

Right to Submit Request for Review of Cancellation, Rescission or Nonrenewal of Your Plan Contract, Enrollment or Subscription

If you believe Sutter Health Plus has (or will) improperly cancelled, rescinded or not renewed your plan coverage, you have the right to file a Request for Review.

You have the options of going to Sutter Health Plus and/or the Department of Managed Health Care (DMHC) if you do not agree with the decision to cancel, rescind or not renew your plan coverage.

Option 1 – Submit a Request for Review to Sutter Health Plus

You may submit a Request for Review to Sutter Health Plus using one of the following methods:

MAIL	Sutter Health Plus Attn: Grievances and Appeals P.O. Box 160305 Sacramento, CA 95816
TELEPHONE	1-855-315-5800 TTY: 1-855-830-3500
FAX	1-916-736-5422 1-855-759-8755
ONLINE	sutterhealthplus.org

You may want to submit your Request for Review to Sutter Health Plus first if you believe your cancellation, rescission or nonrenewal is the result of a mistake. You should submit a Request for Review as soon as possible after you receive the Notice of Cancellation, Rescission or Nonrenewal.

Sutter Health Plus will resolve your Request for Review or provide a pending status within three days. If Sutter Health Plus upholds your cancellation, rescission or nonrenewal, Sutter Health Plus will immediately transmit your Request for Review to DMHC. Sutter Health Plus will also notify you of Sutter Health Plus's decision and your right to also seek a further review of the decision by DMHC as detailed under Option 2, below.

Option 2 – Submit a Request for Review to the Department of Managed Health Care

You may submit a Request for Review directly to DMHC without first submitting it to Sutter Health Plus, or after you have received the health plan's decision on your Request for Review.

You may submit Requests for Review to the DMHC by mail, telephone, fax, or online using the following contact information:

MAIL	Help Center Department of Managed Health Care 980 Ninth Street, Suite 500 Sacramento, CA 95814-2725
TELEPHONE	1-888-466-2219 TDD: 1-877-688-9891
FAX	1-916-255-5241
ONLINE	www.HealthHelp.ca.gov

Request for Review Forms

Sutter Health Plus makes the Request for Review forms available on its website at sutterhealthplus.org, in the Forms section of the Members and Employers webpages.