Member Grievance Form

Member Name: _____

Member Birthdate: _____

Member ID #: _____

Member Phone #: _____

Address: _____

If you are not the member, please provide the following information:

Your name: _____

Relationship to Member: _____ **Your Phone #:** _____

Your address: _____

Are you the member's authorized representative or legal guardian?

_____

_____

(Note: We must have written authorization to allow you to act on the member's behalf.)

Please explain your grievance. Include details, such as:

- The name of the provider who will or has provided care
- The date that the event took place
- The claim or reference number for the specific decision that you disagree with
- The specific reason why you do not agree with the decision

_____

_____

_____

_____

_____

Action you would like to have happen:

_____

_____

_____

_____

_____

☐ I request an expedited review because this issue involves serious threat to my health.

☐ I have a terminal illness and have been denied treatment.

Member Signature: _____ **Date:** _____

Grievance Process

carelonbehavioralhealthca.com

Carelon Behavioral Health of California, Inc.
P.O. Box 6065, Cypress, CA 90630-0065

800-228-1286

Carelon Behavioral Health has a grievance procedure for receiving and resolving your grievances involving Carelon Behavioral Health and/or providers. A grievance may be submitted up to 180 calendar days (or longer, based on your plan) following receipt of an adverse determination notice, or following any incident or action that is the subject of a member's dissatisfaction. You or your authorized representative may submit a grievance to Carelon Behavioral Health:

- In writing: P.O Box 6065. Cypress. California. 90630-005
- By telephone at:

Plan Name	Phone Number
Central California Alliance for Health- IHSS	1-800-808-5796
Central California Alliance for Health- Medi-Cal	1-855-765-9700
Employee Assistance Program	1-800-228-1286
Orange County Mental Health Plan	1- 800-723-8641
TTY for all plans	1-800-735-2929

- Via facsimile at: (877) 321-1789
- Via e-mail at: CAComplaints@carelon.com
- Via secure website at: https://www.carelon.com/CBH/Ca

You may use the attached form to file a grievance with us. If you wish, a Customer Service representative will assist you in completing the grievance form. Upon request, we will send a copy of our Grievance Procedure to you. For grievances not resolved by the end of the next business day, we will send you written acknowledgement of receipt of a grievance within five (5) calendar days. We will respond in writing with a resolution to a grievance within thirty (30) calendar days of receipt.

For business regulated 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.