

Blue Shield of California member grievance procedure

If you disagree with Blue Shield of California's (Blue Shield) determination, you, your provider, or an attorney or representative on your behalf may file a grievance by 1) calling the Customer Service/Member Services Department toll-free number located on your Blue Shield member ID card or **(800) 393-6130**, 2) writing to the Customer Service/Member Services Department or 3) submitting a completed Grievance Form. You can obtain a Grievance Form either by contacting Customer Service/Member Services or by logging in to **blueshieldca.com**. The completed Grievance Form should be submitted either online or to the address below. Grievances are resolved within 30 days. The grievance system allows you to file standard or expedited grievances within 180 days following an incident or action that is subject to your dissatisfaction. Please indicate that you are filing a grievance, and include any documents or information that you believe may be relevant to the review of your grievance.

- Hearing- and speech-impaired: Call our TTY number at **711**
- Online: **blueshieldca.com**
- Write: Blue Shield of California
Attn: Customer Service Grievances
P.O. Box 5588
El Dorado Hills, CA 95762-0011

Expedited decisions

You have the right to an expedited decision when the routine decision-making process might pose an imminent or serious threat to your health including, but not limited to, severe pain or potential loss of life, limb, or major bodily function. Blue Shield will evaluate your request and medical condition to determine if it qualifies for an expedited decision, which will be processed as soon as possible to accommodate the patient's condition, not to exceed 72 hours. To request an expedited decision, you or your physician on your behalf can call the phone number or write to the address as listed above. Specifically state that you want an expedited decision, and that waiting for the standard process might seriously jeopardize your health.

The Department of Managed Health Care notification

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 **(800) 393-6130** 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.dmhc.ca.gov**, has complaint forms, IMR application forms, and instructions online.

Independent Medical Review through the DMHC – voluntary appeal procedure

Members have the right to request an IMR through the DMHC, as indicated in the above paragraph. Members may apply for an IMR if A) the member's provider has recommended a healthcare service as medically necessary, or B) the member has received urgent care or emergency services that a provider determined was medically necessary, or C) in the absence of a provider recommendation or the receipt of urgent care or emergency services, the member has been seen by a network provider for the diagnosis or treatment of the medical condition for which the member seeks independent review. Expedited external medical review can occur concurrently with the internal appeals process for urgent care. Members can contact the DMHC directly.

Employee Retirement Income Security Act (ERISA) notification

If your employer's health plan is governed by the Employee Retirement Income Security Act (ERISA), you may have the right to bring a civil action under Section 502(a) of ERISA if all required reviews of your claim have been completed and your claim has not been approved. Additionally, you and your plan may have other voluntary alternative dispute resolution options, such as mediation.

You are entitled to, upon request and free of charge, reasonable access to, and copies of, all documents, records, and other information relevant to your claim for benefits.

RIGHT TO SUBMIT GRIEVANCE REGARDING CANCELLATION, RESCISSION, OR NONRENEWAL OF YOUR PLAN ENROLLMENT, SUBSCRIPTION, OR CONTRACT

If you believe your healthcare coverage has been, or will be, improperly cancelled, rescinded, or not renewed, you have the right to file a grievance with the plan and/or the Department of Managed Health Care.

OPTION (1) – YOU MAY SUBMIT A GRIEVANCE TO YOUR PLAN

- You may submit a grievance to Blue Shield by calling (800) 393-6130, going online at **blueshieldca.com**, or by mailing your written grievance to Blue Shield of California, Appeals and Grievances Dept, P.O. Box 5588, El Dorado Hills, CA 95762.
- You may want to submit your grievance to Blue Shield first if you believe your cancellation, rescission or nonrenewal is the result of a mistake. Grievances should be submitted as soon as possible.
- Blue Shield will resolve your grievance or provide a pending status within three (3) calendar days. If you do not receive a response from the plan within three (3) calendar days, or if you are not satisfied in any way with the plan's response, you may submit a grievance to the Department of Managed Health Care as detailed under Option 2 below.

OPTION (2) – YOU MAY SUBMIT A GRIEVANCE DIRECTLY TO THE DEPARTMENT OF MANAGED HEALTH CARE

- You may submit a grievance to the Department of Managed Health Care without first submitting it to the plan or after you have received the plan's decision on your grievance.
- You may submit a grievance to the Department of Managed Health Care online at: **dmhc.ca.gov**.
- You may submit a grievance to the Department of Managed Health Care by mailing your written grievance to:
HELP CENTER
DEPARTMENT OF MANAGED HEALTH CARE
980 NINTH STREET, SUITE 500
SACRAMENTO, CALIFORNIA 95814-2725
- You may contact the Department of Managed Health Care for more information on filing a grievance at:
PHONE: 1-888-466-2219
TTY: 1-877-688-9891
FAX: 1-916-255-5241