

MEDICAL EYE SERVICES, INC.
ENROLLEE GRIEVANCE PROCEDURE

DEFINITIONS

(1) "Grievance" means a written or oral expression of dissatisfaction regarding 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) "Complaint" is the same as "grievance."

(3) "Complainant" is the same as "grievant," and 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.

(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.

PROCEDURE

1. Medical Eye Services (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
1-800-877-6372: 714/ 619-4660

2. If you wish to file a grievance, Grievance Forms may be obtained from your group, a participating provider's office, the MES Customer Service Department or on the MES website at www.mesvision.com. 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 within one hundred-eighty (180) days of the occurrence.

Patients 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. The notice and translations can be obtained online at www.hmohelp.ca.gov for downloading and printing. In addition, hard copies may be requested 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), in 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 Medical Eye Services website at www.mesvision.com. Grievance forms may also be obtained from a Participating Provider's office, or by calling Medical Eye Services (MES) Customer Service Department at 1-800-877-6372.

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.
4. MES will send a grievance resolution letter within thirty (30) calendar days of receipt.
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 independent medical review ("IMR") of the disputed health care services from the Department of Managed Health Care ("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:

- (1)(A) Your provider has recommended a health care service as medically necessary, or
(B) You have received urgent care or emergency services that a provider determined was medically necessary, or
(C) You have been seen by a participating provider for the diagnosis or treatment of the medical condition for which you seek independent review.
- (2) 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
- (3) 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 Department'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 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 1-(800) 877-6372 or (714) 619-4660.

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 **1-800-877-6372 or 1-714-619-4660** 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 grievance forms, IMR application forms, and instructions online. If you have a grievance against your health plan, you should first telephone your plan at **(1-800-877-6372)** and use the plan's grievance process before contacting the department. If you need help with a grievance involving an emergency, a grievance that has not been satisfactorily resolved by your plan, or a grievance that has remained unresolved for more than 30 days, you may call the department for assistance. The plan's grievance process and the department's complaint review process are in addition to any other dispute resolution procedures that may be available to you, and your failure to use these processes does not preclude your use of any other remedy provided by law.