Member grievance (complaint) form

Member name _____

Member ID _____

Date of birth_____ Today's date _____

Address _____

Phone number _____

Member plan (choose one):

☐ PMAP ☐ MinnesotaCare ☐ SNBC

The purpose of this form is to help you file a concern when you are not satisfied with the services you have received. Please explain your concern below and attach additional pages if necessary. Hennepin Health will respond to your concerns, in writing, within 30 calendar days of receiving this form.

- You may file a grievance (complaint) orally or in writing. If you want to file in writing, please write your grievance below and sign at the bottom when complete. You can mail this to us at the address above or deliver it in person.
- If you would like help with writing your grievance, call Member Services for assistance at 612-596-1036 or 800-647-0550, TTY: 711, 800-627-3529 or use your preferred relay service, Monday through Friday from 8 a.m. to 4:30 p.m.

- Once complete, we will mail the form to you to review and add more information if you want.
- Sign the form and to return it to us in the enclosed self-addressed envelope.

Member or personal representative signature **Date**

(Personal representative – please state your relationship to the member)

Grievance process for Hennepin Health

Grievance: Is when you are not satisfied with the services you have received and may include any of the following:

- Quality of care or services provided
- Failure to respect your rights
- Rudeness of a provider or health plan employee
- Delay in appropriate treatment or referral
- Not acting within required time frames for grievances and appeals

A grievance is a formal complaint. You may submit a grievance to us at any time. Filing a grievance with Hennepin Health means that you would like us to address your complaint. This is not part of the appeals process; but you can submit a grievance along with an appeal and it will not affect the outcome of the appeal.

Timelines

Grievances – You must file a grievance if you want us to review your complaint.

- If you call us, we will let you know the decision by telephone within 10 days.
- If you write us, we will let you know the decision within 30 days. We will respond to you by letter.
- We may take an additional 14 days if more information is needed and it is in your best interest. We will tell you why we are taking the extra time and the reason why.
- If your grievance is about our denial of a fast appeal or a grievance about urgent health care issues, we will give you a decision within 72 hours.

To file a grievance, call 612-596-1036; TTY: 711, 800-627-3529 or use your preferred relay service, or send a letter to:

Hennepin Health
Attn: Appeal and Grievance Coordinator
300 South Sixth Street, MC 604
Minneapolis, MN 55487-0604

Get help and more information

If you disagree with our decision, you may also file a grievance with the Minnesota Department of Health (MDH) by calling 651-201-5100 (800-657-3916, this call is free) or use your preferred relay service, or send a letter to:

Minnesota Department of Health, Managed Care Section
P.O. Box 64882
St. Paul, MN 55164-0882

A state ombudsperson may also be able to help. They are neutral and not part of Hennepin Health.

For help with filing a grievance, call the Ombudsperson for Public Managed Health Care Programs at 651-431-2660 (800-657-3729, this call is free) TTY: 711 or 800-627-3529, or use your preferred relay service, or send a letter to:

The Office of Ombudsperson for Public Managed Health Care Programs Minnesota Department of Human Services
PO Box 64249
St. Paul, MN 55164-0249

Your county managed care advocate may also be able to help. Contact your county human services office and ask to speak to the county managed care advocate.

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