



---

## PROVIDER BULLETIN

---

July 19, 2022

---

This Provider Bulletin applies to the lines of business and provider types checked below:

- PHP (Medicare)    Ryan White (AHF Grants)    Primary Care Physicians    Specialists  
 PHC California (Medicaid)    Hospitals    Ancillary
- 

### PROPOSITION 56 DIRECTED PAYMENTS FOR FAMILY PLANNING SERVICES

Pursuant to the State of California's Department of Healthcare Services (DHCS) All Plan Letter 22-011 or then current APL reference for Proposition 56 Directed Payments for Family Planning Services, the Health Plan's Medi-Cal provider grievance processes are outlined as follows:

1. A provider may submit a grievance to the CA Provider Relations Department in writing via the Provider Grievance Form (see file path reference below), verbally via telephone and/or in person.
2. Upon the receipt of a grievance from a provider, the Provider Relations representative reviews the grievance to determine appropriate action for processing and logs the information in the Provider Grievance Tracking system.
  - a. The Provider Relations representative will send an acknowledgement letter to the provider within five (5) working days of receipt.
  - b. The acknowledgement letter shall confirm the receipt of the grievance and outline the Health Plan's grievance resolution timeframe of thirty (30) calendar days from the date of receipt of the grievance.
3. The Provider Relations representative coordinates with the appropriate department to investigate and resolve the grievance.
4. Provider Grievances concerning quality of care issues are referred to the Quality Management Department for further handling.
5. Provider Grievances are resolved by the Provider Relations Department within thirty (30) calendar days after the receipt of the grievance.

This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF or PHP. If you have any questions, contact the Provider Relations Department. Florida providers please email Provider Relations Department [FLPR@positivehealthcare.org](mailto:FLPR@positivehealthcare.org). California providers please email the California Provider Relations Department at [CAPR@aidshealth.org](mailto:CAPR@aidshealth.org).



6. The Provider Relations representative considers the grievance closed when the problem is resolved and appropriate action is taken or the provider withdraws the grievance.
7. The Provider Relations representative sends grievance resolution letters to the provider within thirty (30) calendar days from the date of receipt of the grievance.
8. Providers dissatisfied with a resolution may submit a written appeal to the Health Plan via the California Provider Relations email box (ref: [capr@ahf.org](mailto:capr@ahf.org)) within one hundred and eighty (180) calendar days of receipt of the final disposition of the initial grievance. The written appeal must include a copy of the initial resolution being appealed, justification and supporting documentation for the appeal.
  - a. The Health Plan sends written acknowledgment of the appeal within fifteen (15) calendar days to the originating provider.
  - b. Provider grievances are forwarded to Member Provider Committee (including adhoc committee meetings) for review and the decision of the Member Provider Committee is final.
  - c. The Health Plan e-mails or mails written resolution of the appeal within forty five business days (45) of receipt of the appeal.
9. The Health Plans provider grievance procedures outlined above also apply to the DHCS Proposition 56 Directed Payments for Family Planning Services for Medi-Cal enrollees (All Plan Letter {APL} (ref: then current APL 22-011)).  
The Health Plans standard grievance acknowledgement and resolution processes outlined above are utilized in association with Proposition 56 payment processing or non-payment provider grievances as required by the State of California.

**Providers can locate the Provider Grievance Form on the Health Plans website utilizing the following path:**

**<https://positivehealthcare.net/california/phc/providers/grievances/>Provider Grievance Form**

**Thank you  
CA Provider Relations**

**This Provider Bulletin is not intended to replace or conflict with any requirements outlined in your signed Agreement with AHF or PHP. If you have any questions, contact the Provider Relations Department. Florida providers please email Provider Relations Department [FLPR@positivehealthcare.org](mailto:FLPR@positivehealthcare.org). California providers please email the California Provider Relations Department at [CAPR@aidshhealth.org](mailto:CAPR@aidshhealth.org).**