

SACRAMENTO COUNTY Drug Medi-Cal Organized Delivery System (DMC-ODS) MEMBERS' PROBLEM RESOLUTION PROCESS

Sacramento County DMC-ODS Plan encourages the resolution of problems at the least formal level possible. The member will not be subject to any penalty or discrimination for filing a complaint, grievance, or for requesting a State Fair Hearing. A member may authorize a person of their choice to act in his/her behalf at anytime. A member or the member's representative may take the following steps to resolve complaints:

Grievance

A grievance is an expression of dissatisfaction about any matter other than an Action.

- The member may submit a grievance orally or in writing to Member Services
- The member will receive a written resolution within 60 days.

Standard Appeal

An Appeal is a request to review an Action. An Action occurs when the Plan denies, reduces, suspends or terminates previously authorized services; denies payment for a service; fails to provide services in a timely manner; or fails to act within the timeframes for the disposition of grievances, standard appeals, or expedited appeals.

- The member may submit an appeal orally or in writing. Oral appeals must be followed up with a written, signed appeal.
- An appeal must be filed within 90 days of the date of the Action.
- The member will receive a written resolution within 45 days.

Expedited Appeal

This Appeal is filed when the member's life, health, or ability to have or maintain maximum function is at risk.

- The member will receive a written resolution within 3 working days.
- If the expedited appeal is denied, a written notice will be sent to the member and the standard appeal process will begin.

State Fair Hearing

If you are a Medi-Cal beneficiary, you have the right to file for a State Fair Hearing. The member must exhaust the problem resolution **Appeal** process prior to filing for a State Fair Hearing. The concerns within the jurisdiction of the Administrative Law Judge are those related to an Action.

Notice

Grievance forms, Standard Appeal forms, or Expedited Appeal forms are available at all provider sites or can be obtained by contacting Member Services. *

The member will be notified in writing that Member Services received his/her grievance or appeal. *

The member may submit additional information to support a claim either in writing or in person. For the convenience of the beneficiary, scheduling an appointment with Member Services* is highly recommended.

The member may receive assistance in filling a grievance, appeal, or a State Fair Hearing from:

- **Member Services: (916) 875-6069** Toll Free Number **1-888-881-4881**
TTY (916) 876-8853
Patient Rights Advocate: (916) 333-3800

English