



Grievance Process

MediExcel Health Plan is committed to meeting the needs of our members. Our Member Services staff are available to answer questions and help you get the health care you need. If you have a concern with MediExcel Health Plan, you have the right to file a complaint. A complaint is also called a grievance or an appeal.

This document will assist you with the following:

- File a grievance with MediExcel Health Plan
- If you still need help, contact the State of California Health Plan Help Center
- Independent Medical Review (IMR)
- Binding arbitration

Here are some examples of when you can file a grievance with MediExcel Health Plan:

- You have been denied a service, treatment, or medicine
- You have been denied a referral
- MediExcel Health Plan cancels your health benefits
- MediExcel Health Plan does not reimburse you for a covered service that you paid for and received
- MediExcel Health Plan does not pay for emergency care you needed
- You cannot get an appointment as soon as you need it
- You feel you received poor care or service

When filing your grievance with Member Services, please keep the following in mind:

- If your problem is urgent MediExcel Health Plan must give you a decision within 3 days. An urgent problem is an immediate and serious threat to your health.
- If your problem is not urgent, MediExcel Health Plan must give you a decision within 30 days.
- You must file your grievance within 6 months after the incident or action that is the cause of your complaint with MediExcel Health Plan.

How to contact MediExcel Health Plan Member Services:

Telephone: toll Free (855) 633-4392, or (664) 633-8555 if dialing from Mexico.

Website: www.mediexcel.com

If you still need help, contact California's Health Plan Help Center:

The Health Plan Help Center is part of the Department of Managed Health Care (DMHC.) The DMHC protects the rights of HMO members.



- If you do not agree with MediExcel Health Plan's decision, or you do not receive the decision within the required time, you can take your problem to the Health Plan Help Center. See the contact information below.
- The Health Plan Help Center will look at your case and decide if you qualify for an Independent Medical Review (see "Independent Medical Review (IMR)" below).
- If you do not qualify for an Independent Medical Review, the Health Plan Help Center will review your case as a complaint against your health plan.
- If your problem is urgent, you can call the Health Plan Help Center at any time.

How to contact the Health Plan Help Center:

- **Call:** 1-888-466-2219 in the U.S.
- **Website:** www.dmhc.ca.gov. The website has Independent Medical Review forms, complaint forms, and instructions.
- Staff are available 24 hours a day, 7 days a week, in many languages, to help you resolve problems with your health plan. There is no charge to call.

Independent Medical Review (IMR)

An IMR is a review of your case by one or more doctors who are not part of your health plan. You do not pay anything for an IMR. If the IMR is decided in your favor, MediExcel Health Plan must give you the service or treatment you requested.

You may qualify for an IMR if MediExcel Health Plan does one of the following:

- Denies, changes, or delays a service or treatment because MediExcel Health Plan determines it is not medically necessary.
- Denies an experimental or investigational treatment for a serious condition.
- Will not pay for emergency or urgent care that you already received.

More information about an IMR:

- If MediExcel Health Plan denies a treatment because it is experimental or investigational, you can apply for an IMR right away. You do not have to file a complaint with MediExcel Health Plan first.
- Similarly, if MediExcel Health Plan denies a treatment and you believe your case is extraordinary and compelling as it involves an imminent threat to your health, you can apply for an IMR right away and request a waiver from the Health Plan Help Center to avoid filing a complaint with MediExcel Health Plan first.
- In all other cases, you have to file a complaint with MediExcel Health Plan first and wait for MediExcel Health Plan's decision.



- You must apply for an IMR within 6 months after MediExcel Health Plan sends you a decision about your complaint, unless you had a good reason for the delay.
- If you decide not to participate in the IMR process, you may be giving up your right, as stated in California law, to take other legal action against MediExcel Health Plan regarding the service or treatment you are requesting.

California law requires that we include the following statements:

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 **(855) 633-4392**, or at **(664) 633-8555** if dialing from Mexico 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 an 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.

Please note that grievances involving rescissions, cancellations and nonrenewal grievances are treated as expedited grievances and the enrollee does not need to submit a grievance first to the health plan. **If you believe your health coverage has been, or will be improperly canceled, rescinded, or not renewed, you may also call the Department of Managed Healthcare for assistance.**

Binding Arbitration

If you cannot solve your problem through the complaint processes listed above, you can ask for binding arbitration (see below.) Binding arbitration is the final step you can take to resolve your complaint with MediExcel Health Plan.

When you became a member of MediExcel Health Plan, you agreed to submit all unresolved complaints to binding arbitration, including complaints about medical malpractice. This means that you have agreed to give up your right to a trial by jury



and other legal proceedings.

- Arbitration is usually less expensive and takes less time than a lawsuit.
- Arbitration can be requested by either MediExcel Health Plan or the Member.

Definition of binding arbitration:

Arbitration is a way to solve disputes, disagreements, or problems without filing a formal lawsuit.

- One or more people, called arbitrators, who are not connected with you or with MediExcel Health Plan make the final decision on your case.
- Together, you and MediExcel Health Plan choose and approve the arbitrator(s).
- The arbitrator(s) reviews the case and then writes a decision, called an *opinion*.
- Both you and MediExcel Health Plan must accept (be bound by) the decision of the arbitrators.

How to request arbitration:

Send a written request (also called a demand) for arbitration to:

MediExcel Health Plan

Attention: Arbitration Requests

750 Medical Center Court, Suite 2

Chula Vista, CA 91911

Location of Arbitration

-) For matters of arbitration against MediExcel Health Plan, the location will be in San Diego County using California and US Federal law.
-) For matters of arbitration against a Mexican healthcare provider, the location will be in Baja California under the jurisdiction of Mexico.

Paying for arbitration:

Attorney(s) fees: You must pay your own attorney fees if you choose to have an attorney. MediExcel Health Plan will pay for its own attorney fees.

Arbitrator(s) fees: You and MediExcel Health Plan share the fees and expenses of the arbitrator(s) equally. If you cannot pay your part of the arbitrator's fees and expenses, you may ask MediExcel Health Plan to pay. Write to MediExcel Health Plan Member Services and ask for a hardship application. MediExcel Health Plan will send your application to an independent organization or person to decide if MediExcel Health Plan should pay for some or all your part of the arbitrator's fees and expenses.



Member Grievance Form

The purpose of this form is to ask MediExcel Health Plan to initiate the grievance process. You may file a grievance with MediExcel Health Plan up to 180 calendar days following any incident that is subject to your dissatisfaction. Your request will be acknowledged within 5 calendar days of receipt, and resolved within 30 calendar days.

If this request is urgent, please contact Member Services at (619) 365-4346. An urgent request may include:

- an imminent and serious threat to your health, including but not limited to severe pain and/or potential loss of life, limb, or major bodily function.
- a concern related to cancellation, rescission or nonrenewal of coverage.

If this is an emergency, call 911 or go to the nearest emergency room.

Please sign, date, include your Member ID number and date of birth on this form. Send your completed form along with all relevant documents such as billing statements, provider bills, and payment receipts to:

Mail:

MediExcel Health Plan
Grievances & Appeals
750 Medical Center Court, Suite 2
Chula Vista, CA 91911

E-mail:

memberservices@mediexcel.com

Member Contact Information (*member complete this section*)

Last Name:		First Name:		Member ID:	
Mailing Address:			City:		State: Zip Code:
Telephone #:		Best Time to Call:		Preferred Method of Communication: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> E-mail	
E-mail:					
Name of Person Filing Grievance (if other than the member):					

Patient Information (*complete this section ONLY if the patient is someone other than the member*)

Last Name:		First Name:		Relationship to Member:		Member ID:	
Mailing Address:			City:		State:		Zip Code:

Member Grievance Information

Date of Service:		Provider Name:					
Claim #:				Billed Amount:			



Briefly outline the specific details of your grievance. Identify what the grievance is, and WHEN the events you describe took place. Please provide COPIES of all itemized bills, payment checks, (both sides) receipts and correspondence related to this grievance. If this grievance involves a denial for treatment, services or supplies deemed to be experimental for a terminal illness, and you would like to request a conference as part of the grievance process, please let Member Services know. Attach additional pages to this form as needed.

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Certification

I certify that the information above is true and correct.	
Member/Patient Signature:	Date:
Authorized Representative:	Relationship to Member/Patient:
Authorized Representative Telephone #:	E-mail Address: