

## Health Plan to Complete All Items

### Consumer Information

Enrollee Name: \_\_\_\_\_ Name of Subscriber: \_\_\_\_\_  
Membership ID#: \_\_\_\_\_ Medical Group/IPA: \_\_\_\_\_  
Enrollee DOB: \_\_\_\_\_

### Health Plan Information

1. Is the enrollee/subscriber a member of a Knox-Keene regulated health plan?  Yes  No
  - a. Regulating Entity if not DMHC:  CDI  DOL  DHCS  CMS  OPM  Other \_\_\_\_\_
2. Product name: \_\_\_\_\_
3. Coverage Type: (check all that apply)  Large Group  Small Group-On Exchange  Small Group-Off Exchange  Individual-On Exchange  Individual -Off Exchange  Medi-Cal  Medicare  
 Medicare Supplement (Medigap)  Multi-State Plan  Self-Insured ERISA  Self Insured Non-ERISA  
 CalPERS  COBRA  Other \_\_\_\_\_
4. Product Type:  HMO  PPO  POS  EPO  
 Other (Please Explain) \_\_\_\_\_
5. Is the provider(s) rendering services an in-network provider?  Yes  No  N/A
6. Is enrollee financially responsible?  Yes  No  If applicable, copy of signed waiver provided
7. For Medi-Cal enrollees: State Fair Hearing filed?  Yes  No Date Scheduled: \_\_\_\_\_
8. For Medicare-Medi-Cal (Dual Eligibles): CMS appeal completed?  Yes  No
9. Date grievance received: \_\_\_\_\_ Date resolved: \_\_\_\_\_ Expedited?  Yes  No
10. Requested Complaint/Independent Medical Review resolution:  
 **IMR**. Please check the basis for denial (check only one):  
 Medical Necessity  Experimental / Investigational  Dental Necessity  
 ER / Urgent Care Reimbursement  Cosmetic/Not Reconstructive Surgery  
 **Grievance based on coverage dispute**. Plan agrees Department should review as a grievance.  
If the health plan asserts the requested service is not a covered benefit, please set forth the basis for this position including relevant references to statute(s), regulation(s), and/or EOC provision(s).  
 **Plan Decision Reversed**. If the health plan has reversed its prior decision, provide a copy of the written resolution addressing each of the enrollee's issues, include a detailed explanation for the reversal of the health plan's prior decision for each issue.  
 **RTP**. Plan is requesting the complaint/independent medical review request be returned to the health plan (RTP), mark the reason for the RTP:  
  
 Enrollee has not completed the Knox-Keene grievance process. Date process will be completed: \_\_\_\_\_ . Provide copies of the enrollee's written or verbal (telephone log) grievance, the health plan's grievance acknowledgement letter (if grievance has already been under health plan review for more than five days), any and all medical records related to the disputed service, and any additional related correspondence between the health plan and the enrollee.

«patient\_fname» «patient\_lname»

Case #«case\_id»

Medi-Cal Enrollee has not completed the adverse benefit determination appeal process. Date process will be completed: \_\_\_\_\_. Provide copies of the enrollee's written or verbal (telephone log) request for service, the health plan's grievance acknowledgement letter (if grievance has already been under health plan review for more than five days), any and all medical records related to the disputed service, and any additional related correspondence between the health plan/provider and the enrollee.

Other. (Please Explain) \_\_\_\_\_

***The health plan's response is a submission to the Department Director pursuant to Health and Safety Code section 1396.***

Health Plan Representative's Name: \_\_\_\_\_

Health Plan Representative's Title: \_\_\_\_\_

Contact Phone: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Contact E-mail Address: \_\_\_\_\_

**Should the health plan be unable to completely respond to the Department's request by the deadline, please describe the action(s) being taken to obtain the requested information and/or records and when receipt is expected. (Cal. Code Regs., tit. 28, § 1300.68(g)(6).)**

The health plan's failure to timely provide the requested information or fully explain the reason for the delay may be considered by the Department as evidence in favor of the enrollee's position. (Cal. Code Regs., tit. 28, § 1300.68(h).)

## **HEALTH PLAN INSTRUCTIONS**

If the health plan has not changed its position and the issues raised by the enrollee have not been resolved:

Provide the following additional information:

- A written response that fully addresses all issues raised in the complaint.
- Copy(ies) of the enrollee's grievance(s) submitted to the health plan as well as copy(ies) of the health plan's grievance response(s) sent to the enrollee.
- A complete and legible copy of all medical records related to the complaint. This includes ancillary records such as ambulance transport records. The health plan shall inform the Department if medical records were not used by the health plan in resolving the complaint.
- A complete copy of the enrollee's Evidence of Coverage (EOC) with the specific applicable sections identified. If the health plan relied solely on the EOC, the plan shall notify the Department of this fact.
- All other information used by the health plan or relevant to the resolution of the complaint, including but not limited to the following:
  - All written correspondence, including letters, denial letters, and e-mails, between the health plan, medical group, provider, or enrollee;
  - Telephone logs or other documentation of telephone communication between the health plan, medical group, provider, or enrollee;
  - Any health plan or medical group medical policies, clinical criteria, or coverage policies relating to the dispute;

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Case #«case\_id»

- Any outside clinical or coverage review obtained by the health plan in resolving the complaint, including any utilization management determination made by an outside organization, or medical group; and
- Internal notes of the health plan, medical group, or provider reflecting the handling of the enrollee's dispute.

If the subject consumer is enrolled in a Multi-State Plan (MSP), the health plan is directed to provide all information outlined above in response to this request. The health plan may include any position it wishes to take with respect to jurisdiction within its written response.