

## Health Plan Contacts for Appeals & Grievances

To file a complaint with your Health Plan Please refer to the listing below. You may file your complaint by mail, online web, and/or by telephone

<b>Standard Grievance</b>	<b>Expedited Grievance</b>
<b>Aetna</b>	<b>Aetna</b>
Attn: Customer Resolution Team P.O. Box 24030 Fresno, CA 93779 Phone: 1-800-756-7039 TTY/TDD: 1-800-628-3323 Fax: 1-860-262-9730 Website: <a href="http://www.aetna.com">www.aetna.com</a>	Call or Fax Aetna Commercial Grievance & Appeal Team Phone: 1-877-665-6736 TTY/TDD: 1-800-628-3323 Fax: 1-860-754-5321 Website: <a href="http://www.aetna.com">www.aetna.com</a>
<b>Aetna Medicare</b>	<b>Aetna Medicare</b>
Grievance & Appeals Unit P.O. Box 14067 Lexington, KY 40512 Phone: 1-800-932-2159 Fax: 1-866-604-7092 Website: <a href="http://www.aetna.com">www.aetna.com</a>	Grievance & Appeals Unit P.O. Box 14067 Lexington, KY 40512 Phone: 1-800-932-2159 Fax: 1-866-604-7092 Website: <a href="http://www.aetna.com">www.aetna.com</a>
<b>Anthem Blue Cross</b>	<b>Anthem Blue Cross</b>
Attn: Grievance & Appeals Department P.O. Box 4310 Woodland, CA 91365-4310 Phone: 1-800-365-0609 TTY/TDD: 1-866-333-4823 Fax: 1-877-551-6183 Website: <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>	Attn: Grievance & Appeals Department P.O. Box 4310 Woodland, CA 91365-4310 Phone: 1-800-365-0609 TTY/TDD: 1-866-333-4823 Fax: 1-818-234-9840 Website: <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
<b>Anthem Blue Cross (Medicare)</b>	<b>Anthem Blue Cross (Medicare)</b>
Mailstop: OH0204-A537 4361 Irwin Simpson Rd Mason, OH 45040 Phone: 1-888-230-7338 TTY users call: 711 Fax: 1-888-458-1406 Website: <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>	Mailstop: OH0204-A537 4361 Irwin Simpson Rd Mason, OH 45040 Phone: 1-888-230-7338 TTY users call: 711 Fax: 1-888-458-1406 Website: <a href="http://www.anthem.com/ca">www.anthem.com/ca</a>
<b>Blue Shield of California</b>	<b>Blue Shield of California</b>
Attn: Member Appeals & Grievances P.O. Box 5588 El Dorado Hills, CA 95762-0011 Phone: 1-800-424-6521 TTY.TDD: 1-800-241-1823 Fax: 1-916-350-7585 Website: <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>	Attn: Member Appeals & Grievances P.O. Box 5588 El Dorado Hills, CA 95762-0011 Phone: 1-800-424-6521 TTY.TDD: 1-800-241-1823 Fax: 1-916-350-7585 Website: <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>
<b>Blue Shield 65 Plus HMO</b>	<b>Blue Shield 65 Plus HMO</b>
P.O. Box 927 6300 Canoga Avenue Woodland Hills, CA 91365-9856 Phone: 1-800-776-4466 TTY: 1-800-794-1099 Fax: 1-916-350-6510 Website: <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>	P.O. Box 927 6300 Canoga Avenue Woodland Hills, CA 91365-9856 Phone: 1-800-776-4466 TTY: 1-800-794-1099 Fax: 1-916-350-6510 Website: <a href="http://www.blueshieldca.com">www.blueshieldca.com</a>

## Health Plan Contacts for Appeals & Grievances

To file a complaint with your Health Plan Please refer to the listing below. You may file your complaint by mail, online web, and/or by telephone

<b>Standard Grievance</b>	<b>Expedited Grievance</b>
<b>CalOptima (MediCal)</b>	<b>Care First (Medicare)</b>
Appeals Department 505 City Parkway West Orange, CA 92868 Phone: 1-888-587-8088 TTY: 1-714-246-8523  Website: <a href="http://www.caloptima.org">www.caloptima.org</a>	Appeals Department 601 Potrero Grande Drive Monterey Park, CA 91755 Phone: 1-800-544-0088 TTY: 1-800-735-2929 Fax: 1-323-889-6214 Website: <a href="http://www.care1st.com">www.care1st.com</a>
<b>Cigna</b>	<b>Cigna</b>
National Appeals Organization (NAO) P.O. Box 188011 Chattanooga, TN 37422 Phone: 1-800-244-6224 TTY/TDD: 711 Fax: 1-877-815-4827	National Appeals Organization (NAO) P.O. Box 188011 Chattanooga, TN 37422 Phone: 1-800-244-6224 or 1-704-752-5239 TTY/TDD: 711 Fax: 1-860-731-3452
<b>Easy Choice (Medicare)</b>	<b>Easy Choice (Medicare)</b>
Appeals & Grievance Department 180 E. Ocean Blvd., #700 Long Beach, CA 90802 Phone: 1-866-999-3945 TTY users call: 1-800-735-2929 Fax: 1-562-343-9742 Website: <a href="http://www.easychoicehealthplan.com">www.easychoicehealthplan.com</a>	Appeals & Grievance Department 180 E. Ocean Blvd., #700 Long Beach, CA 90802 Phone: 1-866-999-3945 TTY users call: 1-800-735-2929 Fax: 1-562-343-9742 Website: <a href="http://www.easychoicehealthplan.com">www.easychoicehealthplan.com</a>
<b>Golden State Medicare Health Plan</b>	
c/o Member Services 3010 Old Ranch Parkway, Ste. #260 Seal Beach, CA 90740 Phone: 1-877-541-4111 TTY: 1-877-551-4111 Fax: 562-799-0507	
<b>Health Net</b>	<b>Health Net</b>
Member Service Appeals & Grievances Department P.O. Box 10348 Van Nuys, CA 91410-0348 Phone: 1-800-522-0088 Fax: 1-877-831-6019 TTY/TDD: 1-800-995-0852 Website: <a href="http://www.healthnet.com">www.healthnet.com</a>	Member Service Appeals & Grievances Department P.O. Box 10348 Van Nuys, CA 91410-0348 Phone: 1-800-522-0088 Fax: 1-877-831-6019 TTY/TDD: 1-800-995-0852 Website: <a href="http://www.healthnet.com">www.healthnet.com</a>

## Health Plan Contacts for Appeals & Grievances

To file a complaint with your Health Plan Please refer to the listing below. You may file your complaint by mail, online web, and/or by telephone

<b>Standard Grievance</b>	<b>Expedited Grievance</b>
<b>Health Net (Medicare)</b>	<b>Health Net (Medicare)</b>
P.O. Box 10344 Van Nuys, CA 91410-0344 Phone: 1-800-275-4737 Fax: TTY/TDD: 1-800-929-9955 Website: <a href="http://www.healthnet.com">www.healthnet.com</a>	
<b>Heritage Provider Network Health Plan EPO</b>	
Appeals & Grievance Department 600 City Parkway West, Ste. #400 Orange, CA 92868-2900 Phone: 714-908-5623 Fax: 1-714-482-4412	
<b>Health Net</b>	<b>Health Net</b>
Member Service Appeals & Grievances Department P.O. Box 10348 Van Nuys, CA 91410-0348 Phone: 1-800-522-0088 Fax: 1-877-831-6019 TTY/TDD: 1-800-995-0852 Website: <a href="http://www.healthnet.com">www.healthnet.com</a>	Member Service Appeals & Grievances Department P.O. Box 10348 Van Nuys, CA 91410-0348 Phone: 1-800-522-0088 Fax: 1-877-831-6019 TTY/TDD: 1-800-995-0852 Website: <a href="http://www.healthnet.com">www.healthnet.com</a>
<b>Health Net (Medicare)</b>	<b>Health Net (Medicare)</b>
P.O. Box 10344 Van Nuys, CA 91410-0344 Phone: 1-800-275-4737 TTY/TDD: 1-800-929-9955 Website: <a href="http://www.healthnet.com">www.healthnet.com</a>	
<b>Inland Empire Health Plan (Com/Medical)</b>	<b>Inland Empire Health Plan (Medicare)</b>
Attention: Grievance Dept. P.O. Box 19026 San Bernardino, CA 92423-9026 Phone: 1-800-440-4347 Fax: 1-909-890-5748 TTY/TDD: 1-800-718-4347 Website: <a href="http://www.iehp.org">www.iehp.org</a>	Attention: Grievance Dept. P.O. Box 1800 Rancho Cucamonga, CA 91729-1800 Phone: 1-877-273-4347 Fax: TTY/TDD: 1-800-718-4347 Website: <a href="http://www.iehp.org">www.iehp.org</a>
<b>Inter Valley</b>	<b>Inter Valley (Medicare)</b>
Attn: Appeals & Grievance Unit 300 S. Park Avenue P.O. Box 6002 Pomona, CA 91769-6002 Phone: 1-909-620-6413 TTY: 1-800-505-7150 Fax: 1-909-620-6413 Website: <a href="http://www.ivhp.com">www.ivhp.com</a>	Attn: Appeals & Grievance Unit 300 S. Park Avenue P.O. Box 6002 Pomona, CA 91769-6002 Phone: 1-800-251-8191 TTY: 1-800-505-7150 Fax: 1-909-620-6413 Website: <a href="http://www.ivhp.com">www.ivhp.com</a>

## Health Plan Contacts for Appeals & Grievances

To file a complaint with your Health Plan Please refer to the listing below. You may file your complaint by mail, online web, and/or by telephone

<b>Standard Grievance</b>	<b>Expedited Grievance</b>
<b>LA Care Health Plan</b>	
Attn: Appeals & Grievance Department 1055 W. 7 <sup>th</sup> Street, 10 <sup>th</sup> Floor Los Angeles, CA 90017 Phone: 888-839-9909 TTY/TDD: MediCal-1-866-522-2731 Medicare-1-888-212-4460 Fax: 213-438-8974 Website: <a href="http://www.lacare.org">www.lacare.org</a>	
<b>Molina Health Care of California</b>	
Attn: Member Service 200 Oceangate, Ste. #100 Long Beach, CA 90802 Phone: 1-888-665-4621 Fax: Not Available TDD: Not Available Website: <a href="http://www.molinahealthcare.com">www.molinahealthcare.com</a>	
<b>Quality Improvement Organization (QIO)</b>	
<b>Livanta LLC.</b> Phone: 1-877-588-1123 TTY: 1-855-887-6668 Fax: 818-672-8954 Website: <a href="http://www.livanta.com">www.livanta.com</a>	
<b>Scan Health Plan</b>	
Attn: Grievance & Appeals Department P.O. Box 22644 Long Beach, CA 90801-5644 Phone: 1-800-559-3500 Fax: 1-562-989-0958 TTY users call: 711 Website: <a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a>	Attn: Grievance & Appeals Department P.O. Box 22644 Long Beach, CA 90801-5644 Phone: 1-800-559-3500 Fax: 1-562-989-0958 TTY users call: 711 Website: <a href="http://www.scanhealthplan.com">www.scanhealthplan.com</a>
<b>United Healthcare of California</b>	
Grievance & Appeals Unit P.O. Box 6107, Mail Stop CA 124-0160 Cypress, CA 90630-9972 Phone: 1-800-624-8822 Fax: 1-866-704-3420 TTY/TDD: 1-800-442-8833 Website: <a href="http://www.uhc.com">www.uhc.com</a>	Grievance & Appeals Unit P.O. Box 6107, Mail Stop CA 124-0160 Cypress, CA 90630-9972 Phone: 1-888-277-4232 Fax: 1-866-346-0930 TTY/TDD: 1-800-442-8833 Website: <a href="http://www.uhc.com">www.uhc.com</a>
<b>United Healthcare of California (Medicare)</b>	
Grievance & Appeals Unit P.O. Box 6106, Mail Stop CA 124-0157 Cypress, CA 90630 Phone: 1-800-234-1228 Fax: 1-888-517-7113 TTY/TDD:	Grievance & Appeals Unit P.O. Box 6107, Mail Stop CA 124-0160 Cypress, CA 90630-9972 Phone: 1-877-262-9203 Fax: 1-866-373-1081 TTY/TDD: