

Member Complaint (Grievance) Form

If you are unhappy with the quality of care or service you received, the way you were treated by your doctor, problems getting care, or billing issues you can file a grievance. A grievance and a complaint are the same thing. Complete this form if you would like to file a grievance about Carolina Complete Health (CCH), your doctor, or your health services.

Member Identification

Member Name			
Medicaid ID #		Phone Number	
Email Address			
Name of Parent/Legal Guardian (if applicable)			

Complaint (Grievance) Details:

Date of Issue: _____ **Date Issue reported to health plan:** _____

Enter a brief description of the issue: (Include dates and names of the doctor/facility/vendor, authorization/claim number, service/medication): _____

Complaint (Grievance) Code (you must select one):

- | | | |
|---|--|--|
| <input type="checkbox"/> 100-Health Plan/Provider | <input type="checkbox"/> 170-Treatment Plan/Diagnosis | <input type="checkbox"/> 240-Member Rights |
| <input type="checkbox"/> 110-Provider Staff Behavior | <input type="checkbox"/> 180-Provider Competency | <input type="checkbox"/> 300-Service Denial |
| <input type="checkbox"/> 120-Health Plan Staff Behavior | <input type="checkbox"/> 190-Interpreter | <input type="checkbox"/> 310-Service Reduction, suspension, or termination |
| <input type="checkbox"/> 130-Appointment Availability | <input type="checkbox"/> 200-Fraud and Abuse of Services | <input type="checkbox"/> 320-Payment Denial |
| <input type="checkbox"/> 140-Network Adequacy/Availability | <input type="checkbox"/> 210-Recipient receiving bills/provider requests payment before rendering services | <input type="checkbox"/> 330-Timliness of Service |
| <input type="checkbox"/> 150-Waiting Times (Office, transportation) | <input type="checkbox"/> 220-Health Plan Information | <input type="checkbox"/> 340-Tobacco Free Policy |
| <input type="checkbox"/> 160-Condition of Office/Transportation | <input type="checkbox"/> 230-Provider Communication | <input type="checkbox"/> 350-Healthy Opportunities |

How can CCH resolve your issue? _____

Mail, fax, or email this completed form to:

Carolina Complete Health ATTN: Grievance and Appeals
 1701 North Graham Street, Suite 101 Charlotte, NC 28206
 Fax: 1-833-318-7256
 Email: cchgrievancesappeals@carolinacompletehealth.com

Thank you for your feedback.

Notice of Nondiscrimination



Carolina Complete Health complies with applicable federal civil rights laws and does not discriminate based on race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender identity or expression, or sexual orientation. Carolina Complete Health does not exclude people or treat them differently because of race, color, national origin, age, disability, creed, religious affiliation, ancestry, sex, gender, gender identity or expression, or sexual orientation.

Carolina Complete Health provides free auxiliary aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified American Sign Language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Carolina Complete Health provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, call **1-833-552-3876 (TTY: 711)**.

If you believe that Carolina Complete Health has failed to provide these services or discriminated in another way based on race, color, national origin, age, disability or sex, you can file a grievance with:

1557 Coordinator

P.O. Box 31384

Tampa, FL 33631

1-855-577-8234 (TTY: 711)

Fax: 1-866-388-1769

Email: SM_Section1557Coord@centene.com

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights:

- **Online:** ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **By mail:**
 - U.S. Department of Health and Human Services
 - 200 Independence Avenue SW., Room 509F, HHH Building
 - Washington, DC 20201
- **By phone:** 1-800-368-1019 (TDD: 1-800-537-7697)

Complaint forms are available at hhs.gov/ocr/office/file/index.html.

Aviso de no discriminación



Carolina Complete Health cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad, credo, afiliación religiosa, ascendencia, sexo, identidad o expresión de género u orientación sexual. Carolina Complete Health no excluye a las personas ni las trata de forma diferente por motivos de raza, color, origen nacional, edad, discapacidad, credo, afiliación religiosa, ascendencia, sexo, género, identidad o expresión de género u orientación sexual.

Carolina Complete Health proporciona ayuda y servicios auxiliares gratuitos a las personas con discapacidades para que se comuniquen eficazmente con nosotros, por ejemplo:

- Intérpretes calificados de lenguaje de señas americano
- Información escrita en otros formatos (letra grande, audio, formatos electrónicos accesibles, otros formatos)

Carolina Complete Health ofrece servicios lingüísticos gratuitos a las personas para las cual el idioma principal no es el inglés, por ejemplo:

- Intérpretes calificados
- Información escrita en otros idiomas

Si necesita estos servicios, llame al **1-833-552-3876 (TTY: 711)**.

Si cree que Carolina Complete Health no le ha prestado estos servicios o lo ha discriminado de alguna otra manera por motivos de raza, color, nacionalidad, edad, discapacidad o sexo, puede presentar una queja ante:

1557 Coordinator

P.O. Box 31384

Tampa, FL 33631

1-855-577-8234 (TTY: 711)

Fax: 1-866-388-1769

Email: SM_Section1557Coord@centene.com

También puede presentar una queja de derechos civiles ante la Oficina de Derechos Civiles del Departamento de Salud y Servicios Humanos de los Estados Unidos:

- **En línea:** ocrportal.hhs.gov/ocr/portal/lobby.jsf
- **Por correo:**
U.S. Department of Health and Human Services
200 Independence Avenue SW., Room 509F, HHH Building
Washington, DC 20201
- **Por teléfono:** 1-800-368-1019 (TDD: 1-800-537-7697)

Los formularios de quejas están disponibles en: hhs.gov/ocr/office/file/index.html.

English: You can request free auxiliary aids and services, including this material and other information in large print. Call **1-833-552-3876 (TTY: 711)**. If English is not your first language, we can help. Call **1-833-552-3876 (TTY: 711)**. We can give you, free of charge, the information in this material in your language orally or in writing, access to interpreter services, and can help answer your questions in your language.

Español (Spanish): Puede solicitar ayudas y servicios auxiliares gratuitos, incluido este material y otra información en letra grande. Llame al **1-833-552-3876 (TTY: 711)**. Si el inglés no es su lengua nativa, podemos ayudarle. Llame al **1-833-552-3876 (TTY: 711)**. Podemos ofrecerle, de forma gratuita, la información de este material en su idioma de forma oral o escrita, acceso a servicios de interpretación y podemos ayudarle a responder a sus preguntas en su idioma.

中国人 (Chinese): 您可以申请免费的辅助工具和服务, 包括本资料和其他计划信息的大字版。请致电 **1-833-552-3876 (TTY: 711)**。如果英语不是您的首选语言, 我们能提供帮助。请致电 **1-833-552-3876 (TTY: 711)**。我们可以通过口头或书面形式, 用您使用的语言免费为您提供本资料中的信息, 为您提供翻译服务, 并且用您使用的语言帮助回答您的问题。

Tiếng Việt (Vietnamese): Bạn có thể yêu cầu các dịch vụ và hỗ trợ phụ trợ miễn phí, bao gồm tài liệu này và các thông tin khác dưới dạng bản in lớn. Gọi **1-833-552-3876 (TTY: 711)**. Nếu Tiếng Anh không phải là ngôn ngữ mẹ đẻ của quý vị, chúng tôi có thể giúp quý vị. Gọi đến **1-833-552-3876 (TTY: 711)**. Chúng tôi có thể cung cấp miễn phí cho quý vị thông tin trong tài liệu này bằng ngôn ngữ của quý vị dưới dạng lời nói hoặc văn bản, quyền tiếp cận các dịch vụ phiên dịch, và có thể giúp trả lời các câu hỏi của quý vị bằng chính ngôn ngữ của quý vị.

한국인 (Korean): 귀하는 무료 보조 자료 및 서비스를 요청할 수 있으며, 여기에는 큰 활자체의 자료 및 기타 정보가 있습니다. **1-833-552-3876 (TTY: 711)** 번으로 전화주시기 바랍니다.

영어가 모국어가 아닌 경우 저희가 도와드리겠습니다. **1-833-552-3876 (TTY: 711)** 번으로 전화주시기 바랍니다. 저희는 귀하께 구두로 또는 서면으로 귀하의 언어로 된 자료의 정보를, 그리고 통역 서비스의 사용을 무료 제공해 드리며 귀하의 언어로 질문에 대한 답변을 제공해 드리겠습니다.

Français (French): Vous pouvez demander des aides et des services auxiliaires gratuits, y compris ce document et d'autres informations en gros caractères. Composez le **1-833-552-3876 (TTY: 711)**. Si votre langue maternelle n'est pas l'anglais, nous pouvons vous aider. Composez le **1-833-552-3876 (TTY: 711)**. Nous pouvons vous fournir gratuitement les informations contenues dans ce document dans votre langue, oralement ou par écrit, vous donner accès aux services d'un interprète et répondre à vos questions dans votre langue.

Hmoob (Hmong): Koj tuaj yeem thov tau cov khoom pab cuam thiab cov kev pab cuam, suav nrog rau tej ntaub ntawv no thiab lwm lub phiaj xwm tej ntaub ntawv kom muab luam ua tus ntawv loj. Hu rau **1-833-552-3876 (TTY: 711)**. Yog tias Lus Askiv tsis yog koj thawj hom lus hais, peb tuaj yeem pab tau. Hu rau **1-833-552-3876 (TTY: 711)**. Peb tuaj yeem muab tau rau koj yam tsis sau nqi txog ntawm tej ntaub ntawv muab txhais ua koj hom lus hais ntawm ncauj los sis sau ua ntawv, mus siv tau cov kev pab cuam txhais lus, thiab tuaj yeem pab teb koj cov lus nug hais ua koj hom lus.

ابرع (Arabic):

فرح أب عطخل لوح یرخأ تامولعمو دن تسمل اذه، كلذ یف امب ةین اجملا ةیفاضإل تادعاسمل او تامدخل بلط كنكمی قردل ىلع لصتا. ةریبک

1-833-552-3876 (TTY: 711).

1-833-552-3876. مقرلا ىلع لصتا. ةدعاسمل اننكممی، لولأا كتغل تسیل ةیزیلجنإل ةغلل تناك اذا تامدخ ىل ایبانتك وأ ایف ش كتغل دن تسمل اذه یف ةدراول تامولعمل كل مدقن نأ اننكممی **(TTY: 711)**

Русский (Russian): Вы можете запросить бесплатные вспомогательные средства и услуги, включая этот справочный материал и другую информацию напечатанную крупным шрифтом. Позвоните по номеру **1-833-552-3876 (TTY: 711)**. Если английский не является Вашим родным языком, мы можем Вам помочь. Позвоните по номеру **1-833-552-3876 (TTY: 711)**. Мы бесплатно предоставим Вам более подробную информацию этого справочного материала в устной или письменной форме, а также доступ к языковой поддержке и ответим на все вопросы на Вашем родном языке.

Tagalog (Tagalog): Maaari kang humiling ng libreng mga auxiliary aid at serbisyo, kabilang ang materyal na ito at iba pang impormasyon sa malaking print. Tumawag sa **1-833-552-3876 (TTY: 711)**. Kung hindi English ang iyong unang wika, makakatulong kami. Tumawag sa **1-833-552-3876 (TTY: 711)**. Maaari ka naming bigyan, nang libre, ng impormasyon sa materyal na ito sa iyong wika nang pasalita o nang pasulat, access sa mga serbisyo ng interpreter, at matutulungang sagutin ang mga tanong sa iyong wika.

ગુજરાતી (Gujarati): તમે મોટી પ્રિન્ટમાં આ સામગ્રી અને અન્ય માહિતી સહિત મફત સહાયક સહાય અને સેવાઓની વિનિતી કરી શકો છો. **1-833-552-3876 (TTY: 711)**. પર કૉલ કરો

જો અંગ્રેજી તમારી પ્રથમ ભાષા ન હોય, તો અમે મદદ કરી શકીએ છીએ. **1-833-552-3876 (TTY: 711)**. પર કૉલ કરો તમારી ભાષામાં મૌખિક રીતે અથવા લેખિતમાં તમને આ સામગ્રીની માહિતી અમે વાનિ મૂલ્યે આપી શકીએ છીએ, દુભાષયા સેવાઓની સુલભતા આપી શકીએ છીએ અને તમારી ભાષામાં તમારા પ્રશ્નોના જવાબ આપવામાં અમે સહાયતા કરી શકીએ છીએ.

ខ្មែរ (Khmer): អ្នកអាចសុំសម្ភារៈនិងសេវាជំនួយដោយឥតគិតថ្លៃផ្អែមទាំងព័ត៌មានអំពីសម្ភារៈនេះ និងព័ត៌មានអំពីផ្លូវដើរទៅកាន់អាគារកុសលភូមិ។ ហៅទូរសព្ទទទេលខេ **1-833-552-3876 (TTY: 711)** ។ ប្រសិនបើសាមីអង្គុលសេមីមនៃជាភាសាទីមួយរបស់អ្នក យើងអាចជួយអ្នកបាន។ ហៅទូរសព្ទទទេលខេ **1-833-552-3876 (TTY: 711)** យើងអាចផ្តល់ជូនអ្នកដោយឥតគិតថ្លៃនូវព័ត៌មាននៅក្នុងឯកសារនេះជាភាសារបស់អ្នក ដោយផ្ទាល់មាត់ឬជាលាយលក្ខណ៍អក្សរ ទទួលបានសេវាអ្នកបកប្រែ និងអាចជួយឆ្លុយសំណួររបស់អ្នកជាភាសារបស់អ្នក ។

Deutsch (German): Sie können kostenlose Hilfsmittel und Services anfordern, darunter diese Unterlagen und andere Informationen in Großdruck. Rufen Sie uns an unter **1-833-552-3876 (TTY: 711)**. Sollte Englisch nicht Ihre Muttersprache sein, können wir Ihnen behilflich sein. Rufen Sie uns an unter **1-833-552-3876 (TTY: 711)**. Wir können Ihnen die in diesen Unterlagen enthaltenen Informationen kostenlos mündlich oder schriftlich in Ihrer Sprache zur Verfügung stellen, Ihnen einen Dolmetscherdienst vermitteln und Ihre Fragen in Ihrer Sprache beantworten.

हिंदी (Hindi): आप इस सामग्री और अन्य की जानकारी बड़े प्रिंट में दएि जाने सहति मुफ्त अतरिक्त् सहायता और सेवाओं का अनुरोध कर सकते है। **1-833-552-3876 (TTY: 711)** पर कॉल करें।

अगर अंग्रेजी आपकी पहली भाषा नहीं है, तो हम मदद कर सकते है। **1-833-552-3876 (TTY: 711)** पर कॉल करें। हम आपको मुफ्त में इस सामग्री की जानकारी आपकी भाषा में जबानी या लिखित रूप में दे सकते है, दुभाषया सेवाओं तक पहुंच दे सकते है और आपकी भाषा में आपके सवालोंने के जवाब देने में मदद कर सकते है

ພາສາລາວ (Lao): ທ່ານສາມາດຂໍການຊ່ວຍເຫຼືອເສີມ ແລະ ການບໍລິການຕ່າງໆໄດ້ແບບູຟຣີ, ລວມທັງເອກະສານນີ້ ແລະ ຂໍ້ມູນອື່ນໆເປັນຕົວພິມໃຫຍ່. ໂທຫາເບີ **1-833-552-3876 (TTY: 711)**. ຖ້າພາສາແມ່ຂອງທ່ານ ບໍ່ແມ່ນພາສາອັງກິດ, ພວກເຮົາສາມາດຊ່ວຍໄດ້. ໂທຫາເບີ **1-833-552-3876 (TTY: 711)**. ພວກເຮົາສາມາດໃຫ້ຂໍ້ມູນໃນເອກະສານນີ້ ເປັນພາສາຂອງທ່ານທາງປາກເປົ່າ ຫຼື ເປັນລາຍລັກອັກສອນ, ການເຂົ້າເຖິງການບໍລິການນາຍແປພາສາ ໃຫ້ແກ່ທ່ານໂດຍບໍ່ເສຍຄ່າຫຍັງ ແລະ ສາມາດຊ່ວຍຕອບຄໍາຖາມຂອງທ່ານເປັນພາສາຂອງທ່ານ.

日本 (Japanese): この資料やその他の計画情報を大きな文字で表示するなど、無料の補助支援やサービスを要請することができます。**1-833-552-3876 (TTY: 711)**に電話してください。英語が母国語でない方はご相談ください。**1-833-552-3876 (TTY: 711)**に電話してください。この資料に記載されている情報を、お客様の言語で口頭または書面にて無料でお伝えするとともに、通訳サービスへのアクセスを提供し、お客様のご質問にもお客様の言語でお答えします。