

VOC Provider Disputes and Grievances Processes

There are several avenues within VOC for Providers and enrollees to attain resolution to their concerns. Opportunities exist to present concerns and to obtain a decision through the VOC Provider Dispute Resolution Process, or the member Grievance Process.

Provider Dispute Resolution Process

VOC has a provider dispute resolution process that is intended to provide for the fast, fair and cost-effective resolution of provider disputes. In the event a provider has any dispute with respect to the performance or interpretation of the Participating Agreement, the provider agrees to attempt in good faith to resolve any matters of controversy pursuant to VOC policies and procedures prior to the initiation by the provider of any legal action. Any disputes between the parties that cannot be resolved pursuant to such procedures shall be resolved through binding arbitration pursuant to the Rules of the American Arbitration Association for Arbitration of Commercial Disputes. Provider disputes may be submitted to the VOC Provider Dispute Department, which can be contacted by telephone at the client specific telephone number printed on the member's identification card or at (866) 501-0777 or by mail at P.O. Box 6065, Cypress, California 90630.

Information for Assisting Members

As a participating provider for VOC you may occasionally have a patient who requests your assistance in submitting a grievance, dispute, or appeal related to a determination or issue involving the member's VOC coverage.

Contact VOC

If a member has an administrative question or inquiry regarding eligibility, benefit coverage or any other matter relating to the VOC benefit plans, they may telephone our Customer Service Department at 1-800-228-1286 or call 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.

Grievance Process

VOC has a grievance procedure for receiving and resolving member grievances involving VOC 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 VOC in writing, in person, by telephone, by facsimile, by e-mail, or online at the valueoptions.com web site. Upon request, we will mail a grievance form and a copy of our

Grievance Procedure. A copy of the [grievance form](#) can be printed out at the valueoptions.com web site for use by the member or you. A Customer Service representative will assist in completing the grievance form, if needed.

To submit a grievance by phone, call 1-800-228-1286. Completed grievance forms may be submitted online through a secure means at the valueoptions.com web site or must be mailed or delivered to ValueOptions of California at P.O. Box 6065, Cypress, California 90630. A member/member's representative may also submit a grievance in person at this same address.

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

Urgent Grievances

VOC 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 1-800-228-1286 and tell the VOC representative that you are requesting an expedited review for an urgent grievance. VOC 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 VOC 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 VOC regarding the Disputed Behavioral Health Care Service. A VOC Coverage Decision is not eligible for an IMR request. Once a member has applied for an IMR, a provider shall agree to cooperate with VOC 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

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 **(1-800-228-1286 extension: 2425)** 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 VOC Provider Dispute and Grievance policies are available on the *VOC* regional website section at www.valueoptions.com or from the *VOC* Provider Dispute Department.