitioners) must submit their grievances directly to IEHP.
- B. IEHP does not discriminate against Providers for filing appeals and/or grievances.
- C. A Provider may withdraw an appeal and/or grievance at any time by notifying IEHP in writing.
- D. Non-medically related grievances are assessed and resolved by the IEHP Director of Provider Experience. Non-medically related grievances from Providers may include credentialing issues, capitation issues, contractual issues, enrollment issues, IEHP Team Member or Department issues or problems related to IEHP policies and procedures.
- E. Medically related grievances are assessed and resolved by the IEHP Medical Director or designee. Medically related grievances from Providers may include quality management issues, case management issues, or problems related to IEHP Policies and Procedures.

PROCEDURES:

- A. Grievances requiring resolution must be initiated by the Provider and submitted to IEHP in writing within 365 days of the development of the issue. Justification and supporting documentation must be provided with the written grievance and sent to:

**Inland Empire Health Plan
Attn: Provider Services
P.O. Box 1800
Rancho Cucamonga, CA 91729-1800**

- B. All written Provider Grievances are reviewed and evaluated by IEHP to determine medical vs. non-medical related grievances and distributed to appropriate staff accordingly.
- C. All other written Provider Grievances not relevant to IEHP are reviewed and triaged for appropriateness and are referred to the sponsoring organization as applicable.
- D. All Provider Grievances must be identified and acknowledged in writing upon receipt, whether complete or not (See “Provider Grievance Acknowledgment Letter” found on the IEHP website¹), and disclose the recorded date of receipt as follows:
1. If the grievance was received electronically, acknowledgment must be provided within two (2) working days of receipt of the dispute; or

¹ <https://www.providerservices.iehp.org/en/resources/resources-for-providers/forms>

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2. If the grievance was received in writing, acknowledgment must be provided within 15 working days of receipt of the dispute.
- E. IEHP must make a good faith attempt to resolve the issue within 30 calendar days of receipt of the grievance.
- F. Providers are notified in writing if the resolution will be delayed beyond IEHP's established timeframes.
- G. If a grievance involves GQ P4P or P4P reimbursements, the written request must be filed in accordance with the guidelines provided in Policy 19C, "Pay For Performance (P4P)."
- H. Claims related grievance appeals are handled in accordance with Policy 20H1, "Provider Dispute resolution – Health Plan Claims Appeals."
- I. IEHP resolves the grievance by considering all available information and may request additional information or discuss the issue with the involved Provider(s).
- J. When grievances are resolved, IEHP mails a copy of the final disposition to the Provider within 30 calendar days of resolution (See "Attachment/Provider Grievance Resolution Letter" ²in IEHP Portal).
- K. Providers dissatisfied with a resolution may appeal to IEHP within 30 calendar days of receipt of the grievance resolution from IEHP.
 1. Providers must submit a written appeal to IEHP within 30 calendar days of receipt of the final disposition of initial grievance. The written appeal must include a copy of the initial resolution being appealed, justification and supporting documentation for the appeal.
 2. Non-medical grievance appeals are forwarded to the IEHP Chief Executive Officer (CEO) for review.
 3. Medical grievance appeals are forwarded to the Peer Review Subcommittee for review.
 4. The decision of the IEHP CEO or Peer Review Subcommittee is final.
 5. IEHP mails written notice of the appeal decision within 30 calendar days of the decision.
 6. Refer to Policy 20A2, "Claims Processing - Health Plan Claims Appeals" for appeals or grievances relating to payment or denial of adjudicated claims.

Providers appealing the termination or non-renewal of their IEHP Agreement may appeal to the Peer Review Subcommittee (See "IEHP Peer Review Level I and Credentialing Appeal" found on the IEHP website). ³

² <https://www.providerservices.iehp.org/en/resources/resources-for-providers/forms>

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INLAND EMPIRE HEALTH PLAN		
Regulatory/ Accreditation Agencies:	<input checked="" type="checkbox"/> DHCS	<input type="checkbox"/> CMS
	<input checked="" type="checkbox"/> DMHC	<input type="checkbox"/> NCQA
Original Effective Date:	September 1, 1996	
Revision Effective Date:	January 1, 2025	