

Aetna Better Health® of California
10260 Meanley Drive
San Diego, CA 92131
1-855-772-9076



Member Grievance/Appeal Form

We believe that the Member Grievance System processes are essential in protecting the rights and health of our members and in identifying ways to improve our program operations and management. If you have encountered any difficulties or have had any concerns with us or a provider, please give us a chance to help. If you receive a Notice of Action from the Plan, then you have 60 days from the date on the notice to file an appeal with the Plan. A Notice of Action is a formal letter telling you that a medical service has been denied, deferred, or modified. You can also file a grievance that is not about a Notice of Action. You can file your grievance at any time about the incident or issue which caused you to be dissatisfied. To submit a grievance in writing, send us a letter telling us the details of your complaint or you may complete this form. Send your completed form by mail, fax or email:

Send your completed form to:

Aetna Better Health of California
Grievance System Manager

10260 Meanley Drive
San Diego, CA 92131
Fax: 1-844-360-0034

EMAIL: CAMedi-CalAppealandGrievance@AETNA.com

You may also ask us for a grievance or appeal through our website at aetnabetterhealth.com/california. Requests can also be made by phone at **1-855-772-9076** (For Hearing Impaired call California Relay **711**).

To use this form, give us as much information as you can. Describe the situation in detail; include the date the incident happened, the names of the people involved and details about what happened. After a review of your request we may contact you to get additional information about your case.

You can send us any information that you feel is important to your case along with this form.

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 **1-855-772-9076 (TTY 711)** 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 website <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online.

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Member's Information

Member's Name _____ Date of Birth _____

Member's Address _____

City _____ State _____ Zip Code _____

Phone _____

Member's Plan ID Number _____

Complete the following section ONLY if the person making this request is not the member.

Requestor's Name _____

Requestor's Relationship to Member _____

Address _____

City _____ State _____ Zip Code _____

Phone _____

Attach documentation showing the authority to represent the member if it was not submitted previously. Representatives include family members, friends, caregivers or providers; that the member authorized in writing; or others legally able to act on behalf of the member such as someone who holds power of attorney or the member's legal guardian.

Grievance Details

Date Grievance happened _____

If Applicable, Date of the notice of denial you received _____

Grievance Description: _____
