



Health Net of California, Inc.
21281 Burbank Boulevard
Woodland Hills, California 91367-6607

Mailing Address: Post Office Box 9103
Van Nuys, California 91409-9103

www.healthnet.com

«Date»

«First_NameMiddle_Initial», «Last_Name»
«Street_Address»
«City_State_Zip»

Member's Name: «First_NameMiddle_Initial», «Last_Name»
DOB: «DOB»
Subscriber #: «Subscriber_»
Health Plan Name: Health Net of California
Facility Name: «Requested_ProviderPhysicianHospital»
Admission Date: «HMOPPOPOS_INPTAdmit_Date»
Attending Provider/Physician: «Requesting_ProviderPhysicianAttending_Ph»
Tracking Request Reference #: «Tracking_No»

***** YOUR IMMEDIATE ATTENTION IS REQUIRED *****

Dear «Dear»:

Your doctor has reviewed your medical condition and has determined that as of «HMOPPOPOS_INPT_Effective_Date» your condition was such that transfer to [*Name of Facility*] would be medically safe. This determination was made based upon our review of your health condition in relation to your Health Net of California plan guidelines for acute care inpatient services and in accordance with the terms and conditions of your evidence of coverage (EOC) or your Federal Brochure.

As a Health Net of California member, all your medical benefits, with the exception of emergency services, urgently needed services and post-stabilization care, are provided and/or arranged by your Primary Care Physician. Coverage for acute care includes medically necessary inpatient services as authorized by your health plan or Medical Group under contract with your health plan. By enrolling in Health Net of California, you have made a decision to receive all your health care except for emergency services, urgently needed services and post-stabilization care, from your Medical Group and its affiliated hospitals.

We have made arrangements for your safe transfer to [*Name of Facility*], however, you and/or your representative refused the transfer to the contracted hospital. This means that, if you remain in «Requested_ProviderPhysicianHospital», your hospital charges for «HMOPPOPOS_INPT_Effective_Date» and thereafter will not be covered by Health Net of California, and you will be financially responsible for those charges.

If you now wish to be transferred, please contact Health Net of California at [*Name of Review Nurse & phone number*] between 8am-5pm, Monday to Friday.

You may obtain a copy free of charge, of the actual benefit provision, guideline, protocol or other similar criterion on which the denial decision was based, upon request, by calling Health Net Customer Services at (800) 522-0088.

How to Dispute This Determination*

If you believe that this determination is not correct, you have the right to appeal the decision by filing a grievance with your health plan. Your health plan requests that you submit your grievance within 180 days from the postmark date of this notice. You or someone you designate (your authorized representative) may submit your grievance verbally or in writing to your health plan. You may call your health plan at the numbers listed below to learn how to name your authorized representative.

There are two types of grievances: *standard and expedited*.

Standard Grievance Process

A standard grievance will be resolved within 30 days. Your health plan will notify you in writing of the decision within 30 calendar days of receiving your grievance.

Expedited/72 hour Grievance Process

Your health plan makes every effort to resolve your grievance as quickly as possible. In some cases, you have the right to an expedited grievance when a delay in the decision making might pose an imminent and serious threat to your health, including but not limited to severe pain, potential loss of life, limb, major bodily function, or the normal timeframe for the decision making process would be detrimental to your life, or health or could jeopardize your ability to regain maximum function. If you request an expedited grievance, your health plan will evaluate your grievance and health condition to determine if your grievance qualifies as expedited. If so, your health plan will make a decision on your expedited grievance and notify you in writing of the decision within 72 hours of receiving your grievance. If not, your grievance will be resolved within the standard 30 days.

Submitting Your Grievance

Please submit a copy of your denial notice and a brief explanation of your situation, or other relevant information to your health plan. Your health plan will document and process your standard or expedited grievance and provide you with written notification of the decision. You may write, call or fax your grievance to your health plan.

Health Net
Attn: Member Services Appeals and Grievances Department
P.O. Box 10348
Van Nuys, CA 91419-0348

Telephone: 1-800-522-0088 Health Net Customer Service
TTY/TDD: 1-800-995-0852
Fax: 1-818-676-7200
Internet: www.healthnet.com

Department of Managed Health Care Complaint Process

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-

800-522-0088 Health Net Customer Service or Telecommunication Device for Deaf (TDD) at 1-800-995-0852 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 Web site **<http://www.hmohelp.ca.gov>** has complaint forms, IMR application forms and instructions online.

You may have the right to bring a civil action under Section 502(a) of the Employee Retirement Income Security Act (ERISA) if you are enrolled with your health plan through an employer who is subject to ERISA. First, be sure that all required reviews of your claim appeal have been completed and your claim has not been approved. Then consult with your employer's benefit plan administrator to determine if your employer's benefit plan is governed by ERISA. Additionally, you and your health plan may have other voluntary alternative dispute resolution options, such as mediation.

***Federal Employee Health Benefit Program (FEHBP) members:** The preceding appeals information does not apply to participants of the FEHBP. If you are covered by the FEHBP, please refer to Section 8, *The Disputed Claims Process*, of your Federal Brochure, which explains the FEHBP appeals process.

If the treating physician would like to discuss this case with the physician or health care professional reviewer or obtain a copy of the criteria used to make this decision, please call «Signature», MD at «MDS_Phone_».

Sincerely,

«Signature», MD
Health Net of California

«MDS_INITIAL»/«IC_Initital»

C: «Requesting_ProviderPhysicianAttending_Ph»
«PCP»
«Requested_ProviderPhysicianHospital»
«PPG__Name»
Enclosures: IMR Application Documents