

Member Appeals and Grievances Process

This section provides an explanation of how members can file a complaint. We want to assure our members that they have all the information to express their dissatisfaction.

The following are definitions that will help you understand the meaning to complaints:

APPEALS – are complaints where:

- We denied a claim and the member is receiving a bill
- A member wants a service to be covered and we denied the service that was requested
- A member is not happy with a service being reduced or terminated
- You can request a *STATE FAIR HEARING* at the same time you request an *Appeal*

Denial, Termination, Reduction (DTR) – is a notice you will receive when:

- We deny a claim
- We deny a request for authorization
- We reduce a service
- We terminate a service

GRIEVANCES – are complaints where:

- There is a concern about the quality of care a member received
- Failure to respect your rights
- Rudeness of a provider or employee
- Delay in appropriate treatment or referral

STATE FAIR HEARINGS – is a member's request for the state to review a decision we made.

- A denial or limited authorization of the type or level of service
- Denial of all or part of a payment for a service
- Our failure to act within required timelines for service authorizations and appeals
- Any other action
- You can request an *Appeal* at the same time you request a *STATE FAIR HEARING*

You must follow the timelines below for filing grievances, appeals and State Fair Hearing. If you go over the time allowed, we may not review your grievance or appeal and the State may not accept your request for a hearing.

- You must file a *grievance* with us within 90 days from the date of the incident about which you are complaining.
- You must file an *appeal* with us within 90 days from the date on the DTR
- You must request *STATE FAIR HEARING* within 30 days from the date on the DTR or within 30 days from the date of the resolution of your appeal. You have up to 90 days if you have a good reason for being late.

How do you start the complaint process?

We encourage members to contact us first. Having a telephone conversation sometimes quickly resolves the problem. We can start working on your complaint when we get your call and do not have to receive your request in writing. Documentation, orally or written, is required if you want to appoint someone to assist you with your complaint. Please let us know if you are asking someone for help. You may also download our Release of Information (ROI) form from this site. You can print the Release of Information form for completion and send to us. The exception is when your physician is appealing on your behalf prior to receiving services; your physician does not need to fill out the ROI form.

Also, members can contact the plan or the Minnesota Department of Human Services concerning *appeals*. Members can also contact the Minnesota Department of Health concerning a *grievance*. Many times issues are resolved rather quickly. Below are the contact phone numbers and addresses.

Addresses and Phone numbers

Call **Hennepin Health** at: 1-800-647-0550.

You may also request that we mail you a complaint form or you can get it from this Website.

Write Hennepin Health:

Hennepin Health
400 South 4th Street, Suite 200
Minneapolis, MN 55420

Call **Metropolitan Health Plan** at: 1-888-562-8000.

You may also request that we mail you a complaint form or you can get it from this Website.

Write Metropolitan Health Plan:

Metropolitan Health Plan
400 South 4th Street, Suite 200
Minneapolis, MN 55420

Filing with someone other than Hennepin Health or Metropolitan Health Plan

You don't have to file a complaint with Hennepin Health or Metropolitan Health Plan first.

You may also call or write to the Ombudsman for State managed Health Care Programs. They may be able to help you with access, service or billing problems. They can also help you file a *grievance* or *appeal* with us or request a *STATE FAIR HEARING*.

Call: 651-431-2660 (Twin Cities metro area), 1-800-657-3729
(Toll-free for non-metro areas) or 1-800-627-3529 (TDD)

Write to: Minnesota Department of Human Services
Ombudsman for State Managed Health Care Programs
P.O. Box 64249
St. Paul, MN 55164-0249

You may file a complaint with the Minnesota Department of Health.

Write to: Minnesota Department of Health
Health Policy and Systems Compliance Monitoring Division
Managed Care Systems
P.O. Box 64882
St. Paul, MN 55164-0882