



**YOUR RIGHTS  
UNDER COMMUNICARE ADVANTAGE CAL MEDICONNECT**

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**California 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 **(1-888-244-4430)** 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-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site **<http://www.hmohelp.ca.gov>** has complaint forms, IMR application forms and instructions online.

**Attention Medicare Beneficiaries**

CommuniCare Advantage Cal MediConnect Plan is a health plan that contracts with both Medicare and Medi-Cal to provide benefits of both programs to enrollees. As a Medicare beneficiary, you have additional rights to file a complaint with the Beneficiary and Family Centered Quality Improvement Organization, Livanta, regarding your quality of care concern.

**Livanta**

BFCC-QIO Program  
9090 Junction Drive, Suite 10  
Annapolis Junction, MD 20701  
Toll Free # 1 (877) 588-1123  
Or TTY 1 (855) 887-6668

We take your concerns very seriously, as we use them to identify areas within our system that need attention. You are the most important source of information in the CommuniCare Advantage Cal MediConnect Plan for continuous quality improvement. We use your input to initiate changes and improvements to ensure quality care and service for all of our members.



### **If Your Grievance is Related to a Medi-Cal Benefit**

You may ask for a State Hearing within 90 days of the incident. You may either present your case yourself, or ask someone to present your case, such as legal counsel, relative, friend, or any other person. For more about State Hearing requests, please call **1(800) 952-5253**. For the hearing impaired TDD, please call **1(800) 952-8349**. To request a State Hearing in writing please send your letter to the following address: California Department of Social Services State Fair Hearing Division P. O. Box 944243, MS 19-37 Sacramento, CA 94244-2430 Or fax to: State Hearings Division Fax Number: **1(916) 651-5210** or **1(916) 651-2789**.

You have a right to examine the materials that make up the record for the State Fair Hearing decision. Any information you provide may be shared with the Department of Social Services or with the United States Department of Health and Human Services. You can locate your record by contacting the Public Inquiry and Response Unit at **(800) 952-5253**. The Public Inquiry and Response Unit also can help you find someone to represent you at the hearing, or you can ask someone to represent you, or represent yourself.

The State of California Office of the Ombudsman will also help you with your grievance and State Fair Hearing. You can call them, toll-free, at **(888) 452-8609**. The TDD number is **(800) 952-8349**. Its office hours are Monday-Friday, 8 a.m. to 5 p.m., closed on State holidays.

### **Independent Medical Review (IMR)**

If you are dissatisfied with a “medical necessity” decision of CommuniCare Advantage Cal MediConnect Plan, you may request an IMR from the California Department of Managed Health Care. If an IMR application and envelope addressed to the California Department of Managed Health Care are not enclosed, you may obtain the application form at the Department of Managed Health Care internet web site: [www.dmhc.ca.gov](http://www.dmhc.ca.gov).

Decisions which are eligible for IMR are those where CommuniCare Advantage Cal MediConnect Plan or a CommuniCare Advantage Cal MediConnect Plan contractor decided that the request for care or service was not medically necessary.

To be eligible for an IMR, you must request the IMR within 180 days (six months) of the date you were notified of a decision to deny, delay or modify authorization or payment for a health care service.

If you do not request the IMR within that time, it cannot be reviewed by the IRO, unless the Department of Managed Health Care requires otherwise. If you are not sure whether you are eligible for an IMR or want more information, please contact CommuniCare Advantage Cal MediConnect Plan’s Customer Services Department at **1-888-244-4430**.



IMR is done by an independent review organization (IRO). An IRO is not connected in any way with CommuniCare Advantage Cal MediConnect Plan, and is under contract with the Department of Managed Health Care. CommuniCare Advantage Cal MediConnect Plan must go along with the IRO's decision and carry out its instructions, as required by the Department of Managed Health Care. You are not responsible for the costs of the IMR.

### **Document Request**

If your grievance was an appeal of a decision that CommuniCare Advantage Cal MediConnect Plan or one of its contractors made, you are entitled to receive, upon your request, reasonable access to, and copies of, all documents relevant to your appeal. You also can obtain a copy of the actual benefit provision, guideline, protocol, or other similar criterion on which the appeal decision was based.