

Member Grievance/Appeal Form

Phone: 1(415) 547-7800 or 1(800) 288-5555

Fax: 1(415) 547-7825



Here for you

Grievance Coordinator
P.O. Box 194247
San Francisco, CA 94119
sfhp.org

| | | | |
|--|--------|-----------------------------|---------------------|
| This form is for an: <input type="checkbox"/> Grievance <input type="checkbox"/> Appeal | | SFHP USE ONLY Receipt Date: | |
| Member Name: | | Member ID Number: | Today's Date: |
| Street Address: | | City: | Zip: |
| Date of Birth: | Phone: | Daytime Phone: | Message Phone: |
| Name of person filing if different than above: | | | |
| Relationship: | | Representative Phone: | Representative Fax: |
| Describe the problem in detail: (use and attach additional sheets if necessary) | | | Date of problem: |
| | | | |
| | | | |
| How have you tried to solve the problem? (use and attach additional sheets if necessary) | | | |
| | | | |
| | | | |
| What would you like someone to do about this problem? (use and attach additional sheets if necessary) | | | |
| | | | |
| | | | |
| Will you need language assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No | | What language? | |
| Do you have any physical disabilities that need accommodation? | | | |
| Do you have a problem that needs medical attention in the next three days, or are you in severe pain? Describe why waiting more than three days for an answer from us will hurt your health (use and attach additional sheets if necessary). You might qualify for an expedited grievance or appeal. | | | |
| | | | |
| REQUIRED Member Signature ¹ : | | Date: | |
| FOR APPEALS ONLY Please list the medication / service you are appealing: | | | |

¹ By signing this form, you agree to let SFHP staff call you about this problem.

Staff at San Francisco Health Plan (SFHP) is “Here for You.” We can help you fill out this form over the phone. Call us Monday through Friday at **1(415) 547-7800** or **1(800) 288-5555** from 8:30am to 5:30pm. Or someone will contact you by phone or mail as soon as we receive this form. We will work closely with you to understand your complaint. We want to understand the problem and help to solve it. We will assist you in any way we can and answer any questions that you have. We can help you in any language.

We want you to know that:

- It is your right to complain. No one will “punish” you.
- You can complain about your doctor, your nurse, or San Francisco Health Plan.
- We will assist you with filing your complaint verbally or in writing.
- Every complaint is important to San Francisco Health Plan.
- Your doctor or nurse will still give you medical care while we look into your complaint.
- We try to answer complaints where your health is in immediate danger within 72 hours.

If you do not agree with a decision made for your medical treatment, you can request an appeal. If you are a **Medi-Cal** member, you have **60 days** from the date of the “Notice of Action” letter to file an appeal. But, **if you are currently getting treatment and you want to continue getting treatment, you must ask for an appeal within 10 days** from the date this letter was postmarked or delivered to you, OR before the date your health plan says services will stop. You must say that you want to keep getting treatment when you file the appeal. If you are a **Healthy Workers HMO** member, you have **180 days** from the date of the “Notice of Action” letter to file an appeal. Please contact San Francisco Health Plan about how to file an appeal by phone, in writing, or electronically.

Your health plan has 30 days to give you an answer. At that time, you will get a “Notice of Appeal Resolution” letter. This letter will tell you what the health plan has decided. **If you do not get a letter within 30 days, you can:**

- Ask for an “**Independent Medical Review**” (IMR) and an outside reviewer that is not related to the health plan will review your case. IMR is available to SFHP Medi-Cal and Healthy Workers HMO members.

- Ask for a “**State Hearing**” and a judge will review your case. State Hearings are available to SFHP Medi-Cal members only.

If you think waiting 30 days will hurt your health, you might be able to get an answer within 72 hours. When filing your appeal, say why waiting will hurt your health. Make sure you ask for an “**expedited appeal**.”

You can ask for both an IMR and State Hearing at the same time. You can also ask for one before the other to see if it will resolve your problem first. For example, if you ask for an IMR first, but do not agree with the decision, you can still ask for a State Hearing later. However, if you ask for a State Hearing first, but the hearing has already taken place, you cannot ask for an IMR. In this case, the State Hearing has the final say. You will not have to pay for an IMR or State Hearing.

If you want an **IMR**, you must first file an appeal with your health plan. If you do not hear from your health plan within 30 days, or if you are unhappy with your health plan’s decision, then you may then request an IMR. You must ask for an IMR within **180 days** from the date of the “Notice of Appeal Resolution” letter.

You may be able to get an IMR right away without filing an appeal first. This is in cases where your health is in immediate danger or the request was denied because treatment is considered experimental or investigational.

The California Department of Managed Health Care is responsible for regulating health care service plans. If you have a grievance against your health plan, you should first telephone your health plan at **1(415) 547-7800** or **1(800) 288-5555** and use your health plan’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 health 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 **(1-888-466-2219)** and a TDD line **(1-877-688-9891)** for the hearing and speech impaired. The department's internet website **www.dmh.ca.gov** has complaint forms, IMR application forms and instructions online.

If you are a Medi-Cal member and you want a **State Hearing**, you can ask for one within **120 days** of the mailing of the "Notice of Appeal Resolution" letter.

You can ask for a State Hearing by phone or in writing:

- By phone: Call **1(800) 952-5253**. This number can be very busy. You may get a message to call back later. If you cannot speak or hear well, please call TTY/TDD **1(800) 952-8349**.
- In writing: Fill out a State Hearing form or send a letter to:

**California Department of Social Services
State Hearings Division
P.O. Box 944243, Mail Station 9-17-37
Sacramento, CA 94244-2430**

After you ask for a State Hearing, it could take up to 90 days to decide your case and send you an answer. If you think waiting that long will hurt your health, you might be able to get an answer within 3 working days. Ask your doctor or health plan to write a letter for you. The letter must explain in detail how waiting for up to 90 days for your case to be decided will seriously harm your life, your health, or your ability to attain, maintain, or regain maximum function. Then, make sure you ask for an **"expedited hearing"** and provide the letter with your request for a hearing.

You may speak at the State Hearing yourself. Or, you can have a relative, friend, advocate, doctor, or attorney speak for you. If you want another person to speak for you, then you must tell the State Hearing office that the person is allowed to speak on your behalf. This person is called an "authorized representative."

You may be able to get free legal help. Call the Health Consumer Alliance's hotline at **1(888) 804-3536**. You may also call the local Legal Aid Society in your county, Bay Area Legal Aid, at **1(800) 551-5554**.