



How to file a Grievance

The Holman Group wants you to be satisfied with your behavioral health care services. If a problem arises, we want to help solve it. If a question arises, we want to help answer it. Please contact our office by:

Phone: 1-800-321-2843
Online: www.holmangroup.com
Mail: The Holman Group
Attention: Grievance Department
P.O. Box 8011
Canoga Park, CA 91309
Email: grievance@holmangroup.com

You have 180 calendar days following any incident or action that is the subject of your dissatisfaction to submit your grievance. If you notify The Holman Group of a grievance, it will be directed to the Compliance Department. The Holman Group Grievance Committee will review your grievance and resolve it within thirty (30) days from Holman's receipt of the grievance. The Holman Group will send you a written notice of the resolution.

Appeal Processes

A. Arbitration

If you are dissatisfied with the decision of The Holman Group Grievance Committee, you may submit a request to The Holman Group to submit the grievance to binding Arbitration before the American Arbitration Association. Pursuant to California law, any claim of up to \$200,000 must be decided by a single neutral arbitrator who shall be chosen by the parties and who shall have no jurisdiction to award more than \$200,000. The Holman Group and you may agree in writing to waive the requirement of using a single arbitrator and instead use a tripartite arbitration panel that includes a two-party- appointed arbitrator, a panel of three neutral arbitrators or another multiple arbitrator system mutually agreeable to the parties. You shall have three (3) business days to rescind the waiver agreement unless the agreement has also been signed by your attorney, in which case, the waiver cannot be rescinded. In cases of extreme hardship, The Holman Group may assume all or part of your share of the fees and expenses of the neutral arbitrator (provided you have submitted a hardship application with the American Arbitration Association). The American Arbitration Association shall determine the approval or denial of a hardship application. A hardship application may be obtained by contacting the American Arbitration Association in Los Angeles at 213-383-6516, in San Diego at 619-239-3051 and in San Francisco at 415-981-3901.

If you do not request arbitration within six (6) months from the date of the Grievance Resolution Notice, the decision of the Grievance Committee shall be final and binding. However, if you have legitimate health or other reasons which would prevent you from electing binding arbitration in a timely manner,



you will have as long as necessary to accommodate your special needs in order to elect binding arbitration. Further, if you seek review by the Department of Managed Health Care, you will have an additional ninety (90) days from the date of the final resolution of the matter by the Department of Managed Health Care to elect binding arbitration. Upon submission of a dispute to the American Arbitration Association, both you and The Holman Group agree to be bound by the rules of procedure and decision of the American Arbitration Association. Full discovery shall be permitted in preparation for arbitration pursuant to California Code of Civil Procedure, Section 1285.05.

B. California Department of Managed Health Care*

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 **1-800-321-2843** 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 (**1-888-466-2219**) and a TDD line (**1-877-688-9891**) for the hearing and speech impaired. The department's Internet Web site <http://www.dmhc.ca.gov> has complaint forms, IMR application forms and instructions online.

** These sections apply to you if The Holman Group provides your organization with an EAP of four sessions or more or an inpatient/outpatient benefit.*

Please note that when your grievance is an emergency or urgent, you do not need to participate in the Plan's grievance process prior to applying to the Department for review.

Message to our Members

The Holman Group is committed to the philosophy of restoring you to a state of satisfaction as soon as feasible, resolving your grievance in an expedient and timely fashion, and most of all, promoting your awareness that good service is at the heart of our business.