Promise Health Plan

Grievance and appeal form

Instructions:

1. Please print clearly, or type in all of the fields below. You can attach extra pages if needed.
2. Please submit the completed form by:

Mail: Blue Shield of California Promise Health Plan
Attn: Appeals and Grievances
3840 Kilroy Airport Way
Long Beach, CA 90806

Fax: **(323) 889-2228**

If you have questions, or if you need help with this form, please contact Customer Service at **(855) 699-5557 (TTY: 711)**, 8 a.m. to 6 p.m., Monday through Friday.

Member information

This form is for: ☐ Grievance ☐ Appeal	**Blue Shield Promise use only**, receipt date:	
Member name:	Date of birth:	Member ID number:
Street address:	City:	ZIP:
Phone number:	Alternate phone number:	
Name of person completing form, if different from member name:	Relationship:	Representative phone:
(The following fields below are optional)		
Birth sex (gender):	Gender identity:	Sexual orientation:
Marital status:	Member pronouns:	Race:
Are you Hispanic, Latino, or Spanish origin?	Ethnicity:	

Nature of grievance or appeal

Where did the problem occur? (Name of pharmacy, hospital, or clinic)	Date of problem:
Who was involved beside yourself? (Give names of involved staff, if possible.)	
Please describe the problem in detail:	
FOR APPEALS ONLY: Please list the service you are appealing (write the authorization number from the denial letter):	

Resolution

How have you tried to resolve this problem?

What do you think is a good solution to your problem?:

Signature:	**Date:**

Who can file a case?
Any Blue Shield Promise member can file a case. You must be an eligible member at the time the problem happened or on the date your benefits were denied.

If you want someone to represent you, they must have your approval. This is done by completing an Appointment of Representative (AOR) form or submitting other written proof of legal representation. To obtain an AOR Form, please call Customer Service at (855) 699-5557 (TTY: 711). You can also find the AOR form online at **blueshieldca.com/en/bsp**.

A provider can file an appeal on your behalf without the Authorization Representative form. This is because they are disputing services that they need to treat you.

What is a Grievance?
A complaint (grievance) is when you have a problem or are unhappy with the services you are getting from Blue Shield Promise or a provider. An example of a grievance is waiting too long to receive an appointment with your doctor. There is no time limit for filing a grievance.

You may file a grievance if you believe you may have been subject to discrimination based on one of several protected class characteristics as identified by CA law (including Medical Condition, Pregnancy Status, Race, Disability, Ancestry, National Origin, Religion, Age, Sex, Gender, Gender Identity, Gender Expression, Sexual Orientation, or Marital Status). You may also file a grievance if you believe plan staff failed to provide you with trans-inclusive care.

What is an Appeal?
An appeal is a request for Blue Shield Promise to review and change a decision we made about your services. If we sent you a Notice of Action (NOA) letter telling you that we are denying, delaying, changing, or ending a service, and you do not agree with our decision, you can ask us for an appeal. It also includes not paying for covered services. An example of an appeal is if you disagree with a denied surgery. You must file your appeal within 60 calendar days from the date on the Notice of Action (NOA) letter.

Process and Timeframes
Once your case has been filed, you are assigned a Grievance and Appeals coordinator who will investigate your problem. A letter is mailed to you on or before the 5th day to let you know your case has been received. The Grievance and Appeals coordinator will call you to ask questions about the reported problem. At the end of the process, you will receive a phone call and a letter from the Grievance & Appeals coordinator to let you know about the result of the investigation.

Most grievances and appeals are investigated within 30 calendar days.

If you have an urgent matter involving a serious health concern, we will start an expedited (fast) review. We will give you a decision within 72 hours. To ask for an expedited review, call us at customer service at (855) 699-5557 (TTY: 711).

The Department of Managed Health Care requires Blue Shield of California Promise Health Plan to inform you of the following:
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 (855) 699-5557 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 (888) 466-2219 and a TDD line (877) 688-9891. The department's internet website www.dmhc.ca.gov has complaint forms, IMR application forms, and instructions online.

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