



# Grievance Filing Information

Please fill out this form completely and return to:  
 EMAIL: [Grievance@CommonGroundHealthcare.org](mailto:Grievance@CommonGroundHealthcare.org)  
**See email privacy warning at bottom of this form**  
 MAIL: Common Ground Healthcare Cooperative (CGHC)  
 120 Bishop's Way, Suite 150  
 Brookfield, WI 53005  
 FAX: 262-754-9690

A **grievance** is an expression of dissatisfaction with the following:

- Benefits covered by the plan (provision of services)
- How we process claims (CGHC claims practices)

Here are some important things to know about grievances.

- **A grievance must be submitted in writing.**
- **Who can submit a grievance?** The member can file a grievance. It may also be filed by the member's authorized representative (someone appointed by the member to act for them).
- **Authorized Representative Form (ARF).** CGHC must receive an ARF that is signed by the member before the authorized representative can file a grievance on behalf of the member. The ARF is different from a medical power of attorney and an Authorization to Release Protected Health Information.
- **Turnaround time.** All grievances follow the same process; however, the length of time differs based on medical urgency.
  - **The standard grievance period is thirty (30) calendar days.** This applies to most grievances. Occasionally we will ask for an extension to the standard grievance period. For example, if we need more time while waiting for information from a provider. We will send you a letter when an extension is needed. The extension can be up to 14 calendar days. The letter will include the reason for the extension and the date we expect resolution.
  - **The expedited grievance period is 72-hours.** An expedited review must be requested at the time the grievance is submitted. An expedited grievance is granted when an urgent medical situation exists. For example, if your life or health could be seriously at risk if the standard 30-day grievance period were applied. If an expedited process is granted, the grievance will be decided within 72-hours.
- **Acknowledgement of grievance.** CGHC will send a letter within five (5) business days of receiving the grievance. The letter will include the date and time of the Grievance Committee meeting. The member, or their authorized representative, can attend the meeting via telephone.
- **All grievances are investigated.** This may include, but is not limited to, any aspect of clinical care. Medical records or a provider response may be requested.
- **Closure of grievance.** After the Grievance Committee meets and decides about your request, we will send a letter that explains the decision made about the grievance. If the decision is not in your favor, the letter will also explain next steps.

Please provide all details related to your request when submitting this form. Be sure to include any supporting information.

## I. Subscriber/Member Information

FIRST NAME	M.I.	LAST NAME	DATE OF BIRTH
HOME ADDRESS – STREET		CITY	STATE ZIP CODE
PRIMARY PHONE (include area code)	SECONDARY PHONE (include area code)	NEW ADDRESS? <input type="checkbox"/> YES <input type="checkbox"/> NO	SUBSCRIBER ID NUMBER
PROVISION OF SERVICE or CLAIMS PRACTICE AT ISSUE		EXPEDITED REVIEW? <input type="checkbox"/> YES <input type="checkbox"/> NO	CLAIM NUMBER(S)

## II. Describe The Issue With The Provision Of Service Or Claims Practices

Describe in detail the facts and circumstances that should be considered. Attach additional pages as needed.

## III. Evidence Supporting The Need For An Expedited Grievance (72-hour time limit)

If the time required for a standard grievance could seriously jeopardize your life or health, or your ability to attain, maintain, or regain maximum functions, then an expedited process is justified. The decision is made based on the details provided in this form, your provider's support of the grievance, and/or our internal review. Below, provide the reason why an expedited review is needed.

SIGNATURE OF THE PERSON COMPLETING FORM

DATE

**Please check the box below to indicate who is signing the form:**

- I certify that I am the CGHC member who is filing the grievance
- I certify that I am the subscriber, parent, or legal guardian filing a grievance on behalf of the **member who is a minor.**
- I am someone other than the subscriber/member. I understand that an *Authorized Representative Form (ARF)* that is signed by the member must be received by CGHC before I can file a grievance on the member's behalf.

The Authorized Representative Form can be found on the CGHC website at:  
<https://CommonGroundHealthcare.org/FAQ/>

Email Warning – Please keep in mind that communications sent via email over the internet, unless sent encrypted, are not necessarily secure. Although unlikely, there is a possibility that the information you include in an email can be intercepted and read by other people besides the one to whom it is addressed.