

Network Provider Update

To: Medi-Cal and Cal MediConnect* network participants

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Subject:

All Plan Letter 21-011, Grievance and Appeals Requirements, Notice and “Your Rights” Templates

The Department of Health Care Services (DHCS) recently issued All Plan Letter (APL) 21-011, “Grievance and Appeals Requirements, Notice and ‘Your Rights’ Templates.” We are sharing a summary of this APL with you to ensure you are aware of the information, and you can apply the information to your practice or facility operations, where appropriate.

APL 21-011 provides guidelines for managed care plans (MCPs) such as Blue Shield of California Promise Health Plan to follow with regards to federal and state grievance and appeals requirements. The APL also includes templates for MCPs to use for member notifications and the attachments that are sent with them.

Key topics include:

- Authorization timeframes and adverse benefit determinations
- Grievances timeframes, methods of filing, definitions
- Appeals timeframes, methods of requesting, definitions
- Translations
- Right to state hearings
- Nondiscrimination notice and language assistance taglines
- Grievance and appeals oversight

This summary is only meant as a brief description of the APL. Please see the APL itself for additional background and the complete requirements. The full text of APL 21-011 may be found at this URL: <https://www.dhcs.ca.gov/formsandpubs/Documents/MMCDAPLsandPolicyLetters/APL2021/APL21-011.pdf> (Links to the DHCS.ca.gov website will take you off of the Blue Shield Promise website.)

Please direct questions about serving Blue Shield Promise members to our Provider Services Department at **(800) 468-9935** from 6 a.m. to 6:30 p.m., Monday through Friday.

*Cal MediConnect network participants are responsible for identifying and applying the guidance and requirements that pertain to their patients.