

## Member Appeal or Grievance Form



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At Health Net Community Solutions (Health Net), your concerns matter to us. If you do not agree with a decision, you, or someone else may file an Appeal for a denied service. You can file a Grievance if you are not happy with the care or treatment you received.

We must have your written consent if your Provider or someone you choose is filing an Appeal or Grievance on your behalf. We may need your written consent to get medical records for your Appeal or Grievance. You may contact Health Net Member Service Department by calling 1-800-675-6110 or go to [www.healthnet.com](http://www.healthnet.com) to get these forms.

- Authorized Representative form
- Medical Records Release form

Include any papers or information relevant for your Appeal or Grievance. You can choose any of the following ways to send your Appeal or Grievance.

- Call the Health Net Member Service Department at 1-800-675-6110. Language services are available if you need.
- 711 (TTY) for the hearing and speech impaired
- Complete the Appeals or Grievance form online at: [www.healthnet.com](http://www.healthnet.com)
- Complete this form and submit it via mail or fax

**Mail:** Health Net Community Solutions  
Attn: Member Appeals and Grievance Department  
PO Box 10348  
Van Nuys, CA 91410-0348  
Or  
**Fax #** 1-877-831-6019

Member materials are on hand in other formats such as, Braille, large print, audio, and more.

# Member Appeal or Grievance Form



Part 1: Member Information		
First and Last Name:	ID#:	Date of Birth:
Address:	City:	Zip Code:
Phone Number:	Best Time to Call:	

Part 2: Information about the Appeal or Grievance	
Name of Provider:	Date of Service(s)/Occurrence:
Claim Number(s):	Reference Number(s):

Tell us your concern(s) and action you want. Include: Name of Provider, date of service(s), claim or reference number(s).

For Appeals: Attach a copy of the Notice of Action Letter.

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You can ask for a conference if you received a denial for treatment or supplies as experimental and have a terminal illness.

I have a terminal illness and am asking for a conference.

### **Part 3: For Your Information**

Notice of Action is a formal letter that we tell you we will deny, delay, change, or end a service(s). A Grievance can be sent at any time.

Ask for a fast review if your Appeal or Grievance involves an immediate or serious threat to your health. We will review your Appeal or Grievance within 72 hours from the time of receipt.

You will get a letter in five (5) calendar days once we get your Appeal or Grievance.

The staff person at Health Net that will work on your case may talk to you for more information.

Reach out to DMHC or DHCS if you are not happy with how Health Net resolves your concerns.

### **California Department of Managed Health Care (DMHC)**

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 **(1-800-675-6110, TTY:711)** 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](http://www.dmhc.ca.gov)** has complaint forms, IMR application forms, and instructions online.



**Senate Bill (SB) 923 Transgender, Gender Diverse or Intersex (TGI) Inclusive Care Act**

You have a right to file a complaint with Health Net and the DMHC if your provider or Health Net staff failed to provide you trans-inclusive care.

Trans-inclusive health care is defined as comprehensive health care that is consistent with the standards of care for individuals who identify as TGI, honors an individual's personal bodily autonomy, does not make assumptions about an individual's gender, accepts gender fluidity and nontraditional gender presentation, and treats everyone with compassion, understanding and respect [HSC § 1367.043(d)(3)].

**California Department of Health Care Services (DHCS) Office of the Ombudsman**

You may also call the Ombudsman Office of the California Department of Health Care Services (DHCS) for help. The Ombudsman Office helps Medi-Cal beneficiaries to fully use their rights and responsibilities as a member of a managed care plan. To find out more, call toll-free **1-888-452-8609**, Monday to Friday, 8:00am to 5:00pm.

**Part 4: Signature**

\_\_\_\_\_  
Signature of Member or Authorized Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name of Member or Authorized Representative