

HEALTH PLAN OF SAN JOAQUIN		
Subject: Member Grievance Procedures		
Department: Customer Service		Policy #: CS 13
Applies to: Medi-Cal, HF, Commercial		Scope: CS, QI
Effective Date: 1/1/98	Revised Date: 2/07	Approved by: <i>Signature on file</i> Chief Operating Officer

PURPOSE

To ensure compliance with regulatory and contractual requirements in the establishment and maintenance of procedures encompassing the submittal, processing, investigation, and resolution of all member grievances and the documentation of this process. Beyond regulatory and contractual requirements, HPSJ recognizes the constructive role that a grievance process can play in making needed services more accessible and acceptable to members and in improving HPSJ operations.

DEFINITIONS

- A. Complainant is the same as “grievant” and the person who files the grievance including the member, a representative designated by the member, or other individual with authority to act on behalf of the member.
- B. Complaint/Grievance is a written or oral expression of dissatisfaction regarding the plan and/or provider, including quality of care concerns, and shall include a complaint, dispute, request for reconsideration or appeal made by a member or the member’s representative.
- C. Days refer to calendar days, unless otherwise noted as business days.
- D. Grievance Coordinator is the staff member responsible to summarize, analyze, investigate and resolve grievances at the most appropriate level and to prepare a letter of resolution for the member. In the event that the Grievance Coordinator is absent, the responsibilities and duties will be delegated to the Director of Customer Service.
- E. Medical Director is the designated office of the plan, responsible for reviewing the operation of the grievance system to identify any emergent patterns of grievances.
- F. Resolved means that the grievance has reached a final conclusion with respect to the member’s submitted grievance and that there are no pending enrollee appeals within HPSJ’s grievance system.
 - 1. Grievances must be resolved within 30 calendar days of the HPSJ’s receipt of the grievance.
 - 2. Grievances that are not resolved within 30 calendar days shall be reported to the Department of Managed Health Care (DMHC) as “pending” grievances, including:

- a) Grievances referred to the DMHC's complaint or independent medical review system;
- b) Grievances referred to external review processes such as Medi-Cal State Fair Hearing until the review and any required action by HPSJ is completed.

POLICY

- A. HPSJ will ensure its grievance process provides fair, solution-oriented, and timely resolution of differences. HPSJ will assure that there is no discrimination against a member solely on the grounds that the member filed a grievance. Staff shall monitor, evaluate and improve operations. On a quarterly basis, HPSJ's QIUM Committee reviews grievances related to access to care, quality of care and denial of services to determine appropriate actions. Participating providers are contractually obligated to participate in the resolution of member grievances.
- B. Any revisions to the grievance procedures shall be submitted to the Department of Managed Health Care (DMHC) as an amendment, and to the Department of Health Care Services (DHCS) for written approval, prior to implementation of the revised procedure.

PROCEDURES

A. Member Notification Requirements

1. HPSJ informs its members upon enrollment and annually thereafter of the procedures for processing and resolving grievances.
 - a) HPSJ provides to each newly enrolled member written instructions on the use of the grievance procedures in the Combined Evidence of Coverage and Disclosure Form and the Member Handbook.
 - b) The member newsletter routinely restates the grievance policy and procedure for filing grievances and the telephone numbers, which may be used for registering grievances.
2. Grievance notifications include the following information:
 - a) Location and telephone number of HPSJ where grievances may be submitted.
 - Grievances may be submitted to HPSJ in person, by mail, fax, telephone or through HPSJ's website.
 - Grievance forms are available and can be filed at contracted provider locations.
 - b) Toll-free number of the DMHC, the California Relay Services toll-free numbers for the speech and hearing impaired, and the DMHC's website address.
 - c) The DMHC's complaint process and independent medical review system, and the right to request voluntary mediation.

- d) The right to seek a State Fair Hearing, administered by the State Department of Social Services for Medi-Cal members only.

B. Filing a Grievance

1. Members may file a grievance with HPSJ in person, by mail, fax, telephone or through HPSJ's website.
 - a) Medi-Cal members must file a grievance within 90 days following any incident of action that is subject to the member's dissatisfaction. All other members have 180 days in which to file a grievance.
2. Grievance forms (Attachment #6) are available and may be filed at contracted provider offices and facilities.
 - a) Grievance forms are not necessary to file a grievance.
3. Members may submit a grievance through HPSJ's website at <http://www.hpsj.com> by accessing the link titled "Grievance Form: on the homepage".
 - a) The online grievance form requires the member to enter his/her name, ID number and a description of the grievance.
 - b) As grievances are submitted via the website, an e-mail of the grievance is automatically generated and sent to the Grievance Coordinator for logging, acknowledgement and processing.
 - c) Members are encouraged to present evidence, facts and law in support of their grievance, in writing or in person, to the designated individual resolving the grievance, i.e., the Medical Director.
4. The Grievance Coordinator and Member Service Representatives are available to assist and educate the member about the grievance process.
5. For members with limited English proficiency, HPSJ will translate:
 - a) A description of the grievance process
 - b) Grievance forms
 - c) Acknowledgement and resolution letters
 - Language specific to the grievance, including a description of the grievance and the resolution will not be translated, but will include a translated statement that directs the member to call HPSJ Customer Service Department for an interpretation of the grievance.
 - For languages other than threshold languages, HPSJ will access interpretive services through the Language Line when necessary to translate a grievance for a member upon request.

- A written translation of the grievance response will be provided upon request.
- d) Interpretive services will be accessible to members with limited English proficiency, and members with disabilities through:
 - HPSJ staff
 - Language Line
- e) HPSJ provides a TTY phone line to communicate with hearing impaired members, and will provide a sign language interpreter for those members who come to HPSJ for assistance.

C. Recording of Grievances

1. All grievances received will be documented in the Grievance Log to include the following information:
 - date and time the grievance was received by HPSJ or provider,
 - name of the member filing the grievance,
 - plan representative or provider who received the grievance,
 - summary or other document describing the grievance,
 - description of the action taken by the plan to investigate and resolve the grievance,
 - proposed resolution of the grievance,
 - plan representative responsible for resolving the grievance,
 - date of notification of the member of the proposed resolution.
 - nature of the grievance
2. The Grievance Coordinator is responsible for monitoring the Grievance Log and compiling a quarterly report summarizing the number and type of grievances for review by HPSJ's Quality Improvement/Utilization Management (QIUM) Committee.

D. Acknowledgement of Grievances

1. All grievances are acknowledged in writing by HPSJ (Acknowledgement Letter - Attachment #1) to anyone filing a grievance within five (5) calendar days of receiving the grievance, to include:
 - a statement to the complainant that the grievance has been received;
 - the date of receipt of the grievance;
 - the telephone number and address of the Grievance Coordinator, who may be contacted about the grievance;
 - information regarding the right to seek an independent medical review or to have the grievance reviewed by the DMHC;
 - State Fair Hearing information for Medi-Cal members;
 - Voluntary mediation for Healthy Families members.

2. Grievances received by telephone that are not coverage disputes, disputed health care services involving medical necessity or experimental or investigational treatment, and that are resolved by the close of the next business day are exempt from the requirements to send a written acknowledgement and response.
3. HPSJ shall maintain a log of all such grievances, to be reviewed periodically by the QIUM Committee, and will include:
 - the date of the call
 - name of the complainant
 - member identification number
 - nature of the grievance
 - nature of the resolution
 - name of the representative or provider who received the grievance
 - name of representative who resolved the grievance.
4. Acknowledgement/Resolution letters (Attachment #2) are sent for grievances that are resolved within 5 (five) business days of receipt of the grievance.

E. Review of the grievance.

1. Upon receipt of a grievance, the Grievance Coordinator will determine if the grievance is urgent or non-urgent in nature.
 - a) An urgent grievance involves an imminent and serious threat to the health of the enrollee and is subject to Expedited Review, described in Section 4.9, below.
2. Grievances regarding benefit and coverage issues, including grievances for services that have been denied, delayed or modified on the basis of medical necessity, are referred to the Medical Director immediately.
 - a) The Grievance Coordinator will forward the grievance and all documentation including a Medical Director's Review Request (Attachment #3) to the Medical Director for further investigation and evaluation.
 - b) The Medical Director may delegate investigation responsibility to another health professional within HPSJ to initiate the investigation. This may involve direct communication (both written and oral) with the involved provider or providers to gather necessary facts and make recommendations.
 - c) The Medical Director may determine that the grievance should be reviewed by a clinical peer reviewer.
 - The grievance and necessary supporting documentation will be faxed and sent via overnight delivery to the clinical peer reviewer, with a request for a response within five (5) calendar days of receipt.

- The Medical Director will also refer to a clinical peer review or other qualified health professional to review the grievance if the Medical Director participated in any prior decisions related to the grievance.
- d) The Medical Director may determine that the grievance should be reviewed by the QIUM Committee.
- The Medical Director will notify the Grievance Coordinator that the QIUM Committee will review the grievance at the next scheduled monthly meeting.
 - If the scheduled monthly QIUM Committee meeting does not allow time to resolve the grievance within 30 days, the Medical Director will convene three (3) members of the committee to review the grievance in order to meet the 30-day timeframe for resolution.
- e) The Medical Director is responsible for presenting a resolution to the grievance by completing the Medical Director's Review Request, and returning the form to the Grievance Coordinator within two (2) business days of the grievance review.
- f) All actions taken will be documented in the Customer Contact Log.

F. Grievance Resolution and Written Responses

1. A Resolution Letter (Attachment #4), is mailed to the member no later than 30 calendar days of receipt of the grievance, via certified mail, informing the member of the resolution of the grievance, unless the grievance is determined to be an urgent grievance, and includes all of the following information:
 - a) The DMHC's telephone number, Internet address, California Relay Service telephone number and HPSJ's telephone number in 12 pt boldface font; and
 - b) For Medi-Cal members, information regarding the right to request a State Fair Hearing; and
 - c) Information regarding the right to seek an independent medical review through the DMHC; and
 - d) An application for independent medical review and instructions (#5), and
 - e) A statement regarding the right to request voluntary mediation prior to submitting a grievance to the DMHC.
2. For grievances involving the delay, denial or modification of services based on a determination in whole or in part that the service is not medically necessary, the letter will clearly state the criteria, clinical guidelines or medical policies used in reaching the determination.

- a) The letter will also advise the member that HPSJ's determination may also be considered by the DMHC's independent medical review (IMR) system and will include:
 - an application for IMR and instructions;
 - the DMHC's toll-free number, and
 - an envelope addressed to the Department of Managed Health Care, HMO Help Center, 980 Ninth Street, 5th Floor, Sacramento, CA 95814.
3. For grievances involving a determination that the requested service is not a covered benefit, the letter will:
 - a) specify the provision in the contract, evidence of coverage or member handbook and page where the provision is found;
 - b) direct the complainant to the applicable section of the contract containing the provision, or provide a copy of the provision;
 - c) explain in clear concise language how the exclusion applied to the specific health care service or benefit requested by the member.

G. Member submission of grievances to the DMHC

1. A member may submit a grievance to the DMHC for review after completing HPSJ's grievance process, or after having participating in HPSJ's grievance process for 30 days.
2. The DMHC will notify HPSJ when an enrollee has submitted a grievance.
3. Within five (5) calendar days after notification, HPSJ will provide the DMHC with the following information:
 - a) A written response to the issues raised by the grievance;
 - b) A copy of HPSJ's original response sent to the member regarding the grievance;
 - c) A complete and legible copy of all medical records related to the grievance.
 - HPSJ will inform the DMHC if medical records were not used by HPSJ in resolving the grievance.
 - d) All other information used by HPSJ to resolve the grievance.
4. The DMHC may request additional information or medical records from HPSJ.
 - a) HPSJ will forward the information and records to the DMHC within five (5) calendar days of receipt of the DMHC's request.

- b) If the information cannot be timely forwarded to the DMHC, HPSJ's response will describe the actions being taken to obtain the information or records and when receipt is expected.
5. Nothing in this section precludes the member from seeking assistance directly from the DMHC in cases involving an imminent or serious threat to the health of the enrollee or where the DMHC determines that an earlier review is warranted.
 - a) In such cases, the DMHC may require HPSJ to expedite the delivery of requested information.
6. The DMHC may consider failure of HPSJ to timely provide the requested information as evidence in favor of the member's position in the DMHC's review of grievances submitted under this section.

H. Expedited Review and Resolution of Urgent Grievances

1. HPSJ provides an expedited review of grievances involving a serious an imminent threat to the health of the member, including but not limited to potential loss of life, limb or major bodily function.
2. HPSJ will notify members immediately of the right to contact the DMHC regarding the grievance.
3. The expedited review process is initiated upon receipt of a letter, fax, verbal in person and/or or telephonic request from the member, provider on behalf of a member, or a person representing the member.
 - a) UM22 – *On-Call Designee and Response Time for Urgent Grievances* filed with the DMHC addresses receipt of grievances through the DMHC during and after business hours, and the mandated response times for such grievances.
4. The Grievance Coordinator will log the request and gather all of the information necessary for the review and forwards all of the information to the Medical Director for review.
 - a) If it is determined that a delay in the review of the request would compromise the member's health or life, the grievance is reviewed under expedited conditions, as determined by the Medical Director.
 - b) The Medical Director, or an appropriate clinical peer reviewer will review all of the information and render a decision.
 - c) The Medical Director will notify the Grievance Coordinator of the decision within 24 hours of receipt of the grievance.
 - d) The Grievance Coordinator will communicate the decision to the member and the provider via telephone no later than 72 hours after the review began.

- e) A letter documenting the decision will be sent to the member via certified mail and the provider within three (3) working days of receipt of the grievance.
- The letter will contain all clinical rational used in making the decision;
 - Information regarding the availability of the DMHC's independent medical review;
 - An application and instructions for independent medical review (Attachment #5);
 - The DMHC's telephone number, Internet address, California Relay Service telephone number and HPSJ's telephone number in 12 pt boldface font;
 - For Medi-Cal members, information regarding the right to request a State Fair Hearing;
 - A statement regarding the right to request voluntary mediation prior to submitting a grievance to the DMHC.

I. State Fair Hearing Process

1. Medi-Cal members have the right to request a State Fair Hearing at any point during the grievance process.
 - a) Members can obtain a State Fair Hearing Request form (Attachment #7) from HPSJ or from the California Department of Social Services.
2. When a request for a State Fair Hearing is received by the Department of Social Services (DSS), it is forwarded to the Department of Health Care Services (DHCS), Medi-Cal Managed Care Division, Office of the Ombudsman, who reviews the case.
 - a) If the case is determined to be an issue properly subject to a hearing, the Office of the Ombudsman will forward it to HPSJ's Contract Manager at DHCS.
 - b) The Contract Manager at DHCS Services will gather the facts surrounding the case and will notify HPSJ. If the case is determined not to be an issue properly subject to a hearing, it will be denied by the Office of the Ombudsman.
 - c) The DHCS will notify HPSJ of a request for a State Fair Hearing.
3. Upon notice of a State Fair Hearing, the Grievance Coordinator will record the date of receipt of the hearing notification, the DHCS case number, the member's name and a brief summary of the issue of the case in the Customer Contact Log.
 - a) A file will be opened in the member's name, and retained by the Grievance Coordinator
4. The Grievance Coordinator will investigate each State Fair Hearing request received.

- a) For non-medical issues, DHCS will gather facts from the HPSJ and submit a position statement to the Hearing Officer.
 - b) For medical issues, HPSJ will submit the position statement to the Hearing Officer.
 - c) The Grievance Coordinator records the date that the position statement is sent to the Hearing Officer in the Customer Contact Log, the grievance log and in the member's State Fair Hearing file.
5. Upon receipt of notification of the State Fair Hearing, the Grievance Coordinator records the information of the hearing and forwards the information to the appropriate HPSJ department.
 6. The Director of Customer Service and/or Grievance Coordinator may choose to appear at the hearing.
 7. Upon receipt of the Hearing Officer's decision, the final disposition of the case will be recorded in the Customer Contact Log and the decision will be retained in the member's State Fair Hearing file.
 8. In cases where the issue is the termination or modification of a person's Medi-Cal eligibility, HPSJ will submit a letter to DHCS stating that HPSJ is not responsible for making the Medi-Cal eligibility determination.
 9. Reporting Fair Hearing Requests and Dispositions
 - a) The Grievance Coordinator provides to the QI Dept. Committee the number of State Fair Hearing request notifications and disposition of these cases (e.g., withdrawn, canceled, held or pending) to be included in a report to the Health Commission.

J. Voluntary Mediation

1. The member may request voluntary mediation of the conflict prior to submitting the grievance to the DMHC. However, the Member does not need to participate in the voluntary mediation process for any longer than 30 days before submitting the grievance to the DMHC.
2. The use of mediation does not prevent the Member from submitting the grievance to the DMHC or requesting a State Fair Hearing from the Department of Social Services upon completion of the mediation.
3. Expenses for voluntary mediation shall be borne by both the member and HPSJ.
4. Members request voluntary mediation by contacting the Grievance Coordinator.

K. Monitoring and reporting grievances

1. At the end of each month, the Grievance Coordinator will submit a Member Grievance Report to the Director of Customer Service and the Director of Medical Management that identifies all open and closed grievances and State Fair Hearings.
 - a) The report will indicate the number of grievances and State Fair Hearings filed each month, the status of these cases and the timeliness and appropriateness of resolution.
 - b) The Director of Medical Management will identify grievance trends and issues to be presented to the QIUM Committee and the San Joaquin County Health Commission on a quarterly basis.
2. Quarterly reports are submitted to the DMHC describing grievances that were or are pending and unresolved for 30 days or more, for quarters ending March 31st, June 30th, September 30th and December 31st of each calendar year and will include:
 - a) the number of grievances referred to external review processes such as Medi-Cal Fair Hearing process, DMHC's complaint or IMR system, or other external dispute systems, known to HPSJ as of the last day of each quarter;
 - b) the number of grievances pending and unresolved by line of business;
 - c) a brief explanation of why the grievance was not resolved in 30 days, and indicate where in the system the grievance is pending:
 - HPSJ's internal grievance system,
 - the DMHC's consumer complaint process,
 - the DMHC's IMR system,
 - court, or
 - other dispute resolution processes,
 - if the grievance was or is submitted to the Medi-Cal Fair Hearing process or arbitration.
 - d) the nature of the unresolved grievances as:
 - coverage disputes,
 - disputes involving medical necessity,
 - complaints about the quality of care,
 - complaints about access to care (including complaints about waiting time for appointments)
 - complaints about the quality of service, and
 - other issues.
 - e) The report will not contain personal or confidential information with respect to any member.
 - f) The report is submitted electronically by the Compliance Officer.

L. Grievance File Maintenance and Retention

1. The Grievance Coordinator is responsible for maintaining member grievance files to include:
 - a) Copies of all correspondence relating to the grievance, either in hard copy or electronic format, including Plan, member and provider correspondence;
 - b) completed grievance forms, if applicable;
 - c) medical records, if applicable;
 - d) Customer Contact Log outlining the complaint and the initial steps taken to resolve the issue;
 - e) any other documentation the Grievance Coordinator determines should be included as part of the file.

2. HPSJ will retain copies of all grievances and responses in accordance with CMP02 - *Materials Retention*, and shall include a copy of all medical records, documents, evidence of coverage and other relevant information upon which HPSJ relied to make its decision.

REFERENCE

- A. Title 28, California Code of Regulations, Section 1300.68, 1300.68.1, 1300.70.4
- B. Title 22, California Code of Regulations, Section 53858
- C. Health and Safety Code, Section 1368, 1368.01, 1368.02, 1370.4
- D. Welfare & Institutions Code, Section 10951
- E. DHS Contract Exhibit A, Attachment 14,

Created by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
01/02/98	04/01/00	04/20/00	10/09/00	N. Raymond 11/02	N. Raymond 1/03
Revise by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date	Revised by/Date
N. Raymond 4/1/05	N. Raymond 7/1/05	N. Raymond 10/05	N. Raymond 7/06	N. Raymond 2/07	

HEALTH PLAN OF SAN JOAQUIN

LIST OF COMPLAINT/GRIEVANCE FORMS/LETTERS AND THEIR USES

<u>Form #</u>	<u>Title</u>	<u>Description</u>
1	Grievance Acknowledgment Letter (Medi-Cal and Healthy Families)	This letter is sent to members within five (5) calendar days of their grievance request, along with a Grievance packet (includes Member Grievance form (#2) and a Grievance Information form (#3).
2	Member Grievance Form	This form is included with the Grievance Acknowledgement Letter as part of the Grievance packet. This form is not required in order for the member to initiate a grievance.
3	Medical Director's Review Request	This form is used to document the Medical Director's review of records or other information related to a complaint or grievance.
4	Grievance Acknowledgement/Resolution Letter (Medi-Cal and Healthy Families)	This letter is sent to members within five (5) calendar days of their request of grievance, if the grievance is also resolved within the 5 days. A State Fair Hearing Request form (#4) and an IMR Application (#8) are included with this letter.
5	Independent Medical Review (IMR) Application	This form is included with the Grievance Resolution Letter (#7)
6	Grievance Resolution Letter (Medi-Cal and Healthy Families)	Sent within thirty (30) calendar days of receipt of the grievance. Notifies grievant of HPSJ's proposed resolution and grievant's appeal and State Fair Hearing rights.
7	State Fair Hearing Information and Hearing Request Form	Lists the different ways in which a member may request a State Fair Hearing. This list and form is mailed with the Grievance Acknowledgment Letters as part of the Grievance packet, and with all Grievance Resolution Letters.



Health Plan of San Joaquin
7751 S. Manthey Road
French Camp, CA 95231
209-942-6300 TEL • 209-942-6305 FAX

Member Grievance Form

Member Name: Last First Middle Initial

Member Address: Phone:

City: State: Zip Code:

Member ID#: Birthdate: Sex:

Primary Care Provider Name:

Medi-Cal member Healthy Families member Commercial Plan member

Complaint

Where did the problem happen? (Name of hospital, doctor office or other location)

When did this happen? (Include date)

Who was involved?

Please describe what happened: (Attach additional pages, if necessary)

Have you made an attempt to resolve this problem? Yes No If you answered "yes", please explain:

What would you like to see done about this problem?

Will you require language assistance? Yes No Language:

Do you have any physical or other limitations that would prevent you from attending a grievance meeting? Yes No If you answered "yes", please explain:



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State Fair Hearing

In addition to the right to file a grievance with HPSJ, if you have Medi-Cal eligibility, you have the right to request a State Fair Hearing at any time during the grievance process. You have 90 days from the date the incident occurred, or the date we mailed you a notice of action that denied, delayed or modified a requested benefit to file for a State Fair Hearing. Medi-Cal members may contact the Department of Social Services, State Fair Hearing Division, P.O. Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430, 1-800-952-5253 to request a State Fair Hearing. The hearing impaired may call 1-800-952-8349. You also have the right to contact the Department of Health Services, Medi-Cal Managed Care Division, Office of the Ombudsman at 1-888-452-8609 for help.

Department of Managed Health Care

The Department of Managed Health Care is responsible for regulating health care service plans. If you have a Grievance against HPSJ, you should first telephone the plan at **(209) 942-6320**, or outside Stockton, toll-free at **1-800-932-PLAN (7526)** and use HPSJ's Grievance process before contacting the department. Utilizing this 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 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-HMO-2219)** and a TDD line (1-877-688-9891) for the hearing and speech impaired. The department's Internet website (<http://www.hmohelp.ca.gov>) has complaint forms, IMR application forms and instructions online.

I understand that Health Plan of San Joaquin will propose a resolution to me within 30 days of receipt of this grievance.

I understand that my cooperation is voluntary; however, failure to cooperate could have an effect on my grievance.

I understand that I have the right to appear before HPSJ's Member Grievance Review Committee. I have the right to disenrollment, I have the right to a State Fair Hearing (Medi-Cal members only) and I have the right to contact the Department of Managed Health Care.

 Signature

 Date

I authorize Health Plan of San Joaquin to obtain medical records, claims information and other named data for the purpose of resolving a grievance on my behalf.

 Signature

 Date



Health Plan of San Joaquin
7751 S. Manthey Road
French Camp, CA 95231
209-942-6300 TEL • 209-942-6305 FAX

Did someone help you complete this form? Yes No If you answered "Yes":
Name: _____ Relationship: _____
Address: _____ Telephone: _____
Signature: _____ Date: _____

For HPSJ Use Only

Date Received: _____ Internal Response Date: _____ By: _____

Recommendation: _____

Referred to: _____ Date: _____

Resolution: _____

Member Notified: Yes No Date: _____ By: _____

Date Reviewed by Medical Director: _____



Health Plan of San Joaquin
 1550 W. Fremont Street , Suite 200
 Stockton, CA 95203
 209-942-6300 TEL_ 209-942-6305 FAX
 (800) 932-PLAN (7526) _ http://www.hpsj.com

លិខិតបំពេញ សេចក្តីសម្រេច

ឈ្មោះសមាជិក : _____

នាមត្រកូល

នាមខ្លួន

អក្សរកាត់នាមកណ្តាល

អាសយដ្ឋានសមាជិក : _____ ទូរស័ព្ទ : _____

ទីក្រុង : _____ រដ្ឋ : _____ លេខប្រៃសណីយ៍ : _____

លេខអត្តសញ្ញាណសមាជិក : _____ ខែថ្ងៃកំណើត : _____ ភេទ : _____

ឈ្មោះអ្នកផ្តល់ថែរក្សាដើមបម្រុង : _____

សមាជិក Medi-Cal សមាជិក Healthy Families សមាជិកគំរោងពាណិជ្ជកម្ម (Commercial Plan)

ជំនួញ

តើបញ្ហានោះបានកើតឡើងនៅឯណា? (ឈ្មោះមន្ទីរពេទ្យ ការិយាល័យគ្រួសារ ឬកន្លែងផ្សេងទៀត) _____

តើការនោះបានកើតឡើងនៅពេលណា? (ចុះកាលបរិច្ឆេទ) _____

តើនរណាខ្លះបានពាក់ព័ន្ធ? _____

សូមរៀបរាប់ពីការអ្វីដែលបានកើតឡើង (បើសិនជាចាំបាច់ ភ្ជាប់សន្លឹកក្រដាសថែមទៀត) _____

តើអ្នកបានប៉ុនប៉ងដោះស្រាយបញ្ហានេះ ដែរឬទេ? បាន ទេ បើសិនជាអ្នកឆ្លើយថា “បាន” សូមពន្យល់ : _____

តើអ្នកចង់ដោះស្រាយអំពីបញ្ហានេះ យ៉ាងដូចម្តេច? _____

តើអ្នកនឹងត្រូវការជំនួយភាសា ដែរឬទេ? ត្រូវការ ទេ ភាសា : _____

តើអ្នកមានបញ្ហាអ្វីខាងរូបកាយ ឬការកំរិតផ្សេងទៀត ដែលនឹងរារាំងអ្នក ពីការមកចូលរួមប្រជុំធ្វើសវនកម្ម ដែរឬទេ? មាន ទេ

បើសិនជាអ្នកឆ្លើយថា “មាន” សូមពន្យល់ : _____



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រដ្ឋសវនាការយុត្តិធម៌

ជាប់នៃមន្ត្រីសេវាសុខភាពសាធារណៈ(ការសេវាសុខភាពសាធារណៈ) ជាមួយ HPSJ ហើយបើសិនជាអ្នកមានសិទ្ធិទទួលបាន Medi-Cal នោះអ្នកមានសិទ្ធិស្នើសុំឲ្យមានរដ្ឋសវនាការ(ដំណើរការស្តាប់ហេតុការណ៍)យុត្តិធម៌មួយ នៅពេលណាក៏បាន ក្នុងនាមទូទៅនៃសេវាសុខភាពសាធារណៈ ឬរបៀបសុំឲ្យ គឺទោះបីជាសាធារណៈការសុំឲ្យបានដាក់ស្នើហើយ ឬក៏បើសាធារណៈការសុំឲ្យបានដោះស្រាយរួចហើយក្តី ។ អ្នកមានរយៈពេលកៅសិប (៩០) ថ្ងៃ គឺចាប់ពីពេលដែលគេបានបដិសេធផ្តល់ការបំពេញមួយទៅឲ្យអ្នក ដើម្បីប្តឹងឲ្យមានរដ្ឋសវនាការយុត្តិធម៌ ។ សមាជិក Medi-Cal អាចទាក់ទងទៅ (ក្រសួងសង្គមកិច្ច ខាងផ្នែករដ្ឋសវនាការយុត្តិធម៌) Department of Social Services, State Fair Hearing Division, P.O. Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430, 1-800-952-5253 ដើម្បីស្នើសុំឲ្យមានរដ្ឋសវនាការយុត្តិធម៌ ។ អ្នកពិការត្រូវតែទាក់ទងទៅ លេខ 1-800-952-8349 ។ អ្នកក៏មានសិទ្ធិទាក់ទងទៅ (ក្រសួងសុខាភិបាល ខាងផ្នែកអនុមានថែរក្សាមេឌី-កាល់ ការិយាល័យនៃការស៊ើបអង្កេត) Department of Health Services, Medi-Cal Managed Care Division, Office of the Ombudsman តាមលេខ 1-888-452-8609 ដើម្បីឲ្យបានជំនួយដែរ ។

ក្រសួងអនុមានសុខាភិបាល

ក្រសួង California Department of Managed Health Care (ក្រសួងចាត់ចែងព្យាបាលសុខភាព រដ្ឋកាលីហ្វ័រនីញ៉ា) មានបន្ទុកមើលខុសត្រូវគំរោងព្យាបាលសុខភាព។ បើសិនជាលោកអ្នកមានសា ទុក្ខប្រឆាំងនឹងគំរោង HPSJ, លោកអ្នកត្រូវតែដំបូងទូរស័ព្ទមកគំរោងលេខ (209) 942-6320, ឬនៅក្រៅក្រុង Stockton, ទូរស័ព្ទមិនអស់លុយ 1-800-932-PLAN (7526) ហើយប្រើទម្រង់ សាធារណៈការសុំឲ្យមានរដ្ឋសវនាការយុត្តិធម៌ និងទាក់ទងមកក្រសួងសុខាភិបាល។ ការប្រើប្រាស់ទម្រង់សាធារណៈ នេះ គឺមិនមានហានិភ័យសិទ្ធិស្របច្បាប់ ឬផលប៉ះពាល់អ្វីដែលមានអោយដល់លោកអ្នកបាន ឡើយ។ បើសិនជាលោកអ្នកត្រូវការជំនួយលើសាធារណៈការទាក់ទងនឹងភាពអាសន្ន, សាធារណៈការដែលដោះស្រាយហើយតែនៅមិនពេញចិត្តដោយគំរោងរបស់លោកអ្នក, ឬសាធារណៈការដែលទុកចោលមិនបាន ដោះស្រាយហួសពី 30 ថ្ងៃ, លោកអ្នកអាចទូរស័ព្ទមកក្រសួងដើម្បីសុំឲ្យគេជួយ។ លោកអ្នកក៏អាច មានសិទ្ធិអោយគេពិនិត្យមើលសំណុំសុខភាពឡើងវិញពីក្រុមឯកជន (Independent Medical Review (IMR) ។ បើសិនជាលោកអ្នកមានសិទ្ធិទទួលបាន IMR, ទម្រង់ IMR នឹងផ្តល់ការពិនិត្យមើលលើសេចក្តីសម្រេចសំណុំសុខភាពដោយគំរោងសុខភាពដែលទាក់ទងនឹងសេចក្តីការព្យាបាល បាច់នៃ កិច្ចបំពេញប្រកាស ឬការព្យាបាល, ការសម្រេចលើកទឹកចិត្តសំរាប់ព្យាបាលដែលជាការ ពិសោធន៍ និងស្រាវជ្រាវក្នុងលក្ខណៈទូរទៅ ហើយនិងទំនាស់ការបង់ថ្លៃមើលព្យាបាលសុខភាពពេលមានភាពអាសន្ន ឬកិច្ចបំពេញប្រកាសបាច់។ ក្រសួងមានលេខទូរស័ព្ទសំរាប់ប្រើមិនអស់ លុយ លេខ (1-888-HMO-2219) និងលេខ TDD (1-877-688-9891) សំរាប់មនុស្សមានបញ្ហា ខាងស្តាប់។ គេហទំព័រកុំព្យូទ័ររបស់ក្រសួង គឺ (<http://www.hmohelp.ca.gov>) មានដាក់ក្រដាសបំពេញសំរាប់គំរោង, ក្រដាស IMR និងក្បួនផ្សេងៗតាមគេហទំព័រកុំព្យូទ័រ។

ខ្ញុំយល់ថា គំរោងសុខភាពនៃសាន-ចូត្រិន នឹងដាក់ស្នើរកដំណោះស្រាយឲ្យខ្ញុំ នៅក្នុងរយៈពេល ៣០ ថ្ងៃ នៃការទទួលបានសាធារណៈការ ។

ខ្ញុំយល់ថា ការសហការរបស់ខ្ញុំគឺជាការស្ម័គ្រចិត្ត ; ក៏ប៉ុន្តែជាយ៉ាងណាមិញ ការដែលមិនព្រមសហការ អាចនឹងប៉ះទង្គិចដល់សាធារណៈការរបស់ខ្ញុំ ។

ខ្ញុំយល់ហើយថា ខ្ញុំមានសិទ្ធិឡើងវិញចំពោះការសម្រេចរបស់គំរោងសុខភាព សាន់ វ៉ាប៊ែន (Health Plan of San Joaquin) ។

ខ្ញុំមានសិទ្ធិដកឈ្មោះចេញ និងមានសិទ្ធិឲ្យមានរដ្ឋសវនាការយុត្តិធម៌ (តែសមាជិក Medi-Cal ប៉ុណ្ណោះ) ទាំងមានសិទ្ធិទាក់ទងទៅក្រសួងអនុមានសុខាភិបាលផង ។

_____ ហត្ថលេខា _____ កាលបរិច្ឆេទ

ខ្ញុំព្រមអនុញ្ញាតឲ្យគំរោងសុខភាពនៃសាន-ចូត្រិន យកឯកសារពេទ្យ ឬឯកសារផ្សេងៗទៀត ឬឯកសារផ្សេងៗទៀត ដើម្បីពិនិត្យ និងទិន្នន័យឈ្មោះផ្សេងទៀត សំរាប់គោលបំណងនៃការដោះស្រាយសាធារណៈការ ជំនួសរូបខ្ញុំ ។

_____ ហត្ថលេខា _____ កាលបរិច្ឆេទ



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 (800) 932-PLAN (7526) _ http://www.hpsj.com

តើមានគេជួយអ្នក បំពេញលិខិតធ្វើសាក្សីនេះឬទេ? មាន ទេ បើសិនជាអ្នកឆ្លើយថា “មាន” :

ឈ្មោះ : _____ ត្រូវជាអ្វីនឹងអ្នក : _____

អាសយដ្ឋាន : _____ ទូរស័ព្ទ : _____

ហត្ថលេខា : _____ កាលបរិច្ឆេទ : _____

For HPSJ Use Only (សំរាប់តែ HPSJ ប្រើប៉ុណ្ណោះ)

Date Received: _____ Internal Response Date: _____ By: _____

Recommendation: _____

Referred to: _____ Date: _____

Resolution: _____

Member Notified: Yes No Date: _____ By: _____

Date Reviewed by Medical Director:



Health Plan of San Joaquin
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Audiencia Estatal Imparcial

Además del derecho a presentar una queja ante HPSJ, si es elegible para Medi-Cal tiene derecho a solicitar una Audiencia Estatal Imparcial en cualquier momento de este proceso de presentación de quejas. Tiene 90 días desde la fecha en que le denegaron un servicio para solicitar una Audiencia Estatal Imparcial. Los miembros de Medi-Cal se pueden poner en contacto con el Department of Social Services, State Fair Hearing Division, P.O. Box 944243, Mail Station 19-37, Sacramento, CA 94244-2430, **1-800-952-5253** para solicitar una Audiencia Estatal Imparcial. Personas con problemas auditivos pueden llamar al **1-800-952-8349**. También tiene derecho a ponerse en contacto con el Departamento de Servicios de Salud, División de Atención Administrada de Medi-Cal, Oficina del Mediador, llamando al **1-888-452-8609** para pedir ayuda.

Departamento de Atención Administrada de la Salud

El Departamento de Atención Administrada de la Salud de California es responsable de relgamentar los planes de servicio de atención de la salud. Si tiene una queja sobre HPSJ, primero debe llamar al plan, al **(209) 942-6320**, o fuera de Stockton, sin cargo al **1-888-932-PLAN (7526)** y emplear el proceso de presentación de quejas de HPSJ antes de ponerse en contacto con el Departamento. El uso de este procedimiento de presentación de quejas no prohíbe los posibles derechos o remedios legales que usted pueda tener a su disposición. Si necesita ayuda con una queja relacionada con una emergencia, una queja que no haya sido resuelta por su plan de manera satisfactoria, o una queja que haya permanecido sin resolución por más de 30 días, puede llamar al Departamento para que lo asistan. Es posible que también sea elegible para una Revisión Médica Independiente (IMR, por sus siglas en inglés). Si es elegible para una IMR, el proceso de la IMR le brindará una revisión imparcial de las decisiones médicas realizadas por un plan de salud, vinculadas a la necesidad médica de un servicio o tratamiento propuesto, a decisiones de cobertura de tratamientos de índole experimental o de investigación y a disputas de pago de servicios médicos de emergencia o de urgencia. El Departamento también tiene un número de teléfono sin cargo **(1-888-466-2219)** y una línea TDD **(1-877-688-9891)** para personas con problemas auditivos y del habla. El sitio web del Departamento en Internet (<http://www.hmohelp.ca.gov>) tiene formularios de presentación de quejas, formularios de solicitud de una IMR e instrucciones en línea.

Entiendo que el Health Plan of San Joaquin me propondrá una resolución dentro de los 30 días de haber recibido esta queja.

Entiendo que mi cooperación es voluntaria, sin embargo, el no cooperar podría afectar mi queja.

Entiendo que tengo derecho a apelar las decisiones del Health Plan of San Joaquin. Tengo derecho a cancelar mi inscripción, a una Audiencia Estatal Imparcial (sólo para miembros de Medi-Cal) y a ponerme en contacto con el Departamento de Atención a la Salud Administrada.

_____ Firma _____ Fecha _____

Autorizo al Health Plan of San Joaquin a obtener registros médicos, información sobre reclamaciones y otros datos indicados con el propósito de resolver una queja en mi nombre.

_____ Firma _____ Fecha _____



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¿Le ayudó alguien a completar este formulario? Sí No Si respondió "sí":
 Nombre: _____ Relación: _____
 Dirección: _____ Teléfono: _____
 Firma: _____ Fecha: _____

Sólo para uso del HPSJ

Date Received: _____ Internal Response Date: _____ By: _____
 Recommendation: _____

 Referred to: _____ Date: _____
 Resolution: _____

 Member Notified: Yes No Date: _____ By: _____
 Date Reviewed by Medical Director: _____