

Medical Eye Services, Inc. Enrollee Grievance Procedure

Definitions

1. "Grievance" or "Complaint" means a written or oral expression of dissatisfaction regarding Medical Eye Services, Inc. (MES) and/or one of its providers, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by an enrollee or the enrollee's representative. Where the plan is unable to distinguish between a Grievance and an inquiry, it shall be considered a Grievance.
2. "Grievant" or "Complainant" means the person who filed the Grievance including the enrollee, a representative designated by the enrollee, or other individual with authority to act on behalf of the enrollee.
3. "Exempt Grievance" means Grievances received over the telephone that are not coverage disputes, disputed health care services involving medical necessity or experimental or investigational treatment, and that are resolved by the close of the next business day.
4. "Resolved" means that the Grievance has reached a final conclusion with respect to the enrollee's submitted Grievance, and there are no pending enrollee appeals within the MES' Grievance system, including entities with delegated authority.

Procedures

1. MES will notify you if any services are denied, in whole or in part, stating the specific reasons for the denial based on the pertinent provisions of your contract or the clinical reasons relating to medical necessity. Notice of the right to review and the procedure to follow under such circumstances will be included. After receipt of a notice of denial you may make a request for review of such a denial by addressing your request to:

Medical Eye Services
Attention: Benefit Resolutions Department
Post Office Box 25209
Santa Ana, CA 92799-5209
888-859-5841

2. If you wish to file a Grievance, Grievance Forms are readily available on the MES website at www.mesvision.com, from your group, a participating provider's office, or you may call the MES Customer Service Department **888-859-5841 (toll-free)** for assistance with a Grievance or Exempt Grievance. A TDD line (**1-877-735-2929**) is also available for the hearing and speech impaired. Access to interpreters and translations to Grievance procedures are made available upon request. You may contact the MES Customer Service Department for assistance in completing the Grievance Form. A Grievance must be filed no later than one hundred-eighty (180) calendar days after the occurrence.

You may obtain assistance from the Department of Managed Health Care (DMHC) and seek an Independent Medical Review (IMR) that is available in non-English languages through the Department's website. You may contact Medical Eye Services to obtain the IMR form and

instruction packet to utilize this process, which is free of charge, and also designate another person to assist you with the IMR process by completing the, "Authorized Assistant Form" in the packet. The notice and translations can be obtained online at www.hmohelp.ca.gov for downloading and printing. In addition, you may request hard copies by submitting a written request to: Department of Managed Health Care, Attention: HMO Help Notices, 980 9th Street, Suite 500, Sacramento, CA 95814.

Patient Grievance Forms and procedures in MES' threshold language(s), including English and Spanish, are readily available to enrollees and Participating Providers for distribution upon request. A Grievance Form and IMR form, in English and Spanish, may be completed and submitted directly online through the MES' website at www.mesvision.com. Grievance Forms may also be obtained from a Participating Provider's office, or by calling MES Customer Service Department at **888-859-5841 (toll-free)**.

3. The MES Benefit Resolutions Department will acknowledge receipt of your request within five (5) calendar days, and follow-up with a complete investigation. Grievances of all types will be reviewed fully and fairly. Attached to the acknowledgment letter is the Notice of Availability of Language Assistance Services advising enrollees how to access interpretation and translation services.
4. MES will send a Grievance resolution letter within thirty (30) calendar days of receipt along with the Notice of Availability of Language Assistance Services. Record of all such Grievances and a file will be maintained for a minimum of five (5) years in the MES office.

Note: If you are a member of a Medicare plan, the Medicare plan will send all acknowledgment and resolution letters to you.

5. If you receive a denial for requested medically necessary services, after utilizing the MES Grievance process and you believe that these services have been improperly denied, modified, or delayed by MES or one of its participating providers, you may request an IMR of the disputed health care services from the DMHC. A "disputed health care service" is any health care service eligible for coverage and payment under your contract that has been denied, modified, or delayed by MES or one of its participating providers, 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 you. You pay no application or processing fees of any kind for IMR. You have the right to provide information in support of the request for IMR. MES will provide you with an IMR application form with any Grievance disposition letter that denies, modifies, or delays medically necessary health care services. A decision not to participate in the IMR process may cause you to forfeit any statutory right to pursue legal action against MES regarding the disputed health care service.

Eligibility: Your application for IMR will be reviewed by the DMHC to confirm that:

- (a) (1) Your provider has recommended a health care service as medically necessary, or
(2) You have received urgent care or emergency services that a provider determined was medically necessary, or

- (3) You have been seen by a participating provider for the diagnosis or treatment of the medical condition for which you seek independent review.
- (b) The disputed health care service has been denied, modified, or delayed by MES or one of its participating providers, based in whole or in part on a decision that the health care service is not medically necessary; and
- (c) You have filed a Grievance with MES or its participating provider and the disputed decision is upheld or the Grievance remains unresolved after thirty (30) calendar days. If your Grievance requires expedited review (due to an imminent or serious threat to your health) you may bring it immediately to the DMHC's attention. The DMHC may waive the requirement that you follow the MES Grievance process in extraordinary and compelling cases.

The enrollee must apply for an IMR within six (6) months or whichever occurs first; the disputed decision being upheld or thirty (30) calendar days after it is filed if no decision is reached within that thirty (30)-day period.

If your case is eligible for IMR, the dispute will be submitted to a medical specialist who will make an independent determination of whether or not the care is medically necessary. You will receive a copy of the assessment made in your case. If the IMR determines the service is medically necessary, MES will provide the covered health care service.

For non-urgent cases, the IMR organization designated by the DMHC must provide its determination within thirty (30) calendar days of receipt of your application and supporting documents. For urgent cases involving imminent and serious threat to your health, including, but not limited to, serious pain, the potential loss of life, limb, or major bodily function, or the immediate and serious deterioration of your health, the IMR organization must provide its determination within three (3) business days.

For more information regarding the IMR process, or to request an IMR application form, please call Medical Eye Services' Customer Service Department at 888-859-5841.

MES is a specialized health care service plan. The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a Grievance against your plan, you should first telephone your health plan at **888-859-5841 (toll-free)**, or for **TTY/TDD access (1-877-735-2929)** 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 thirty (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 **(1-888-2219)** and a **TDD line (1-877-688-9891)** for the hearing and speech impaired. The department's Internet website

(<http://www.dmhc.ca.gov>) has Grievance Forms, IMR application forms, and instructions online.

If the grievance pertains to review of cancellation, rescission, or nonrenewal of coverage then the resolution letter will also include:

RIGHT TO SUBMIT A REQUEST FOR REVIEW OF CANCELLATION, RESCISSION, OR NONRENEWAL OF YOUR PLAN CONTRACT, ENROLLMENT, OR SUBSCRIPTION.

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

OPTION (1) - YOU MAY SUBMIT A REQUEST FOR REVIEW OF CANCELLATION TO YOUR PLAN.

- You may submit a Request for Review to MES by calling toll-free 888-859-5841, online at www.MESVision.com, or by mailing your written Request for Review to P.O. Box 25209 Santa Ana, CA 92799.
- You may want to submit your Request for Review to MES first if you believe your cancellation, rescission, or nonrenewal is the result of a mistake. Request for Review should be submitted as soon as possible.
- MES will resolve your Request for Review 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.

OPTION (2) - YOU MAY SUBMIT A REQUEST FOR REVIEW TO THE DEPARTMENT OF MANAGED HEALTH CARE.

- You may submit a Request for Review 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 Request for Review.
- 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:
1-888-466-2219
TDD: 1-877-688-9891
FAX: 1-916-255-5241

6. Health plans as well as vision plans are required by law to resolve, on an expedited basis, Grievances involving an imminent and serious threat to the health of the enrollee (“Expedited Grievance”), including, but not limited to, severe pain, potential loss of life, limb, or major bodily function and will consider the enrollee’s medical condition when determining the response time. Although MES does not expect to receive Grievances of this nature, since MES only covers services within the scope of routine vision care, MES will immediately inform the enrollee in writing of their right to notify the DMHC of the Grievance. MES will provide the enrollee and the DMHC with a written resolution letter or pending status of the Expedited Grievance within three (3) days from receipt of the Grievance. Enrollees have a right to an interpreter. Please refer to the Notice of Availability of Language Assistance Services should you need access to verbal interpretation services.

Grievance Form

Please use this form to submit Grievances relating to services, personnel, provider offices, or any other aspect of your plan that reflects you as a participant.

Employee Name: (Please Print)		
Last Name	First Name	Middle Initial
Address		
Employee ID# or SS#		Telephone Number
Name of Employer/Group		Policy Number
Provider Name/City		Date of Service
Patient Name:		
Last Name	First Name	Middle Initial
Grievance: Please include the details leading to your Grievance, name(s) of others involved, and any related documents/receipts. Attach additional sheets if necessary.		
If you are completing this form on behalf of the patient, please provide the following information:		
Name		Relationship
Address		
Daytime Telephone Number		
Print Name	Signature	

If you need assistance or have questions regarding the Grievance process, please call the MES Customer Service Department at **888-859-5841 (toll-free)**.

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P.O. Box 25209
Santa Ana, CA 92799-5209

Formulario de Quejas

Use este formulario para presentar quejas relacionadas con los servicios, el personal, los consultorios de proveedores o cualquier otro aspecto de su plan que refleje que es un participante.

Nombre del Empleado: (Completar con letra de imprenta)		
Apellido	Nombre	Inicial del segundo nombre
Dirección		
N.º de id. de empleado o N.º de Seguro Social		Número de teléfono
Nombre del empleador/grupo		Número de póliza
Nombre del proveedor/ciudad		Fecha del servicio
Nombre del Paciente:		
Apellido	Nombre	Inicial del segundo nombre
Queja: Incluya los detalles que motivaron su queja, nombres de otras personas involucradas, y todos los documentos y recibos relacionados. Si fuera necesario, adjunte más hojas.		
Si completa este formulario en representación del paciente, indique la siguiente información:		
Nombre		Relación
Dirección		
N.º de teléfono diurno		
Nombre en letra de imprenta		Firma

Si necesita ayuda o tiene preguntas con respecto al proceso de quejas, llame al Departamento de Servicio al Cliente de MES al **888-859-5841 (toll-free)**.

El Departamento de Atención Administrada de la Salud de California es responsable de reglamentar los planes de servicio de atención de la salud. Si tiene una queja en contra de su plan, primero debe llamar a su plan de salud al **888-859-5841 (toll-free)**, y usar el proceso de quejas del plan de salud antes de comunicarse con el departamento. Usar este procedimiento de quejas no deja sin efecto los posibles derechos y recursos legales que puedan estar disponibles para usted. Si necesita ayuda con una queja que involucra una emergencia, una queja que no haya sido resuelta satisfactoriamente por parte de su plan de salud, o una queja que siga sin resolución durante más de 30 días, puede llamar al departamento para obtener asistencia. Además, puede reunir los requisitos para una Revisión Médica Independiente (*Independent Medical Review*, IMR). Si es elegible para una IMR, el proceso de IMR proporcionará una revisión imparcial de las decisiones médicas adoptadas por el plan de salud relacionadas con la necesidad médica de un tratamiento o servicio propuesto, decisiones de cobertura para tratamientos que sean experimentales o con fines de investigación, y disputas de pago por servicios médicos de urgencia o emergencia. El departamento también dispone de un número de teléfono gratuito (**1-888-466-2219**) y **una línea TDD (1-877-688-9891)** para las personas con problemas de audición y del habla. El sitio en Internet del departamento (<http://www.dmhc.ca.gov>) tiene formularios de quejas, de solicitud de IMR e instrucciones en línea.