Grievance Form

Sutter Health Plan

If you have encountered any difficulties or have had any concerns with Sutter Health Plan or a Sutter Health Plan provider, we're here to help. You have up to 180 calendar days from the date of the incident that caused your dissatisfaction to submit a grievance.

Note: You are not required to use this form to file a grievance or complaint. If you prefer, you may call Sutter Health Plan Customer Service at 855-315-5800 (TTY 855-830-3500) to file your complaint or grievance.

If you wish to use this form to start the grievance process, fill out the form below. Describe the situation in detail, including the specific details of the problem, such as where and when it happened, and what you believe we can do to resolve the concern.

Member Name **Sutter Health Plan ID#**

Date of Birth **Mailing Address**

City **State** **ZIP** **Phone #**

Email Address **Name of Person Filing the Grievance & Relationship** (if other than member)

Best Way To Reach You **Best Hours**

Details of your complaint: (Please be as specific as possible with dates, times and the nature of the problem. Include the names, if any, of anyone in Sutter Health Plan or the provider office with whom you discussed this. Use the other side of this form or additional sheets if you need more room.)

If you have received a denial for treatment, services or supplies deemed experimental and have an incurable or irreversible condition that has a high probability of causing death within one year or less (terminal illness), and you would like to request a conference as part of the grievance system, please place a check mark in the space below.

☐ Yes, I have a terminal illness and am requesting a conference.

Signature **Date**

Sutter Health Plan

Please send your completed Grievance Form to:

MAIL
Sutter Health Plan
Attn: Appeals & Grievances Department
P.O. Box 160305
Sacramento, CA 95816

FAX
916-736-5422
(Toll-Free 855-759-8755)

You can also submit a grievance by:

TELEPHONE
Customer Service
855-315-5800
(TTY 855-830-3500)

ONLINE
Through your Member Portal account at
shplan.org/memberportal (registration required)

Note: If this case involves an imminent and serious threat to the member, including but not limited to severe pain or the potential loss of life, limb or major bodily function, please call Customer Service at 855-315-5800 (TTY 855-830-3500) to file your complaint or grievance. You may also call the California Department of Managed Health Care at 888-466-2219 (TDD 877-688-9891).

Notice to the Member or Your Representative

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 **1-855-315-5800 (TTY 1-855-830-3500)** 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 an 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.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

Grievance Process Overview

Policy

Sutter Health Plan established a formal grievance process because we want members to be satisfied with their healthcare. The formal grievance process addresses member concerns, complaints, appeals or requests to review a coverage decision. This process provides members with fair treatment of their grievance and a prompt response that complies with all required standards.

Sutter Health Plan handles all member information confidentially in compliance with Sutter Health Plan policies and procedures as well as applicable laws and regulations. Sutter Health Plan does not and will not discriminate against any member who has filed a grievance.

Sutter Health Plan will ensure that all members have access to and can fully participate in the grievance system by helping those with limited English proficiency or with visual or other communicative impairments. Such assistance will include but is not limited to translation of grievance procedures, forms and plan responses to grievances, as well as access to interpreters, telephone relay systems and other devices that help individuals with disabilities communicate.

Definition of a Grievance

A grievance is a written or oral expression of dissatisfaction regarding the plan and/or provider, including but not limited to concerns with quality of care, failure of Sutter Health Plan or a Sutter Health Plan network provider to provide trans-inclusive care, quality of service and access to care, and will include a complaint, dispute, request for reconsideration or appeal made by a member or the member's representative.

When Sutter Health Plan is unable to distinguish between a grievance and an inquiry, it will be considered a grievance.

Members have up to 180 calendar days from the date of the incident that caused the member's dissatisfaction to submit a grievance to Sutter Health Plan.

File a Grievance

A member may file a grievance or have a representative file a grievance. A member may appoint any individual (such as a relative, friend, advocate, attorney or physician) to act as the member's representative and file a grievance on their behalf. Members must appoint a representative in writing. Also, a representative may be authorized by a court to act in accordance with State law to file a grievance for a member.

Members can file a grievance by contacting Customer Service toll-free at:

Sutter Health Plan
855-315-5800
(TTY 855-830-3500)

A trained Customer Service representative will try to answer questions or resolve the concerns and issues expressed during the call. If the Customer Service representative cannot resolve the situation, ask the representative for more information about how to file a grievance.

- If preferred, members may mail a grievance or submit the Grievance Form in writing to:

  Sutter Health Plan
  Attn: Appeals & Grievances Department
  P.O. Box 160305
  Sacramento, CA 95816

  Fax: 916-736-5422 (Toll-Free 855-759-8755)

  Please include detailed information about the questions or situation, the reasons for dissatisfaction, and the desired resolution. If members want help filing a grievance, call Customer Service, and a representative will help complete the Grievance Form or explain how to write the letter. They will also be happy to take the information over the phone.
- Members can fill out a grievance form available at the provider's office.
- Members can submit the Grievance Form online at **shplan.org/memberportal** (registration required).

Please tell us if this case involves an imminent and serious threat to the member, including but not limited to severe pain or the potential loss of life, limb or major bodily function.

Grievances Related to Mental Health and Substance Use Disorders

Members may submit appeals and grievances for mental health and substance use disorder services to Sutter Health Plan following the instructions in the File a Grievance section.

Standard Grievance Review

Sutter Health Plan will send an acknowledgment letter to the member within five calendar days of receipt of a standard grievance. We will fully investigate the grievance, including all aspects of medical care involved. If the grievance involves a quality of care, quality of service or access to care issue, or involves medical decision-making, it is reviewed by the Sutter Health Plan Care Management Department, under the direction of the Medical Director of Care Management.

For standard grievances, a determination is made and the outcome is sent in writing to the member within 30 calendar days from our receipt of the grievance. The grievance outcome letter will include an explanation of the rationale for the decision.

Expedited Grievance Review

The grievance system includes an expedited review process for urgent grievances. A grievance is expedited when a delay in decision-making would pose an imminent and serious threat to the health of the member, including but not limited to potential loss of life, limb or major bodily function. If the grievance qualifies for an expedited review, a member may request expedited review by contacting Customer Service or by filing a complaint with the California Department of Managed Health Care (DMHC) (see next section, "Further Appeal Rights").

The Expedited Grievance process is initiated using one of the methods listed under “File a Grievance.” Calling Customer Service is the recommended method for requesting an expedited review.

Upon receipt of a grievance, we log the grievance and collect all necessary information in order to review and make a decision. After an appropriate clinical peer reviewer has reviewed all of the information and determined the case qualifies for expedited review, a written disposition is sent to the member and any applicable providers within three calendar days from our receipt of the grievance. The letter contains all rationale used in making the decision.

If a member makes a request for an expedited review and it is determined that the grievance does not qualify for an expedited review, Sutter Health Plan will review the grievance in the standard 30-day grievance process. Sutter Health Plan will notify the member by mail if the grievance does not qualify for expedited review.

Further Appeal Rights

Members may be able to pursue one or more of the following appeal processes, depending on the situation. Members can contact Customer Service for help determining appeal rights.

1. File a Complaint with the DMHC

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 **1-855-315-5800 (TTY 1-855-830-3500)** 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 an 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.dmhc.ca.gov** has complaint forms, IMR application forms and instructions online.

2. Request Independent Medical Review

The independent medical review (IMR) process is in addition to any other procedures or remedies that may be available to you. You pay no application or processing fees of any kind for IMR. You have the right to provide information in support of the request for IMR. Sutter Health Plan must provide you with an IMR application form with any grievance disposition letter that denies, modifies, or delays health care services.

A decision not to participate in the IMR process may cause you to forfeit any statutory right to pursue legal action against the plan regarding the disputed health care service.

Eligibility

(a) Disputed Health Care Service. You may request an IMR of disputed health care services from the DMHC if you believe that health care services have been improperly denied, modified, or delayed by Sutter Health Plan or one of its contracting providers. A "Disputed Health Care Service" is any health care service eligible for coverage and payment under your subscriber contract that has been denied, modified, or delayed by Sutter Health Plan or one of its delegates, in whole or part on findings that the proposed services were not medically necessary. Your application for IMR will be reviewed by the DMHC to confirm that the conditions of eligibility set forth below are satisfied:

i. The member's provider has recommended a health care service as medically necessary, OR the member has received an urgent care or emergency service that a provider determined was medically necessary, OR the member, in the absence of such a recommendation or the receipt of urgent care or emergency services, has been seen by an in-plan provider for the diagnosis or treatment of the medical condition for which the member seeks independent review.

ii. The Disputed Health Care Service has been denied, modified, or delayed by Sutter Health Plan or its delegated entity, based in whole or in part, on a decision that it is not medically necessary.

iii. The member filed a grievance with Sutter Health Plan or its delegate and the disputed decision is upheld or the grievance remains unresolved past 30 days. If your grievance requires expedited review, you may bring it immediately to the DMHC's attention. The DMHC may waive the requirement that you follow the Sutter Health Plan grievance process in extraordinary and compelling cases.

iv. You apply for an IMR within six months after Sutter Health Plan sends you a written response to your grievance, unless the DMHC determines that circumstances prevented timely submission.

(b) Investigational/Experimental Treatment. Sutter Health Plan excludes from coverage services, medication or procedures which are considered investigational and/or experimental treatments, and which are not accepted as standard medical practice for the treatment of a condition or illness. You may request an IMR from DMHC if Sutter Health Plan or its delegate denies a treatment, service or supply on the basis that it is experimental or investigational. Your application for IMR will be reviewed by the DMHC to confirm the conditions of eligibility set forth below are satisfied:

i. The member has a Life-threatening or Seriously Debilitating Condition. "Life-threatening" means either a disease or condition where the likelihood of death is high unless the course of the disease is interrupted, or a disease or condition with potentially fatal outcomes, where the end point of clinical intervention is survival. "Seriously Debilitating" means a disease or condition that causes major irreversible morbidity.

ii. The member's physician has certified that standard therapies are or have not been effective in improving the member's condition, or would not be medically appropriate for the member, or there is no more beneficial standard therapy covered by Sutter Health Plan than the therapy proposed for the member.

iii. Either the member's physician, contracted with Sutter Health Plan, who has recommended the denied course of treatment that he/she certified in writing is likely to be more beneficial to the member than any available standard therapies, will include a statement of the evidence relied upon in his/her recommendation; or the member, or his/her physician who is a licensed, board-certified or board-eligible physician not contracted with Sutter Health Plan, but qualified to practice in the specialty appropriate to treat the member's condition, has requested a therapy that, based on two documents from the medical and scientific evidence, is likely to be more beneficial for the member than any available standard therapy.

iv. The member has been denied coverage by Sutter Health Plan for a drug, device, procedure, or other therapy recommended or requested pursuant to paragraph (b)(iii) above.

v. The specified denied therapy is one that would be a covered service, except for the Sutter Health Plan determination that the therapy is experimental or investigational for the given condition.

Process

To request an IMR, you may call the DMHC's toll-free telephone number (888-466-2219) or a TDD line (877-688-9891) for the hearing and speech impaired, or obtain IMR application forms and instructions online at the DMHC's website **www.dmhc.ca.gov.**

The DMHC will review your application and send you a letter within seven days telling you if you qualify for IMR. If your case is eligible for IMR, when all your information, including relevant medical records, is received by DMHC, the dispute will be submitted to a medical specialist at a review agency who will make an independent determination of whether or not the care is medically necessary.

Sutter Health Plan will gather all medical records and necessary documentation relevant to the member's condition and will forward all information to the review agency within three business days from the date we receive notice from the DMHC of the IMR request for standard requests, or within one calendar day for an expedited IMR.

You will receive a copy of the assessment made in your case. If the IMR determines the service is medically necessary, Sutter Health Plan will provide coverage for the health care service.

For non-urgent cases, the IMR organization designated by the DMHC must provide its determination within 30 calendar days of receipt of your application and supporting documentation. For urgent cases involving an Expedited Grievance, the IMR organization must provide its determination within three calendar days.

3. Binding Arbitration

If you continue to be dissatisfied with the results of the grievance process and wish to pursue the matter further, you must submit your claim or controversy to binding arbitration within 60 days of completion of the grievance process. The arbitration procedure is governed by the American Arbitration Association rules. Copies of these rules and other forms and information about arbitration are available by calling the American Arbitration Association at 800-778-7879 or visiting the website at **adr.org**.

All interested parties, including members, specifically agree to use Sutter Health Plan arbitration procedure in place of any rights they otherwise would have to submit any controversy or dispute to a court or jury. For a complete description of how to initiate arbitration, please refer to your subscriber agreement.

Sutter Health Plan

Notice of Language Assistance

IMPORTANT: Can you read this? If not, Sutter Health Plan can have somebody help you read it. You may also be able to get this written in your language. For no-cost help, please call Sutter Health Plan Customer Service at 855-315-5800 (TTY 855-830-3500). (English)

IMPORTANTE: ¿Puede leer esto? Si no puede, Sutter Health Plan puede proporcionarle a alguien que lo ayude a leerlo. También puede obtener este documento en su idioma. Llame al Servicio de Atención al Cliente de Sutter Health Plan al 855-315-5800 (TTY 855-830-3500). (Spanish)

重要事項：您能閱讀這些內容嗎？如果不能閱讀，Sutter Health Plan 可以安排人員幫助您閱讀。您還可能可以獲得以您的語言編寫的這些內容。如需免費幫助，請致電 Sutter Health Plan 客戶服務部，電話號碼：855-315-5800 (TTY 855-830-3500)。(Chinese)

ملاحظة مُهِمَّة: هل بمقدورك قراءة هذا؟ إذا لم تكُن قادرًا على ذلك، يُمكن لخطّة Sutter Health Plan أن تأتي بشخص يُساعدك على قراءته. كذلك قد يكون من المُمكن تزويدك بنُسخة منه مكتوبة بلُغتك. للحصول على مُساعدة مجّانية، يُرجى الاتصال بخدمة العُملاء التابعة لخطّة Sutter Health Plan على هاتف 855-315-5800 (أو بخط الكتابة عن بُعد [TTY] 855-830-3500). (Arabic)

ԿԱՐԵՎՈՐ Է. Կարո՞ղ եք սա կարդալ: Եթե ոչ, Sutter Health Plan-ը կարող է տրամադրել մեկին, ով կօգնի Ձեզ կարդալ այն: Դուք կկարողանաք նաև ստանալ այն գրված Ձեր լեզվով: Անվճար օգնության համար զանգահարեք Sutter Health Plan-ի Հաճախորդների սպասարկման բաժին՝ 855-315-5800 (TTY 855-830-3500) հեռախոսահամարով: (Armenian)

សំខាន់៖ តើអ្នកអាចអានដាច់ទេ? បើអានមិនដាច់ទេ Sutter Health Plan អាចឱ្យគេជួយអ្នកអានបាន។ អ្នកក៏ប្រហែលជាអាចទទួលបានឯកសារនេះសរសេរជាភាសារបស់អ្នកផងដែរ។ សម្រាប់ជំនួយដោយឥតគិតថ្លៃ សូមហៅទៅកាន់ផ្នែកសេវាអតិថិជន Sutter Health Plan តាមលេខ 855-315-5800 (TTY 855-830-3500)។ (Cambodian)

نکته مهم: آیا می‌توانید این مطلب را بخوانید؟ اگر نمی‌توانید، Sutter Health Plan می‌تواند از فردی کمک بگیرد تا آن را برایتان بخواند. همچنین امکان دریافت این مطالب به زبان شما وجود دارد. برای دریافت کمک به صورت رایگان، لطفاً با خدمات مشتریان Sutter Health Plan از طریق شماره تلفن 855-315-5800 (TTY 855-830-3500) تماس بگیرید. (Farsi)

महत्वपूर्ण: क्या आप इसे पढ़ सकते/ती हैं? यदि नहीं, तो सट्टर हेल्थ प्लान (Sutter Health Plan) इसे पढ़ने में किसी से आपकी सहायता करवा सकता है। आप इसे अपनी भाषा में भी लिखवा सकते/ती हैं। निःशुल्क सहायता के लिए, कृपया Sutter Health Plan ग्राहक सेवा को 855-315-5800 (TTY 855-830-3500) पर कॉल करें। (Hindi)

TSEEM CEEB: Koj puas tuaj yeem nyeem qhov no tau? Yog tias tsis tau, Sutter Health Plan tuaj yeem kom ib tus neeg pab koj nyeem nws. Tsis tas li ntawd, tej zaum koj kuj tseem tuaj yeem tau txais qhov no sau ua koj hom lus thiab. Yog xav tau kev pab dawb, thov hu rau Sutter Health Plan Lub Chaw Pab Cuam Qhua ntawm 855-315-5800 (TTY 855-830-3500). (Hmong)

重要：こちらの文書が読めますか? 読むのが難しいときは、サッター ヘルス プランが読むのをお手伝いするスタッフを手配します。また、これを日本語で書いてもらうこともできます。無料でのサポートをご利用いただくには、電話 855-315-5800（TTY 855-830-3500）、サッター ヘルス プラン カスタマー サービスにご連絡ください。(Japanese)

중요 사항: 이것을 읽으실 수 있습니까? 만약 읽으실 수 없는 경우, Sutter Health Plan 은 귀하가 읽으실 수 있도록 다른 사람을 시켜 도와 드릴 수 있습니다. 또한 이 내용을 자신이 사용하는 언어로 작성하도록 하실 수도 있습니다. 비용 부담 없이 도움을 받으시려면 Sutter Health Plan 고객 서비스에 전화를 하십시오. 전화: 855-315-5800 (TTY 855-830-3500). (Korean)

ສຳຄັນ: ທ່ານສາມາດອ່ານຂໍ້ຄວາມນີ້ໄດ້ບໍ? ຖ້າບໍ່ໄດ້, Sutter Health Plan ສາມາດໃຫ້ຄົນຊ່ວຍທ່ານອ່ານຂໍ້ຄວາມນີ້. ນອກຈາກນີ້, ທ່ານຍັງອາດຈະສາມາດຂໍໃຫ້ຂຽນເປັນພາສາຂອງທ່ານໄດ້. ຫາກຕ້ອງການການຊ່ວຍເຫຼືອໂດຍບໍ່ມີຄ່າໃຊ້ຈ່າຍ, ກະລຸນາໂທຫາຝ່າຍບໍລິການລູກຄ້າຂອງ Sutter Health Plan ທີ່ 855-315-5800 (TTY 855-830-3500). (Laotian)

ਮਹੱਤਵਪੂਰਨ: ਕੀ ਤੁਸੀਂ ਇਸ ਨੂੰ ਪੜ੍ਹ ਸਕਦੇ ਹੋ? ਜੇ ਨਹੀਂ, ਤਾਂ ਸੱਟਰ ਹੈਲਥ ਪਲਾਨ (Sutter Health Plan) ਇਸ ਨੂੰ ਪੜ੍ਹਨ ਵਿੱਚ ਤੁਹਾਡੀ ਮਦਦ ਕਰ ਸਕਦਾ ਹੈ। ਤੁਸੀਂ ਇਸ ਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਵੀ ਲਿਖਵਾ ਸਕਦੇ ਹੋ। ਬਿਨਾਂ ਲਾਗਤ ਦੇ ਮਦਦ ਲਈ, ਕਿਰਪਾ ਕਰਕੇ ਸੱਟਰ ਹੈਲਥ ਪਲਾਨ ਦੀ ਗਾਹਕ ਸੇਵਾ ਨੂੰ 855-315-5800 (TTY 855-830-3500) 'ਤੇ ਕਾਲ ਕਰੋ। (Punjabi)

ВАЖНО. Вы можете это прочитать? Если нет, Sutter Health Plan может предоставить вам того, кто сможет помочь вам прочитать это. Вы также можете получить этот документ в письменной форме на своём языке. Для бесплатной помощи позвоните в отдел обслуживания клиентов Sutter Health Plan по телефону 855-315-5800 (TTY 855-830-3500). (Russian)

MAHALAGA: Nababasa mo ba ito? Kung hindi, maaari kang bigyan ng Sutter Health Plan ng taong makakatulong sa iyo na basahin ito. Maaari mo ring hilingin na ipasulat ito sa iyong wika. Para sa walang bayad na tulong, mangyaring tumawag sa Sutter Health Plan Customer Service sa 855-315-5800 (TTY 855-830-3500). (Tagalog)

หมายเหตุ: คุณอ่านข้อความนี้ออกหรือไม่ ถ้าหากคุณอ่านไม่ออก Sutter Health Plan สามารถให้คนมาช่วยคุณอ่านได้ นอกจากนี้ คุณยังสามารถขอรับเนื้อหานี้เป็นภาษาของคุณได้อีกด้วย หากคุณต้องการความช่วยเหลือโดยไม่มีค่าใช้จ่าย กรุณาติดต่อ Sutter Health Plan Customer Service ได้ที่ 855-315-5800 (TTY 855-830-3500) (Thai)

QUAN TRỌNG: Quý vị có thể đọc thông tin này không? Nếu không, Sutter Health Plan có thể yêu cầu ai đó đọc giúp cho quý vị. Quý vị cũng có thể nhận được thông tin này dưới dạng văn bản bằng ngôn ngữ của quý vị. Để được hỗ trợ miễn phí, vui lòng gọi cho ban Dịch Vụ Khách Hàng của Sutter Health Plan theo số 855-315-5800 (TTY 855-830-3500). (Vietnamese)