Grievances and Appeals

If you are dissatisfied with your care or with the services you received through AltaMed Health Network, Inc. ("AHN"), you have the right to file a grievance. Submitting a grievance does not take away any of your legal rights and remedies, and AHN will not discriminate or retaliate against you for filing a grievance.

GRIEVANCES

There is no time limit to file a grievance. You can file a grievance any time by phone, in writing or online with your health plan at:

Blue Shield of California Promise Health Plan

Phone:	1-800-605-2556 (TTY 711) between Monday - Friday, 8 a.m. to 6 p.m.
In writing:	Call 1-800-605-2556 for a complaint form. Fill it out and send to- Blue Shield Promise Health Plan Appeals and Grievance Department 601 Potrero Grande Dr. Monterey Park, CA 91755
Online:	blueshieldca.com/promise/medi-cal Blue Shield Promise Medi-Cal Grievance Form Blue Shield Promise Medi-Cal Appeal Form

CalOptima Health

Phone:	1-714-246-8500 or toll free at 1-888-587-8088 (TTY 711) between 8 a.m. and 5:30 p.m.
In writing:	Call 1-714-246-8500 or toll free at 1-888-587-8088 (TTY 711) for a complaint form. Fill it out and send to- CalOptima Health Grievance and Appeals Resolution Services

505 City Parkway West
Orange, CA 92868

Online: https://www.caloptima.org/
CalOptima Health Grievance and Appeal Form

Health Net of California, Inc.

Phone: 1-800-675-6110 (TTY 711)
24 hours a day, 7 days a week

In writing: Call 1-800-675-6110 for a complaint form.
Fill it out and send to-

Health Net Appeals & Grievances
P.O. Box 10348
Van Nuys, CA 91410-0348

Online: healthnet.com
Health Net Medi-Cal Grievance & Appeal Form

L.A. Care Health Plan

Phone: 1-888-839-9909 (TTY 711)
24 hours a day, 7 days a week, including holidays.

In writing: Call 1-888-839-9909 for a complaint form.
Fill it out and send to-

L.A. Care Health Plan
Appeals and Grievance Department
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017

Online: lacare.org
L.A. Care Health Plan Grievance & Appeal Form

Molina Healthcare of California

Phone: 1-888-665-4621 (TTY 711)
between Monday-Friday 7:00 a.m. – 7:00 p.m.

In writing:	Call 1-888-665-4621 for a complaint form. Fill it out and send to- Molina Healthcare 200 Oceangate, Suite 100 Long Beach, CA 90802
Online:	Molinahealthcare.com Grievance form is available on My Molina at https://member.molinahealthcare.com/Member/Login

You can also:

- Request assistance from AHN by clicking here or contacting us at:

  AltaMed Health Network, Inc.
  Attention: Office of Compliance and Privacy
  1401 N. Montebello Blvd., Montebello, CA 90640
  1-213-513-4272
  888-301-5197
  compliance@altamedhn.com

- Contact the **Medi-Cal Managed Care Ombudsman** at 1 (888) 452-8609 or by email at MMCDOmbudsmanOffice@dhcs.ca.gov.

**** Please note: For complaints about your Medi-Cal eligibility please contact your local Department of Public Social Services office ****

OTHER TYPES OF GRIEVANCES

If you believe-

- Your privacy has been breached:
  - See the *Notice of Privacy Practices*.
- You have been discriminated because of your sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity or sexual orientation:
  - See the *Notice of Nondiscrimination*.
- Someone has committed fraud, waste, or abuse:
  - See the *Fraud, Waste and Abuse* notice.

APPEALS

If you received a Notice of Action (NOA) or Adverse Benefit Determination (ABD) that denies, delays, changes, or ends a service or benefit, and you do not agree with this decision, you have the right to file an appeal. An appeal is a request to reconsider the decision. You or your provider may file an appeal.

You have 60 days from the date of the NOA or ABD you received to file an appeal with your health plan (see above for your health plan's information).

WHAT TO DO IF YOU DO NOT AGREE WITH AN APPEAL DECISION

If you do not agree with the appeal decision, you have the right to:

- Ask for a **State Hearing.** You have up to 240 days to request a **State Hearing** at:

  Phone: 1-800-743-8525

  Online: https://acms.dss.ca.gov/acms/login.request.do

  In writing: **California Department of Social Services**
  State Hearings Division
  PO Box 944243, Mail Station 9-17-442
  Sacramento, CA 94244-2430

Click on **Your Rights Under Medi-Cal Managed Care** for more detailed information.

- File an **Independent Medical Review** (**IMR**) / Complaint. You have 180 days from the date you received the appeal decision.

  "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 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 (1-888-466-2219) and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms, and instructions online."

You may submit your request for an IMR to the California Department of Managed Health Care at:

Phone:	1-888-416-2219 (TDD: 1-877-688-9891)
Fax:	1-916-255-5241
Online:	https://www.dmhc.ca.gov/FileaComplaint.aspx
In writing:	California Department of Managed Health Care Help Center 980 9th Street, Ste. 500 Sacramento, CA 95814

Please click the Independent Medical Review / Complaint Forms for access to the form in your language.

For more detailed information on your Grievance and Appeals Rights, please refer to your health plan's Member Handbook:

- Blue Shield of California Promise Health Plan Member Handbook
- CalOptima Health Member Handbook (caloptima.org)
- Health Net of California, Inc. Member Handbook
- L.A. Care Health Plan Member Handbook
- Molina Healthcare of California Member Handbook