

1300.65.5 Notice of Right of Enrollee to Submit a Grievance

The following language regarding the right of an enrollee, subscriber, or group contract holder to submit a grievance to the Department of Managed Health Care must appear in at least 12-point font when required by a section in this Article:

If you believe your health care coverage has been, or will be, improperly cancelled, rescinded, or not renewed, you have the right to file a grievance with the plan and/or the Department of Managed Health Care.

* You may submit a grievance to [plan] by calling [plan phone number], online at [plan website], or by mailing your written grievance to [plan address].

* You may want to submit your grievance to [plan] first if you believe your cancellation, rescission, or nonrenewal is the result of a mistake. Grievances should be submitted as soon as possible.

* [Plan] will resolve your grievance or provide a pending status within three (3) calendar days. If you do not receive a response from the plan within three (3) calendar days, or if you are not satisfied in any way with the plan's response, you may submit a grievance to the Department of Managed Health Care as detailed under Option 2 below.

* You may submit a grievance to the Department of Managed Health Care without first submitting it to the plan or after you have received the plan's decision on your grievance.

* You may submit a grievance to the Department of Managed Health Care online at:
www.healthhelp.ca.gov

* You may submit a grievance to the Department of Managed Health Care by mailing your written grievance to:

HELP CENTER

DEPARTMENT OF MANAGED HEALTH CARE

980 NINTH STREET, SUITE 500

SACRAMENTO, CALIFORNIA 95814-2725

* You may contact the Department of Managed Health Care for more information on filing a grievance at:

PHONE: 1-888-466-2219

TDD: 1-877-688-9891

FAX: 1-916-255-5241