



APPEAL RESOLUTION PROCESS

HOW CAN I FILE AN APPEAL?

1. IEHP Covered members have the right to file an appeal without fear of recrimination (being accused in return). You may file your appeal with IEHP by taking one of the actions below:
 - a. Call IEHP Covered Member Services Department at **1-855-433-IEHP (4347)**, Monday–Friday, 8am–6pm. TTY users should call **711**.
 - b. Fax IEHP’s Grievance and Appeals Department at (909) 890-5748.
 - c. Visit IEHP website at ***IEHP.org***.
 - d. Mail your appeal to P. O. Box 1800, Rancho Cucamonga, CA 91729-1800.
 - e. File in person at:

Inland Empire Health Plan
Grievance and Appeals
Department 10801 Sixth Street
Rancho Cucamonga, CA 91730-5987
Business Hours: Monday-Friday, 8am-5pm

2. IEHP Covered Complaint Forms can be found at all IEHP Covered provider locations. These forms can also be found at their Contracting Organizations’ locations. A patient advocate should be able to assist you.

WHAT HAPPENS AFTER I FILE MY APPEAL?

1. You will get a letter acknowledging receipt of your appeal. This will occur within five (5) days from the date IEHP Covered receives your appeal. The letter will provide you with the name and phone number of an Appeal Representative to assist you with your appeal. Please inform this person if your address or phone number has changed.
2. The whole process will be resolved within 30 days. Within this time, IEHP Covered will send you a letter.
3. If your appeal involves a serious health threat (we call these urgent appeals), we will resolve it within 72 hours. We will inform you of the decision right away. We will also send you a letter to explain our decision within 72 hours from the date we received your appeal. Urgent appeals involve an imminent and serious threat to your health, including, but not limited to, severe pain, potential loss of life, limb, or major bodily function.
4. Services authorized by IEHP Covered prior to the appeal will continue while the appeal is being resolved.

YOUR GRIEVANCE AND APPEAL RIGHTS

1. You have the right to ask for an appeal of decisions to deny, defer or limit services or benefits.
2. You have the right to have your urgent appeal resolved within 72 hours. You have the right to contact the Department of Managed Health Care (DMHC) right away about your urgent appeal by phone or online. The phone number is **1-888-466-2219** or **1-877-688-9891** for TDD users. Their website address is ***www.dmhc.ca.gov***. All other appeals are resolved within 30 days.
3. You have the right to ask IEHP Covered to help you work with your provider or anyone else to fix your problem.
4. You have the right to change your providers.
5. You have the right to appoint someone to help you file your appeal and represent you during the appeal process. Appeals can also be registered or filed by attorneys, physicians, parents, guardians, conservators, relative, or another designee if the member is a minor or an adult who is otherwise incapacitated. Relatives include parents, stepparents, spouse, adult son or daughter, grandparents, brother, sister, uncle or aunt.
6. You have the right to disenroll from IEHP Covered at any time without giving a reason.
7. You have the right to request voluntary mediation. You will be responsible for half of the costs.
8. You have the right to submit written comments, documents or other information in support of your appeal.
9. You have the right to file a grievance if your language needs are not met.
10. You may contact other State Agencies for help.
11. If your grievance or appeal is still not resolved, or you are unhappy with the result, you can call the California Department of Managed Health Care (DMHC) and ask them to review your complaint or conduct an Independent Medical Review.