



Alameda Alliance for Health

1240 South Loop Road
Alameda, CA 94502

Phone Number: **510.747.4567**

Toll-Free: **1.877.932.2738**

People with hearing and speaking
impairments (CRS/TTY): **711/1.800.735.2929**

www.alamedaalliance.org

"YOUR RIGHTS"

YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

How to file a grievance

If you have a problem with your health plan or are unhappy with your care or services you got from a provider, you can file a grievance (complaint). You file this complaint with your health plan.

There is **no** time limit to file a complaint.

You can file a complaint by phone, in writing, or electronically:

- **By phone:** Call Alameda Alliance for Health between 8 am and 5 pm at **1.877.932.2738**. For people with hearing and speaking impairments (CRS/TTY), please call **711/1.800.735.2929**.
- **In writing:** Fill out an appeal form or write a letter and send it to:
**Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94502**

Your doctor's office has appeal forms. Your health plan can also send a form to you.

- **Electronically:** Go to your health plan's website at **www.alamedaalliance.org**.

If you need help filing your complaint or you need free language services, call: **1.877.932.2738**. For people with hearing and speaking impairments (CRS/TTY), please call **711/1.800.735.2929**.

You may file a complaint yourself. Or, you can have someone such as a relative, friend, advocate, doctor, or attorney file the complaint for you. This person is called an "authorized representative". You can send in anything you want your health plan to review.

Your health plan has **30 days** to give you an answer. At that time, you will get a "Notice of Grievance Resolution" letter. This letter will tell you what the health plan has decided.
Expedited grievances

If you think waiting **30 days** will hurt your health, you might be able to get an answer within 72 hours. When you file your complaint, say why waiting **30 days** will hurt your health. Make sure you ask for an “**expedited grievance**”.

How to file an appeal

If you do not agree with a decision made for your medical treatment, you can file an appeal. You file this appeal is filed with your health plan.

You have **60 days** from the date of a “Notice of Action” letter to file an appeal. But, if you are getting treatment **now** and want to keep getting treatment, you must ask for an appeal within **10 days** from the date the letter was postmarked or delivered to you, or before the date your health plan says services will stop. When you file an appeal you must say that you want to keep getting treatment.

You can file an appeal by phone, in writing, or electronically:

- **By phone:** Call Alameda Alliance for Health between 8 am and 5 pm at **1.877.932.2738**. For people with hearing and speaking impairments (CRS/TTY), please call **711/1.800.735.2929**.
- **In writing:** Fill out an appeal form or write a letter and send it to:
Alameda Alliance for Health
1240 South Loop Road
Alameda, CA 94501

Your doctor’s office has appeal forms. Your health plan can also send a form to you.

- **Electronically:** Got to your health plan’s website at **www.alamedaalliance.org**.

You may file an appeal yourself. Or, you can have someone such as a relative, friend, advocate, doctor, or attorney file the appeal for you. This person is called an “authorized representative”. You can send in anything you want your health plan to review. A doctor who is different from the doctor who made the first decision will look at your appeal.

Your health plan has **30 days** to give you an answer. At that time, you will get a “Notice of Appeal Resolution” letter. The letter will tell you what the health plan decided. If you do **not** get a letter within **30 days**, you can:

- Ask for an “**Independent Medical Review**” (**IMR**) and an outside reviewer that is not related to the health plan will review your case
- Ask for a “**State Hearing**” and a judge will review your case

Please read the section below for instructions on how to ask for an IMR or State Hearing.

Expedited appeals

If you think waiting **30 days** will hurt your health, you might be able to get an answer within **72 hours**. When you file your appeal, say why waiting **30 days** will hurt your health. Make sure you ask for an “**expedited appeal**”.

If you do not agree with the appeal decision

If you filed an appeal and got a “Notice of Appeal Resolution” letter telling you that your health plan will still not provide the services, or you did **not** get a letter telling you of the decision within **30 days**, you can:

- Ask for an “**Independent Medical Review**” (**IMR**) in which an outside reviewer not related to the health plan will review your case
- Ask for a “**State Hearing**,” in which a judge will review your case

You can ask for **both** an IMR and State Hearing at the same time. You can also ask for one before the other to see if it will resolve your problem first. For example, if you ask for an IMR first but do not agree with the decision, you can still ask for a State Hearing later. However, if you ask for a State Hearing first but the hearing has already taken place, you cannot ask for an IMR. In that case, the State Hearing has the final say.

You will not have to pay for an IMR or State Hearing.

Independent Medical Review (IMR)

If you want an IMR, you must first file an appeal with your health plan. If you do not hear from your health plan within **30 days**, or you are unhappy with your health plan’s decision, you may then ask for an IMR. You must ask for an IMR within **180 days** from the date of the “Notice of Appeal Resolution” letter.

If your health is in immediate danger or the request was denied because treatment is considered experimental or investigational, you may be able to get an IMR right away **without** filing an appeal first

To learn how to ask for an IMR, read below. “Grievance” refers to both “complaints” and “appeals.”

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 **1.877.932.2738**, for people with hearing and speaking impairments (CRS/TTY), please call **711/1.800.735.2929** 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.HMO.2219**) and a TDD line (**1.877.688.9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

State Hearing

If you want a State Hearing, you must ask for one within **120 days** from the date of the "Notice of Appeal Resolution" letter. You can ask for a State Hearing by phone or in writing:

- **By phone:** Call **1.800.952.5253** (TTY/TDD **1.800.952.8349**). The number can be very busy. You may get a message to call back later.
- **In writing:** Fill out a State Hearing form or send a letter to:
California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430

Be sure to include your name, address, telephone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you ask for a State Hearing, add their name, address, and telephone number to the form or letter. If you need an interpreter, tell us what language you speak. You will not have to pay for an interpreter. We will get you one.

After you ask for a State Hearing, it could take up to **90 days** to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an answer within **3 working days**. Ask your doctor or health plan to write a letter for you. The letter must explain in detail how waiting for up to **90 days** for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an "**expedited hearing**" and provide the letter with your request for a hearing.

You may speak at the State Hearing yourself. Or, someone such as a relative, friend, advocate, doctor, or attorney can speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak for you. This person is called an "authorized representative".

Legal Help

You may be able to get free legal help. Call the Department of Consumer, Environmental and Worker Protection at the Alameda County District Attorney's Office at **1.510.383.8600**. You may also call the local Legal Aid Society in your county at **1.888.804.3536**.