



PATH TO HEALTH PROGRAM

ENROLLMENT APPEALS PROCESS BY CMSP GOVERNING BOARD

If you are notified that you may not enroll in the Path to Health program and believe this decision is incorrect you or your authorized representative may appeal this decision.

For Path to Health enrollment appeals, please contact the CMSP Governing Board by calling (916) 649-2631 and choose option 1. You may also write or fax the CMSP Governing Board at:

CMSP Governing Board
Attn: Path to Health Enrollment Coordinator
1545 River Park Drive, Suite 435
Sacramento, CA 95815
Fax: (916) 649-2606

You must ask for an appeal within ten (10) calendar days from the date you attempted to enroll. The CMSP Governing Board will acknowledge receipt of your appeal, review the issues and send you a letter in writing of its decision within thirty (30) calendar days from the date it received your appeal. You may ask for an expedited review of your appeal and the CMSP Governing Board will determine if your circumstances merit an expedited review.

Enrollment Hearing with the CMSP Governing Board

If you are dissatisfied with any decision regarding a denial of enrollment in the Path to Health program, you have the right to request a hearing with the CMSP Governing Board **after** you have appealed the enrollment decision. If you want an Enrollment Hearing, you must ask for it within thirty (30) calendar days from the postmark date of the appeal decision letter notifying that the CMSP Governing Board denied your appeal.

To file a written request for a Path to Health Enrollment Hearing, follow these steps:

1. Please fill in the Request for Enrollment Hearing form and provide your signature on the bottom of the form.
2. Attach a copy of the appeal decision letter from the CMSP Governing Board.
3. FAX or mail the completed and signed form to:

ATTN: Path to Health Enrollment Hearings
CMSP Governing Board
1545 River Park Drive, Suite 435
Sacramento, CA 95815
Fax: (916) 848-3349

NOTE: A request for a Path to Health Enrollment Hearing that does **not** include all of the information described above will be returned without review. You may resubmit the request for a Path to Health Enrollment Hearing within the timeframe of thirty (30) calendar days from the date of receiving an enrollment appeal decision from the CMSP Governing Board or within ten (10) business days of receiving the returned request, whichever is later.

You will receive an acknowledgement of receipt of the request for a CMSP Enrollment Hearing within ten (10) business days of the date the CMSP Governing Board received your request. The CMSP Governing Board will schedule a Path to Health Enrollment Hearing within thirty (30) calendar days of receiving a hearing request. The CMSP Governing Board will notify you of the scheduled hearing. You will receive a written notice of the time, date and location of the hearing and a written copy of the CMSP Governing Board's position at least ten (10) business days prior to the date of the hearing.

You have the right to be represented at the hearing by another person of your choice (a relative, a friend, an attorney or other spokesperson). You may also be able to receive legal advice by calling the nearest legal assistance/services agency. You may have witnesses at the hearing and you may present evidence.

A hearing decision will be issued within thirty (30) calendar days of the hearing's conclusion. You will receive a written copy of the hearing decision within ten (10) days of receipt of the decision by the CMSP Governing Board. The hearing decision is the final determination of the matter.

INFORMATION PRACTICES ACT STATEMENT

The information requested on the Request for Enrollment Hearing form will be used by the CMSP Governing Board to resolve your complaint regarding enrollment in Path to Health. Completion of the form is voluntary, and the form should be submitted to the CMSP Governing Board if you wish to request a Path to Health Enrollment Hearing. All information you submit is confidential, and it will be provided only to the CMSP Governing Board unless otherwise required by law. For more information regarding use of this information or access to your records, contact the CMSP Governing Board, 1545 River Park Drive, Suite 435, Sacramento, CA 95815 (telephone 916-649-2631).

**REQUEST FOR PATH TO HEALTH ENROLLMENT HEARING
BY CMSP GOVERNING BOARD**

INSTRUCTIONS: Please complete all of the information below.

I, _____, daytime phone () _____,
address _____, hereby request a hearing of actions
taken by the CMSP Governing Board under the Path to Health Program.

Explain your complaint about enrollment under Path to Health. Attach additional sheet if necessary.

A. What is the decision you would like us to review? <i>(Tell us about the decision you would like us to review and include a copy of the letter you got from the CMSP Governing Board.)</i>
B. Why do you think this decision is wrong? <i>(Write your reason below.)</i>
C. What would you like us to do? <i>(Write your response below.)</i>
D. What else would you like us to know? <i>(Is there any other information you think would help us review our decision? Write the information below or send other papers that will help us understand.)</i>

3. Complaint date(s) (enter the month/day/year the problem occurred.)

4. Name of the clinic involved	5. HCP phone number
6. Address of the clinic involved	
7. BIC Card Number (enter the ID number located on the fourth line, upper left-hand corner of the State of California BIC card)	8. Date valid

The information I have given here is complete and accurate to the best of my knowledge. The CMSP Governing Board has my permission to obtain information about this case from the health care provider.

9. Signature	10. Date
11. Signature of the person helping the claimant <i>(if this form was completed by someone else)</i>	12. Date