



GRIEVANCE RESOLUTION PROCESS

HOW CAN I FILE A GRIEVANCE?

1. IEHP Covered Members have the right to file a grievance against IEHP Covered or its practitioners without fear of retaliation. You may file your grievance directly with IEHP Covered by taking one of the following actions.
 - a. Call IEHP Covered Member Services at **1-855-433-IEHP (4347)**, Monday–Friday, 8am–6pm. TTY users should call **711**.
 - b. Fax your grievance to IEHP Covered’s Grievance Department at **(909) 890-5748**.
 - c. Submit your grievance online through the IEHP Covered’s website at ***IEHP.org***.
 - d. You may choose to file your grievance in person at the following address:

Inland Empire Health Plan
Grievance Department
10801 6th St.
Rancho Cucamonga, CA 91730-5987
IEHP’s Business Hours: 8am to 5pm
Monday through Friday
 - e. You may also file your grievance by mail at P.O. Box 1800, Rancho Cucamonga, CA 91729-1800.
2. IEHP Covered’s Complaint Forms are readily available at all IEHP Covered provider offices and their contracting organization locations. A patient advocate should be available to assist you with this process.

WHAT HAPPENS AFTER I FILE MY GRIEVANCE?

1. You will receive an acknowledgment letter informing you of the receipt of your grievance within five days from the date IEHP Covered receives your grievance. The letter will provide you with the name and telephone number of a Grievance Representative, who will assist you with your grievance. Please inform the Grievance Representative if your address or telephone number has changed.

2. The entire process will be resolved within 30 days. IEHP Covered will send you a letter with the resolution within this time. If needed, IEHP Covered may request an additional 14 days to review your grievance.
3. If your grievance involves a serious threat to your health (we call these urgent), we will resolve it within 72 hours. We will notify you of the decision immediately and send you grievance. Urgent grievances 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 previously authorized by IEHP Covered will continue while the grievance is being resolved.

YOUR GRIEVANCE RIGHTS

1. You have the right to have your urgent grievance resolved within 72 hours. You have the right to immediately contact the Department of Managed Health Care (DMHC) regarding your urgent grievance at **1-888-466-2219**, or TDD line **1-877-688-9891**, or at their internet web site: **www.dmh.ca.gov**. All other grievances are resolved within 30 days.
2. You have the right to ask IEHP Covered to help you work with your provider or anyone else to fix your problem.
3. You have the right to change your providers.
4. You have the right to appoint a representative to help you file your grievance and represent you during the grievance process. In addition, grievances can be registered or filed by attorneys, physicians, parents, guardians, conservators, relative, or other 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.
5. You have the right to disenroll from IEHP Covered at any time without giving a reason.
6. You have the right to request voluntary mediation. You will be responsible for half of the costs of mediation.
7. You have the right to submit written comments, documents or other information in support of your grievance.
8. You have the right to file a grievance if your language needs are not met.
9. You may contact other state agencies for help.

IF YOU ARE STILL UNHAPPY:

You may contact The California 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 **1-855-433-IEHP (4347)** (TTY: **711**) 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.dmhca.gov** has complaint forms, IMR application forms and instructions online.