****

**GRIEVANCE RESOLUTION PROCESS**

(MEDI-CAL)

**HOW CAN I FILE A GRIEVANCE?**

1. IEHP Members have the right to file a grievance against IEHP or its Practitioners without fear of recrimination. You may file your grievance directly with IEHP by taking one of the following actions:
	1. Call IEHP’s Member Services Department at (800) 440-4347, or at (800) 718-4347 (TTY) and file your grievance with a Member Services Representative.
	2. Fax your grievance to IEHP’s Grievance Department at (909) 890-5748.
	3. Submit your grievance online through the IEHP web site at www.iehp.org.
	4. You may choose to file your grievance in person at the following address:

Inland Empire Health Plan

Grievance and Appeals Department

10801 6th St., Suite 120

Rancho Cucamonga CA 91730-5987

IEHP’s Business Hours: 8:00AM to 5:00PM

Monday through Friday

* 1. You may also file your grievance by mail at P.O. Box 1800, Rancho Cucamonga, CA 91729-1800.
1. IEHP Complaint Forms are readily available at all IEHP Practitioner 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 (5) days from the date IEHP 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 will send you a letter with the resolution within this time.
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 a letter explaining our resolution within 72 hours from the date that we received your 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 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-HMO-2219, or TDD line 1-877-688-9891, or at their web site: <http://www.hmohelp.ca.gov>. All other grievances are resolved within 30 days.
2. You have the right to ask IEHP 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 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 linguistic needs are not met
9. You may contact other State Agencies for help.

**IF YOU ARE STILL UNHAPPY YOU MAY:**

1. Appeal the grievance decision by calling IEHP Member Services at 1-800-440-IEHP (4347)/TTY 1-800-718-4347 within 30 days of when you first filed your grievance.