

GRIEVANCE, APPEALS, AND STATE HEARINGS

Partnership HealthPlan of California is committed to helping our members, and the communities we serve, be healthy.



Your point of view matters! With that said, you have the right to file a grievance or an appeal on any issue regarding your Medi-Cal benefit. Your grievance should explain your dissatisfaction; why you are not happy with the service you received. You may file an appeal if you disagree with a decision made by PHC or one of its providers. Please note that PHC does not handle issues about your Medi-Cal eligibility. For eligibility issues, contact your County Eligibility Worker.

What is a Grievance?

A Grievance is when you are unhappy with an experience you had when using your Medi-Cal coverage. An example of a grievance would be if your doctor was rude during your visit.

What is an Appeal

An Appeal is a member's request for PHC to review a denied or changed benefit. An example of an appeal would be if you disagree with your service being denied.

How to File a Grievance or Appeal



1-800-863-4155

You may file an appeal or grievance by calling us at the number above. Our Member Services department is also available if you have any questions about the grievance process. Bilingual staff is available. PHC uses an interpreter service for members who speak other languages.

You can also file your grievance or appeal online, through the mail, by fax or in person.



Partnership Healthplan of California
4665 Business Center Drive
Fairfield, CA 94534
Attention: Grievance and Appeals Dept.



You may fax to: 1-707-863-4351

Fairfield: 4665 Business Center Drive, Fairfield, CA



You may file online at:
<http://www.partnershiphp.org>



Redding: 3688 Avtech Parkway, Redding, CA

Have You Already Appealed?

State Hearing Information

A State Hearing is when a member requests an Administrative Law Judge (ALJ) to review PHC's decision because they are still unhappy. The ALJ will review laws, PHC Policy, testimony, and evidence, then issue a new decision.

There are four ways to request a State Hearing:



California State Department of Social Services State Hearing Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430



You can call: 1-800-952-5253
Hearing impaired members may use TTY/TDD by calling 1-800-952-8349



You can fax your request to:
1-916-651-5210 or 1-916-651-2789



You can turn in a Hearing Request form or your own written request at one of the local County offices