Grievance Process

The grievance process varies slightly based on the type of coverage that you have. Please read the section for your coverage type.

Employer and Commercial Coverage, including EAP

Grievance Definition

A grievance is a written or oral expression of dissatisfaction to Carelon Behavioral Health of California, Inc. (Carelon Behavioral Health), or the Director of the Department of Managed Health Care regarding the plan and/or a provider, including quality of care concerns, complaints, disputes, requests for reconsideration or appeals made by a member or the member's representative. A grievance is also a written or oral expression of dissatisfaction by an enrollee, member, subscriber or group contract holder who believes their plan contract, enrollment or subscription has been or will be improperly cancelled, rescinded or not renewed.

Grievance Process

Carelon Behavioral Health has a grievance procedure for receiving and resolving your grievances involving Carelon Behavioral Health and providers. A grievance may be submitted up to 180 calendar days following receipt of an adverse determination notice, or following any incident or action that is the subject of the member's dissatisfaction.

Carelon Behavioral Health makes a grievance form available to all complainants via its website: https://www.carelonbehavioralhealthca.com. Grievance forms and a description of the grievance procedure are available at each facility of the plan and from each contracting provider's office or facility. Grievance forms are provided promptly upon request. However, please note there is no specific form required to submit a written grievance.

Ways to Submit a Grievance:

- By Mail: Carelon Behavioral Health of California, Inc. ATTN: Grievance Unit P.O. Box 6065 Cypress, CA 90630-0065
- By Fax: 877-321-1789

- By Phone: (800) 228-1286 (a Quality Management Representative will assist you in completing the form)
- By E-mail: CAComplaints@carelon.com
- By Secure Web Site: https://www.carelonbehavioralhealthca.com
- By Telling Your Provider

For grievances that were not resolved by the end of the next business day, we will send you written acknowledgment of receipt of a grievance within five (5) calendar days and we will respond in writing with a resolution to a grievance within thirty (30) calendar days of receipt.

Urgent Grievances

Carelon Behavioral Health also maintains a process for the expedited review of urgent grievances. You have the right to an expedited review for cases involving an imminent and serious threat to the health of the member, including but not limited to severe pain, potential loss of life, limb, or major bodily functions.

The request may be initiated by you, your representative, or by your provider. Call 1- 800-228-1286 inform the representative that you are requesting an expedited review for an urgent grievance. We will notify your provider of the decision in no more than three calendar days and send you a written statement on the disposition or pending status of the grievance within the same 3 calendar days from receipt of the grievance.

Grievances Related to Plan Contract, Enrollment, or Subscription

Grievances related to an enrollee, subscriber, or group contract holder who believes their plan contract, enrollment or subscription has been or will be improperly cancelled, rescinded, or not reviewed will also be handled as an expedited grievance. If an enrollee, subscriber, or group contract holder submits a grievance before the effective date of a cancellation, rescission, or nonrenewal for reasons other than nonpayment of premiums the plan shall continue to provide coverage while the grievance is pending with the Plan and/or with the Director of Department of Managed Health Care.

Grievances may be initiated by calling 1-800-228-1286. We will notify you of the decision in no more than three calendar days or the disposition or pending status of the grievance.

Additional Review

If you are not satisfied with our response to a grievance, you may submit a request to Carelon Behavioral Health for voluntary mediation or binding arbitration within sixty (60) days of receipt of our response. These processes are described in your Combined Evidence of Coverage and Disclosure Form or you may call us for information on how to submit a voluntary mediation or arbitration request.

You may file a grievance with the Department of Managed Health Care after completing the Carelon Behavioral Health grievance process or voluntary mediation.

You are allowed to submit your urgent grievance to the Department of Managed Health Care (DMHC) without submitting it to Carelon Behavioral Health. You also do not have to participate in the Carelon Behavioral Health grievance process for 30 days before submitting your urgent grievance to the DMHC. If you are a member, a subscriber, or group contract holder with a grievance regarding cancellation, rescission, or nonrenewal, you may submit this grievance to the DMHC without submitting to Carelon Behavioral Health.

To submit a grievance to the DMHC, you can:

- Send it to: Help Center; Department of Managed Health Care 980 9th Street, Suite 500; Sacramento, CA 95814
- Go to their website: www.dmhc.ca.gov
- Call the DMHC Help Center at 1-888-466-2219
- TDD: 1-877-688-9891
- Fax: 1-916-255-5241

Independent Medical Review

You may request an independent medical review ("IMR") of Disputed Behavioral Health Care Services from the Department of Managed Health Care if you believe that behavioral health care services have been improperly denied, modified, or delayed by Carelon Behavioral Health. A "Disputed Behavioral Health Care Service" is any mental health or substance abuse care service eligible for coverage and payment under your subscriber contract that has been denied, modified, or delayed by Carelon Behavioral Health, in whole or in part because the service is not medically necessary.

The IMR process is in addition to any other procedures or remedies that may be available to you. You pay no application or processing fees of any kind for IMR. You have the right to provide information in support of the request for IMR. Carelon Behavioral Health will provide you with an IMR application form with any grievance disposition letter that denies, modifies, or delays behavioral health care services. A decision not to participate in the IMR process may cause you to forfeit any statutory right to pursue legal action against Carelon Behavioral Health regarding the Disputed Behavioral Health Care Service.

The IMR process is described in your Combined Evidence of Coverage and Disclosure Form or you may call us for information on how to submit an IMR request.

Review by the 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 **1-800-228-1286 (TTY 800-735-2929)** 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."

Medi-Cal Plans

Grievance

If you are unhappy about your health care, you can file a complaint. Some examples of complaints are:

- The care your provider gives you
- The care from your providers office staff
- The care you get at a pharmacy or hospital
- The service you get from Carelon Behavioral Health of California, Inc.

How to Complain

You can complain at any time. You can complain in writing or by telling someone. If you want someone else to complain for you, you may need to fill out approval forms.

There are many ways to grievance:

- Mail: Carelon Behavioral Health of California, Inc. ATTN: Complaint Unit P.O. Box 6065 Cypress, CA 90630-0065
- Fax: (877) 321-1789
- Phone: (855) 765-9700 (a representative will assist you in completing the form)
- E-mail: CAComplaints@carelon.com
- Secure Web Site: https://www.carelonbehavioralhealthca.com
- Ask your provider to help you

Carelon Behavioral Health staff will help you fill out the forms. We can mail you the form and you can send it back. We can help you if you speak another language or need Braille or large text.

We will send you a letter within 5 calendar days. This letter will say we are working on your grievance. We will send you a letter within 30 days to explain what we did to fix your

problem. Exempt grievances are complaints that are resolved within one business day. We will not contact you about these grievances.

Urgent Complaint

If a complaint involves a serious threat to the health of a member, it is 'urgent.'

All urgent complaints are answered in 72 hours or less. We send a letter that we received the complaint right away. The resolution will be given to the member as soon as we can. We will try to provide notice over the phone and a letter sent within the 72 hour period.

Hearing Rights

Medi-Cal business regulated by the Department of Managed Health Care

CAN I ASK FOR AN INDEPENDENT MEDICAL REVIEW AND A STATE HEARING?

An Independent Medical Review is where a doctor(s) that is not related to the health plan will review your case. A State Hearing is where a judge will review your case.

If you disagree with your health plan's decision regarding your service(s), you can ask your health plan for an appeal. If you still disagree with your health plan's decision on your appeal, or it has been at least 30 days since you filed your appeal with your health plan, you can request an Independent Medical Review with the Department of Managed Health Care (DMHC). DMHC staff will determine whether your issue qualifies for an Independent Medical Review.

In most instances, you are not eligible to request a State Hearing until you have first completed your health plan's internal appeal process. However, there are times when you can directly request a State Hearing. This can happen if your health plan did not notify you correctly or timely about your service(s). This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:

- The health plan did not make this Notice of Action letter available to you in your preferred language.
- The health plan made a mistake that affects any of your rights.
- The health plan did not give you a written Notice of Action letter informing you

of its intended action regarding your service(s).

- The health plan made a mistake in its written Notice of Appeal Resolution letter.
- The health plan did not decide your appeal within 30 days and send you a Notice of Appeal Resolution letter.
- The health plan decided your case was urgent, but did not respond to your appeal within 72 hours and send you a Notice of Appeal Resolution letter.

Sometimes, you can ask for both an Independent Medical Review and a State Hearing at the same time. You can also ask for one before the other to see if one will resolve your problem first. For example, if you ask for an Independent Medical Review first, and you do not agree with what was decided, you can ask for a State Hearing. But, if you ask for a State Hearing first, and your hearing has already taken place, you cannot ask for an Independent Medical Review. In this case, the State Hearing has the final say.

You will not have to pay for an Independent Medical Review or a State Hearing.

HOW DO I REQUEST AN INDEPENDENT MEDICAL REVIEW?

The paragraph below provides you with information on how to request an Independent Medical Review with DMHC. Note that the term grievance is talking about both complaints and appeals:

"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 **1-800-228-1286 (TTY 800-735-2929)** 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."

HOW DO I REQUEST A STATE HEARING?

As stated above, you may be eligible to request a State Hearing.

You can ask for a State Hearing in the following ways:

- Online at www.cdss.ca.gov
- By phone: Call 1-800-743-8525. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call TTY/TDD 1-800-952-8349.
- In writing: Fill out a State Hearing form or write a letter. Send it by mail or fax to:

  Mail: California Department of Social Services

  State Hearings Division

  P.O. Box 944243, Mail Station 9-17-37

  Sacramento, CA 94244-2430

  Fax: (916) 309-3487 or toll-free at 1-833-281-0903

Be sure to include your name, address, telephone number, Social Security Number and/or CIN number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell the State Hearings Division what language you speak. You will not have to pay for an interpreter. The State Hearings Division will get you one. If you have a disability, the State Hearings Division can get you special accommodations free of charge to help you participate in the hearing. Please include information about your disability and the accommodation you need. After you ask for a State Hearing, it could take up to 90 days to

decide your case and send you an answer. If you think that waiting 90 days will hurt your health, you can request an Expedited Hearing. If the State Hearings Division approves your request for an Expedited Hearing, you may be able to get a hearing decision within 3 days from the date it receives your case file from your health plan.

You can ask for an Expedited Hearing by calling the State Hearings Division at the number above. Or, you can send the State Hearing form or a letter to the State Hearings Division. You must explain how waiting for up to 90 days for a decision will harm your life, health or ability to get or keep maximum function. You can also get a letter from your doctor to help show why you need an Expedited Hearing.

You can speak for yourself at the State Hearing. Or, you can have someone like a relative, friend, advocate, doctor, or attorney speak for you. If you want someone else to speak for you, then you must sign a form telling the State Hearings Division that the person can speak for you. This person is called an Authorized Representative.

LEGAL HELP

You may be able to get free legal help. You can call the local Legal Aid Office in your county at 1-888-804-3536.

Medi-Cal business not regulated by the Department of Managed Health Care

CAN I ASK FOR A STATE HEARING?

A State Hearing is where a judge will review your case.

In most instances, you are not eligible to request a State Hearing until you have first completed your health plan's internal appeal process. However, there are times when you can directly request a State Hearing. This can happen if your health plan did not notify you correctly or timely about your service(s). This is called Deemed Exhaustion. Here are some examples of Deemed Exhaustion:

- The health plan did not make this Notice of Action letter available to you in your preferred language.
- The health plan made a mistake that affects any of your rights.

- The health plan did not give you a written Notice of Action letter informing you of its intended action regarding your service(s).
- The health plan made a mistake in its written Notice of Appeal Resolution letter.
- The health plan did not decide your appeal within 30 days and send you a Notice of Appeal Resolution letter.
- The health plan decided your case was urgent, but did not respond to your appeal within 72 hours and send you a Notice of Appeal Resolution letter.

You will not have to pay for a State Hearing

HOW DO I REQUEST A STATE HEARING?

As state above, you may be eligible to request a State Hearing. You can ask for a State Hearing in the following ways:

- Online at www.cdss.ca.gov
- By phone: Call 1-800-743-8525. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call TTY/TDD 1-800-952-8349.
- In writing: Fill out a State Hearing form or write a letter. Send it by mail or fax to:

  Mail: California Department of Social Services

  State Hearings Division

  P.O. Box 944243, Mail Station 9-17-37

  Sacramento, CA 94244-2430

  Fax: (916) 309-3487 or toll-free at 1-833-281-0903

Be sure to include your name, address, telephone number, Social Security Number and/or CIN number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell the State Hearings Division what language you speak. You will not have to pay for an interpreter. The State Hearings Division will get you one. If you have a disability, the State Hearings Division can get you special accommodations free of charge to help you participate in the hearing. Please include information about your disability and the accommodation you need.

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think that waiting 90 days will hurt your health, you can request an Expedited Hearing. If the State Hearings Division approves your request for an Expedited Hearing, you may be able to get a hearing decision within 3 days from the date it receives your case file from your health plan.

You can ask for an Expedited Hearing by calling the State Hearings Division at the number above. Or, you can send the State Hearing form or a letter to the State Hearings Division. You must explain how waiting for up to 90 days for a decision will harm your life, health or ability to get or keep maximum function. You can also get a letter from your doctor to help show why you need an Expedited Hearing.

You can speak for yourself at the State Hearing. Or, you can have someone like a relative, friend, advocate, doctor, or attorney speak for you. If you want someone else to speak for you, then you must sign a form telling the State Hearings Division that the person can speak for you. This person is called an Authorized Representative.

LEGAL HELP

You may be able to get free legal help. You can call the local Legal Aid Office in your county at 1-888-804-3536

Medicare Plans

Complaint

If you are unhappy with the service you receive, you can complain. If Carelon Behavioral Health of California, Inc. (Carelon Behavioral Health) denies a service, then you can appeal. An appeal is not the same as a complaint.

Examples of Complaints:

- Problems getting an appointment
- Waiting a long time for an appointment
- Rude behavior by doctors, nurses or other Beacon clinic or hospital staff

Complaint Process

You must complain within 60 days of the event you are unhappy about. You can have someone else complain for you if you sign approval forms. Complaints can be spoken or written.

Carelon Behavioral Health staff will help fill out the forms. For example, they can get an interpreter, TTY/TDD, or help fill out the form. They can explain the process to you.

If you have other insurance, Carelon Behavioral Health will help you call the right place to complain.

There are many ways to complain:

- Mail: Carelon Behavioral Health of California, Inc. ATTN: Complaint Unit P.O. Box 6065 Cypress, CA 90630-0065
- Fax: (877) 321-1789
- Phone: (800) 228-1286 (a representative will assist you in completing the form)
- E-mail: CAComplaints@carelon.com
- Secure Web Site: https://www.carelonbehavioralhealthca.com
- To your provider

We will send you a letter within 5 calendar days. This letter will say we are working on your complaint. We will send you a letter within 30 days to tell you the outcome. Exempt grievances are complaints that are resolved within one business day. We will not contact you about these grievances.

Urgent Complaints

Urgent complaints, about risk to life or limb, are reviewed quickly. If you tell us, we will respond within 24 hours. If you write to us, we will respond in 3 calendar days.

Additional Review

If the complaint is about quality of care, you can file a complaint with Beneficiary and Family Centered Care Quality Improvement Organization (BFCC QIO).