

INSTRUCTIONS: HOW TO FILE A MEDICARE MA-PD GRIEVANCE

What is a Grievance?

A grievance is an expression of dissatisfaction, or a complaint. A grievance is different from a request for an organization determination, a coverage determination, or a request for an appeal because grievances do not involve problems related to coverage or payment for care or Part D benefits, problems about being discharged from the hospital too soon, and problems about coverage for Skilled Nursing Facility (SNF), Home Health Agency (HHA), or Comprehensive Outpatient Rehabilitation (CORF) services ending too soon. These issues are addressed by following a different procedure. Please call Care1st Member Services at **1-800-544-0088 (TTY 1-800-735-2929) Monday through Friday 8:00 a.m. to 6:00 p.m.** for more information. You may also refer to the Care1st Evidence of Coverage.

What types of problems might lead to you filing a grievance?

- Problems with the quality of the medical care you receive, including quality of care during a hospital stay.
- If you feel that you are being encouraged to leave (disenroll from) Care1st Medicare Advantage Plan.
- Problems with the Member Service you receive.
- Problems with how long you have to spend waiting on the phone, in the waiting room, in a network pharmacy, or in the exam room.
- Problems with getting appointments when you need them, or having to wait a long time for an appointment.
- Disrespectful or rude behavior by doctors, nurses, receptionists, network pharmacists, or other staff.
- Cleanliness or condition of doctor's offices, clinics, network pharmacies, or hospitals.
- If you disagree with our decision not to expedite your request for an expedited coverage determination, organization determination, redetermination, or reconsideration.
- You believe our notices and other written materials are difficult to understand.
- Failure to give you a decision within the required timeframe.
- Failure to forward your case to the independent review entity if we do not give you a decision within the required timeframe.
- Failure by the Plan to provide required notices, or required notices that comply with CMS standards.

If you have one of these types of problems and want to make a complaint, it is called "filing a grievance." In certain cases, you can ask for a "fast grievance," meaning your grievance will be decided within 24 hours.



Filing a grievance with Care1st

If you have a grievance, you can call Care1st Member Services at **1-800-544-0088 (TTY 1-800-735-2929)**. A Care1st Representative will be available to assist you **Monday through Friday 8:00 a.m. to 6:00 p.m.** We will try to resolve any grievance that you might have over the phone. If you request a written response to your phone grievance, we will respond in writing to you. If we cannot resolve your grievance over the phone, we have a formal procedure called the Standard Grievance Procedure.

You may file a standard grievance by:

- Calling Member Services at **1-800-544-0088 (TTY 1-800-735-2929)**.
- Submitting a written grievance by mail to **Care1st Health Plan, Appeals and Grievances Unit, P.O. Box 3829, Montebello, CA 90640**.
- Submitting a written grievance by fax to **323-837-0853**.
- Filing electronically via the internet at www.care1st.com.

Forms for filing grievances are also available in your doctor's office. Care1st will acknowledge receipt of your grievance within five days of receiving it. We will conduct a review of your issues. We may request your medical records as part of our review. We will mail you a response to your grievance within thirty days of receiving your grievance.

We must notify you of our decision about your grievance as quickly as your case requires based on your health status, but no later than 30 days after receiving your grievance. We may extend the timeframe by up to 14 days if you request the extension, or if we justify a need for additional information and the delay is in your best interest.

At Care1st Health Plan, we strive to earn the trust of those we serve and improve the health of our community. Should you have additional questions, please call Care1st Member Services at the telephone number listed above.



Care1st Health Plan Medicare MA and Part D Plan Member Grievance Form

This form is for filing a formal grievance regarding any aspect of the care or service provided to you. Care1st Health Plan **is required by law** to respond to your grievances. A detailed procedure exists for resolving these situations. If you have any questions, please feel free to call the Care1st Health Plan Customer Service Department at **1-800-544-0088 (TTY 800-735-2929)**.

Please print or type the following information:

Member Name (Last, first, middle initial)

Address

Home Phone number

City, State, Zip

Alternate Phone number

Member ID #

Date of Birth

Please state the nature of the grievance, giving dates, times, persons, places, etc. involved. Please attach copies of any additional information that may be relevant to your grievance or appeal. Use another sheet of paper if necessary.

Please sign below and forward to Care1st Health Plan.

By US Mail: Care1st Health Plan, Appeals & Grievances Unit, P.O. Box 3829, Montebello CA 90640; **OR**

By Fax: 1-323-837-0853

Signature _____

Date _____

Signature of Representative _____

Date _____

If the grievance is filed by someone other than the member, please fill out and sign the **Appointment of Representative Form** available on the Care1st website and submit it with this Grievance Form.