



HOW TO FILE A COMPLAINT, GRIEVANCE, OR REQUEST AN INDEPENDENT MEDICAL REVIEW (IMR)

Policy

VCHCP recognizes that, under certain circumstances, our performance or that of our contracted providers, may not agree with or match our members' expectations. Therefore, the Plan has established a grievance/complaint and appeal system for the Plan Members to file a grievance. We endeavor to assure our members of their rights to voice complaints and appeals, and to expedite resolutions.

VCHCP encourages the informal resolution of problems and complaints, especially if they resulted from misinformation or misunderstanding. However, if a complaint cannot be resolved in this manner, a formal Member Grievance Procedure is available.

The Member Grievance Procedure is designed to provide a meaningful, dignified and confidential process for the hearing and resolving of problems and complaints. VCHCP makes available complaint forms at its offices and provides complaint forms to each Participating Provider. A Member may initiate a grievance in any form or manner (form, letter, or telephone call to the Member Services Department), and when VCHCP is unable to distinguish between a complaint and an inquiry, the communication shall be considered a complaint that initiates the Member Grievance Procedure.

Definitions [See California H&S Codes 1368 and 1368.015]

Procedures Members may register complaints with VCHCP by calling or writing:

Ventura County Health Care Plan
2220 E. Gonzales Rd. Ste. 210-B
Oxnard, CA 93036
(805) 981-5050 or (800) 600-VCHP

In addition, the Plan's website provides an on-line form that an enrollee may use to file a grievance on-line. The link to this on-line Grievance Form is found on the right-hand side of the Plan's web portal page, (www.vchealthcareplan.org).

The Plan shall provide written acknowledgment of a Member's grievance within five (5) days of receipt. The Plan shall provide a written response to a grievance within thirty (30) days. If, however, the case involves an imminent and serious threat to the health of the Member, including, but not limited to, severe pain, potential loss of life, limb, or major bodily function, the Plan shall provide an expedited review. The Plan shall provide a written statement on the disposition or pending status of a case requiring an expedited review no later than three days from receipt of the grievance.

For Language Assistance services, call VCHCP at (805) 981-5050 or (800) 600-8247. TDD/TTY for the hearing impaired at (800) 735-2929 to communicate in English or (800) 855-3000 to communicate in Spanish.



If you are not satisfied with the Plan's decision, you may file a grievance with the Department of Managed Health Care (DMHC). The DMHC requires that we provide you with the following language:

"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 **805-981-5050** or **800-600-8247** and for hearing impaired members: TDD to Voice (800) 735-2929; Voice to TDD (800) 735-2922 for English or (800) 855-3000 for Spanish 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."