



IMPERIAL HEALTH PLAN
OF CALIFORNIA

Imperial Health Plan of California, Inc. (HMO) (HMO SNP)

Written Grievance Form (Part C & D)

This form is for use in filing a formal grievance (complaint) regarding any aspect of the care or service provided to you. Grievances must be filed no later than 60 days after the incident that precipitates the grievance. Imperial Health Plan is required by law to respond to your grievances. A detailed procedure exists for resolving these situations.

Complete member information about the grievance below:

Last Name **First Name:** **Middle Initial:** Click or tap here to enter text.

Address: Click or tap here to enter text. **City, State, Zip:** Click or tap here to enter text.

Home Phone Number: Click or tap here to enter text. **Alternate Phone Number:** Click or tap here to enter text.

Member ID: Click or tap here to enter text. **Date of Birth:** Click or tap here to enter text.

Write below what your grievance is about. Give date(s), time(s), person(s), place(s), service(s) etc. involved. Please attach copies of any additional information that may be helpful to your grievance. (i.e., notices received, medical records, billing statement, etc.) Use another sheet of paper if necessary.

Click or tap here to enter text.

Member Signature: Click or tap here to enter text. **Date:**

If the grievance is filed by someone other than the member, please fill out and sign the **Appointment of Representative (AOR) Form** available on the Imperial Health Plan website www.imperialhealthplan.com and submit it with this form. Additional information regarding the AOR process can be found on the next page.

Signature of Representative: Click or tap here to enter text. **Date:** Click or tap here to enter text.

HOW TO SUBMIT YOUR GRIEVANCE

You may file a grievance by:

- **Fax:** Submitting a written grievance or a completed Imperial Health Plan Grievance Request Form by fax to **1-626-380-9049**.
- **Email:** appealsgrievances@imperialhealthplan.com with a completed Imperial Health Plan Grievance Request Form.

- **Send a letter to us.** Mail your written request to:

Imperial Health Plan
Attn.: Appeals & Grievances
PO Box 60874
Pasadena, CA 91116

- **Call Member Services:** 1-800-838-8271. TTY users should call 711. We are open October 1 – March 31: Monday – Sunday, from *6:00 am PST – 8:00 pm PST and April 1 – September 30: Monday – Friday, from *6:00 am PST – 8:00 pm PST. *California Member Services opens at 8:00 am PST.

Grievance Processing Timeframes:

Imperial Health Plan must notify you of our decision about your grievance as quickly as your case requires based on your health status, but no later than 30 days after receiving your grievance. In certain limited circumstances you may file an expedited grievance. Expedited grievances will be completed within 24 hours.

We may extend the processing timeframe by up to 14 days if you request the extension, or if we justify a need for additional information and document how the delay is in your best interest. If we extend the timeframe, we will notify you in writing of the reasons for the delay and inform you of the right to file an expedited grievance if you disagree with our decision to grant an extension.

Additional information regarding the AOR process:

A member can have any individual (such as a relative, friend, advocate, or an attorney) act as his or her representative. To have any individual act on your behalf, both the member and the representative must sign, date, and complete a representative form or an equivalent written notice. An "equivalent written notice" is one that:

- Includes the name, address, and telephone number of the enrollee.
- Includes the enrollee's Medicare Beneficiary Identifier (MBI) or Plan ID number.
- Includes the name, address, and telephone number of the individual being appointed.
- A written explanation of the purpose and scope of the representation
- Contains a statement that the enrollee is authorizing the representative to act on his or her behalf for the claim(s) at issue, and a statement authorizing disclosure of individually identifying information to the representative.
- Is signed and dated by the enrollee making the appointment; and
- Is signed and dated by the individual being appointed as representative and is accompanied by a statement that the individual accepts the appointment.

This representative form can be found on our website at www.imperialhealthplan.com. Should you need help completing these forms you can call Imperial Health Plan Member Services Department at 1-800-838-8271. TTY users should call 711. We are open October 1 – March 31: Monday – Sunday, from *6:00 am PST – 8:00 pm PST and April 1 – September 30: Monday – Friday, from *6:00 am PST – 8:00 pm PST, Saturday – Sunday from 10:00am – 2:00pm PST. *California Member Services opens at 8:00 am PST.

Imperial Health Plan. (HMO) (HMO SNP) is dedicated to ensuring their members have a complete understanding of their Medicare rights, protections, and responsibilities as an Imperial Health Plan member. **Should you have additional questions, please call Imperial Health Plan Member Services at the telephone number listed above.**

Imperial Health Plan is an (HMO) (HMO SNP) with a Medicare Contract. Enrollment in Imperial Health Plan depends on contract renewal.

Imperial Health Plan of California (HMO) (HMO SNP) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-800-838-8271 (TTY: 711).

Imperial Health Plan of California (HMO) (HMO SNP) cumple con las leyes federales de derechos civiles aplicables y no discrimina por cuestiones de raza, color, nacionalidad, edad, discapacidad o género.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-838-8271 (TTY: 711).