Notice of Non-Discrimination

If you believe you have been discriminated against because of your:

- Gender, gender identification or sexual orientation
- Race, ethnicity, national origin, or ancestry
- · Religion or culture
- Color, age, weight, or marital status
- Genetic information o because of a medical, mental, or physical disability
- Limited Language, Hearing or Vision; and,
 - You feel you were denied services, or your services were delayed because you do not speak, read, or write English.
 - You were not provided or are unhappy with the interpretation or translation services.
 - o You are not provided with information in an alternative format.

You have the right to file a grievance.

HOW TO FILE A GRIEVANCE

You can file a grievance with your health plan at:

Blue Shield of California Promise Health Plan

Phone: 1-800-605-2556 (TTY 711)

<u>In writing to:</u> Blue Shield Promise Health Plan

Civil Rights Coordinator 601 Potrero Grande Dr. Monterey Park, CA 91755

Online: Blue Shield Promise Medi-Cal Grievance Form

Health Net of California, Inc.

Phone: 1-866-458-2208 (TTY 711)

<u>In writing to:</u> Health Net Civil Rights Coordinator

P.O. Box 9103

Van Nuys, CA 91409-9103

Online: Health Net Medi-Cal Grievance & Appeal Form

L.A. Care Health Plan

Phone: 1-888-839-9909 (TTY 711)

<u>In writing to:</u> L.A. Care Health Plan

Chief Compliance Officer

1055 West 7th Street, 10th Floor

Los Angeles, CA 90017

<u>Email:</u> <u>civilrightscoordinator@lacare.org</u>

Online: L.A. Care Health Plan Grievance & Appeal Form

Molina Healthcare of California

Phone: 1-888-665-4621 (TTY 711)

between Monday-Friday 7:00 a.m. - 7:00 p.m.

<u>In writing:</u> Call 1-888-665-4621 for a complaint form.

Fill it out and send to-

Molina Healthcare

200 Oceangate, Suite 100 Long Beach, CA 90802

Online: Molinahealthcare.com

Grievance form is available on My Molina at

https://member.molinahealthcare.com/Member/Login

You can also request assistance from AltaMed Health Network, Inc. (AHN) by clicking on the "File a Grievance" link or contacting us at:

AltaMed Health Network, Inc.

Attention: Office of Compliance and Privacy 1401 N. Montebello Blvd., Montebello, CA 90640 1-213-513-4272

compliance@altamedhn.com

You can also file a civil rights complaint with:

Office of Civil Rights - California Department of Health Care Services

Phone: 1-916-440-7370 (TTY 711)

<u>In writing to:</u> Deputy Director, Office of Civil Rights

Department of Health Care Services

Office of Civil Rights

P.O. Box 997413, MS 0009 Sacramento, CA 95899-7413

Email: <u>CivilRights@dhcs.ca.gov</u>

Online: https://www.dhcs.ca.gov/Pages/Language Access.aspx.

Office for Civil Rights - U.S. Department of Health and Human Services

<u>Phone:</u> 1-800-368-1019 (TTY 1-800-537-7697 or 711)

In writing: U.S. Department of Health and Human Services

200 Independence Avenue, SW Room 509F, HHH Building Washington, D.C. 20201

Online: Complaint Portal

ACCESSIBILITY SERVICES

If you need these services:

- Free aids and services to people with disabilities to help them communicate better:
 - Qualified sign language interpreters.
 - Written information in other formats (large print, audio, electronic and other formats).
- Free language services to people whose primary language is not English:
 - Qualified interpreters.
 - o Information written in other languages.

You can contact your health plan at:

Blue Shield of California Promise Health Plan

1-800-605-2556 (TTY 711)

<u>Language help and interpreter services | Blue Shield of CA Promise Health Plan</u> (blueshieldca.com)

Health Net of California, Inc.

1-800-675-6110 (TTY 711)

Language assistance | Health Net of California, Inc. (healthnet.com)

L.A. Care Health Plan

1-888-839-9909 (TTY 711)

Interpretation & Translation | L.A. Care Health Plan (lacare.org)

Molina Healthcare of California

1-888-665-4621 (TTY 711)

<u>Language Assistance Services | Molina Healthcare of California</u> (molinahealthcare.com)

If you cannot hear or speak well, please call 711 to use the California Relay Service.

You can also contact **AltaMed Health Network, Inc.** by visiting our <u>Contact Us</u> page and Submit and Inquiry.