

重要事項：如果您需要有人幫助您填寫本表、要求語言協助或願意打電話提出投訴，請打電話給我們的保健計劃工作人員，電話號碼415-292-8895，或請撥打我們的免費電話號碼1-888-996-6565。我們可在星期一至星期五上午8時30分至下午5時之間提供幫助。您還可以進入我們的網站 <http://www.onloklifeways.org>，提出投訴或查閱有關我們的投訴程序的資訊。

加州管理健康護理部申訴程序

加州管理醫療護理部負責督管各醫療保健計劃。如您對保健計劃的服務有不滿或意見，在向加州管理醫療護理部投訴之前，您應首先致電您的醫療保健計劃，〔415-292-8895〕或打免費電話〔1-888-996-6565〕，依循計劃的投訴程序解決問題。使用此種投訴方式並不影響您可享有的法律及採用其他解決方法的權利。但若投訴屬於緊急情況，或不滿意計劃解決投訴的方法，或投訴經過三十天後仍未解決，您可以致電加州管理醫療護理部要求協助。您可能符合獨立醫療評審〔IMR〕的資格。如您符合IMR資格，IMR會就保健計劃提出的必要醫療服務或治療的建議，屬實驗性或研究性的治療承保決定、或緊急或急切醫療服務付款之糾紛，作出無偏私的評審。該部門同時設有一個免費電話號碼〔1-888-HMO-2219〕和TDD線〔1-877-688-9891〕供聽覺或講話有困難者使用。該部門的網頁〔<http://www.hmohelp.ca.gov>〕載有投訴表格、IMR申請表和網上指示等。

For On Lok Lifeways Staff Use Only:

On Lok Lifeways staff member who received the grievance: ___ Health Plan Associate ___ Social Worker ___ Other

- Report received by the On Lok Lifeways staff member identified above: Date _____
- Health Plan Associate notified of the grievance by telephone or e-mail: Date _____
- Health Plan Associate telephoned acknowledgment of receipt to the participant (within 5 calendar days):
Date _____ Time _____
- Health Plan Associate sent a written acknowledgment to the participant (within 5 calendar days): Date _____
- Chief Medical Officer is notified of the grievance concerning medical care or urgent grievance: Date _____
Time _____
- Contract Manager for the Department of Health Care Services (DHCS) is notified of the grievance:
Date _____ Time _____

Thirty calendar days from the day that the grievance was received, either:

- The grievance has been resolved. The Chief Medical Officer or the Health Plan Associate has sent a report describing the problem's resolution, the basis for the resolution, and the review process if dissatisfaction continues to the participant and/or the participant's representative. *OR*
- The grievance is pending. A report with a brief explanation of the reasons for the delay has been sent to the participant and/or the participant's representative and the Contract Manager for the DHCS.

Expedited Review: Grievance involves an imminent and serious threat to the health of the participant

- The participant and/or the participant's representative are immediately notified by telephone of the receipt of the request for an expedited review.
- The participant and/or the participant's representative are notified of their right to notify the DHCS, the DMHC, and the Department of Social Services of the grievance.
- No later than 3 days from receipt of the grievance, a written statement of the final disposition or pending status of the grievance is sent to the participant and/or the participant's representative, the DHCS, and the DMHC.