

Grievance and Appeal Process

SCFHP wants you to be satisfied with your health care. If you have questions regarding your care, we encourage you to speak with the health care professional treating you. In most cases, they can provide answers right away and hopefully resolve your questions or concerns. If the problem is not resolved, call SCFHP's Customer Service Department. They will work with you to fix the problem and if they cannot solve the problem, our Grievances and Appeals Department will help to resolve the issue.

Any kind of complaint about your physician, medical group, hospital, or any other health care provider issue that you cannot solve with that health care provider is called a grievance.

Any complaint about a Notice of Action (denial letter) you have received telling you that a medical or pharmacy service has been denied, deferred, or modified is called an appeal.

If you receive a Notice of Action you have 60 days from the date on the Notice of Action to file an appeal with SCFHP. If your health care provider files the appeal, SCFHP requires your written consent.

Services or benefits that were previously authorized will continue during the appeal process if your request for continuation is filed:

- Within 10 calendar days of SCFHP's Notice of Action, or
- Before the date SCFHP intends to terminate services, explained through the Notice of Action

You can also file a grievance that is not about a Notice of Action. You may file your complaint with SCFHP at any time, regardless of the date that the incident or action occurred which caused you to be dissatisfied.

SCFHP Grievance and Appeal Timeframes:

If you file a grievance or appeal that is not urgent (standard), and SCFHP cannot resolve it by the close of the next business day SCFHP received it, then SCFHP will:

- Send you a letter within 5 calendar days of receiving your grievance or appeal letting you know that SCFHP received it.
- Resolve your grievance, including all appeals, within 30 calendar days of receiving your grievance or appeal.
- Send you a letter telling you how we have handled your grievance or appeal.

Asking for a Faster (Expedited) Grievance or Appeal Review (72 Hour Response)

You or your health care provider can ask us to decide your request faster if it involves imminent and serious threat to your health including but not limited to severe pain, or potential loss of life, limb, or major body function.

Reasons for filing a grievance or appeal that requires an expedited review include, but are not limited to:

- You have not received a service or supply, and you believe your condition is medically urgent and requires that service or supply.
- A service or supply that you were receiving has been discontinued, and you believe your condition is medically urgent.
- A request to continue a course of treatment that is ending.
- If you decide to file an expedited grievance or appeal with SCFHP, SCFHP's Medical Director will decide if your case qualifies for an expedited review. If the grievance or appeal is expedited, SCFHP will Resolve your grievance or appeal and notify you of our decision verbally and in writing within 72 hours of receipt of your grievance or appeal.

If you do not agree with our decision, you have the right to submit it to the Department of Managed Health Care (DMHC) for review. You may contact the Department of Managed Health Care at **1-888-466-2219**. Deaf or hard of hearing and speech impaired may call the TTY number at **1-877-688-9891**. You may also obtain complaint forms, Independent Medical Review application forms and instructions online on DMHC's website at **www.hmohelp.ca.gov**.

Requesting a State Fair Hearing from the Department of Health Care Services

You can request a State Fair Hearing if you disagree with SCFHP's decision to deny, defer or modify an appeal requested by you or your provider. A State Hearing is a process by which you can complain directly to the State of California and have someone judge your case.

You must file the request for a State Fair Hearing within 120 days after the date of the Notice of Appeal Resolution that SCFHP issued.

You can ask for a State Hearing by:

- Writing to the California Department of Social Services, State Hearings Division:
P.O. Box 944243, MS-9-17-37, Sacramento, CA 94244-2430;
- calling **1-800-952-5253** (if you cannot hear or speak well, call **1-800-952-8349**), or
- faxing to **1-916-651-5210**

At the State Hearing you may represent yourself, or have an authorized person such as a lawyer, relative, friend, or other person represent you.

SCFHP will continue any previously approved care pending a decision from the State Fair Hearing if you ask for the State Hearing within 10 days from the date of the Notice of Appeal Resolution or before the date SCFHP says services will stop. You must also say that you would like to continue receiving services or treatment when you file the State Hearing.

Expedited State Hearing

You can ask for a faster (expedited) State Hearing if it involves imminent and serious threat to your health including but not limited to severe pain, potential loss of life, limb, or major body function. The expedited State Hearing process only applies to an SCFHP denial of a requested appeal. If your request qualifies as expedited, the Expedited State Hearing will take place, and a decision will be made, all within 3 working days.

For more information about an Expedited State Hearing, call Customer Service. You may also come to our office at 210 East Hacienda Ave., Campbell, CA 95008.

You can request both an IMR and State Hearing at the same time if you disagree with a decision made by SCFHP. However, if you ask for a State Hearing first and the hearing has already occurred, you are unable to ask for an IMR.