



*Customer Service Representative
Training*

Lesson 7-A

Understanding and Managing
Grievances and
Appeals



Instructor Notes

Time Approximate time for this lesson: 8 hours.

**Lesson
sequence** Have students look at the graphic while you explain how
this lesson fits within the context of the entire course.

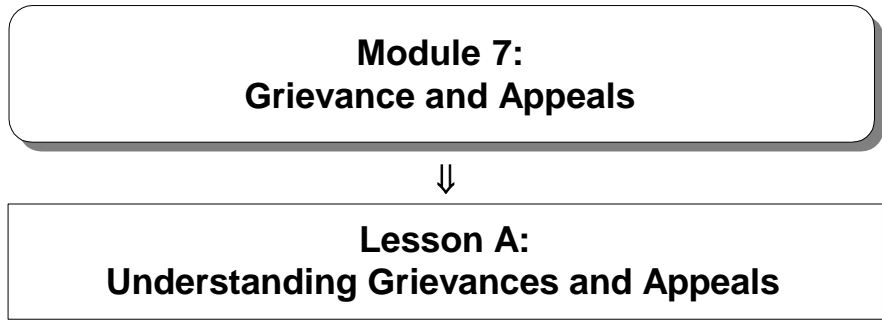
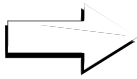
Emphasize the relationship of this lesson to CSR job
tasks.

Reminder Be sure to direct the participants to the next page number
and block label throughout the lesson.

Lesson A: Understanding Grievances and Appeals

Overview of Lesson A

**Lesson
Sequence**



Continued on next page

Instructor Notes

Introduction

Introduce the lesson in your own words.

Lesson objectives

Have participants take turns reading the objectives.

Overview of Lesson A, Continued

Introduction

Previous modules of this course dealt with your role in resolving various types of inquiries from PPO subscribers and providers. This lesson deals with your responsibilities as a Customer Services Representative (CSR) when subscribers are not satisfied with the care or services they have received from a provider or Blue Shield of California (BSC), with how BSC processed their claim, or why BSC did not authorize a procedure, to name several examples.

In this lesson, you learn about grievances and how they relate to the appeals process. You also learn the importance of properly documenting grievances.

After you complete this lesson, you will understand basic grievance concepts and processes and, whenever necessary, be able to explain them to customers. You will also review key documents that explain the BSC policies and processes. These important documents will remain with you during your career as a BSC CSR.

Lesson objectives

At the conclusion of this lesson, you will be able to do the following:

- Identify the agencies that regulate BSC grievance processing.
 - Explain how the grievance process supports quality health care service for BSC PPO subscribers and their dependents.
 - Distinguish between an inquiry and a grievance.
 - Distinguish between clinical and administrative grievances.
 - Explain the appeals process.
 - Identify when to offer an appeal.
-

Continued on next page

Instructor Notes

Lesson topics Briefly go over the list of topics.

User documents Identify each document used in this lesson.

Hand out user documents. If there are documents that belong in the participants' racks, let them know where they should be placed and how to access them. These documents are heavily relied upon in this lesson.

Overview of Lesson A, Continued

Lesson topics This lesson contains the following topics.

Topic	See Page
The CSR's Role in Quality Health Care	7-A-7
Clinical Grievances	7-A-11
BSC's PPO Grievance and Appeal Guideline	7-A-13
Appeals Procedure as stated in Evidence of Coverage	7-A-19
The BSC Grievance and Appeal Workflow	7-A-21
Identify inquiries, grievances, or appeals	7-A-23
Practice activities	7-A-25
Letters	7-A-29
Lesson Summary	7-A-31

User documents

For this lesson, you need the following documents:

- *BSC PPO Grievance and Appeal Guideline*
 - *Group Shield Select Evidence of Coverage*
-

Instructor Notes

Introduction

Briefly introduce this section in your own words.

Stress the importance of the CSR's ability to distinguish between a regular inquiry and a grievance.

Subscriber expectations of quality health care

Briefly discuss the concept of quality of health care. Elaborate on and provide examples for each bulleted item.

Categories of grievances

Briefly discuss the bulleted categories of grievances. State that further discussion of these categories follows within this lesson.

The CSR's Role in Quality Health Care

Introduction

Quality of health care is an important concern for everyone who has a stake in the health care industry. This includes consumers, health care providers, insurers, agencies, and organizations that oversee or certify any part of the health care industry.

Blue Shield and the Preferred Provider Organization are part of the Blue Shield PPO health care delivery system with a focus on providing the best quality of health care for subscribers.

As a Customer Service Representative, you play a critical role in helping BSC monitor and improve the quality of health care our subscribers receive. Your ability to distinguish grievances from regular inquiries and to process and record them correctly is an essential part of Blue Shield's quality improvement efforts. This lesson prepares you for that role.

Subscriber expectations of quality health care

Subscribers have expectations of the medical services provided to them. They expect medical services to be:

- Accessible (available when and where needed)
 - Professional (competent and courteous providers and support staff)
 - Up to date (adequate facilities; latest approved technology and procedures)
-

Categories of grievances

When these medical services do not meet subscriber expectations, the subscriber may desire to file a grievance. Grievances can be grouped into the following broad categories:

- Access to care (ATC)
- Authorization (ATH)
- Quality of care (QOC)
- Quality of service (QOS)
- Miscellaneous

NOTE: Grievances that are medical in nature are referred to as clinical issues.

Continued on next page

Instructor Notes

Role of the CSR Ask a participant to read the paragraphs in this block.

Stress the critical importance of the CSR's role in BSC's efforts to compile accurate grievance data to:

- Improve the quality of health care for subscribers
 - Meet the requirements of outside regulatory and accreditation organizations
-

Attitude of unity

Facilitate a discussion about **attitude of unity**.

Ask the participants what they think **attitude of unity** means.

Summarize by stating that an attitude of unity allows the CSR to act as a bridge by being:

- As objective and empathetic as possible toward the subscriber
 - Never in an adversarial position with the provider, or facility.
-

Guidelines for handling inquiries

Facilitate a brief discussion about the list of behaviors and why each is important.

Have participants take turns reading a bulleted item on the list, then elaborate.

The CSR's Role in Quality Health Care, Continued

Role of the CSR The success of BSC's efforts to improve plan quality by compiling, analyzing, and reporting grievance information is dependent in part upon the ability of the CSR to do the following:

- Identify grievance situations accurately.
- Report grievance information in CSW completely and accurately.
- Promote an attitude of unity, objectivity, and empathy.

When doing the above, it is important to remember that Customer Service Representatives represent Blue Shield of California to the customer.

Attitude of unity When you express an attitude of unity to the subscriber, it conveys the following message:

- Blue Shield is supportive of the subscriber.
 - The Blue Shield team (Blue Shield and the Preferred Provider Organization) is united.
-

Guidelines for handling inquiries

When dealing with inquiries, follow these guidelines:

- Be an objective receiver of the subscriber's inquiry or grievance.
- Maintain a **strong neutral** supportive position in relation to the subscriber's grievance. (*Don't take sides.*)
- Advise the subscriber of the facts related to their health benefits.
- Do not become engulfed in the subscriber's view to the detriment of Blue Shield and its providers.
- Develop sensitivity to liability issues and potential legal ramifications.
- Be empathetic and educational with the subscriber (which fosters a positive viewpoint in relation to the Blue Shield product).
- Realize that benefits that have limitations or exclusions cannot be obtained by the subscriber filing a grievance.

Remember that as a CSR, in addition to the above, you may also need to register grievances or offer appeals.

Instructor Notes

**Quality of care
grievances**

Explain what Quality of Care (QOC) grievances are.
Elaborate by providing examples you have seen as a CSR
trainer.

**Quality of
service
grievances**

Explain what Quality of Service (QOS) grievances are.
Elaborate by providing examples you have seen as a CSR
trainer.

Clinical Grievances

Quality of care grievances

Quality of Care (QOC) grievances are medical in nature. They generally relate to the actual care or treatment rendered and/or the outcome of that care. QOC grievances typically involve such things as incorrect diagnosis, improper or inadequate treatment, and complications resulting from procedures performed.

Quality of service grievances

Quality of Service (QOS) grievances can be difficult to define, because, much like Quality of Care, it often depends on a person's perception. Quality of Service grievances may relate to any of the following:

- Subscriber interaction with the care provider(s)
 - The environment in which care is delivered
 - Interactions with the care provider staff (including hospital and offices)
 - Administrative or communication difficulties with Blue Shield, physicians/staff, the hospital or other providers
-

Instructor Notes

Introduction

Distribute the *BSC PPO Grievance and Appeal Guideline* if you have not already done so.

Ask the participants to give you a brief definition of “grievance” based on what they know now. Introduce the *BSC PPO Grievance and Appeal Guideline* in your own words.

Conclude the discussion and explain that a “grievance” is any communication, written or verbal, from a subscriber (or someone acting on their behalf) that expresses dissatisfaction.

Why this document is important

Explain the importance of the BSC grievance policy to the business of health care and to Blue Shield employees. Elaborate on the text as necessary. Explain that the policy clearly outlines the specific employee responsibilities and that this will be elaborated upon within this lesson.

CSR Grievance and Appeal Guideline

Direct the participants to closely read the *BSC PPO Grievance and Appeal Guideline*.

Allow 1 hour of reading time.

After reading lead a discussion on the document. Ask the participants to explain in their own words key topics. Elaborate on topics especially important with stories or incidents you have experienced.

BSC's PPO Grievance and Appeal Guideline

Introduction

Blue Shield of California established grievance policies and procedures to ensure the following:

- Subscribers are informed of their right to report grievances
 - Subscriber grievances are responded to and resolved in a timely and appropriate manner
 - The tracking, analyzing, and reporting of individual and aggregate grievance data for quality improvement purposes is performed
 - The identification of systemic quality of care, and quality of service, and access to care
-

Why this document is important

Health plans are licensed by the Department of Corporations (DOC) under a California law known as the Knox-Keene Health Care Service Plan Act of 1975. Two senate bills (SB454 and SB689) expanded the DOC's role by providing a toll-free number to health plan subscribers to request DOC review unresolved or unsatisfactorily resolved grievances. Further, the DOC can assess penalties when health care plans are found to be negligent in their responsibility to resolve grievances.

The DOC is authorized under the law to levy an administrative penalty of up to \$250,000 per incident if the department determines that a plan has knowingly or repeatedly failed to act promptly and reasonably:

- To resolve the majority of grievances within 30 days
 - To resolve grievances when the obligation of the plan is clear according to the plan contract and state law
-

PPO Grievance and Appeal Guideline

Your instructor will direct you to individually read the *BSC PPO Grievance and Appeal Guideline*. When you have finished reading, your instructor will direct a group discussion on the material.

Continued on next page

Instructor Notes

Check your
understanding

15 minutes

Ask participants to follow the directions. When everyone is finished, briefly discuss the correct answers and address any questions the participants may have. Make sure everyone is comfortable with the material before moving on.

BSC's PPO Grievance and Appeal Guideline, Continued

Check your understanding

Working alone, fill in the blanks in each statement. Do as many as you can from memory, then refer to the appropriate pages in the *BSC PPO Grievance and Appeal Guideline* to verify your answers.

1. What is the time frame by law by which the majority of grievances must be resolved?
_30 days_____
2. What are the goals of the BSC Grievance program?
_Promote corporate and regional accountability_____
_promote responsibility for identifying, _____
_evaluating, and resolving grievances; To _____
_encourage communication and collaboration _____
_on grievance issues among corporate areas. _____
3. Write a definition of "inquiry."
_An initial verbal or written communication received_____
_from or on behalf of a subscriber and may be about_____
_enrollment, eligibility, benefits, claim status, etc. _____
4. Write a definition of "grievance."
_Any communication, written or verbal, in which_____
_a subscriber (or someone acting on their behalf)_____
_expresses dissatisfaction. _____
5. Write a definition of "appeal."
_A subscriber's request for an independent review ____
_in accordance with the plan's appeal procedure. ____
_There are 2 levels: Initial and Final. _____

Continued on next page

Instructor Notes

Check your
understanding,
continued

Continue the check your understanding.

When everyone is finished, briefly discuss the correct answers and address any questions the participants may have. Make sure everyone is comfortable with the material before moving on.

BSC's PPO Grievance and Appeal Guideline, Continued

Check your understanding, continued

6. For what circumstance must a grievance be expedited (i.e., processed more quickly)?
If there is a serious threat to the subscriber's health

 7. Write two examples of grievance situations you would refer to Medical Management.
(Refer to the topic "Examples of grievance situations" and your experience/common sense.)

 8. Write three specific employee responsibilities for grievance situations.
(Refer to the topic "Specific employee responsibilities" and your experience/common sense.)

 9. What information is there in an EOC that is important regarding the handling of grievances?
The EOC describes how to submit an appeal request if unsatisfied with a response to inquiry or grievance, and there is the DOC's toll-free number.

 10. Write three BSC requirements for handling grievances imposed by the DOC.
(Refer to the topic "Timeliness standards" and your experience/common sense.)
-

Instructor Notes

**Group Shield
Select EOC:
Appeals
Procedure**

Distribute the *BSC Group Shield Select Evidence of Coverage* if you have not already done so.

Direct the participants to closely read the *Appeals Procedure* in the *BSC Group Shield Select Evidence of Coverage*.

Allow 10 minutes of reading time.

After reading, ask a participant to identify and explain in their own words the topic. Tie together what the participants have understood from reviewing the *PPO Grievance and Appeal Guideline* to what subscribers can read in their EOCs. Elaborate as necessary with a discussion of stories or incidents you have experienced.

Appeals Procedure as stated in Evidence of Coverage

**Group Shield
Select EOC:
Appeals
Procedure**

Your instructor will direct you to individually read the *BSC Group Shield Select Evidence of Coverage: Appeals Procedure*. When you have finished reading, your instructor will direct a group discussion on the material.

Instructor Notes

BSC Grievance and Appeals workflow

Introduce the graphic on the next page. Explain that the graphic gives a high level picture of the flow of grievances through the BSC Grievance process.

Explain the meaning of the following objects:

- Boxes with wavy bottoms are actions subscribers make.
- Regular boxes are BSC activities. Explain that the boxes are organized to show:

Type of information	Example on flowchart
• Type of review	CLINICAL Review
• Type of grievance	Quality of Care, Quality of Service
• Descriptions and/or actions BSC makes	BSC Medical Management MD Review, send written response, etc.

- Diamonds represent decisions either a CSR or subscriber must make.
 - The two diamonds on the far left are decisions a CSR must make in deciding what kind of grievance the subscriber has, and how to correctly route the grievance.
 - The diamond on the bottom is a decision when a CSR may offer a subscriber an Initial Appeal.
 - The diamond on the right is a decision a subscriber makes and decides whether or not to continue the grievance process.

Further explain that CSRs need to distinguish between Administrative and Clinical grievances to correctly move the grievance to Admin Review or Medical Management.

Point out that CSRs do not offer Final Appeals.

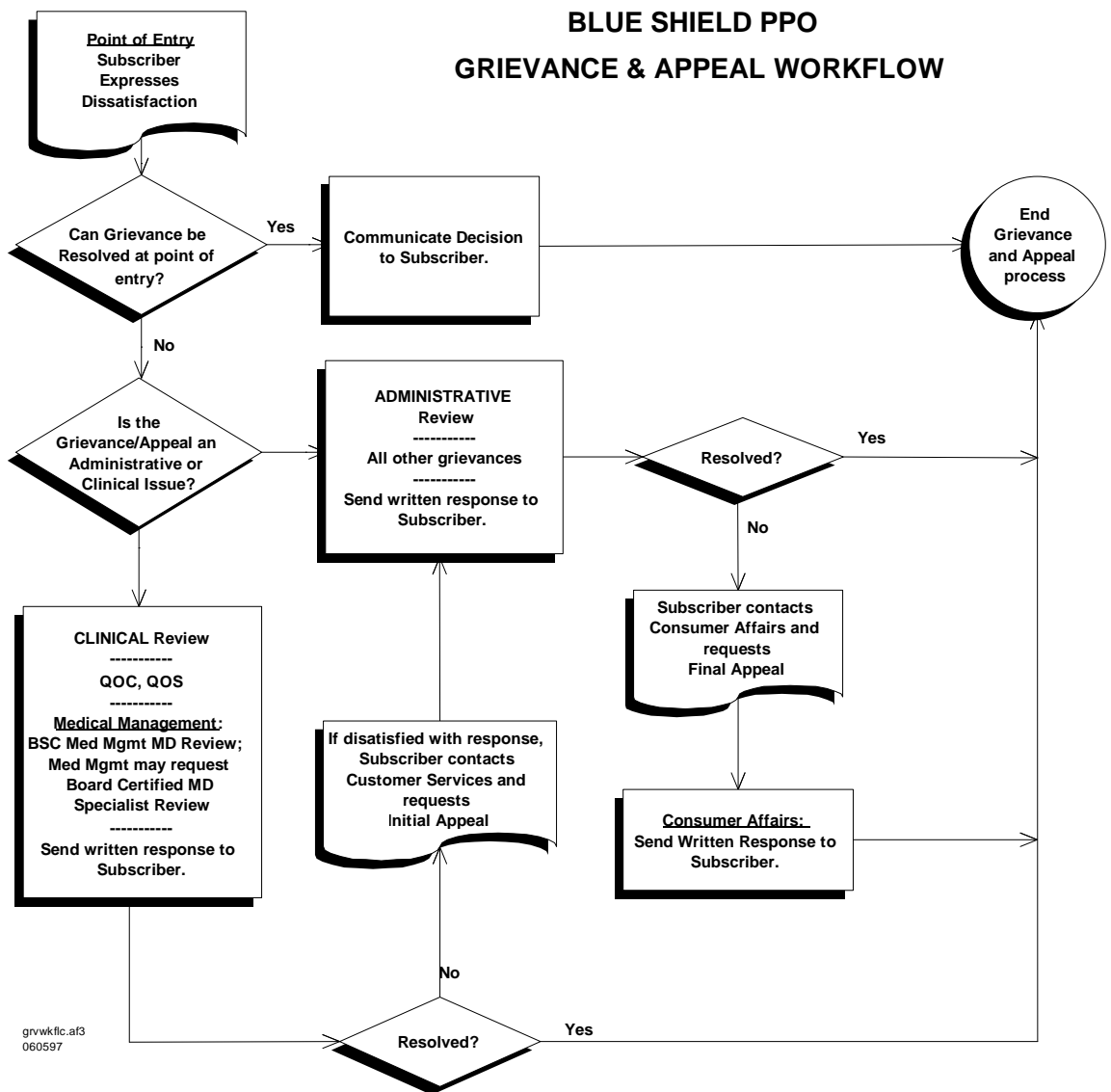
Subscribers communicate directly with Consumer Affairs when requesting a Final Appeal.

The BSC Grievance and Appeal Workflow

BSC Grievance and Appeals workflow

The graphic below shows how grievances and appeals flow through the BSC Grievance and Appeals process. It is important to note the conventions used in this graphic:

- Boxes with a wavy bottom represent actions subscribers make.
- The two diamonds to the left represent decisions a CSR must make.
- The diamond on the bottom is a decision when a CSR may offer a subscriber an Initial Appeal.
- Rectangular boxes give descriptive information of BSC actions.



Instructor Notes

Grievance role play

Present a role play to the class.

With the help of an assistant, present a brief role play to the class that simulates a CSR responding to a grievance situation.

Use this as a lead-in to a discussion on how to identify a subscriber grievance and to model excellent customer service techniques.

Discussion

Facilitate a discussion following the role play.

Ask participants to identify the nature of the grievance and any excellent customer service techniques used to respond to it.

Identify a grievance

Direct participants to review subscriber grievance examples listed in the *PPO Grievance and Appeal Guideline*. Point out other clues for identifying a subscriber grievance situation.

Identify inquiries, grievances, or appeals

Identify request for information

As a CSR, you must quickly assess the nature of an inquiry and which scenario in CSW you should be using. Listed below are some sample questions and statements. Can you identify if they are an inquiry, grievance or appeal?

- “I was at my doctor’s office yesterday and I have a complaint!”
 - “I made three appointments with my doctor, but he has canceled them all.”
 - “I requested a new ID card two months ago, but haven’t received it.”
 - “I just called one of your representatives and she hung up on me! I need someone to help me!”
 - I need to verify that a claim processed correctly. It denied as not a benefit , could that be correct?”
 - _____
 - _____
-

Grievance role play

You observe a role play depicting an CSR responding to a subscriber grievance. As you watch the role play, keep the following questions in mind:

- What information was provided to the CSR that indicated a grievance situation?
- What attitude or state of mind did the member express?
- What questions did the CSR ask to solicit needed information from the member?
- What excellent customer service techniques did the CSR display?

After the role play, you will participate in a discussion related to the questions.

Discussion

Record key points from the role play discussion.

Instructor Notes

Rings-rings

1 hour

Lead the class through a series of activities (Ring-rings) to practice responding to and identifying, grievance, initial appeal and/or inquiries.

The instructor assumes the role of the caller for this activity. The participants are responsible for making all decisions, conducting research on-line and in user documents, and for responding to the inquiry.

During the **Ring-ring** activity, call on different members of the class to demonstrate the following:

- Researching the inquiry
- Completing the scenario
- Excellent customer service techniques

Review the example in a large group discussion

NOTE: This activity may be repeated if additional practice is required.

Practice activities

Ring-rings

Throughout the remainder of this lesson, you will participate in a series of simulated PPO inquiries (Ring-rings). Your instructor will play the part of the caller and may ask you to respond to all or part of an inquiry.

If you are **not** playing the CSR during a Ring-ring, mentally process the inquiry and follow along at your workstation. Think about what you would do and say if you were the CSR.

Jot down questions or concerns you might have during a Ring-ring so you can discuss them afterward. Be sure to note excellent customer service techniques used by your classmates.

Grievance role play

You observe a role play depicting an CSR responding to a subscriber grievance. As you watch the role play, keep the following questions in mind:

- What information was provided to the CSR that indicated a grievance situation?
- What attitude or state of mind did the member express?
- What questions did the CSR ask to solicit needed information from the member?
- What excellent customer service techniques did the CSR display?

After the role play, you will participate in a discussion related to the questions.

Discussion

Record key points from the role play discussion.

Continued on next page

Instructor Notes

Optional activity - Part 1

Pair participants with a partner. Provide a suitable member ID number and name to use. For larger classes, you may wish to have more than one member ID.

Allow 30 minutes

Emphasize the following instructions:

- Research the claim history in CSW for information to use in the ring-ring. The caller will have a complaint related to a service provided.
 - Prepare the ring-ring for presentation to the class by doing the following:
 - Record the relevant information and where it was found (on-line and in reference documents).
 - Decide what the caller is inquiring about and how the CSR will respond to the inquiry.
 - Decide who will play each role.
-

Optional activity - Part 2

Allow 5 minutes for each pair to present their ring-ring to the class using the LCD. If the class is large, you may wish to randomly select several pairs to present.

Allow 30-90 minutes, depending on class size

After each presentation, allow 5 minutes for the class to ask questions and provide feedback. Start by telling the pair what was good about the ring-ring, then offer a few suggestions for improvement, if required.

Practice activities, Continued

Part 1

In Part 1 of this activity, you work with a partner to develop a ring-ring to present to the class.

You start by researching claim history for a particular PPO member. You then develop an grievance ring-ring based on the information you find. In other words, the member has a complaint about the services provided. Your instructor will provide a suitable member ID number and name.

Prepare the ring-ring for presentation to the class by doing the following:

- Record all relevant information and where you found it (on-line and in reference documents).
- Decide what the caller is inquiring about and how the CSR will respond to the inquiry.
- Decide who will play each role.

Be creative and have fun. Remember, the objective of this activity is to demonstrate your ability to effectively respond to an eligibility-related inquiry.

Part 2

In Part 2 you will either be presenting your ring-ring or observing others as they present.

After each presentation, the class will have an opportunity to ask questions and to provide constructive feedback to the presenting pair.

Instructor Notes

Letters

Discuss the purpose of the each of the letters the CSR may be required to create as the result of the inquiry.

Letters

Letters

When working in the Grievances scenario, you may be required to generate letters. Your instructor will discuss the purpose of each letter and demonstrate how they are created and edited.

Instructor Notes

Lesson summary

Summarize Lesson A.

Review the key terms covered in the lesson by using one or more of the following strategies:

Randomly select participants to define a key term.

Ask a question related to a key term.

Ask participants to describe the relationship between two or more terms.

Bridge to the next lesson

Introduce the next lesson—Service Consultants Basic Workflows.

Lesson Summary

**Lesson
summary**

The following key terms were covered in this lesson. To summarize the lesson, your instructor will lead a quick review of the terms.

- Attitude of unity
- Inquiry
- Grievance
 - Expedited
 - Quality of Care
 - Quality of Service
- Appeal
 - Initial
 - Final
 - Special
 - Conference requests
- DOC
 - Penalties for non-compliance
 - BSC employee responsibilities
- Subscriber notification
 - Timeliness standards
 - Inquiry Tracking System

**Bridge to the
next lesson**

In the next lesson, you learn the Service Consultant Basic Workflows.

THIS PAGE INTENTIONALLY LEFT BLANK