|  |
| --- |
| **Grievance:** May also be referred to as a complaint. Filing a grievance is a formal way for members to express concerns about the quality of services or care they received from the Health Plan or one of our network providers.  Grievances may also be related to privacy, accessibility, or other issues not related to the Health Plan's service or coverage decision.  Updated Oral & Written Grievance Policy  **Filing Oral** **Grievances**   * Care Coordinators should direct members to report all oral grievances to Blue Plus by calling Member Services, seven days a week 8:00 a.m. to 8:00 p.m. Central Time. * Care Coordinators may also assist members in calling Blue Plus to report an oral grievance by conference call or a warm transfer to Member Services. Calls to these numbers are free. * MSHO 1-888-740-6013 * MSC+ 1-800-711-9862 * TTY users call: 711   Filing Written Grievances  If a member requests the assistance of the Care Coordinator in filing a written grievance:   * The grievance should be transcribed in the member’s words and faxed to Blue Plus Appeals and Grievance department at 651-662-6287 within **one business day** of the receipt of the grievance. * The information faxed to Blue Plus should include both the written grievance and all other pertinent information or other applicable, related documentation. * Blue Plus may contact the Delegate for additional information during the investigation of the grievance. * Documentation must be maintained in member’s file by the Delegate. |