1369 E. Highland Avenue San Bernardino, CA 92404-4604 909 / **883-8966** • Fax: 909 / 881-1480

January 7, 2013

Dear Provider:

As you are aware, the Department of Managed Health Care's routine medical survey will now include evaluation of compliance with 28 CCR 1300.68 (b) (6) and (7). These regulations require Health Plans to ensure that grievance forms, a description of the grievance procedures, and assistance in filing grievances are readily available at each contracting provider's office, contracting facility, or Plan facility.

To familiarize your staff and practitioners with the grievance filing procedures, we ask that you please review and utilize the attached reference guides and grievance forms should the need arise in your offices.

Please implement a process to ensure that the attached grievance form is provided to any member upon request. They are available in other languages by request.

Please contact our office in you have any questions regarding the grievance process.

These documents will be available on our website at:

www.fpmgrp.org

Sincerely yours,

Kaye S. Dabbs-Moyer, M.D. Executive Medical Director