保密文件

On Lok® | PACE
安樂居 擁抱安樂人生

申訴報告

(不屬於參加者醫療記錄)

參加者姓名：_____ **On Lok PACE 號碼：**_____ **中心/團隊：**_____
姓 **名**

On Lok PACE 收到申訴的日期：_____

協助參加者填寫此表提出申訴的人士：_____

- ❑ 參加者的代理人
- ❑ On Lok PACE 的職員
- ❑ 加州醫療保健管理部 (California Department of Managed Health Care, DMHC)幫助中心
- ❑ 其他，請註明：_____

如有指定的代理人，請註明與參加者的關係：_____

請詳細描述申訴事項：（包括事發的日期及地點，涉及的人士， 是否對此申訴事項採取過行動，並盡可能如實描述）。 如以下篇幅不夠，可以另加附頁。

申訴人簽名：_____ 日期：_____

- ❑ 如果您認為受到歧視，請在下方指明您認為這些歧視行動是基於哪些依據（請勾選所有適用的項目：[ ] 種族 [ ] 膚色 [ ] 原國籍 [ ]其他（請註明）：_____
- ❑ 參加者已被知會，他們有權要求加州醫療保健管理部協助填寫申訴表格，並有權獲得有關申訴程序的書面通知。可致電加州醫療保健管理部 1-888-446-2219，提出協助填寫表格的要求。

填妥報告後，請立即將報告和任何附加紙業送交給安樂居保健計劃服務部。

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重要事項：如果您需要有人幫助您填寫本表、需要語言協助或想要打電話提出申訴，請致電我們的保健計劃服務部，電話號碼 415-292-8895 或免費電話 1-888-996-6565 (TTY:711)。您還可以透過電子郵件 memberservices@onlok.org 與我們聯繫，或在我們的網站上 www.onlok.org/PACE 提交申訴或查閱有關申訴程序的資訊。我們可在星期一至星期五上午 8:30 至下午 5:00 提供幫助。

加州醫療保健管理部申訴程序

加州醫療保健管理部負責醫療保健服務計劃的管理。如果您想要申訴保健計劃，應先致電您的保健計劃，電話號碼：**415-292-8895** 或 **1-888-996-6565 (TTY: 711)**，並在聯絡該部門前，先使用保健計劃的申訴程序。利用此申訴程序並不會妨礙任何潛在法律權利，或可能提供給您的補救措施。關於涉及急診的申訴、未由保健計劃滿意解決的申訴，或超過 30 天仍未解決的申訴，如果您需要協助，請致電該部門。您也可能符合『獨立醫療審核』(Independent Medical Review, IMR)資格。如果您符合 IMR 資格，對於保健計劃關於建議服務或治療之醫療必要性、關於治療性質為實驗性或研究性之承保決定，以及關於急診或緊急護理之付款爭議的醫療決定，IMR 程序將會提供公正的審核。該部門也提供免費電話**(1-888-466-2219)**，並為聽障及語障人士提供 TDD 專線**(1-877-688-9891)**。該部門的網站：**http://www.dmhc.ca.gov** 線上提供申訴表格、IMR 申請表格，以及指示。

For On Lok PACE Staff Use Only:

On Lok PACE staff member who received the grievance: ___ Health Plan Services Dept. ___ Social Worker ___ Other

- ❑ Report received by the On Lok PACE staff member identified above: Date _____
- ❑ Health Plan Services Department notified of the grievance by telephone or e-mail: Date _____
- ❑ Health Plan Services Department telephoned acknowledgment of receipt to the participant (within 5 calendar days): Date _____ Time _____
- ❑ Health Plan Services Department 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 Senior Director of Health Plan Services 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.

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