

Thank you for being a LifeMatters by Empathia member. Please take a moment to read this important information about Empathia's Grievance Policies.

If you have a grievance regarding LifeMatters by Empathia services, you may contact us by phone, by mail, or on-line. We're open 24 hours a day, 7 days a week. We have a process in place for receiving and resolving all grievances regarding LifeMatters services.

Empathia Pacific, Inc.
LifeMatters
Attention: Member Services
5234 Chesebro Road, Suite 201
Agoura Hills, CA 91301

Toll-free 24/7: 1-800-367-7474
Online: www.mylifematters.com

A grievance is an expression of dissatisfaction expressed by you or your authorized representative through the grievance process. A grievance includes a complaint or an appeal.

You may submit a grievance in the following ways:

- By calling our toll-free 24/7 Help Line at **1-800-367-7474**. CRS TTY users call **711**.
- By mailing your written grievance to us at the address shown above
- By completing a grievance form at a LifeMatters provider's office
- By completing the grievance form on our website at **mylifematters.com**

If you need help submitting a grievance, please call our Member Services Center at **1-800-367-7474**.

LifeMatters staff members document grievances by completing a Client Complaint Entry Form. When a Client Complaint Entry Form is completed by a LifeMatters staff member, the form becomes part of an enrollee's Client Service record in Empathia's proprietary database, and an electronic notification is automatically sent to our Clinical Director, Member Services Officer, and Clinical Management team for tracking. All grievances are reviewed and investigated by Empathia's Clinical Director and Member Services Officer.

All grievances, except those that are resolved by the end of the next business day, are acknowledged in writing within five (5) calendar days of receipt of the grievance. Empathia is committed to resolving grievances within 30 days.

Grievances involving an imminent and serious threat to the health of an enrollee are handled on an expedited basis. Empathia will immediately inform the enrollee of their right to contact the California Department of Managed Health Care regarding the grievance. Empathia will submit a written statement to the enrollee and the Department on the disposition or pending status of the urgent grievance within three (3) calendar days of receipt of the grievance. Consideration will be made by Empathia of the enrollee's medical condition when determining the response time (as appropriate and within the clinical scope of practice). Empathia will inform the enrollee that there is no requirement that the enrollee participate in Empathia's grievance process prior to the

enrollee applying to the Department of review of the urgent grievance.

Grievances are reported on a quarterly basis to Empathia's Quality Management Committee, Board of Directors, and the Department of Managed Health Care.

Language Assistance Services

English: Language assistance services in your preferred spoken and written languages are available at no cost by calling **1-800-367-7474**.

Spanish: Para solicitar servicios sin costo de asistencia en sus idiomas preferidos, orales o escritos, puede llamar al **1-800-367-7474**.

CALIFORNIA RESIDENTS

Review by the Department of Managed Health Care

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 **1-800-367-7474** 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 (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's internet website **www.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.