



INSTRUCTIONS:HOW TO FILE A MEDICARE MA-PD GRIEVANCE

What is a grievance?

A grievance is an expression of dissatisfaction with the manner in which our organization or contracted providers of services rendered health care and prescription services, regardless of whether you request remedial action be taken. A grievance may also be a complaint regarding a refusal to expedite an organization determination, a coverage determination, or an appeal to a redetermination that was made. In addition, grievances may be about the timeliness, appropriateness, access to and/or setting of a provided health service.

If you have a grievance, we encourage you to contact our Member Services at 1-855-996-8422, 8:00 a.m. to 8:00 p.m., Pacific Standard Time, seven days a week (except Thanksgiving and Christmas) from October 1 to March 31, and Monday through Friday (except holidays) from April 1 to September 30. TTY users call 711. We will make every attempt to resolve your complaint over the phone.

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

- Extended waiting times on the phone, in the waiting room or examination room of a provider;
- Extended waiting times for prescriptions to be filled; getting appointments or having to wait a long time for an appointment;
- Not being able to reach someone at the plan, a provider's office, or a network pharmacy by phone or obtain the information you need;
- You feel that you are being encouraged to leave (disenroll from) the plan;
- The quality of the medical care you received was below your expectations, including quality of care during a hospital stay;
- The lack of cleanliness or the condition of the provider's treatment area or office;
- Disrespectful or rude behavior by doctors, nurses, receptionists, network pharmacists, or other staff.

Who can file a grievance?

A grievance may be filed by any of the following:

- You may file a grievance.
- Someone else may file the grievance for you on your behalf. You may appoint an individual to act as your representative to file the grievance for you by following the steps below:

- Provide us with your name, your Medicare number and a completed Appointment of Representative Form (CMS-1696) which appoints an individual as your representative. (You may appoint your doctor or another provider of your care.)
- You must sign and date the Appointment of Representation form.
- Your representative must also sign and date the Appointment of Representation form.
- You must include this signed statement with your grievance.

The Medicare Appointment of Representation form is located on our website at www.StanfordHealthCareAdvantage.org, or you may use any legal documentation supporting an authorized representative, such as Durable Power of Attorney, Advance Health Care Directive, Executor of Estate, or you may contact Member Services for assistance.

When can you file a grievance?

You may file a grievance within 60 calendar days of the date of the circumstance giving rise to the grievance.

Why do you file a grievance?

You are encouraged to use the grievance procedure when you have any type of complaint (other than an appeal) with your Medicare Advantage health plan or a contracting provider, especially if such complaint results from misinformation, misunderstanding, or lack of information that is unresolved.

Where do you file a grievance?

You may file a grievance with us by telephone, fax, or mail. If you have a grievance, you can call our Member Services at 1-855-996-8422 (TTY 711).

A Stanford Health Care Advantage Member Care Specialist will be available to assist you 8:00 a.m. to 8:00 p.m., Pacific Standard Time, seven days a week (except Thanksgiving and Christmas) from October 1 to March 31, and Monday through Friday (except holidays) from April 1 to September 30. TTY users call 711. 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 **1-855-996-8422 (TTY 711)** or by fax to **650-498-8422**
- Submitting a written grievance by mail to:
Stanford Health Care Advantage
Attention: Appeals and Grievances Unit
P.O. Box 2336, Dublin, CA 94568

We will notify you of our decision about your grievance as quickly as your case requires based on your health status, and within 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. All notifications involving the decision will include information about the basis of our decision and describe any additional rights you may have. All grievances involving clinical decisions will be made by qualified clinical reviewers.

What is a “fast” or “expedited” grievance?

When a delay would significantly increase any risk to your health, you have the right to request a fast or expedited grievance review. Fast grievances may involve circumstances in which you disagree with our decision to invoke an extension on a grievance, an organization determination, or a reconsideration, or our decision to process your expedited request as a standard request. In such cases, Stanford Health Care Advantage will acknowledge your grievance within 24 hours of receipt and notify you in writing of our resolution within 3 calendar days.

Stanford Health Care Advantage is an HMO plan with a Medicare contract. Enrollment in Stanford Health Care Advantage depends on contract renewal.

Discrimination is Against the Law. Stanford Health Care Advantage cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Stanford Health Care Advantage 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

ATTENTION: If you speak English, language assistance services, free of charge, are available to you. Call 1-855-996-8422 (TTY: 711). ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-855-996-8422 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-855-996-8422 (TTY:711)。



Member Grievance Form

This form is for use in filing a formal grievance regarding any aspect of the care or service provided to you by us or by a network provider or pharmacy. You may alternatively call Stanford Health Care Advantage Member Services to file a verbal grievance. Stanford Health Care Advantage will respond to your grievance verbally or in writing if required. A detailed procedure exists for resolving these situations. If you have any questions, please feel free to call the Stanford Health Care Advantage Member Services Department at **1-855-996-8422 (TTY 711)**.

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 supporting documentation that may be relevant to your grievance or appeal. Use another sheet of paper if necessary.

Please sign below and forward to Stanford Health Care Advantage.

By US Mail: Stanford Health Care Advantage, Appeals & Grievances Unit, P.O. Box 2336, Dublin, CA 94568;
OR by Fax: 1-650-498-8422.

Signature _____

Date _____

Signature of Representative _____

Date _____

If the grievance is filed by someone other than the member, please fill out and sign an

Appointment of Representative Form available on the Stanford Health Care Advantage website at StanfordHealthCareAdvantage.org and submit it with this Grievance Form.