



- ✓ Qualified sign language interpreters
- ✓ Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language services to people whose primary language is not English, such as:
 - ✓ Qualified interpreters
 - ✓ Information written in other languages

If you need these services, contact L.A. Care Health Plan 24 hours a day, 7 days a week, including holidays, by calling **1.844.854.7272**. If you cannot hear or speak well, please call **TTY 711**. Upon request, this document can be made available to you in braille, large print, audio cassette, or electronic form. To obtain a copy in one of these alternative formats, please call or write to:

L.A. Care Health Plan
Member Services Department
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
1.844.854.7272
TTY: 711

HOW TO FILE A CIVIL RIGHTS GRIEVANCE

If you believe that L.A. Care Health Plan has failed to provide these services or unlawfully discriminated in another way on the basis of sex, race, color, religion, ancestry, national origin, ethnic group identification, age, mental disability, physical disability, medical condition, genetic information, marital status, gender, gender identity, or sexual orientation, you can file a grievance with L.A. Care Health Plan Chief Compliance Officer. You can file a civil rights grievance by phone, in writing, in person, or electronically:

- **By phone:** Contact L.A. Care Health Plan Chief Compliance Officer, 24 hours a day, 7 days a week, including holidays, by calling **1.844.854.7272**. Or, if you cannot hear or speak well, please call **TTY 711**.
- **In writing:** Fill out a complaint form or write a letter and send it to:

L.A. Care Health Plan
Chief Compliance Officer
1055 West 7th Street, 10th Floor
Los Angeles, CA 90017
Email: civilrightscoordinator@lacare.org
- **In person:** Visit your doctor's office or L.A. Care Health Plan and say you want to file a civil rights grievance.
- **Electronically:** Visit L.A. Care Health Plan website at **www.lacare.org/members/member-support/file-grievance/grievance-appeal-form** or send an email to **civilrightscoordinator@lacare.org**.

OFFICE OF CIVIL RIGHTS – U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES

If you believe you have been discriminated against on the basis of race, color, national origin, age, disability or sex, you can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights by phone, in writing, or electronically:

- **By phone:** Call **1.800.368.1019**. If you cannot speak or hear well, please call **TTY/TDD 1.800.537.7697**.
- **In writing:** Fill out a complaint form or send a letter to:



**U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201**

Complaint forms are available at
<http://www.hhs.gov/ocr/office/file/index.html>.

- Electronically: Visit the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

If you are an L.A. Care member and you feel that you reasonably relied upon the information published in this Provider Directory and you feel it was inaccurate, incomplete or misleading you may file a grievance or complaint by contacting Member Services at the same toll free number and address listed above, attention Appeals & Grievances.

Electronically you can submit a grievance here:
<https://www.lacare.org/members/member-support/file-grievance/grievance-form>

Reporting Provider Directory Inaccuracies

If you think there is an error with the information in this Provider Directory, please let us know in one of the following ways:

By Writing to Us
1055 W. 7th Street, 10 Floor
Los Angeles, CA 90017

By Phone
Member Services: **1.844.854.7272** (TTY 711)

Our representatives are available 24 hours a day,
7 days a week

Electronically
If you are an L.A. Care member, please email us from member portal: <https://members.lacare.org>

If you are not an L.A. Care member, please go to:
<https://www.lacare.org/members/member-tools/find-doctor-or-hospital/report-provider-inaccuracy>
and fill out the proper form to let us know of any Provider Directory errors or inaccuracies.