

### **Your Appeal and Grievance Rights**

If you are not happy with a coverage determination made by Tufts Health Plan, you may call the Tufts Health Plan Member Services Team and tell us your concerns. If your coverage decision is based on medical necessity and your physician would like to discuss this determination with the case reviewer who made the decision, or seek an opportunity for reconsideration, they may contact Tufts Health Plan either by phone at **866.738.4116**, from 8:30 a.m.-5 p.m or through the quick link located on the secure provider portal (available 24 hours a day). If you are still not happy, you may appeal as described below.

### **Translation Services**

**Translation services are available for all languages, in addition to the ones listed below, including but not limited to Braille, and in large font, upon request. For no-cost translation, call the number on your ID card.**

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**Arabic** للحصول على خدمة الترجمة المجانية باللغة العربية، يرجى الاتصال على الرقم المدون على بطاقة الهوية الخاصة بك.

**Chinese** 若需免費的中文版本，請撥打ID卡上的電話號碼。

**French** Pour demander une traduction gratuite en français, composez le numéro indiqué sur votre carte d'identité.

**German** Um eine kostenlose deutsche Übersetzung zu erhalten, rufen Sie bitte die Telefonnummer auf Ihrer Ausweiskarte an.

**Greek** Για δωρεάν μετάφραση στα Ελληνικά, καλέστε τον αριθμό που αναγράφεται στην αναγνωριστική κάρτα σας.

**Haitian Creole** Pou jwenn tradiksyon gratis nan lang Kreyòl Ayisyen, rele nimewo ki sou kat ID ou.

**Italian** Per la traduzione in italiano senza costi aggiuntivi, è possibile chiamare il numero indicato sulla tessera identificativa.

**Japanese** 日本語の無料翻訳についてはIDカードに書いてある番号に電話してください。

**Khmer (Cambodian)** សម្រាប់សេវាបកប្រែដោយឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើប័ណ្ណសម្គាល់សមាជិករបស់អ្នក។

**Korean** 한국어로 무료 통역을 원하시면, ID 카드에 있는 번호로 연락하십시오.

### **Laotian**

ສໍາລັບການແປພາສາແບ້ນພາສາລາວທີ່ບໍ່ໄດ້ເລືອກໃຊ້ຈ້າງ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.



75 Fountain Street Floor 1  
Providence, RI 02903-1852  
tuftshealthplan.com

**Navajo**

Doo b'ááh ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'é bee nées ho'dílingo nantinígí bikáá'.

**Persian** برای ترجمه رایگا فارسی به شماره تلفن مندرج در کارت شناسایی تان زنگ بزنید.

**Polish** Aby uzyskać bezpłatne tłumaczenie w języku polskim, należy zadzwonić na numer znajdujący się na Pana/i dowodzie tożsamości.

**Portuguese** Para tradução grátis para português, ligue para o número no seu cartão de identificação.

**Russian** Для получения услуг бесплатного перевода на русский язык позвоните по номеру, указанному на идентификационной карточке.

**Spanish** Para servicio de traducción gratuito en español, llame al número de su tarjeta de miembro.

**Tagalog** Para sa walang bayad na pagsasalin sa Tagalog, tawagan ang numero na nasa inyong ID card.

**Vietnamese** Để có bản dịch tiếng Việt không phải trả phí, gọi theo số trên thẻ căn cước của bạn.

**DISCRIMINATION IS AGAINST THE LAW**

Tufts Health Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Tufts Health Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, sexual orientation, or gender identity. Tufts Health Plan provides free aids and services to people with disabilities to communicate effectively with us, such as written information in other formats (large print, audio, accessible electronic formats, other formats). Tufts Health Plan provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact Tufts Health Plan at **866.738.4116**.

If you believe that Tufts Health Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Tufts Health Plan, Attention:

Civil Rights Coordinator Legal Dept.

1 Wellness Way, Canton, MA 02021-1166

Phone: 888.880.8699 ext. 48000, [TTY number— 711 or 800.439.2370]

Fax: 617.972.9048

Email: [OCRCoordinator@point32health.org](mailto:OCRCoordinator@point32health.org).

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Tufts Health Plan Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201



800.368.1019, 800.537.7697 (TDD)

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Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

## Appeal Rights

You can request an **APPEAL** if we denied or let you have less services than you or your doctor (or other health care provider) feels you need. The service must be medically necessary and not having it would cause you harm. You have a right to appeal our decision. The appeal process is a way to ask that services be allowed, be put back in place or extended. It means that you don't agree with our decision.

### Internal Appeal

You can ask for an appeal through Tufts Health Plan about the services that were denied or the coverage decision that was made. You must ask for an appeal within 60 calendar days of our decision to deny a service or supply.

You can ask for an appeal in writing, in person, or by calling Tufts Health Plan Member Services. Send written appeals to us by:

Mail:

Tufts Health Plan

Attention: Appeal and Grievance Team

P.O. Box 474

Canton, MA 02021 or

Fax: 857.304.6406 or

Email via the "Contact us" section of our website at [tuftshealthplan.com](http://tuftshealthplan.com) or

Visit our offices at 75 Fountain St., Floor 1, Providence, R.I., Monday through Friday, from 8 a.m. to 5 p.m., excluding holidays

We will let you know that we received your request for an appeal within 5 calendar days. Call Tufts Health Plan if you have any questions about the appeal process. Qualified health plan staff decide on appeals that are not about medical issues. Qualified health care professionals decide on appeals about medical issues. We will make a fair decision about your appeal within 30 calendar days of receiving it.

### You Have a Right...

- You have a right to ask for and get copies of all documents related to your appeal at no cost to you. You may add information about the appeal to your file in writing or in person.
- You have a right to continue to have the previously approved services while your appeal is under review. To have these services continue, you must call or tell us within 10 calendar days of the date on this letter. If your appeal is denied, you may have to pay for the cost of any continued benefits you received. If your appeal is approved and you did not request that

your services be continued while your appeal was being decided, we will authorize or provide services within 72 hours.

- You have a right to a fast (expedited) appeal if your provider feels a delay in your care or treatment might be a risk to your life or cause you severe pain. You or whoever you ask to appeal for you should call Tufts Health Plan Member Services to request a fast appeal. We will decide about your fast appeal within 72 hours of receiving your request. If more information is needed, we will call you within 2 calendar days to let you know that we need more time to review your appeal. We may extend our review time for up to 14 calendar days. If you disagree with our decision to take more time, you may file a **GRIEVANCE** with us. If we deny your request for a fast appeal, we will answer your appeal within 30 calendar days.

### **Can Someone Else Appeal for Me?**

Yes, your provider, lawyer or someone else can ask for an appeal for you. First, fill out an *Authorized Representative Form*. Get this form from Tufts Health Plan Member Services. We must get the completed form before we can talk to the person you've asked to handle your appeal. The *Authorized Representative Form* is good for one year from the date you sign it.

### **External Appeals**

If you are not happy with the appeal decision from Tufts Health Plan, you can ask for an external appeal through an Independent Review Organization (IRO). External appeals are for medical reviews only. Requests for an external appeal by an Independent Review Organization must be received within four (4) months of the decision of your appeal. Call Tufts Health Plan Member Services for help with or instructions on how to file an external appeal.

### **State Fair Hearing**

You also have the right to request a State Fair Hearing within one hundred and twenty (120) calendar days of the appeal decision. You must go through our internal appeal process first. If the State Fair Hearing appeal is denied, you may have to pay for the continued benefits you received. You may ask for an external appeal and a State Fair Hearing at the same time. To request a State Fair Hearing:

- Call 401-462-2132 (TDD 401-462-3363), after you have finished Tufts Health Plan's internal process, or
- Fax your request to 401-462-0458, or
- Email your request to [OHHS.AppealsOffice@ohhs.ri.gov](mailto:OHHS.AppealsOffice@ohhs.ri.gov) or
- Mail your request to EOHHS Appeals Office, Virks Building, 3 West Road, Cranston, RI 02920.

When an External Review or State Fair Hearing is finished, we will comply with, and implement the decision. We will authorize or provide the services no later than 72 hours.

### **You Can File a Complaint about the Appeals Process**



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You can also file a complaint at any time during the appeal process with the Office of the Health Insurance Commissioner (OHIC) through their consumer helpline:

#### RIREACH

1210 Pontiac Avenue Cranston, RI 02920

Telephone: 1-855-747-3224 (1-855-RIREACH)

Website: [www.rireach.org](http://www.rireach.org)

Email: [rireach@ripin.org](mailto:rireach@ripin.org)

### How to File a Grievance

You may file a grievance at any time. A grievance is a complaint about your care or dissatisfaction about anything other than a service not being covered. Examples of a grievance include:

- Not being happy with the way your we responded to your complaint;
- Our asking for more time to make an authorization decision;
- You have concerns about quality of care or services provided;
- You feel a provider, or their employee was rude, or you feel a provider did not respect your member rights.

We will respond to your grievance within 90 calendar days. Sometimes we need more information or time to decide. If we need more time, we will contact you to let you know.

You or your authorized representative can file a grievance in writing, over the phone, or in person at any time. If you want someone else to file a grievance for you, you will need to fill out an Authorized Representative form. Get this form from Tufts Health Plan Member Services and send it back to them after you filled it out. Tufts Health Plan must get the completed form before we can talk to the person you've authorized to handle your grievance. The *Authorized Representative Form* is good for one year from the date you sign it.

Send your grievance to:

Tufts Health Plan  
Attention: Appeal and Grievance Team  
P.O. Box 474  
Canton, MA 02021 or  
Fax: 857.304.6406 or

Email via the "Contact us" section of our website at [tuftshealthplan.com](http://tuftshealthplan.com) or

Call Tufts Health Plan Member Services at 866.738.4116 (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays, or

Visit our office at 75 Fountain St, Floor 1, Providence, R.I., Monday through Friday, from 8 a.m. to 5 p.m., excluding holidays

After we receive your grievance, we may ask you for more information. We will send you a letter to let you know we received your grievance within five calendar days and will answer it within 30 calendar days. Filing a grievance will not affect your health plan coverage.

### **How to request a Grievance Decision Review**

If you are unhappy with how we resolve your Grievance, you can request a Grievance Decision Review. You or your authorized representative can request a Grievance Decision Review in writing, over the phone, or in person.

Send your Grievance Decision Review request to:

Tufts Health Plan  
Attention: Appeal and Grievance Team  
P.O. Box 474  
Canton, MA 02021 or  
Fax: 857.304.6406 or

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Visit our offices at 75 Fountain St., Floor 1, Providence, R.I., Monday through Friday, from 8 a.m. to 5 p.m., excluding holidays

After we receive your Grievance Decision Review request, we will send you a letter to let you know we received it within five calendar days and will answer your Grievance Decision Review within 30 calendar days.

For more information about the appeal or grievance processes or for any additional help, please contact Tufts Health Plan Member Services at 866.738.4116 (TTY: 711), Monday through Friday, from 8 a.m. to 6 p.m., excluding holidays.