

GRIEVANCE FORM INSTRUCTIONS

Advantage by Bridgeway Health Solutions (HMO SNP) (Bridgeway), a Medicare Advantage Special Needs Plan, is required by law to respond to beneficiary complaints and grievances. Advantage by Bridgeway Health Solutions (HMO SNP) (Bridgeway) is a Medicare Advantage Special Needs Plan with a Medicare Contract

What is a Grievance?

A grievance is an expression of dissatisfaction or a complaint. A grievance is different from a request for an organization determination, coverage determination, or a request for an appeal.

Grievances are **not** related to coverage, payment, discharges from hospitals, skilled nursing facilities, home health agencies or comprehensive outpatient rehabilitation facilities. These types of issues are handled in different procedures. If you need assistance with one of these issues, you can call our Member Services Department at 1-866-475-3129 we are available 8:00AM to 8:00PM, 7 days a week. TTY users should call 1-877-613-2076.

What are Some Examples for Filing a Grievance?

- Rude staff members at a doctor's office or at Bridgeway
- Cleanliness of a doctor's office
- Wait time in a doctor's office
- If you feel you are being encouraged to leave the health plan
- Problems getting medical services or medication

** These are just examples; please contact Member Services for more information or to help you with filing a grievance. Please note, you can file expedited "fast" grievance requests in certain cases, contact Member Services for more information. If the request meets criteria, we will respond to an expedited request in 24 hours.*

How Do I File a Grievance?

If you would like to file a grievance, you can complete the "Grievance Request Form" or other written document and either mail or fax it back to us:

Advantage by Bridgeway Health Solutions Attention: Member Services
1501 W. Fountainhead Pkwy Suite 295
Tempe, AZ 85282
Fax: 1-866-687-0519

You can also contact Member Services to file a grievance from 8:00AM to 8:00PM, 7 days a week at 1-866-475-3129. TTY users can call 1-877-613-2076.

Bridgeway reviews every grievance we receive. We will respond to your grievance based on your health status, but no later than 30 days after receiving your grievance. You can request to have us give you our response over the phone, or in writing. If we need additional information and it is in your best interest, we may extend your grievance decision by 14 days. If we need an extension we will send you a letter explaining why we need more time.

If you need any additional information or clarification on the grievance process, please call Member Services Department at 1-866-475-3129 we are available 8:00AM to 8:00PM, 7 days a week. TTY users should call 1-877-613-2076. This information is available in a different format, including other *languages, large print, and audio tapes*. Please call Member Services at the number listed below if you need plan information in another format or language. Este documento está disponible en formatos e idiomas diferentes, incluso en español. Comuníquese con Servicios para los Miembros para solicitar información en otros formatos o idiomas.



**ADVANTAGE BY BRIDGEWAY HEALTH SOLUTIONS (HMO SNP) (BRIDGEWAY)
GRIEVANCE REQUEST FORM**

Advantage by Bridgeway Health Solutions (HMO SNP) (Bridgeway), a Medicare Advantage Special Needs Plan, is required by law to respond to beneficiary complaints and grievances. You are able to file complaints and grievances orally or in writing. This form allows you to submit a written complaint or grievance to Bridgeway.

The Bridgeway procedure for addressing complaints and issues is included in your Evidence of Coverage (EOC). You can also find the information on our website: <http://medicare.bridgewayhs.com/home/problems-or-complaints/>

You can also file a complaint or grievance telephonically with our Member Services Department at 1-866-475-3129. TTY users should call 1-877-613-2073. Our office hours are 8:00AM to 8:00PM, 7 days a week.

Please print, or type the following information:

Member Last Name: _____ Member First Name: _____

Member Address: _____

Member ID #: _____ Date of Birth: _____

Home Phone Number: _____ Alt Phone Number: _____

Please describe the complaint or issue in the space below. Please include detailed information like dates, times, location and people involved. You can submit additional pages or information with your submission.

Signature: _____ Date: _____

Authorized Representative: _____ Date: _____

If a representative is completing the form for the member, please complete an Appointment of Representative (AOR) form located on our website (location provided above). The AOR will need to be submitted with the grievance form. Please select how you would like us to respond to your grievance:

- Please respond to my grievance in writing Please respond to my grievance telephonically

Please complete and mail the form to:
Advantage by Bridgeway Member Services 1501 W. Fountainhead Pkwy Suite 295 Tempe, AZ 85282 or
Fax to 866-687-0519