

Rule Concerning Managed Care Grievance Resolution Timeline

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General Overview of Rule

Section 8.209

- The grievance process concerns the complaints members can submit to their Managed Care Entities about their experiences while receiving health care services
- The proposed changes do not apply to:
 - Appeals process (eligibility/benefit determinations)
 - Other Complaint Processes



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Background

- February 9, 2024: Topic was brought to Medical Services Board
 - Board recommended stakeholder engagement/gave feedback
- March 2024-February 2025: Research, stakeholder engagement, internal planning and approval processes
- March 14, 2025: Returning for Initial Reading with more comprehensive updates to rule



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Stakeholder Process

- August 29, 2024: Initial General Stakeholder Meeting
- October 2024: Continued contract negotiations with Managed Care Entities (MCE)
- January 14, 2025: Follow Up General Stakeholder Meeting
- February 11, 2025: Member Experience Advisory Council (MEAC) Feedback
- February 24, 2025: Public Rule Review Meeting
 - Meeting recordings, presentations and documents for the general meetings can be found on the [stakeholder engagement web page](#)
 - Feedback and responses are documented in the stakeholder log



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Why Changes?

- Grievances currently must be resolved within 15 working days, with an option to extend for up to 14 calendar days
 - Inadequate time for thorough reviews on more complex cases
- No definition of resolution in the rule
 - Audit results indicated a need for greater clarity and consistency about thorough resolution of grievances



Why Changes? Cont.

- Quarterly reporting requirement
 - Need for more thorough and frequent review from Department
- Expansion and clarification of second level review process for grievances
 - Need for more clarity around path forward if member grievance not timely addressed



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Proposed Changes

- Increased grievance resolution timeframe to up to 90 calendar days (8.509.5.D.1)
 - Maintained requirement that grievances are resolved as expeditiously as the member's health requires
- Adds 72-hour expedited grievance process for grievances that involve an imminent and serious threat to the health of the member (8.509.5.E)



Proposed Changes Cont.

- Clarifies grievance and resolution expectations (8.209.5.D.2)
- Changes reporting requirement from quarterly to monthly (8.209.3.C)
- Creates a path for members to request a second level review if grievance not timely addressed (8.209.5.I)



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Stakeholder Feedback

- Other ways we addressed stakeholder feedback:
 - Contract requirements with Managed Care Entities (MCEs):
 - Appointment timeliness standards
 - Provider network sufficiency standards
 - Member engagement and cultural responsiveness standards
 - Oversight plan for MCEs
 - Increased frequency and improved information in reporting on grievances
 - Auditing of MCEs
 - Member-informed updates to communication tools



Stakeholder Feedback

- Broader theme of feedback:
 - Challenges navigating the Health First Colorado complaint/grievance/appeal/escalation processes
 - This feedback has been shared with Leadership and will inform future efforts to streamline information and processes





Questions?



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Thank you!



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