

## Filing a Grievance or Appeal

We want you to have a great experience with Community Health Group. When you are unhappy with any aspect of your care or Community Health Group, please let us know. Call our friendly Customer Service staff who are ready to help you. A grievance is an expression of dissatisfaction that is communicated to us about any matter other than an adverse benefit determination. An appeal is a request for us to review an adverse benefit determination.

If you have a grievance or appeal you can communicate it to us in the following ways:

### **Write, Visit, Call or Fax:**

Community Health Group

1-800-224-7766 (24/7)

2420 Fenton Street Suite 100

Chula Vista, CA 91914

Fax: (619) 476-3834

**Fill out a grievance or appeal form available at your provider's office.**

**Fill out and submit an online grievance or appeal form available on this Website**

- Online Appeal/Grievance Form
- Appointment of Representative Form

We can assist you if you have limited English proficiency, visual or other communicative impairment. If you need help with translations of grievance procedures, forms, and responses to grievances, as well as access to interpreters, we have you covered. Lastly, telephone relay systems and other devices that aid disabled individuals to communicate are readily available to you. Just let us know how we can help and we would be delighted to assist you.

## Grievance Policy

You may file a grievance with Community Health Group at any time. We will work to solve the problem. If you submit your grievance by telephone and we resolve it by the end of the next business day, we let you know, and you won't hear anything else from us on the matter. If your problem takes more time to resolve, we send you a letter within five (5) days of receiving your grievance. The letter tells you that we are working on resolving it. Our clinical staff is involved in reviewing all grievances that involve issues about the quality of care you received.

If your grievance is non-urgent, you will hear back from us within thirty (30) days of the date we receive your grievance. At that time, we tell you the final resolution and provide information about your other rights with respect to the grievance. Urgent grievances are handled more quickly. An urgent grievance is one that involves an immediate and serious threat to your life or health. An urgent grievance includes, but is not limited to, severe pain or the potential for loss of life, limb or

major bodily function. For urgent grievances, you will hear back from us within three (3) days - or sooner if need be.

## Appeals Policy

We may make decisions with which you are not satisfied. For example, you may be dissatisfied with our decision to deny, delay or modify a health care service, and ask us to reconsider our decision. Or, we have made a decision that adversely affects your relationship with us. In cases like these, you may file an appeal, which is a request to change a decision.

From the date we, or one of our contracted medical groups or IPAs, notify you of our decision to deny, delay or modify a health care service, you have sixty (60) days to submit an appeal. When you appeal our decision, the same timeliness for processing a grievance applies. We will reconsider our decision and get back to you within thirty (30) days of receiving your appeal or if we determine the appeal to be urgent, we will get back to you within three (3) calendar days or sooner if the medical condition requires it. We will also send you a written acknowledgment within five days of receiving your appeal.

## The California Department of Managed Healthcare

"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 **1-800-224-7766** 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 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 [www.dmhc.ca.gov](http://www.dmhc.ca.gov) has complaint forms, IMR application forms and instructions online."

## Independent Medical Review

If medical care that is requested for you is denied, delayed or modified by Community Health Group or a plan provider, you may be eligible for an Independent Medical Review (IMR). If your case is eligible and you submit a request for an IMR to the DMHC, information about your case will be submitted to a medical specialist who will review the information provided and make an independent determination on your case. You will receive a copy of the determination. If the IMR specialist so determines, Community Health Group will provide coverage for the health care services.

An IMR is available in the following situations:

1. (a) Your doctor has recommended a health care service as medically necessary, or

- (b) You have gotten urgent care or emergency services that a provider determined was medically necessary, or
  - (c) You have been seen by an in-plan provider for the diagnosis or treatment of the medical condition for which you seek independent review; and
2. The disputed health care service has been denied, modified, or delayed by Community Health Group or one of its plan providers, based in whole or in part on a decision that the health care service is not medically necessary; and
  3. You have filed a grievance with CHG and the disputed decision was upheld or the grievance remains unresolved after 30 calendar days.

If your grievance qualifies for expedited review, you are not required to file a grievance with Community Health Group prior to requesting an IMR. Also, the DMHC may waive the requirement that you follow Community Health Group's grievance process in extraordinary and compelling cases. For cases that are not urgent, the IMR organization designated by DMHC will provide its determination within thirty (30) days of receipt of your application and supporting documents. For urgent cases involving an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, limb or major bodily function; the IMR organization will provide its determination within three (3) business days. At the request of the experts, the deadline can be extended by up to three (3) days if there is a delay in obtaining all necessary documents.

The IMR process is in addition to any other procedures or remedies that may be available to you. A decision not to participate in the IMR process may cause you to forfeit any statutory right to pursue legal action against the plan regarding the care that was requested. You pay no application or processing fees for an IMR. You have the right to provide information in support of your request for IMR. For more information regarding the IMR process or to request an application form, please call Community Health Group's Customer Service Department at 1-800-224-7766

The hearing impaired may contact Customer Service through the California Relay Service at (1- 800-735-2929).

## Independent Medical Review (IMR) for Denials of Experimental/ Investigational Therapies

You may also be entitled to an Independent Medical Review, through the Department of Managed Health Care, when we deny coverage for treatment we have determined to be experimental or investigational.

- We will notify you in writing of the opportunity to request an Independent Medical Review of a decision denying an experimental/ investigational therapy within five (5) business days of the decision to deny coverage.
- You are not required to participate in Community Health Group's grievance process prior to seeking an Independent Medical Review of our decision to deny coverage of an experimental/ investigational therapy.
- If a physician indicates that the proposed therapy would be significantly less effective if not promptly initiated, the Independent Medical Review decision shall be rendered within

## State Hearing Process

### **IMPORTANT INFORMATION**

#### **You must exhaust Community Health Group's internal appeal process prior to proceeding to a State Hearing**

The Department of Social Services administers a Fair Hearing process. You have a right to a State Fair Hearing if services that you appealed have been denied. If you get a written notice upholding the denial of medical services, that notice will include a form for you to file a State Hearing. It is your right to request a State Fair Hearing.

To be eligible for a State Fair Hearing, you must request it within 120 days of receiving our notice of appeal resolution. To request a hearing, call the Department of Social Services at 1-800-952-5253, or send a letter asking for the hearing to:

California Department of Social Services

State Hearings Division

P.O. Box 944243, MS 19-37

Sacramento, CA 94244-2430

If you send a letter to the Department of Social Services to request a hearing, include in it your name and social security number, the name of your health plan (Community Health Group) and the reason for your appeal. Ask for an interpreter if you need one at the hearing. Keep a copy of your letter. If you need assistance with asking for a State Fair Hearing, please call Customer Service at 1-800-224-7766. If you are granted a State Fair Hearing, you may represent yourself or be represented by an authorized third party such as legal counsel, relative, friend or any other person.

Some grievances, due to their urgency, may be eligible for an Expedited State Hearing (ESH). Please see the following explanation of the ESH Process.

### Expedited State Hearing Process

As part of the State Fair Hearing system, the State provides a process for Expedited (faster) State Hearings (ESH). As in the standard State Fair Hearing process, during an ESH, you may represent yourself or be represented by an authorized third party such as legal counsel, relative, friend or any other person. A grievance that involves a denial of service may be eligible for an ESH if either of the following conditions is met:

- The member bypasses our internal grievance process and proceeds directly to a State Fair Hearing or if the member files for a State Fair Hearing at the same time as filing a grievance through our internal grievance process. In this case, ESH would be available if the member's condition is such that either we or the member's provider indicate that taking the time for a standard resolution of the grievance could seriously jeopardize the member's life or health or ability to attain, maintain or regain maximum function.

Or,

- The member files for a State Fair Hearing after filing an urgent grievance with Community Health Group, and either:

- a) We do not resolve the urgent grievance within 72 hours, but we indicate to the State that the grievance meets the criteria for expedited resolution, or,

- b) We do resolve the urgent grievance in expedited fashion within 72 hours, but the decision is wholly or partially adverse to the member.

If you feel you need an ESH, let either your provider or us know. If your provider feels you need an ESH, please advise him or her to let us know also. That will help speed up the application.

If you feel you need an ESH, let either your provider or us know. If your provider feels you need an ESH, please advise him or her to let us know also. That will help speed up the application.

A request for an ESH may be made orally or in writing. However, before the State will schedule an ESH, either we or your provider must give to the State, in writing:

- A statement that the member's condition satisfies the criteria for expedited resolution.
- Specific information describing the grievance.

Requests for ESHs are sent to:

**Expedited Hearing Unit**

State Hearings Division

744 P Street, MS 19-65

Sacramento, CA 95814

FAX: (916) 229-4267

General information about the ESH process is available from the DHS, Medi-Cal Managed Care Division, Office of the Ombudsman at 1 (888) 452-8609.