



APPEAL RESOLUTION PROCESS **(MEDI-CAL)**

HOW CAN I FILE AN APPEAL?

1. IEHP Members have the right to file an appeal without fear of recrimination. You may file your appeal directly with IEHP by taking one of the following actions:
 - a) Call IEHP's Member Services Department at (800) 440-4347, or at (800) 718-4347 (TTY) and file your appeal with a Member Services Representative.
 - b) Fax your appeal to IEHP's Grievance and Appeals Department at (909) 890-5748.
 - c) Submit your appeal online through the IEHP web site at www.iehp.org.
 - d) You may choose to file your appeal 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

- e) You may also file your appeal by mail at P. O. Box 1800, Rancho Cucamonga, CA 91729-1800.
2. 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 APPEAL?

1. You will receive an acknowledgment letter informing you of the receipt of your appeal within five (5) days from the date IEHP receives your appeal. The letter will provide you with the name and telephone number of an Appeal Representative, who will assist you with your appeal. Please inform the Appeal 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 appeal 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 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 previously authorized by IEHP will continue while the appeal is being resolved.

YOUR GRIEVANCE AND APPEAL RIGHTS

1. You have the right to have your urgent appeal resolved within 72 hours. You have the right to immediately contact the Department of Managed Health Care (DMHC) regarding your urgent appeal at 1-888-HMO-2219, or TDD line 1-877-688-9891, or at their web site: <http://www.hmohelp.ca.gov>. All other appeals 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 appeal and represent you during the appeal process. In addition, appeals 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 appeal.
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.