Member Appeal or Grievance Form

At California Health & Wellness, your concerns are important to us. If **you disagree with a decision of requested services** made about your health care, **you can appeal that decision**. If **you want to file a complaint about care** you received or how you were treated, **you can file a complaint** which is called a **grievance**. You can choose any of the following options to submit an appeal or grievance:

- Use this form
- Call California Health & Wellness Member Services at 1-877-658-0305 **(For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305)**.
- **Bilingual staff is available** and **interpreter services are available** for members who speak other languages.
- Upon request, you can receive Member information materials in alternative formats including Braille, large print or audio.
- Fill out a form online at www.CAHealthWellness.com
- Write a letter that includes the information below

You can choose someone to submit an appeal or grievance for you. We must have your written permission for that person to do so. Also, we may need your written permission to get medical records about your appeal or grievance. You can call Member Services at **1-877-658-0305 (For TTY, contact California Relay by dialing 711 and provide the Member Services number: 1-877-658-0305)** or go to www.CAHealthWellness.com to get the Authorized Representative Form and Medical Records Release Form.

Part 1: Member Information		
First and Last Name:	Medi-Cal ID#:	Date of Birth:
Address:	City:	Zip Code:
Phone Number:	Best Time to Call:	

Part 2: Information about the Appeal or Grievance

Please describe your issue or concern. Give us the details of what happened, when and who was involved. For Appeals: Attach a copy of the Notice of Action letter from California Health & Wellness.

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Part 3: For Your Information

If you wish to file a complaint or appeal a decision, the process used to resolve your complaint or appeal is called the Appeals and Grievance Process. Complaints can be filed at any time. Appeals must be filed within 60 calendar days from the date of Notice of Action. A Notice of Action is a formal letter sent to you by California Health & Wellness telling you that a medical service has been denied, delayed or modified.

If your appeal or grievance is urgent, you may ask for an "expedited review". Your appeal can be reviewed within 72 hours from the time it was received, if it involves an immediate and serious threat to your health, including, but not limited to, severe pain, potential loss of life, limb, or major bodily function.

Within five (5) calendar days of receipt of your request for an appeal or grievance, California Health & Wellness will send you an acknowledgement letter saying we received your request. The letter will also give you the name, address and phone number of the California Health & Wellness staff that will be handling your request and the date your request was received. Along with that letter, the staff will also send you information that describes the appeals and grievance process, outlines your rights in the process, provides information about the State Hearing process and also provides addresses and phone numbers of local Northern California Legal Aid offices.

The appeals and grievance staff will try to get more information which may help us decide on a better resolution of your request. If necessary, the California Health & Wellness staff may contact you if she/he has any questions about your request if more information is needed.

You can contact the California Health & Wellness appeals and grievance staff to discuss your request. Within thirty (30) calendar days from the date of receipt of the request, the California Health & Wellness staff will mail a written letter that outlines California Health & Wellness's s resolution to your appeal or grievance.

You may, at any time, contact the government agency that regulates health care services plans regarding your grievance or appeal that California Health & Wellness has not resolved or has not resolved to your satisfaction.

California Department of Managed Health Care (DMHC)

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 (**1-877-658-0305**) 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 Web site **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

California Department of Health Care Services (DHCS) Office of the Ombudsman

You may also call the Ombudsman Office of the California Department of Health Care Services (DHCS) for help. The Ombudsman Office helps Medi-Cal beneficiaries to fully use their rights and responsibilities as a member of a managed care plan. To find out more, call toll-free **1-888-452-8609**.

Part 4: Signature

Sign Here ➢

Signature of Member or Authorized Representative

Date

Print Name of Member or Authorized Representative

DIRECTIONS: Please fax this form or your letter to: **1-855-460-1009** or mail it to:

California Health & Wellness
Attn: Appeals and Grievance Coordinator
1740 Creekside Oaks Drive, Suite 200, Sacramento, CA 95833.

We will respond to your appeal or grievance within 30 days.