



*Customer Service Representative  
Training*

Lesson 7-A

Understanding and Managing  
Grievances and  
Appeals



## Notes

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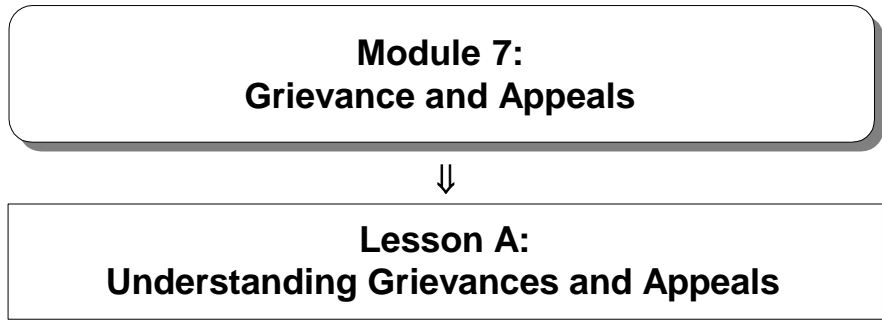
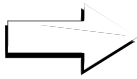
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## ***Lesson A: Understanding Grievances and Appeals***

### **Overview of Lesson A**

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**Lesson  
Sequence**



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## Notes

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## Overview of Lesson A, Continued

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### 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.

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### 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.
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## Overview of Lesson A, Continued

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**Lesson topics** This lesson contains the following topics.

Topic	See Page
The CSR's Role in Quality Health Care	7-A-7
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**User documents**

For this lesson, you need the following documents:

- *BSC PPO Grievance and Appeal Guideline*
  - *Group Shield Select Evidence of Coverage*
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## The CSR's Role in Quality Health Care

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### 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.

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### 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)
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### 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.

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## The CSR's Role in Quality Health Care, Continued

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**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.

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**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.
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**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.

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## Clinical Grievances

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### **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.

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### **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
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## BSC's PPO Grievance and Appeal Guideline

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### 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
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### 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
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### 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.

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## BSC's PPO Grievance and Appeal Guideline, Continued

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**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?

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2. What are the goals of the BSC Grievance program?

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3. Write a definition of "inquiry."

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4. Write a definition of "grievance."

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5. Write a definition of "appeal."

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## BSC's PPO Grievance and Appeal Guideline, Continued

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**Check your understanding, continued**

6. For what circumstance must a grievance be expedited (i.e., processed more quickly)?  

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  7. Write two examples of grievance situations you would refer to Medical Management.  

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  8. Write three specific employee responsibilities for grievance situations.  

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  9. What information is there in an EOC that is important regarding the handling of grievances?  

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  10. Write three BSC requirements for handling grievances imposed by the DOC.  

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## Notes

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## Appeals Procedure as stated in Evidence of Coverage

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**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.

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## Notes

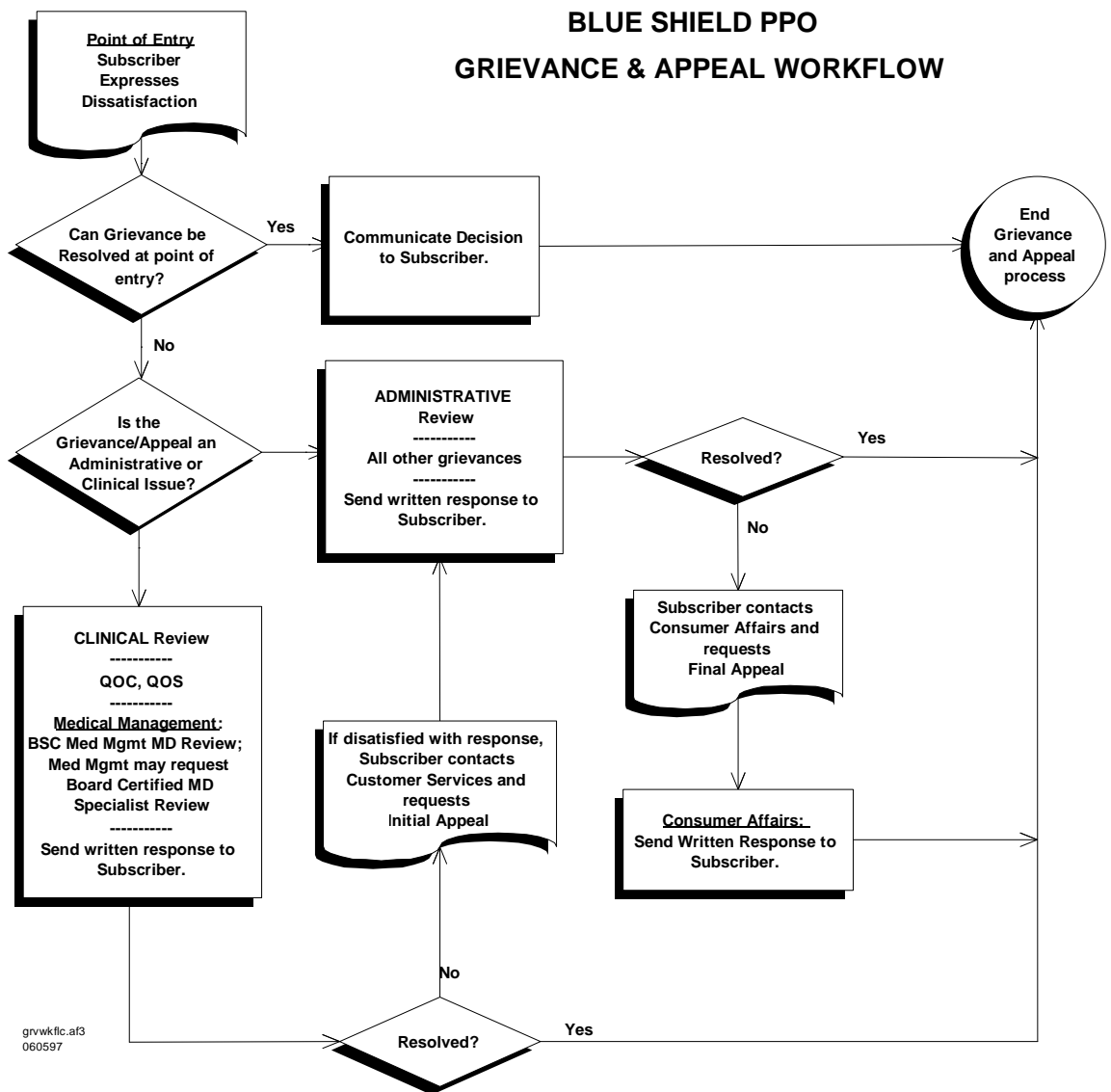
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## The BSC Grievance and Appeal Workflow

### 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.



## Notes

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## Identify inquiries, grievances, or appeals

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**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?”
  - \_\_\_\_\_
  - \_\_\_\_\_
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**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.

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**Discussion**

Record key points from the role play discussion.

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## Notes

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## Practice activities

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### 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.

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### Grievance role play

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## Notes

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## Practice activities, Continued

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### 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.

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### 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.

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## Notes

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## Letters

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### 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.

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## Notes

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## Lesson Summary

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**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

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**Bridge to the  
next lesson**

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

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