Anthem Blue Cross

Process for Submitting Member Grievances and Appeals to Anthem Blue Cross

Anthem Blue Cross has a formal process for reviewing member grievances and appeals. This process provides a uniform and equitable treatment of grievances/appeals and a prompt response.

A member or member's representative may submit grievances/appeals verbally, in writing, or electronically (i.e., by mail, telephone, fax, or on-line). Calling Customer Service is the recommended method for requesting an expedited review.

Members have up to 180 calendar days from the date of an incident or dispute, or from the date the member receives a denial letter, to submit a grievance or appeal to Anthem Blue Cross.

Verbal Notification

Members may **call** the Anthem Blue Cross **Customer Service at the number on their ID card** to submit a verbal grievance/appeal. Customer Service will arrange **interpreter services** for members who speak a language other than English or have limited English proficiency.

For members who have who have submitted a grievance/appeal and would like to know the status of their grievance/appeal or submit additional information, contact the Anthem Blue Cross Grievance and Appeal Department at **800- 365-0609** or **TTD line 866- 333-4823** for the speech and hearing-impaired.

Written Notification

Members may **mail or fax** a written grievance/appeal letter or a completed grievance form which is available on the Anthem Blue Cross website or can be obtained by calling Customer Service.

The member should submit a description of the circumstances surrounding the grievance/appeal along with any available documents (i.e., denial letter, medical records, or claims) to:

Anthem Blue Cross
P.O. Box 4310
Woodland Hills, CA 91365-4310
Fax: 818-234-1089

On-line Notification

Members have the option of submitting grievances/appeals on-line via the Internet at **www.anthem.com/ca**. Members can also go to the member services web page, select **"File a Grievance"** and print the grievance form, complete it, and mail it to Anthem Blue Cross.

A ***grievance*** is an expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration, or appeal made by a member or the member's representative.

An ***expedited grievance/appeal*** is when a delay in decision-making may seriously jeopardize the life or health of a member or their ability to regain maximum function. This includes but is not limited to severe pain, potential loss of life, limb or major bodily function.

Grievance forms, grievance procedures and additional information about the Anthem Blue Cross standard and expedited grievance and appeal review process, can be found in your Anthem Blue Cross HMO Operations Manual or at www.anthem.com/ca