Unilogic

Healthcare Management

Grievances, Complaints, and Appeals

Version History

September 25, 2025

All PCAC-Unilogic Health Care Management, MSO members have the right to file a grievance, complaint, or an appeal on any decision.

Definitions

Grievance

A grievance is a written or verbal expression of a member's dissatisfaction with the care or services provided and may be used to request a review of a complaint or inquiry that has not been resolved to the member's satisfaction. Grievances should be submitted to the member's assigned health plan online, by phone, or in writing.

Complaint

A complaint (or inquiry) is a member's written or verbal request for information or assistance, or an expression of concern about an issue. A complaint can become a grievance. Complaints should be submitted to the member's assigned health plan online, by phone, or in writing.

Appeal

An appeal is a written or verbal request to reconsider the initial determination of a denied healthcare service or claim. Appeals can be requested by submitting a written or verbal notification to the member's assigned health plan to appeal any decision that the member believes is unfair or unjust.

Discrimination Complaints

Members have the right to file a discrimination complaint with the United States Department of Health and Human Services Office of Civil Rights if there is a concern of discrimination based on race, color, national origin, age, disability, or sex. Complaints must be filed within 180 days of the date of the alleged discrimination. Complaint forms are available at the U.S. Department of Health and Human Services website. The complaint form can be filed by mail, email, or via the OCR Complaint Portal. Mailing address: U.S. Department of Health and Human Services, 200 Independence Avenue SW, Room 509F, HHH Building, Washington, DC 20201. Toll -free Telephone: 1-800-368-1019, TDD: 1-800-537-7697. Email: OCRComplaint@hhs.gov.

Health Plan Contact Information

Alignment Health Plan - (866) 634-2247 TTY: 711

Anthem - (855) 635-0157 TTY: 711

Astiva – (866) 688-9021 TTY:711

Central Health Plan/Molina - (866) 314-2427 TTY: 711

Clever Care – (833) 283-9888 TTY: 711

Blue Shield of California - (800) 393-6130 TTY: 711

Health Net - Check ID Card

Humana - (800) 787-3311 TTY: 711

Imperial Health Plan - (800) 838-8271 TTY: 711

SCAN Health Plan - (800) 559-3500 TTY: 711

UCLA - (833) 627-8252 TTY: 711

Wellcare - (866) 907-5799 TTY: 711

Decision Making Guidelines for Treatment Requests & Referrals

PCAC-Unilogic Health Care Management MSO utilizes evidence-based guidelines when making decisions regarding referral requests for services. As a member, you may ask for free copies of all information used to make a decision regarding your requested service. If you would like a copy of the actual benefit provision, guidelines protocol, or criteria that we based our decision on, you may call: (657) 465-3500.

Main Criteria sets used by PCAC-Unilogic Health Care Management MSO Include:

1. CMS.Gov National Coverage Determinations (NCD) Guidelines
2. CMS.Gov Local Coverage Determinations (LCD) Guidelines
3. CMS Medicare Benefit Manuals
4. MCG Care Guidelines for Evidence Based Medicine
5. Contracted Health Plan Guidelines

Interpretation & Translation

Limited English Proficient or LEP Enrollee: A person who has an inability or a limited ability to speak, read, write, or understand the English language at a level that permits that individual to interact effectively with health care providers or plan employees.

You have the right to no-cost interpreting services, as well as American Sign Language. You can get these services 24 hours a day, seven days a week. You can request interpreting or translation services, information in your language or another format such as large print or audio, or auxiliary aids and services by calling the assigned health plan phone number listed on the back of your health insurance plan ID card. You can also ask your provider's office for assistance in doing this.

Members who are deaf or hard of hearing can access TDD/TYY Services directly by calling California Relay Service (CRS) by dialing 711, 24 hours a day, 7 days a week, including holidays.

Complaints Related to Language Assistance Services

- You can file a complaint at any time with your Health Plan if:
- You feel that you were denied services because you do not speak English
- You cannot get an interpreter
- You have a complaint about the interpreter
- You cannot get information in your language or format
- Your cultural needs are not met