



**Confidential
Provider Complaint Form**

<p>CalOptima Attn: Grievance and Resolution Services 505 City Parkway West Orange, CA 92868 (714) 246-8554</p>	<p>Compliant is Against (check one)</p> <p><input type="checkbox"/> Health Network _____</p> <p><input type="checkbox"/> CalOptima Direct</p> <p><input type="checkbox"/> CalOptima Long Term Care Program</p> <p><input type="checkbox"/> CalOptima Pharmacy Program (see back for instructions)</p> <p><input type="checkbox"/> Other _____</p>
--	--

Provider Information

MEDI-CAL/STATE LIC ID#/ PHARMACY NCPDP # _____ PHONE:() _____ - _____

PROVIDER NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

Billing Company Information (if applicable)

Name: _____ Contact: _____

Address _____ City/State _____ Phone# _____

Member / Claim Information (if applicable)

MEMBER: _____ **ID#** _____ **DOS:** _____ **AMT:** _____

Indicate Reason for Complaint

<p><input type="checkbox"/> No prior authorization</p> <p><input type="checkbox"/> Non-timely claim submission</p> <p><input type="checkbox"/> Non-timely LTC Authorization submission</p> <p><input type="checkbox"/> Retro-authorization request denied</p> <p><input type="checkbox"/> Other</p>	<p><input type="checkbox"/> Claim not paid a appropriate level</p> <p><input type="checkbox"/> Claim not paid at CalOptima rates</p> <p><input type="checkbox"/> Claim denial due to lack of 24-hour notification</p> <p><input type="checkbox"/> Contract/Policy/Operational</p> <p><input type="checkbox"/> Sanction / Termination</p>
---	--

Summary of Complaint

Name _____	Title _____
Signature _____	Date _____

Instructions For Filing a Provider Complaint

Claims Issues

Health Network: A Provider must file a complaint with the member’s assigned network prior to filing a complaint with CalOptima. If not satisfied with the decision as indicated in the network’s decision letter, the Provider may file a complaint with CalOptima’s Grievance and Resolution Service Department.

CalOptima Direct and/or Long Term Care: A Provider must follow CalOptima’s Claims Resubmission process prior to filing a complaint. If the Provider is not satisfied with the payment decision, a complaint may be filed with CalOptima’s Grievance and Resolution Services Department.

Pharmacy: A Provider contacts either the pharmacy third party administrator (TPA), the CalOptima Claims Department, or the member’s health network (which ever applies) for claims related complaints. If the Provider is not satisfied with the payment decision, a complaint may be filed with CalOptima’s Grievance and Resolution Services Department.

All Other Issues

Health Network: A Provider must file a complaint with the member’s assigned network prior to filing a complaint with CalOptima. If not satisfied with the decision as indicated in the network’s decision letter, the Provider may file a complaint with CalOptima’s Grievance and Resolution Services Department.

CalOptima Direct and/or Long Term Care: For denials related to medical necessity, a Provider must first file a UM appeal with CalOptima’s Utilization Management Department. For administrative denials (denials related to late submission) or if dissatisfied with the UM appeal decision of a denial related to medical necessity, a Provider may file a complaint with CalOptima’s Grievance and Resolution Services Department.

Pharmacy: A pharmacy Provider must first file an appeal with either the pharmacy third party administrator (TPA), or the member’s Health Network of financial responsibility as applicable. If the Provider is not satisfied with the written decision of the TPA or Health Network, a complaint may be filed with CalOptima’s Grievance and Resolution Services Department.

Required Documentation for Review of a CalOptima Provider Complaint

To ensure timely review of your complaint please submit the following documents as applicable with your complaint to CalOptima’s Grievance and Resolution Services Department.

Health Network or Health Network Provider	CalOptima Direct Provider / LTC Provider
<ul style="list-style-type: none"> <input type="checkbox"/> Copy of the health network’s complaint decision letter <input type="checkbox"/> Copy of Provider’s complaint letter to the network <input type="checkbox"/> Explanation of Benefits / Remittance Advice (RA) <input type="checkbox"/> Health network’s response Appeal/Resubmission <input type="checkbox"/> Eligibility verification, if applicable (POS slip or AEVS confirmation number) <input type="checkbox"/> Supporting documentation (i.e., medical records, contract / policy language specific to issue) <input type="checkbox"/> Authorization number/referral issued by network, if prior authorization is required <input type="checkbox"/> 24-hr Emergency service <u>notification</u> documentation <input type="checkbox"/> Copy of clean claim (HCFA 1500 form or UB92) 	<ul style="list-style-type: none"> <input type="checkbox"/> Copy of the completed Claim Resubmission Form sent to CalOptima <input type="checkbox"/> CalOptima Remittance Advice (RA) <input type="checkbox"/> CalOptima Resubmission Decision letter <input type="checkbox"/> Copy of clean claim (HCFA 1500, UB92 or 25-1) <input type="checkbox"/> Eligibility verification, if applicable (POS slip or AEVS confirmation number) <input type="checkbox"/> Supporting documentation (i.e., medical records, contract / policy language specific to issue) <input type="checkbox"/> Completed CalOptima Provider Complaint Form or or complaint letter describing Provider’s position <input type="checkbox"/> Provider UM Appeal Request letter (if applicable) <input type="checkbox"/> CalOptima UM Appeal decision letter <input type="checkbox"/> Copy of all previously submitted authorization requests
CalOptima Pharmacy Provider	
<ul style="list-style-type: none"> <input type="checkbox"/> Complaint letter describing Provider’s position <input type="checkbox"/> Claim payment documentation (if applicable) <input type="checkbox"/> CPAS/CKPA form, if applicable <input type="checkbox"/> Audit findings letter, if applicable <input type="checkbox"/> Supporting documentation (i.e., medical records, contract / policy language specific to issue, etc.) 	