Grievance Process

If a LifeMatters member has a complaint/grievance regarding LifeMatters services, you may call LifeMatters by Empathia Member Services at 1-800-367-7474. We’re here to assist you 24 hours a day, 7 days a week.

For written complaints, you may log on to mylifematters.com and complete the Member Grievance/Complaint Form online.

LifeMatters has a process in place for receiving and resolving all complaints regarding LifeMatters services. All complaints, except those that are resolved by the end of the next business day, are acknowledged in writing within five (5) calendar days of receipt of the complaint. Empathia is committed to resolving all complaints within 30 days. Complaints involving an imminent and serious threat to the health of an enrollee are handled on an expedited basis.

In accordance with State and Federal regulations, LifeMatters will not discriminate against a member on the basis of filing a complaint.

Language Assistance Services Available

English: Language assistance services in your preferred spoken and written languages are available at no cost by calling 1-800-367-7474.

Spanish: Para solicitar servicios sin costo de asistencia en sus idiomas preferidos, orales o escritos, puede llamar al 1-800-367-7474.

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 1-800-367-7474 (TTY users call 1-877-307-2812) and use your health plan’s grievance process before contacting the Department. Utilizing the 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 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 (1-888-466-2219) 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.