

Hennepin Health Member Appeals and Grievances Form

Member Name: _____

Address: _____

Phone Number: _____ Hennepin Health #: _____

Date of Birth: _____ Today's Date: _____

Please write your complaint below and sign at the bottom when complete. If you would like help with writing your complaint, call us at 1-800-647-0550 (once complete, we will mail the form to you to sign).

Signature: _____

Appeals and Grievance Definitions for Hennepin Health

Appeal: An oral or written request for a review of an action. This request may also be from your provider acting on your behalf with or without your written consent.

Grievance: An oral or written expression of discontent about any matter other than an action, including, but not limited to, the quality of care or service provided or failure to respect your rights.

Filing Requirements

Appeals – You must appeal within 90 days of receiving Hennepin Health’s notice of action.

- If you call or write us, we will let you know our decision as quickly as we can. We will give you a written decision within 30 days.
- We may take an additional 14 days if we need more information and it is in your best interest. We will send you a letter telling you we are taking the extra time and the reason why.
- If your appeal is about an urgently needed service, we will let you know our decision as quickly as your health condition requires, but no later than 72 hours.

Grievances – You must file a grievance within 90 days from the date of the incident about which you are complaining.

- If you call us, we will let you know our decision by phone within 10 days.
- If you write us, we will let you know our decision within 30 days; we will respond to you by letter.
- We may take an additional 14 days if we need more information and it is in your best interest.
- We will tell you why we are taking the extra time and the reason why.

To file an appeal or grievance, call 1-800-647-0550, or send a letter to:

Hennepin Health
Attn: Member Complaints
400 South 4th Street, Suite 201
Minneapolis, MN 55415

You may also file a grievance with the Minnesota Department of Health (MDH) by calling 651-201-5100 (or toll-free at 1-800-657-3916) or writing to:

Minnesota Department of Health, Managed Care Section
P.O. Box 64882
St. Paul, MN 55164-0882

State Fair Hearing – You can also contact the Department of Human Services to request a state fair hearing. You do not have to file an appeal before requesting a state fair hearing, but you must request a state fair hearing within 30 days of Hennepin Health’s last notification to you (you have up to 90 days if you have a good reason for being late). The state fair hearing process can take between 30 and 90 days.

Appeal Office, Department of Human Service
P.O. Box 64941
St. Paul, MN 55164-0941

For help with filing an appeal, a grievance or a state fair hearing, call the Ombudsman for State Managed Health Care Programs at 651-431-2660 (toll-free at 1-800-657-3729). You can also refer to your Evidence of Coverage for more information.

Hennepin Health 1-800-647-0550

Attention. If you need free help interpreting this document, call the above number.

ملاحظة: إذا أردت مساعدة مجانية لترجمة هذه الوثيقة، اتصل على الرقم أعلاه.

កំណត់សំគាល់ ។ បើអ្នកត្រូវការជំនួយក្នុងការបកប្រែឯកសារនេះដោយឥតគិតថ្លៃ សូមហៅទូរស័ព្ទតាមលេខខាងលើ ។

Pažnja. Ako vam treba besplatna pomoć za tumačenje ovog dokumenta, nazovite gore naveden broj.

Thov ua twb zoo nyeem. Yog hais tias koj xav tau kev pab txhais lus rau tsab ntaub ntauv no pub dawb, ces hu rau tus najnpawb xov tooj saum toj no.

ໂປຣດຊາບ. ຖ້າຫາກ ທ່ານຕ້ອງການການຊ່ວຍເຫຼືອໃນການແປເອກະສານນີ້ພຣີ, ຈົ່ງໂທໄປທີ່ໝາຍເລກຂ້າງເທິງນີ້.

Hubachiisa. Dokumentiin kun bilisa akka siif hiikamu gargaarsa hoo feete, lakkoobsa gubbatti kenname bibili.

Внимание: если вам нужна бесплатная помощь в устном переводе данного документа, позвоните по указанному выше телефону.

Digniin. Haddii aad u baahantahay caawimaad lacag-la'aan ah ee tarjumaadda qoraalkan, lambarka kore wac.

Atención. Si desea recibir asistencia gratuita para interpretar este documento, llame al número indicado arriba.

Chú ý. Nếu quý vị cần được giúp đỡ dịch tài liệu này miễn phí, xin gọi số bên trên.

LB33-0001 (3-13)

This information is available in other forms to people with disabilities by calling 1-800-647-0550 (toll-free), 1-800-627-3529 (TTY) or 711, or through the Minnesota Relay direct access numbers at 1-800-627-3529 (TTY, Voice, ASCII, hearing carry over) or 1-877-627-3848 (speech-to-speech).

American Indians can continue or begin to use tribal and Indian Health Services (IHS) clinics. We will not require prior approval or impose any conditions for you to get services at these clinics. For enrollees age 65 years and older this includes Elderly Waiver (EW) services accessed through the tribe. If a doctor or other provider in a tribal or IHS clinic refers you to a provider in our network, we will not require you to see your primary care provider prior to the referral.

Hennepin Health will accept all eligible persons who choose or are assigned to Hennepin Health. We will not treat you differently because of your race; color; national origin; religion; sex; marital status; sexual orientation; political beliefs; or physical, mental, or emotional condition.