

February 7, 2022

## **Discrimination Grievance**

Dear Provider,

The Department of Health Care Services (DHCS) has adopted a grievance procedure providing for the resolution of complaints alleging unlawful discrimination. Any member who believes they have been subjected to unlawful discrimination in the Medi-Cal program may file a grievance under this procedure.

If a member files a discrimination grievance, the provider office will be required to submit the following:

- Response
- Office Discrimination Policy
- History of discrimination training within the last year
- Medical Records (if applicable)
- Date of the next discrimination training

All the above requested information must be returned within 10 calendar days from receipt of the discrimination grievance and faxed to Kern Family Health Care Grievance and Appeals Department at 661-664-4303.

Helpful tips:

1. Please be detailed in your response
2. Grievances have a short timeframe to be processed; please return the requested information timely

If a response to the grievance is not received before the case is closed, the case may be closed in favor of the enrollee.

The member and provider will receive a copy of the final resolution letter.

Each Discrimination Grievance file must be sent to the DHCS Office of Civil Rights within 10 calendar days from mailing of the final resolution letter.

For additional information, please visit:

<https://www.dhcs.ca.gov/discrimination-grievance-procedures>





# PROVIDER *bulletin*

If you have any questions, please contact the Provider Relations Department at (661) 664-5000.

Sincerely,

Melissa McGuire  
Provider Relations Manager  
Kern Health Systems

