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YOUR RIGHTS UNDER MEDI-CAL MANAGED CARE

If you do not agree with this decision you may:

- Ask for a “State Hearing”
- File a grievance with your health plan
- Ask for an Independent Medical Review (IMR)

You can file a grievance with your health plan **and** ask for a State Fair Hearing at the same time.

You may have to file a grievance with your health plan **before** you can ask for an IMR, except in some cases.

You will not have to pay for any of these.

STATE HEARINGS

You may ask for a State Hearing in writing. Fill out the enclosed form or send a letter to:

**California Department of Social Services
State Hearing Division
P.O. Box 944243, MS 9-17-37
Sacramento, CA 94244-2430**

Alternatively, you may call **1-800-952-5253** to ask for a State Hearing. This number can be very busy so you may get a message to call back later. If you have trouble hearing or speaking, you can call **TDD 1-800-952-8349**.

If you want a State Hearing, you must ask for it within 90 days from the date of this letter, **UNLESS you and your treating provider want to keep your treatment going** that this Notice of Action is stopping or reducing. **Then, you must ask for a State Hearing within 10 days from the date this letter was postmarked or personally delivered to you, or before the effective date of the action which you are disputing.** Please state that you want to keep getting your treatment during the hearing process.

If you use the enclosed form or write a letter to ask for a State Hearing, be sure to include your name, address, phone number, Social Security Number, and the reason you want a State Hearing. If someone is helping you to ask for a State Hearing, add their name, address and phone number to the form or letter. If you need a free interpreter, tell us what language you speak.

After you ask for a hearing, it could take up to 90 days for your case to be decided and an answer sent to you. If you believe waiting that long will seriously jeopardize your life or health or ability to attain, maintain or regain maximum

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function, ask your doctor or Anthem Blue Cross for a letter. The letter must explain how waiting for up to 90 days for your case to be decided will seriously jeopardize your life or health or ability to attain, maintain or regain maximum function. Then ask for an **expedited hearing** and provide the letter with your request for hearing.

LEGAL HELP

You may speak for yourself at the State Hearing or have someone else speak for you, including a relative, friend or attorney. You must get the other person yourself. You may be able to get free legal help by calling your Health Consumer Hotline. You may also call the local Legal Aid Society in your county which can be found under "Legal Services" in the yellow pages of the telephone book.

GRIEVANCES

You may ask for a grievance by calling Anthem Blue Cross at **1-800-407-4627** or by sending a letter to Anthem Blue Cross, Attn: Appeals and Complaints Department, P.O. Box 60007 Los Angeles, CA 90060-0007.

Your doctor will have grievance forms. Anthem Blue Cross will review its decision based on your grievance and you will get an answer within 30 days. If you think that waiting 30 days will harm your health, be sure to say why when you ask for your grievance. Then you might be able to get an answer within 3 calendar days.

Department of Managed Health Care

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 **(1-800-407-4627)** 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 applications forms, and instructions online.

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Other Information

Anthem Blue Cross wants to try to help you with your problems, so we hope you will call us first.

Additional Rights

A written copy of the actual criteria, benefit provision, or other resource that we relied on in making this decision will be made available to you upon request. Please call (enter medical group name and department at **enter group's number**).

You have the right to appeal this decision. An appeal is sometimes called a grievance. You have at least 90-days from the date you get this letter to ask for an appeal. To ask for an appeal contact Anthem Blue Cross at **1-800-407-4627** or by sending a letter to Anthem Blue Cross, Attn: Grievance Coordinator, P. O. Box 60007, Los Angeles, CA 90060-0007.

If you appeal this decision, you have a right to submit written comments, documents or other information relevant to your appeal and you have the right to be represented by anyone you choose, including an attorney and have that representative act on your behalf at all levels of appeal. You can also name a relative, friend, advocate, doctor, lawyer or someone else to act for you. Others already may be authorized under State law to act for you. Your appeal will be decided by a physician who was not involved in making any other decisions in your case.

It can take up to 30 days for Anthem Blue Cross to make a decision on your appeal. If you think that waiting this long could seriously jeopardize your life or health or your ability regain maximum function, ask for an Expedited Appeal. Anthem Blue Cross will decide an Expedited Appeal in 72 hours. Your doctor or practitioner can ask for an Expedited Appeal on your behalf. More information and Appeals and State Hearings is contained in "Your Rights Under Medi-Cal Managed Care" included with this notice.