

PROVIDER DISPUTES AND MEMBER GRIEVANCES

There are several avenues within ValueOptions® of California for providers and members to attain resolution to their concerns. Opportunities exist to present concerns and to obtain a decision through the ValueOptions® of California provider dispute resolution process or the member grievance process.

Provider Dispute Resolution Process

ValueOptions® of California has a provider dispute resolution process that is intended to provide for the fast, fair and cost-effective resolution of disagreements related to unresolved contractual or administrative disputes, such as claim or billing disputes, contract language, or administrative requirements. In the event a provider has any dispute with respect to the performance or interpretation of the Provider Agreement, the provider agrees to attempt in good faith to resolve any matters of controversy according to ValueOptions® of California policies and procedures prior to the initiation by the provider of any legal action. Any disputes between the parties that cannot be resolved following such procedures shall be resolved through binding arbitration pursuant to the Rules of the American Arbitration Association for Arbitration of Commercial Disputes.

A copy of the provider dispute form(s) can be found at www.valueoptions.com/providers/Network/California under *Forms* or by contacting a ValueOptions® of California representative at (866) 501-0777.

Provider disputes may be submitted to the ValueOptions® of California Provider Dispute Department through the client specific telephone number printed on the member's identification card or at one of the following:

Phone: (866) 501-0777

Fax: (714) 763-2515

Or

Mail: ValueOptions® of California
C/o Provider Dispute Department
P.O. Box 6065
Cypress, CA 90630

A provider dispute may be received by ValueOptions® of California within 365 days of the date of the remittance statement. ValueOptions® of California will acknowledge the dispute within fifteen (15) business days of the date of receipt of the provider dispute. The written determination is sent within forty-five (45) business days of receipt of the provider dispute.

At no time does ValueOptions[®] of California discriminate or retaliate against a provider (including but not limited to the cancellation of the provider's contract) because the provider filed a dispute. There is no charge to providers for the dispute process and ValueOptions[®] of California has no obligation to reimburse a provider for any costs incurred in connection with utilizing the provider dispute resolution mechanism.

Information for Assisting Members

As a participating provider for ValueOptions[®] of California you may occasionally have a patient who requests your assistance in submitting a grievance or appeal related to a determination or issue involving the member's ValueOptions[®] of California coverage.

Contact ValueOptions[®] of California

If a member has an administrative question or inquiry regarding eligibility, benefit coverage or any other matter relating to the benefit plans, they may telephone our Customer Service Department at the toll-free number on the back of the member's identification card or one of the applicable toll-free numbers on the ValueOptions[®] of California client list found on the *Contact Information* section of this same Handbook or by calling the telephone number listed in their Combined Evidence of Coverage and Disclosure Form. Our Customer Service staff will work with the member to resolve the matter.

Member or Member Representative Grievance Process

ValueOptions[®] of California has a grievance procedure for receiving and resolving member grievances involving ValueOptions[®] of California and/or providers. A grievance may be submitted up to 180 calendar days following receipt of an adverse determination notice, or following any incident or action that is the subject of the member's dissatisfaction. A member, member's representative, or provider may submit a grievance to ValueOptions[®] of California in writing, by telephone, or by facsimile. Upon request, a ValueOptions[®] of California representative will mail a grievance form and a copy of our grievance procedure. A copy of the grievance form can also be found at www.valueoptions.com/members/ValueOptions_of_California/Printable_Grievance_Form.pdf for use by the member or you. Member grievance forms are currently available in English and Spanish, if a grievance form is needed in another language contact ValueOptions[®] of California directly. A Customer Service representative will assist in completing the grievance form, if needed.

A grievance may be submitted to ValueOptions[®] of California through the client specific telephone number printed on the member's identification card or at one of the following:

Phone: (800) 228-1286 extension 262425

Fax: (714) 763-2515

Or

Mail: ValueOptions® of California
C/o Grievance Unit
P.O. Box 6065
Cypress, CA 90630

ValueOptions® of California will send written acknowledgment of receipt of a grievance or appeal within five (5) calendar days. ValueOptions® of California will respond in writing with a resolution to a grievance or appeal within thirty (30) calendar days of receipt.

Urgent Grievances

ValueOptions® of California also maintains a process for the expedited review of urgent grievances. The member has the right to an expedited review for cases involving an imminent and serious threat to the health of the member, including but not limited to severe pain, potential loss of life, limb, or major bodily functions. The request may be initiated by the member, member's representative or provider. Call (800) 228-1286 extension 262425 and tell the ValueOptions® of California representative that you are requesting an expedited review for an urgent grievance. ValueOptions® of California will notify the member's provider of the decision in no more than 72 hours and send the member a written statement on the disposition or pending status of the grievance, dispute or appeal within the same 72 hours from receipt of the grievance.

Independent Medical Review of Grievances Involving a Disputed Behavioral Health Care Service

A member may request an independent medical review (IMR) of Disputed Behavioral Health Care Services from the Department of Managed Health Care (DMHC) if a member believes that behavioral health care services have been improperly denied, modified, or delayed by ValueOptions® of California in whole or in part because the service is not medically necessary. The IMR process is in addition to any other procedures or remedies that may be available to the member. The member pays no application or processing fees of any kind for IMR. A decision not to participate in the IMR process may cause the member to forfeit any statutory right to pursue legal action against ValueOptions® of California regarding the Disputed Behavioral Health Care Service. A ValueOptions® of California coverage decision is not eligible for an IMR request. Once a member has applied for an IMR, a provider shall agree to cooperate with ValueOptions® of California in complying with all requirements of the IMR process.

Information about additional reviews available to a member can be found at the "*For ValueOptions® of California Members*" section of the valueoptions.com web site.

Review by the Department of Managed Health Care (for ValueOptions® of California Members only)

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 **(800) 228-1286 extension 262425** 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 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-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

Copies of the ValueOptions® of California Provider Dispute and Grievance policies are available from the ValueOptions® of California Provider Dispute Department and Grievance Department.