MEMBER GRIEVANCE AND APPEAL FORM INSTRUCTIONS

OUR MISSION: Helping our members, and the communities we serve, be healthy

Your point of view matters! We want you to have the best care and service possible. If you have a problem while using your Partnership Medi-Cal plan, you have the right to file a Grievance or an Appeal. Complete the attached form. Tell us what happened and how we can help. Explain why you are not happy with your experience or why your benefit or service should be approved. When you tell us about your problem, it helps us improve care for all members. Cases are usually investigated within 30 days. We will not discriminate or retaliate against you for filing a case. If you choose to have someone represent you, they must have authorization on file with PHC. If you are having problems with your Medi-Cal eligibility, please call your County Eligibility Worker.

What is a Grievance?

Are you unhappy with your service? A Grievance is a request for Partnership to review a problem with services you received from your provider or Partnership. An example of a Grievance is waiting too long to receive an appointment with your doctor. There is no time limit for filing a Grievance.

What is an Appeal?

An Appeal is a request for Partnership to review a decision made about a benefit or service that has been denied, limited, or stopped. It also includes not paying for covered services. An example of an Appeal is if you disagree with a denied surgery. You must file your Appeal within **60 calendar days** from the date on the Notice of Action (NOA) letter. The NOA letter tells you why we denied a benefit.

How to File a Grievance or Appeal

(800) 863-4155 or (800) 735-2929 (TTY)
Call Member Services Monday through Friday from 8 a.m. – 5 p.m. for help with filing a case. Ask Member Services for an interpreter or other language assistance services if you need help communicating.

You can also file your case online, by mail, fax or in person.

Partnership HealthPlan of California
ATTN: Grievance & Appeals Dept
4665 Business Center Drive
Fairfield, CA 94534

File by fax at:
(707) 863-4351

File online at:
www.partnershiphp.org

File in person at:
Fairfield: 4665 Business Center Drive, Fairfield, CA

If you are unhappy with the decision of any Appeal, you can file a State Hearing with the California Department of Social Services. Call **(800) 952-5253** for assistance.

INSTRUCTIONS FOR PROVIDER/OFFICE STAFF

If a member expresses any problems during their visit, they can file a case using any method above or by completing this form. You or the member can fax the completed form to **(707) 863-4351**. Partnership will investigate their concerns. Partnership will not share the results of the investigation with the provider or its office. If you have any questions about the Grievance and Appeals process, please contact your Partnership Provider Relations Representative. Partnership policies and procedures prevent any party from retaliating against any person who files a case or participates in the investigation of a Grievance or Appeal.

MEMBER GRIEVANCE AND APPEAL FORM

Today's Date:	**Case Type:** ☐ Grievance ☐ Appeal ☐ Do Not Know	
MEMBER INFORMATION		
Member Name:	**Member ID/CIN:**	**Date of Birth:**
Mailing Address:	**City:**	**Zip:**
Phone Number:	**Alternate Phone Number:**	
Name of Person Completing Form:	**Person Completing Form**: ☐ Member ☐ Authorized Representative ☐ Other	
NATURE OF GRIEVANCE OR APPEAL		
Date of problem:	**Where did the problem take place?**	
Who was involved?		
Briefly describe the problem. Include any information that may be helpful in researching your case.		
If we denied a benefit, write the authorization # from the NOA letter. If it is missing, write the date of service(s).		
RESOLUTION		
What steps have you taken to fix the problem?		
How can Partnership help?		

Member Signature:	**Date:**

Mail To: PHC, 4665 Business Center Dr., Fairfield, CA 94534 **Phone**: (800) 863-4155 **FAX**: (707) 863-4351