



289 LaClair St. | Coos Bay, OR 97420
Main: 541-269-7400 | Fax: 541-269-2052
Toll Free: 800-264-0014 | TTY: 711 or 800-735-1232
www.advancedhealth.com

Complaint Information and Form

What is a complaint:

At Advanced Health, we want to hear from you. If you are not happy with a decision or service, you can file a grievance, an appeal, or request a hearing. This will not affect your health coverage, your assigned provider, or how you are treated.

We will review your concerns, keep them private, and do our best to find a solution. If you are not satisfied with the care you received, you can file a complaint. This is a called grievance also known as a complaint. You can file a complaint for things like:

- Being treated without respect.
- Poor quality of care.
- Other problems that are not about a denied service.

*Note: If your concern is about a denied service, you may need to file an appeal instead.

How to File a Complaint:

If something doesn't go right with your care or services, you can file a complaint at any time. Here's how you can do it:

- Call us during business hours at **541-269-7400**.
- Email: You can email your completed Complaint Form to:
Member.Complaints@AdvancedHealth.com.
- Mail it in or drop it off -
 - Send or deliver your completed complaint form to:

Advanced Health
Attn: Grievance and Appeals Department
289 LaClair St.
Coos Bay, OR 97420

Your Privacy:

Your privacy is very important to us. Any information Advanced Health gets about you will be kept private. We will not share your information unless you say it is okay. The information you give us will only be used to review and investigate your complaint.

Who Can Represent You?

You, your provider, or someone you trust can speak up for you. If someone else helps you, we will need your written permission. You can also provide verbal authorization of these representatives.

Complaint Resolution:

We will review your complaint and let you know what can be done as quickly as your health needs. We will do this within 5 business days from the day we receive your complaint. If we need more time, we will send you a letter within those same 5 business days to explain why. We will only ask for more time if it is truly in your best interest. All letters will be written in the language you prefer. Within 30 days of receiving your complaint, we will send you a letter explaining what we found and how your complaint will be resolved.

If you do not agree with our response to your complaint, you can:

Share your complaint with the OHP Client Services Unit at 1-800-273-0557 or please reach out to the OHA Ombuds Program.

The Ombuds are advocates for OHP members and they will do their best to help you. Please send a secure email at ww.oregon.gov/oha/ERD/Pages/Ombuds-Program.aspx or leave a message at 877-642-0450.

Need Help?

If you need help or have questions, please call Customer Service at 541-269-7400 or 711, Monday to Friday, 8 a.m. - 5 p.m. All members have a right to know about and use our programs and services. We give these kinds of free help:

- Sign language.
- Spoken language interpreters.
- Materials in other languages.
- Braille, large print, audio, and any way that works better for you.

For information on certified Health Care Interpreters, call 541-269-7400.



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Advanced Health Complaint Form

Your feedback is important to us. We want to fix this issue, so it does not happen again. Thank you for sharing with us.

Your name (if not the member): Your Phone Number:
Relationship: Other contact information:

Member Name: Member Date of Birth:

Member OHP ID number: Date this happen?

Please tell us what happened. (If you need more space, please use the back of this form.)

Who is this about?

Please attach any papers that might help us understand your complaint.

These could be things like notices, letters saying something was denied, doctor bills, or messages between you and places like DHS/OHA or the CCO. If you need more room to write, you can use the back of the page or add another piece of paper.

What would you like to happen now?

Please check here if someone else is submitting this for you.
If box is checked, please fill out the following page

Authorized Representative information:

Name: Phone Number:

Email: Age 18 or older? Yes No

Organization: Mailing Address:

Fax Number: Preferred Contact: Call Fax Email Mail

Member or Authorized Representative Signature: (If form not completed by the member)

You can submit completed forms to:

Verbally:	541-269-7400
Email:	Member.Complaints@AdvancedHealth.Com
Fax:	541-269-2052
By Mail or Drop Off:	Advanced Health Attn: Grievance & Appeals Department 289 LaClair St. Coos Bay, OR 97420

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English

You can get this letter in other languages, large print, Braille or a format you prefer. You can also ask for an interpreter. This help is free. Call 541-269-7400 or TTY 711 Or 800-735-1232. We accept relay calls.

Spanish

Puede obtener este documento en otros idiomas, en letra grande, braille o en un formato que usted prefiera. También puede recibir los servicios de un intérprete. Esta ayuda es gratuita. Llame al servicio de atención al cliente 541-269-7400 or TTY 711 Or 800-735-1232. Aceptamos todas las llamadas de retransmisión.

Russian

Вы можете получить это письмо на другом языке, напечатанное крупным шрифтом, шрифтом Брайля или в предпочитаемом вами формате. Вы также можете запросить услуги переводчика. Эта помощь предоставляется бесплатно. Звоните по тел. 541-269-7400 or TTY 711 Or 800-735-1232. Мы принимаем звонки по линии трансляционной связи.

Vietnamese

Quý vị có thể nhận tài liệu này bằng một ngôn ngữ khác, theo định dạng chữ in lớn, chữ nổi Braille hoặc một định dạng khác theo ý muốn. Quý vị cũng có thể yêu cầu được thông dịch viên hỗ trợ. Sự trợ giúp này là miễn phí. Gọi 541-269-7400 hoặc TTY (Đường dây Dành cho Người Khiếm thính hoặc Khuyết tật về Phát âm) TTY 711 Or 800-735-1232. Chúng tôi chấp nhận các cuộc gọi chuyển tiếp.

Arabic

يمكنكم الحصول على هذا الخطاب بلغات أخرى، أو مطبوعة بخط كبير، أو مطبوعة على طريقة برايل أو حسب الصيغة المفضلة لديكم. كما يمكنكم طلب مترجم شفهي. إن هذه المساعدة مجانية. اتصلو على 541-269-7400 أو المبرقة الكاتبة 711. نستقبل المكالمات المحولة.

Somali

Waxaad heli kartaa warqadan oo ku qoran luqaddo kale, far waaweyn, farta dadka indhaha aan qabin wax ku akhriyaan ee Braille ama qaabka aad doorbidayso. Waxaad sidoo kale codsan kartaa turjubaan. Taageeradani waa lacag la'aan. Wac 541-269-7400 ama TTY 711. Waa aqbalnaa wicitaanada gudbinta.

Simplified Chinese

您可获取本文件的其他语言版、大字版、盲文版或您偏好的格式版本。您还可要求提供口译员服务。本帮助免费。致电 541-269-7400 或 TTY 711。我们会接听所有的转接来电。

Traditional Chinese

您可獲得本信函的其他語言版本、大字版、盲文版或您偏好的格式。您也可申請口譯員。以上協助均為免費。請致電 541-269-7400 或聽障專線 711。我們接受所有傳譯電話。

Korean

이문서은 다른 언어, 큰 활자, 점자 또는 선호하는 형식으로 받아보실 수 있습니다. 통역사를 요청하실 수도 있습니다. 무료 지원해 드립니다. 541-269-7400 또는 TTY 711 에 전화하십시오. 저희는 중계 전화를 받습니다.

Chuukese

En mi tongeni angei ei taropwe non pwan ew fosun fenu, mese watte mak, Braille ika pwan ew format ke mwochen. En mi tongeni pwan tingor emon chon chiaku Ei aninis ese fokkun pwan kamo. Kokori 541-269-7400 ika TTY 711. Kich mi etiwa ekkewe keken relay.

Ukrainian

Ви можете отримати цей довідник іншими мовами, крупним шрифтом, шрифтом Брайля або у форматі, якому ви надаєте перевагу. Ви також можете попросити надати послуги перекладача. Ця допомога є безкоштовною. Дзвоніть по номеру телефону 541-269-7400 або телетайпу 711. Ми приймаємо всі дзвінки, які на нас переводять.

Farsi

می توانید این نامه را به زبان های دیگر، درشت خط، بریل یا قالب ترجیحی دیگری دریافت کنید.
می توانید مترجم شفاهی نیز درخواست کنید. این کمک رایگان است. با 7400-269-541 یا TTY 711 تماس بگیرید. تماس های رله را می پذیریم.

Swahili

Unaweza kupata herufi hii kwa lugha zingine, kwa herufi kubwa, kwa lugha ya maandishi kwa vipofu au namna yeyote unayopendelea. Unaweza pia kuomba mkalimani. Msaada huu ni wa bure. Piga 541-269-7400 au TTY 711 Tunakubali simu za kupitisha ujumbe.

Burmese

ဤစာကို အချားဘာသာစကားမ်း၊ ပုံ့ဝိပ္ပာလုံးဖု်း၊ မ်ကျမ္ဍးအတြကု
ဘေရးလု သိုမဟုတု သငိုမိးဝိဝိည့ ပုံစံပုဖင့ ရယူနိငါသည့။ သည့
စကားပုပန္တစိုးလည့း ဝေတာင့းဆိုနိငါသည့။ ဤအကူအညီသည့
အခမဲ့ပုစွါသည့။ 541-269-7400 သိုမဟုတု 711 ကို ဖု်းဆက္ခါ။
ထပ္ပင့းေခင့ဆိုမးမ်းကို ကြေးပိုမ္း လက္ခါသည့။

Amharic

ይህንን ደብዳቤ በሌሎች ቋንቋዎች፣ በትልቅ ህትመት፣ በብሬይል ወይም እርሶ በሚመርጡት መልኩ ማግኘት ይቻላል። በተጨማሪም አስተርጓሚ መጠየቅም ይቻላል። ይህ ድጋፍ የሚሰጠው በነጻ ነው። ወደ 541-269-4700 ወይም TTY 711 ይደውሉ። የሪሌ ጥሪዎችን እንቀበላለን።