



IMPORTANT NOTICE TO ALL MEMBERS REGARDING GRIEVANCE PROCEDURE

(This notice affects only Department of Managed Health Care regulated Medical and Dental Plans 5030, 5031, 5032, 8982, 8978/8979, 8977/8980, 5034/5036/5038/5202, NV01, NV02, PD40/PD41, PD56, Y370, BA63, BA64, BA67/BA68, G891, Q14R/Q14S and ZE70)

If you have a question about your eligibility, your plan's benefits or a claim, please call our Customer Service Department at 800-627-8797. You may also write our Customer Service Department concerning your grievance. Our customer service staff will answer your questions and assist in resolving your issue.

If you are not satisfied with the resolution based on your initial inquiry, you may request a copy of the *Plan Grievance Form* to complete and return to us, or ask our customer service representative to complete the form for you over the telephone. *The Plan Grievance Form* should be mailed to P.O. Box 9086, Oxnard, CA 93031-9086. Your issue will then become part of our formal grievance process and will be resolved accordingly.

All grievances received by us will be acknowledged in writing. After we have reviewed your grievance, we will send you a written statement on its resolution or pending status. If your case involves an imminent threat to your health, including, but not limited to, the potential loss of life, limb, or major bodily function, review of your grievance will be expedited.

If you are dissatisfied with the resolution of your grievance or if your grievance has not been resolved after at least thirty (30) days, you may submit your grievance to the Department of Managed Health Care for review prior to binding arbitration. If your case involves an imminent threat to your health, as described above, you are not required to complete our grievance process or to wait at least thirty (30) days, but may immediately submit your grievance to the Department of Managed Health Care for review.

If a Member has had coverage denied because proposed treatment is determined by us to be Investigative or experimental, that Member may ask for review of that denial by an external, independent medical review organization contracting with the Department of Managed Health Care.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **800-627-8797** and use your health plan's grievance process before contacting the department. Utilizing this grievance procedure does not prohibit any potential legal rights or remedies that may be available to you. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your health plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for IMR, the IMR process will provide an impartial review of medical decisions made by a health plan related to the medical necessity of a proposed service or treatment, coverage decisions for treatments that are Experimental or Investigational in nature and payment disputes for emergency or urgent medical services. The department also has a toll-free telephone number **888-HMO-2219** and a TDD line **877-688-9891** for the hearing and speech impaired. The department's Web site, **www.hmohelp.ca.gov**, has complaint forms, IMR application forms and instructions online.