



Grievance System

As required by California regulations, Vision Service Plan (VSP) is informing its members of the following information:

If a VSP member has a complaint/grievance regarding VSP and/or a VSP network doctor, you may immediately call VSP's Member Service Department at 800-877-7195 Monday through Friday, 6:00 a.m. to 7:00 p.m. (PST), or sign on to vsp.com and complete the online Member Grievance Form. You may also submit a grievance in writing to VSP at 3333 Quality Drive, Rancho Cordova, California 95670.

Upon receipt of your verbal or written grievance, VSP will respond to you in writing acknowledging receipt and/or disposition of the grievance within five (5) business days. VSP will resolve your grievance within thirty (30) days from the date of receipt and keep your grievance and the response on file for seven (7) years.

Notice from the 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 **(800) 877-7195** 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 an 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-HMO-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's Internet Web site <http://www.hmohelp.ca.gov> has complaint forms, IMR application forms and instructions online. The plan's grievance process and the department's complaint review process are in addition to any other dispute resolution procedures that may be available to Covered Persons, and the failure to use these procedures does not preclude Covered Person's use of any other remedy provided by law.

