**Confidential**
**Provider Complaint Form**

| **CalOptima**<br>Attn: Grievance and Resolution Services<br>505 City Parkway West<br>Orange, CA 92868<br><br>(714) 246-8554 | **Compliant is Against (check one)**<br><br>☐ Health Network _____<br>☐ CalOptima Direct<br>☐ CalOptima Long Term Care Program<br>☐ CalOptima Pharmacy Program (see back for instructions)<br>☐ Other_____ |
|---|---|

**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***

| | |
|---|---|
| ☐ No prior authorization | ☐ Claim not paid a appropriate level |
| ☐ Non-timely claim submission | ☐ Claim not paid at CalOptima rates |
| ☐ Non-timely LTC Authorization submission | ☐ Claim denial due to lack of 24-hour notification |
| ☐ Retro-authorization request denied | ☐ Contract/Policy/Operational |
| ☐ Other | ☐ Sanction / Termination |

***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 compliant 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 |
|---|---|
| ☐ Copy of the health network's complaint decision letter<br>☐ Copy of Provider's complaint letter to the network<br>☐ Explanation of Benefits / Remittance Advice (RA)<br>☐ Health network's response Appeal/Resubmission<br>☐ Eligibility verification, if applicable (POS slip or AEVS confirmation number)<br>☐ Supporting documentation (i.e., medical records, contract / policy language specific to issue)<br>☐ Authorization number/referral issued by network, if prior authorization is required<br>☐ 24-hr Emergency service notification documentation<br>☐ Copy of clean claim (HCFA 1500 form or UB92) | ☐ Copy of the completed Claim Resubmission Form sent to CalOptima<br>☐ CalOptima Remittance Advice (RA)<br>☐ CalOptima Resubmission Decision letter<br>☐ Copy of clean claim (HCFA 1500, UB92 or 25-1)<br>☐ Eligibility verification, if applicable (POS slip or AEVS confirmation number)<br>☐ Supporting documentation (i.e., medical records, contract / policy language specific to issue)<br>☐ Completed CalOptima Provider Complaint Form or or complaint letter describing Provider's position<br>☐ Provider UM Appeal Request letter (if applicable)<br>☐ CalOptima UM Appeal decision letter<br>☐ Copy of all previously submitted authorization requests |
| **CalOptima Pharmacy Provider** | |
| ☐ Complaint letter describing Provider's position<br>☐ Claim payment documentation (if applicable)<br>☐ CPAS/CKPA form, if applicable<br>☐ Audit findings letter, if applicable<br>☐ Supporting documentation (i.e., medical records, contract / policy language specific to issue, etc.) | |