

PARTNERSHIP - YOUR RIGHTS IN THE GRIEVANCE PROCESS

- Complaint/Grievance Contact information is posted in Churn Creek Health Care Lobby at the bottom of the Patient's Rights Poster
- The complaint form is located on the CCHC Drive in Grievance Folder under Forms.
- The Partnership Policy for complaints should be given to patients requesting this information. It is stored on the CCHC Drive in Grievance folder under Forms.

How to File a Complaint or Appeal

- A complaint is a member's expression of dissatisfaction with PHC and/or a provider. This includes, but is not limited to, quality of care concerns. An appeal is a member's request to PHC for reconsideration of an initial decision which is referred to as a Notice of Action resulting in the denial of a service, benefit or claim.
- If you wish to file a complaint or appeal a decision, the process used to resolve your complaint or appeal is called the Grievance Process. Complaints must be filed within 180 calendar days following an incident or action that you were not satisfied with. Appeals must be filed within 90 calendar days from the date of Notice of Action, service, benefit or claim. A Notice of Action is a formal letter sent to you by PHC telling you that a medical service has been denied, deferred or modified.
- If you have a problem with your Medi-Cal, AFDC, or SSI eligibility, do not request a grievance from PHC. We do not process such grievances. Your Medi-Cal benefits are determined by the State of California and the Department of Health Services.

Filing a Grievance

If you want to file a complaint or if you disagree with a decision made by PHC or a provider, you may file a grievance. Members or a member's authorized representative may file a grievance by using one of the five methods listed below:

1. **By Telephone:** You may file a grievance or ask questions about the grievance process by calling the PHC Member Services Department at 707-863-4120 or 1-800-863-4155. Bilingual staff is available and PHC uses an interpreter service for members who speak other languages.
2. **In Writing or In Person:** You may file a grievance in writing to PHC. Written grievances should be sent to:
Northern Counties (Del Norte, Humboldt, Lassen, Modoc, Shasta, Siskiyou, Trinity)
PHC: Redding Regional Office
3688 Avtech Parkway
Redding, CA 96002

Members can receive assistance in filing a complaint or an appeal from the grievance staff or a Member Service Representative. If the member is under the age of 18, a parent or guardian may file a complaint on his or her behalf. Members may also fill out an Authorized Representative Form to authorize someone of their choice to represent them.

3. **Contracted Provider:** You may file your grievance at the office of any provider that is contracted with PHC. Forms titled "Request for a Complaint or Appeal" may be used to file your grievance. These forms are located at all provider offices that are contracted with PHC.
4. **Website:** Members can file a complaint or appeal by going to PHC's website by [clicking here](#) and select "Online Grievance Form".

Processing your Grievance

- Within five (5) calendar days of receipt of your request for a grievance, the PHC grievance unit will send you an acknowledgement letter saying we received your grievance. The letter will also give you the name, address and phone number of the PHC grievance staff that will be handling your grievance and the date your grievance was received. Along with that letter, the grievance staff will also send you information (this form) that describes the grievance process, outlines your rights in the grievance process, provides information about the State Hearing process and also provides addresses and phone numbers of local Northern California Legal Aid offices.
- The grievance staff will work hard to get more information which may help us decide on a better resolution of your grievance. If necessary, the PHC grievance staff may contact you if she/he has any questions about your grievance or if more information is needed.
- You can contact the PHC grievance staff to discuss your grievance.
- Within thirty (30) calendar days from the date of receipt of the grievance, the PHC grievance staff will mail a written letter that outlines PHC's resolution to your grievance.
- Expedited Review of Your Grievance: If your grievance is urgent, you may ask for an "expedited review". Your grievance can be reviewed within three (3) calendar days from the date it was received, if it involves an imminent and serious threat

Your Rights in the Grievance Process

As a member of the Partnership HealthPlan of California (PHC), you have the following rights in filing a grievance with PHC:

1. You will receive written acknowledgement of your grievance request within five (5) calendar days from the date your grievance was received. The acknowledgement letter will let you know the day that PHC received your grievance request and the name, address and phone number of the PHC grievance staff that will be handling your grievance.
2. You will receive a written response/resolution to your grievance within thirty (30) calendar days of the date it was received by PHC.
3. The written response/resolution to your grievance will summarize your grievance and PHC's proposed resolution.
4. If you do not speak English fluently, you have the right to request translation services so that you are able to fully communicate with grievance staff in providing more information or discussing a solution to your grievance.
5. You have the right to propose a resolution to the grievance.

6. You have the right to obtain representation by an advocate or legal counsel to assist you in filing and/or resolving your grievance. You may obtain information about legal counsel from several sources, including Legal Services of Northern California (LSNC). Refer to the Legal Services of Northern California section of this information, for a list of locations and phone numbers of offices located within PHC's designated counties.
7. You may request an expedited review of your grievance. PHC will grant your request for an expedited review, if PHC medical staff determines that it involves an imminent and serious threat to your health, including, but not limited to potential loss of life, limb, or major bodily function. In the case of expedited review of grievances, PHC makes a decision and notifies you as expeditiously as the medical condition requires, but no later than three (3) calendar days from the date the expedited review was requested.
8. You do not have to use the PHC grievance process. You have the right to file a request for a State Hearing with the California Department of Social Services within ninety (90) days of the date of the action that caused you to be dissatisfied. Refer to Section 5 of this form, titled State Hearing Instructions for more information about filing a State Hearing through the State Department of Social Services, State Hearing Division.

State Hearing Information - For members covered by Medi-Cal

There are four ways to request a State Hearing:

1. **BY TELEPHONE:** You can call the State at (800) 952-5253.
 - Hearing impaired members may use TDD by calling (800) 952-8349.
2. **BY MAIL:** You can send a Hearing Request form or your own written request for a State Hearing to:

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

3. **BY FAX:** You can fax your request to the State at (916) 651-5210 or (916) 651-2789.
4. **IN PERSON:** You can turn in a Hearing Request form or your own written request at one of the local County offices listed below:

Shasta County

2460 Breslauer Way
Redding, CA 96001

Legal Services of Northern California

Legal Services of Northern California (LSNC) may provide legal assistance with grievance cases or State Hearings. For information about the services that are offered through LSNC, please call the phone numbers listed below:

Shasta County

Legal Services of Northern California
1370 West Street
Redding, CA 96001