OPTUM HEALTH BEHAVIORAL SOLUTIONS OF CALIFORNIA[1]
MEMBER GRIEVANCE PROCESS

Optum Health Behavioral Solutions of California ("OHBS-CA" or the "Plan") has a formal grievance system whereby grievance timeline requirements are met, qualified behavioral healthcare professionals and/or administrative personnel, as appropriate, are involved in decision-making, and members are given the opportunity to submit written comments, documents, records or other information for consideration during the grievance investigation. OHBS-CA recognizes the member's right or the right of a person acting on behalf of a member to file a grievance about any dissatisfaction with the services provided by OHBS-CA or its network providers. The Plan's grievance system is consistent and compliant with applicable state and federal laws and is also compliant with the standards of the National Committee for Quality Assurance, a national healthcare quality accreditation organization.

Information about the Plan's grievance process is fully described in OHBS-CA policies and procedures and is available free of charge to members, individual providers and facilities, authorized member representatives, and the public, upon request.

WHAT IS A GRIEVANCE?

A grievance is any written or oral expression of dissatisfaction made by a member or a member's representative regarding OHBS-CA and/or a provider, including quality of care concerns, and shall include any grievance, dispute, or request for reconsideration or appeal. When OHBS-CA is unable to distinguish between a grievance and an inquiry, it shall be considered a grievance. A grievance is the same as a complaint.

HOW TO FILE A GRIEVANCE WITH OHBS-CA

Grievances may be submitted orally by telephone, in writing or online through the member website. Members have at least one hundred eighty (180) calendar days from the date of the incident causing the dissatisfaction to file a grievance. A "Member Grievance Form" is provided promptly upon request; members and/or their authorized representatives may also be directed to the member website for grievance forms and instructions as well as the online grievance submission process.

Member grievance forms and a description of OHBS-CA's member grievance process are also readily available at each contracted network provider's and facility's site. At each location where grievances may be submitted, OHBS-CA ensures that assistance in filing the grievance is provided. When the member requires language assistance in filing a grievance, an Appeals Specialist either contacts a Plan certified bilingual staff person or connects to the oral interpreter service, and with the member still on the call, initiates the grievance process on the member's behalf. A "patient advocate" or ombudsperson may also be used. Additionally, a member may designate an authorized representative to act on his/her behalf.

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[1] OptumHealth Behavioral Health Solutions of California is also known as U.S. Behavioral Health Plan, California or USBHPC.

By Telephone:	1-800-985-2410 (toll-free)
By Facsimile:	1-855-312-1470 (toll-free)
In writing:	Optum Health Behavioral Solutions of California Attn: Appeals & Grievance Department P.O. Box 30512 Salt Lake City, UT 84130-0512
Online:	www.liveandworkwell.com

ACKNOWLEDGMENT OF RECEIPT OF THE GRIEVANCE

OHBS-CA acknowledges a non-urgent grievance in writing within five (5) calendar days of the request. The acknowledgment notice advises the member of the receipt of the grievance, the date of receipt, and the name and contact information of the Plan representative who can be contacted regarding the grievance.

RESOLUTION OF THE GRIEVANCE

OHBS-CA provides a written statement to the member or authorized representative on the resolution or pending status of a non-urgent grievance within thirty (30) calendar days of receipt. Urgent grievances are processed and resolved as soon as possible to accommodate the member's condition not to exceed seventy-two (72) hours from receipt of the urgent grievance. Upon receipt of an urgent grievance, OHBS-CA immediately notifies the member of his/her right to contact the California Department of Managed Health Care ("DMHC") regarding the grievance.

Every notice of resolution addresses separately each issue identified in the information-gathering and investigation processes and is responded to in a manner appropriate to the clinical urgency and seriousness of the situation. The written response contains a clear and concise explanation of OHBS-CA's decision. When the grievance involves:

- the delay, modification or denial of services based on a determination that the services were not medically necessary, the written response also includes the clinical rationale for the decision, citing the specific section(s) of clinical guidelines or policy used by OHBS-CA in making the decision;
- a determination regarding benefit coverage, the written response also includes the specific contract provision used by OHBS-CA in making the decision, citing the specific section of the contract, *Evidence of Coverage* or member handbook where the applicable provision is found.

The written response also informs the member that if he/she believes the decision was denied based on the grounds it was not medically necessary; he/she may contact the DMHC to determine eligibility for independent medical review ("IMR").

COMPLETION OF GRIEVANCE PROCESS

The member is not required to participate in the OHBS-CA grievance process for more than thirty (30) days. If after participating in the Plan's process for at least thirty (30) days, the member is deemed to have exhausted the Plan's internal process and accordingly may initiate a complaint or apply for an IMR with the DMHC. In the case of a grievance that requires an expedited review, the member may be allowed to proceed with IMR simultaneously with or separately from the OHBS-CA grievance process. For further information about the Plan's IMR process, please see "Independent Medical Review of Grievances Involving a Disputed Behavioral Health Service".

RECORDKEEPING AND REPORTING

For each grievance received by OHBS-CA, whether by person, by telephone, in writing, or online, the Plan maintains a hard copy or electronic record. The record includes copies of the grievances and the Plan's responses which the Plan keeps for a minimum period of seven (7) years. OHBS-CA maintains a system of aging of grievances pending and unresolved for thirty (30) calendar days or more, and reports this information to the OHBS-CA on a quarterly basis.

CONTACT OHBS-CA FOR MORE INFORMATION ABOUT THE GRIEVANCE PROCESS

For additional questions about the Plan's member grievance process, please see the attached related documents or contact OHBS-CA at 1-800-999-9585.

Resolution of Enrollee Grievances.pdf

Special Assistance – Enrollee Grievances.pdf