

GRIEVANCE SYSTEM

HOW TO FILE A GRIEVANCE

You may use Care Wisconsin's Grievance Form (attached) or write a letter to file your grievance with Care Wisconsin. Your written grievance should describe the specifics of your dissatisfaction (what is the problem, when did it happen, etc.) and what you believe needs to be corrected and why. We will acknowledge the receipt of your grievance within 5 days.

HOW TO FILE AN EXPEDITED GRIEVANCE

If you believe that your immediate health or safety is in jeopardy, you may ask for a "fast" or expedited review of your grievance. If Care Wisconsin conducts the expedited review, we will decide on your case within 72 hours of receiving your request. For good cause, the Wisconsin Department of Health & Family Services may allow an extension of up to 14 working days. The reason for the extension is to provide additional information that may be in your best interest.

If your request does not meet criteria to expedite, your complaint will be handled within the standard review process. If your request for an expedited review is denied, you may appeal in writing or by phone to the Department of Health and Family Services organization, METASTAR.

If you would like to file your grievance with Care Wisconsin send this form to:

Care Wisconsin Quality Improvement Department
Attn: Member Rights Specialist
2802 International Lane
PO Box 14017
Madison, WI 53708-0017

You may also file your Grievance directly with the Wisconsin Department of Health & Family Services external review organization (METASTAR) or the Division of Hearings and Appeals. To do so, do not fill out this form, but instead contact:

METASTAR
Managed Care Services
2909 Landmark Place
Madison, WI 53713
(608) 274-1940
(800) 362-2320

State Division of Hearings and Appeals
P.O. Box 7875
Madison, WI 53707
Fax: 608-264-9885
Phone: 608-266-3096

Grievance Form

Member Name: _____

Instructions: In the space below, please describe the specifics of your dissatisfaction (what is the problem, when did it happen, etc.) and what you believe needs to be corrected and why.

(Attach extra paper if needed)

Your Signature: _____ **Date:** _____

Person Helping You with this Form: _____