

California Managed Care Members Grievance Form

Attention Medicare Advantage members – do not complete this form. Request the “California Medicare Advantage Plan Member Appeal and Grievance Form”

You have the right to file a grievance about any of your medical care or service. If you want to file a grievance, please use this form. There is a process you need to follow to file a grievance. Your health plan must, by law, give you an answer within 30 days. If you have any questions or prefer to file this grievance orally please call your medical group or health plan customer service department at the phone number on your health identification (ID) card. If you think that waiting for an answer from your health plan will hurt your health ask for an “Expedited Review.”

Please print or type the following information:

Member Name (Last, first, middle initial)

Address	Home Phone number (include area code)
City, State, Zip	Work Phone number (include area code)
Name of Employer or Group	Enrollment or Member ID #

Date of Birth

If someone other than the member is filing this grievance, please provide the following information:

Name: _____ Daytime Telephone # _____

Relationship to Member: _____

Address: _____

City: _____ State: _____ Zip: _____

Write what your grievance is about. Give dates, times, people’s names, places, etc. that are involved.

Please attach copies of anything that may help us understand your grievance. If you attach other pages, please check this box.

Please sign and MAIL or FAX, if applicable, TO your health plan. Please refer to your Evidence of Coverage for Health Plan contact details.

Date _____ Member Signature: _____

Date _____ Signature of Representative _____

NOTICE TO THE MEMBER OR YOUR REPRESENTATIVE: The California Department of Managed Health Care (DMHC) oversees health care plans. If you do not agree with your health plan, you should file a grievance with your health plan before calling the DMHC. You can still take other action that may be available to you. If you need help with a grievance in an emergency, or your plan has not given you an answer on your grievance for more than thirty (30) days, you may call the DMHC for help. You may also be eligible for an Independent Medical Review (IMR). If you are eligible for an IMR, it means that someone outside of your health plan will look at a medical decision made about your care. They will look at whether the care or service is needed. These decisions may be about care or service asked for by your doctor. They also may be about whether your health plan should pay for special treatments, or who should pay for emergency health services you get. You may call DMHC free of charge at **1-888 466-2219**. If you have problems with your hearing or speech, you may call the TDD line at **1-877-688-9891**. The DMHC has an Internet Web site ([http: - //www.hmohelp.ca.gov](http://www.hmohelp.ca.gov)). The Web site also has this form and information on how to use it.

Federal Employees: If you are a Federal Employee, you have additional rights through the Office of Personnel Management (OPM) instead of the DMHC. Please reference your Federal Employees Health Benefits (FEHB) Program Brochure, which states that you may ask OPM to review the denial after you ask your health plan to reconsider the initial denial or refusal. OPM will determine if your health plan correctly applied the terms of its contract when it denied your claim or request for service. Send your request for review to: Office of Personnel Management, Office of Insurance Programs Contracts Division IV, P.O. Box 436, Washington, D.C. 20044

Employees of Self-Insured Companies: You may have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA) if you are enrolled with your health plan through an employer who is subject to ERISA. First, be sure that all required reviews of your claim appeal have been completed and your claim has not been approved. Then consult with your employer's benefit plan administrator to determine if your employer's benefit plan is governed by ERISA. Additionally, you and your health plan may have other voluntary alternative dispute resolution options, such as mediation.