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Communication 09-xxxx

Suggested Distribution: Administrator Medical Director Health Plan Coordinator
 Quality Management
 Utilization Management Operations Office Chief Financial Officer
Product Type: PacifiCare SecureHorizons
Audience: Medical Group/IPA Hospital Ancillary DCN Individual Physician

Summary: Revised PacifiCare member grievance forms and the responsibilities of the provider group

PacifiCare values our relationship with you, and we sincerely appreciate the care you provide to our members. Based on the results of a recent DMHC Medical Survey, we have made changes to the PacifiCare member grievance forms to clarify that the member has the option of filing the grievance orally. Please find the revised forms attached for any immediate requests from PacifiCare members.

Your contracted practitioners and staff can also find these PacifiCare grievance materials to assist our members with grievance submissions; including forms in English, Spanish and Chinese available at PacifiCare.com or by contacting PacifiCare Customer Care at (800) 624-8822. Grievance forms must be made available in your office for our members who request a copy.¹

If you have any questions about the changes to the PacifiCare grievance forms or the responsibilities of the provider group, please contact your Provider Advocate or Clinical Management Specialist. We appreciate the efforts of your organization to update and educate all contracted practitioners and staff.

¹ Rule 1300.68(b) (7) requires that grievance forms and a description of the Plan's grievance procedure be readily available at each Plan facility, on the Plan's Web site, and at each contracting provider's office or facility. It also requires that grievance forms be provided promptly upon request.