

Grievance Request Process

What is a grievance

A grievance is a type of complaint you make if you have a complaint or problem that does not involve payment or services by the plan or a physician. For example, you would file a grievance if: you have a problem with things such as the quality of your care during a hospital stay; you feel you are being encouraged to leave your plan; waiting times on the phone, at a network pharmacy, in the waiting room, or in the exam room; waiting too long for prescriptions to be filled; the way your doctors, network pharmacists or others behave; not being able to reach someone by phone or obtain the information you need; or lack of cleanliness or the condition of the doctor's office.

Expedited grievance

You have the right to request a fast review or expedited grievance if you disagree with the plan's decision to provide an extension on your request for an organization determination or reconsideration, or the plan's decision to process your expedited request as a standard request. In such cases, the plan will acknowledge your grievance within twenty-four (24) hours of receipt and notify you in writing of the plan's determination within three (3) calendar days.

When can a grievance be filed

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

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. An "Appointment of Representative" form must be signed by you and the person you appoint to act on your behalf. You may contact Customer Service to obtain this form or access it online at <https://www.cms.gov/Medicare/CMS-Forms/CMS-Forms/downloads/cms1696.pdf>.

Where to file a grievance

A grievance may be filed in writing or by fax at:

Appeals & Grievance Department
Medica Healthcare
PO Box 6106
MS CA124-0197
Cypress, CA 90630-0016
Fax: 1-866-308-6294 (TOLL FREE)

You may also contact Customer Service at 1-800-407-9069. We are open 7 days a week, 8:00am to 8:00pm local time. TTY users should call 711.



Member Grievance Request Form

- INSTRUCTIONS**
1. Complete all of the sections below, and sign.
 2. Gather copies of any documents that can help us understand the grievance.

Member Name		Date
Member ID Number	Telephone	
Name of Person Filing Grievance (if not Member)		Date of Occurrence
I wish to submit a formal grievance to Medica Healthcare regarding the following issue		
<i>(Please describe your concern or issue in detail, in your own words. Include all related information that you have.):</i>		
Member Signature		Date
Authorized Representative Signature		Date

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan’s contract renewal with Medicare.