

Member Grievance Form

You may file a grievance in one of the following ways:

- Call the Member Services phone number on your MemorialCare Select Health Plan ID card.
- Submit your grievance online by logging into the member portal and filling out this form. You can attach documents too.
- Mail this completed form with any attachments. Please, write neatly.
- Mail to: **MemorialCare Select Health Plan,
Attn: Complaints and Grievance
17360 Brookhurst Street Fountain Valley, CA 92708**

Information you provide us becomes part of the permanent grievance record. You will be sent an acknowledgment within 5 calendar days and a response within 30 calendar days of us receiving this form or your call.

Tell us about you:

Date: _____

Member Name: _____ Member ID # /CIN #: _____

Address: _____

City: _____ , CA ZIP _____

Phone Number: _____

Tell us about your grievance:

Date of Incident: _____

Describe What Happened (Attach additional pages, if necessary):

Signature of Member (parent or guardian if the member is a minor.)

X _____ Date: _____

HOW TO FILE A GRIEVANCE

MemorialCare Select Health Plan has a formal process for reviewing member grievances and appeals. This process provides a uniform and equitable treatment of your grievance/appeal and a prompt response.

MemorialCare Select Health Plan shall ensure that all enrollees have access to and can fully participate in the grievance system by providing assistance for those with limited English proficiency or with visual or other communicative impairment. Such assistance shall include, but not be limited to, translation of grievance procedures, forms and plan responses to grievances, as well as access to interpreters, telephone relay systems and other devices that aid disabled individuals to communicate.

Definition of a Grievance

A grievance is a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration, or appeal made by a member or the member's representative. When the plan is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance.

Members have up to 180 calendar days from the date of an incident or dispute, or from the date the member receives a denial letter, to submit a grievance or appeal to MemorialCare Select Health Plan.

Standard Grievance/Appeal Review Steps in the process

1. File your grievance or appeal with MemorialCare Select Health Plan. You may also authorize someone to represent you. Authorization must be in writing. Call Member Services for the authorization form. Your Member Services number is on the back of your membership card.

You can file your grievance by:

- a. Calling Member Services. Your Member Services number is on the back your membership card.
 - b. Mailing a letter or a completed grievance form which you can get on the website or by calling Member Services
 - c. Submitting a grievance form online.
2. We will send you an acknowledgement letter within five (5) calendar days of receipt.
 3. We will fully investigate your grievance/appeal, including all aspects of medical care involved. All medical records and/or responses that will assist with review of your case are requested. Clinical grievances/appeals are reviewed by staff medical personnel and physician specialists. Non-medical grievances are reviewed by grievance specialists. We will provide a written response to you within 30 calendar days after we receive your grievance/appeal.

Expedited Review

The grievance system includes an expedited review process for urgent grievances and appeals. A grievance/appeal is expedited when a delay in decision-making may seriously jeopardize the life or health of a member or their ability to regain maximum function. This includes but is not limited to severe pain, potential loss of life, limb or major bodily function. A licensed physician may also request an expedited review on your behalf.

Steps in the process

1. File your request for an expedited grievance or appeal with MemorialCare Select Health Plan using one of the methods listed in the standard grievance process above. Calling Member Services is the recommended method for requesting an expedited review.
2. If your grievance or appeal has been expedited, a physician will review your request and make a determination within 72 hours. If your request does not qualify for an expedited review, your grievance/appeal will be reviewed in the standard 30-day grievance process. You will be notified by mail if you do not qualify for expedited review.
3. If you qualify for Independent Medical Review, you may appeal directly to the Department of Managed Health Care immediately.

Further Appeal Rights

If you are dissatisfied with our answer, you may be able to pursue one or more of the following appeal processes, depending on your situation and the appeal information contained in your Evidence of Coverage. If you need assistance, please contact Member Services at the number on the back of your membership card.

1. File a complaint with the Department of Managed Health Care (DMHC.) Click on the following link to be directed to the DMHC web site. <http://www.dmhc.ca.gov/>. Your grievance acknowledgement letter and response letter from MemorialCare Select Health Plan will include information on how to contact the Department of Managed Health Care.
2. If your grievance involves a denial of healthcare services, you have the right to request a second appeal from MemorialCare Select Health Plan and a different physician will review your case. You also have the option to request an Independent Medical Review from the DHMC. Information on how to file both types of review requests will be provided to you in your grievance response letter from MemorialCare Select Health Plan.
3. Seek legal remedies in a court of law.

All MemorialCare Select Health Plan Members

“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 **1-844-805-8700** 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.”

Get help in your language

IMPORTANT: Can you read this letter? If not, we can have somebody help you read it. You may also be able to get this letter written in your language. For free help, please call right away at 1-844-805-8700. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats, free of charge, for members with visual impairments. If you need a copy of this document in an alternate format, please call the member service telephone number on the back of your ID card.

English:

ATTENTION: If you speak a language other than English, language assistance services, free of charge, are available to you. Call 1-844-805-8700 (TTY: 711).

Español (Spanish):

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-844-805-8700 (TTY: 711).

繁體中文 (Chinese):

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-844-805-8700 (TTY: 711)。

Tiếng Việt (Vietnamese):

CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 1-844-805-8700 (TTY: 711).

Tagalog (Tagalog – Filipino):

PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 1-844-805-8700 (TTY: 711).

한국어(Korean):

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-844-805-8700 (TTY: 711) 번으로 전화해 주십시오.

Հայերեն (Armenian):

ՈՒՇԱԴՐՈՒԹՅՈՒՆ՝ Եթե խոսում եք հայերեն, ապա ձեզ անվճար կարող են տրամադրվել լեզվական աջակցության ծառայություններ: Չանգահարեք 1-844-805-8700 (TTY (հեռատիպ)՝ 711):

فارسی (Farsi):

توجه: اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. 1-844-805-8700 (TTY: 711) ماس بحیر ی

русский (Russian):

ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 1-844-805-8700 (телетайп: 711).

日本語 (Japanese):

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。1-844-805-8700 (TTY: 711) まで、お電話にてご連絡ください。

العربية (Arabic):

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر .
برقم (TTY:711)
هاتف الصم والبكم

ਪੰਜਾਬੀ (Punjabi):

ਧਿਆਨ ਦਿਓ: ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 1-844-805-8700 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ

ខ្មែរ (Mon Khmer, Cambodian):

ប្រយ័ត្ន: បើសិនជាអ្នកនិយាយភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសាដោយមិនគិតថ្លៃ គឺអាចមានសំរាប់បម្រើអ្នក។ ចូរទូរស័ព្ទ

1-844-805-8700 (TTY: 711)។

Hmoob (Hmong):

LUS CEEV: Yog tias koj hais lus Hmoob, cov kev pab txog lus, muaj kev pab dawb rau koj. Hu rau 1-844-805-8700 (TTY: 711).

हिंदी (Hindi):

ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाए उपलब्ध हैं। 1-844-805-877 (TTY: 711) पर कॉल करें।

ภาษาไทย (Thai):

เรียน: ถ้าคุณพูดภาษาไทยคุณสามารถใช้บริการช่วยเหลือทางภาษาได้ฟรี โทร

1-844-855-8700 (TTY: 711).

**MemorialCare Select Health Plan
Notice Informing Individuals about Nondiscrimination
and Accessibility Requirements**

Discrimination is against the law

MemorialCare Select Health Plan complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability. MemorialCare Select Health Plan does not exclude people or treat them differently because of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

MemorialCare Select Health Plan:

- Provides aids and services at no cost to people with disabilities to communicate effectively with us such as:
 - Qualified sign language interpreters
 - Written information in other formats (including large print, audio, accessible electronic formats, and other formats)
- Provides language services at no cost to people whose primary language is not English such as:
 - Qualified interpreters
 - Information written in other languages

If you need these services, contact MemorialCare Select Health Plan's Member Services.

If you believe that MemorialCare Select Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability, you can file a grievance with:

MemorialCare Select Health Plan

Compliance Coordinator

17360 Brookhurst Street

Fountain Valley, CA 92708

Phone: (844) 805-8700 (TTY: 711)

Email: mcselectmemberservices@memorialcare.org

You can file a grievance in person or by mail, phone, or email. If you need help filing a grievance, we are available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human
Services 200 Independence Avenue SW.
Room 509F, HHH Building
Washington, DC 20201
(800) 368-1019; TTY: (800) 537-7697

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html.