

## MEMBER GRIEVANCES AND APPEALS FOR MEDICAID MEMBERS

### 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.

**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)** សម្រាប់សេវាបកប្រែធរមានឥតគិតថ្លៃជា ភាសាខ្មែរ សូមទូរស័ព្ទទៅកាន់លេខដែលមាននៅលើកាតសម្គាល់សមាជិករបស់អ្នក។

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

### **Laotian**

ສຳລັບການແປພາສາເປັນພາສາລາວທີ່ບໍ່ໄດ້ເສຍຄ່າໃຊ້ຈ່າຍ, ໃຫ້ໂທຫາເບີທີ່ຢູ່ເທິງບັດປະຈຳຕົວຂອງທ່ານ.

### **Navajo**

Doo bą́ą́h ilíní da Diné k'ehjí álnéehgo, hodiilnih béesh bee hani'ée bee née ho'dílzingo nantinigíí 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** Por 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, or sex. 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 888.257.1985.

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.

705 Mount Auburn St. Watertown, MA 02472

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

Fax: 617.972.9048

Email: [OCRCoordinator@tufts-health.com](mailto:OCRCoordinator@tufts-health.com).

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)

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

## **Naming a representative for your grievance or appeal**

An **appeal** is a request to review a decision that denies or limits a requested service or payment (Adverse Action). A **grievance** is a complaint about any action or inaction by us that is not an Adverse Action

You can name someone to represent you in filing a grievance or an appeal. Your representative should be someone you have asked in writing to act for you (known as an Authorized Representative). You can choose an Authorized Representative by sending us a signed Authorized Representative Form. You can get this form by calling our member services team or our appeal and grievance team at **888.257.1985**. If we do not get your signed Authorized Representative Form within **30 calendar days** of someone other than you filing a Grievance on your behalf, we will dismiss the Grievance.

Please note that the term “you” referenced in this document means either you or your Authorized Representative, if you choose one.

## **How to file a Grievance, Grievance Decision Review, or Internal Appeal**

A **Grievance Decision Review** is a second review of a grievance decision. An **Internal Appeal** is an appeal that is reviewed by us.

You may file a Grievance, Grievance Decision Review, or Internal Appeal by:

- **Telephone** — call us at **888.257.1985**, Monday through Friday, from 8 a.m. to 5 p.m., except holidays (we can also offer interpreter services, if needed). If you request a Standard Internal Appeal by telephone, you must follow up with a written Internal Appeal request. If you don't send this to us, we may deny your Standard Internal Appeal. A **Standard Internal Appeal** is an Internal Appeal that is completed in the standard (non-expedited) timeframe of 30 calendar days.
- **TTY/TTD** — people with hearing loss can call the TTY line at 711, Monday through Friday, from 8 a.m. to 5 p.m., excluding holidays
- **Mail** — mail to Tufts Health Plan, Attn: Appeal and Grievance Team, P.O. Box 9193, Watertown, MA 02471-9193
- **Email** — email via the “Contact us” part of our website at [tuftshealthplan.com](http://tuftshealthplan.com)
- **Fax** — fax us at 857.304.6342
- **In person** — visit our 705 Mount Auburn Street (Watertown, Mass.) address, Monday-Friday, from 8 a.m. to 5 p.m., except holidays. If you request a Standard Internal Appeal in person, we'll ask that you follow up with a written Internal Appeal request. If you don't send this to us, we may deny your Standard Internal Appeal.

### **The grievance process**

**You have a right to file a formal grievance for things such as:**

- You are not happy with the care you or a family member got
- One of our providers or one of our employees is rude to you
- You were not treated with respect by one of our providers or one of our employees
- You are not happy with the quality of one of our providers' office sites
- You were denied access to care. In this case, you can file an Internal Appeal.
- You don't agree with our decision to extend the time frames for making an authorization decision or a standard Internal or Expedited (fast) Appeal decision
- You don't agree with our decision not to expedite (speed up) an Internal Appeal request

**Once we receive a Grievance, we will:**

- Tell you in writing within **one business day** that we got your Grievance
- Look into your request, including any related clinical care
- Document your Grievance Decision Review and the actions taken
- Tell you in writing of the outcome of your Grievance within **30 calendar days** of when we get your request

If you are not happy with how we resolve your Grievance, you can request a second review of a Grievance decision by Tufts Health Plan (called a **Grievance Decision Review**).

**Once we receive a Grievance Decision Review, we will:**

- Tell you in writing within **one business day** that we got your Grievance Decision Review
- Look into your request, including any related clinical care
- Document your Grievance Decision Review and the actions taken

- Tell you in writing of the outcome of your Grievance Decision Review within **30 calendar days** of when we get your request

If at any time you are not happy with the outcome of the Grievance process, you can call MassHealth Customer Service to file a complaint at 800.841.2900 (TTY: 800.497.4648), Monday through Friday, from 8 a.m. to 5 p.m., excluding holidays.

## Appeals

If you are not satisfied with an Adverse Action made by Tufts Health Plan, you may call the Tufts Health Plan Member Services Team and discuss your concerns. If your coverage decision is based on medical necessity (i.e. does not meet medical necessity criteria based on information sent by your physician) and your physician would like to discuss this decision with the case reviewer who made the decision or seek an opportunity for reconsideration, they may call Tufts Health Plan at 888.766.9818 ext. 54276 from 8:30 a.m.-5 p.m. Please note that reconsideration from a case reviewer is not available if the coverage decision involves an inpatient hospital admission, and the member has already been discharged from the facility. If you are still not satisfied, you may appeal as described below.

### Your rights to appeal

You have the right to ask for an Internal Appeal for us to review an Adverse Action, including:

- Making an appointment to show information in person or in writing within the Internal Appeal time frames stated below and in the “Your concerns” section of your *Member Handbook*.
- Sending us written comments, documents, or other information about your Internal Appeal
- Reviewing your case file, which includes information like medical records and other documents we considered during the Internal Appeal process (we will provide the case file to you free of charge, upon request)
- Filing a Grievance if we deny your request for an Expedited (fast) Appeal and you don’t agree with that decision. An **Expedited Appeal** is an appeal that is processed more quickly due to an urgent need based on health condition.
- Getting help to fill out forms and follow procedures related to all Appeals.

For complete information about our Internal Appeal process and the BOH Fair Hearing process, see the following sections and the “Your concerns” section of your *Member Handbook*.

If we do not have enough information to make a decision about your Internal Appeal, we will ask you for it. If you do not give us the additional information, we may deny your Internal Appeal.

You must request your Internal Appeal within **60 calendar days** of the notification of Adverse Action (or, if you do not get a notice, within **60 calendar days** from when you learn of the Adverse Action).

If we do not get your request for an Internal Appeal within **60 calendar days**, the Adverse Action will be considered final. If you file your Internal Appeal after this time frame, it will be dismissed. If you believe that you filed your Internal Appeal on time, you have the right to ask that we reverse the dismissal and continue your Internal Appeal. To do so, you must send us a written request within **10**

**calendar days** of the dismissal. We will decide whether to reverse the dismissal and continue your Internal Appeal.

### **Standard Internal Appeal**

We will let you know we got your Internal Appeal request by sending you a written notice within **one business day**.

After looking into your Standard Appeal (including any additional information from you or your providers), we will:

- Send you a copy of your case file and ask you to review and provide any additional information prior to making our decision.
- After enough time for your review, make a decision about your Standard Appeal based on a review by a health care professional or professionals with the appropriate clinical expertise. We will make our decision within **30 calendar days** of the date we get your request.

### **Expedited (fast) Appeal**

If you have an urgent need and you think a 30 calendar day review is too long, you can ask for an expedited (fast) appeal.

You can request an Expedited Appeal in any of the ways we described above. In addition, you may request an Expedited Appeal at night, on weekends, or on holidays by calling us at **888.257.1985** (TTY: 711).

If a provider acting as your Authorized Representative confirms that your request cannot wait to be handled as a Standard Appeal or if your provider confirms your Expedited Appeal request, then we will approve the request to speed up the Appeal when the request has to do with your health condition.

If the request for an Expedited Appeal does not have to do with a specific health condition, we may or may not decide to speed up your Appeal. If we deny your Expedited Appeal request, we will tell you within **one business day** and treat your request as a standard Internal Appeal as described above. You may file a Grievance if you don't agree with our decision to deny your request for an Expedited Appeal.

If we accept your Expedited Appeal request, we will make a decision as fast as your condition requires or within **72 hours**, and we will tell you our decision by phone and in writing.

*Please note: Although we require an Authorized Representative Form to let us know you have someone acting on your behalf, we will not hold up processing your Expedited Appeal while we wait to receive the form.*

### **Extending the Internal Appeal time frames**

If more time is needed to resolve your Internal Appeal, we will let you know and ask for an extra **14 calendar days**. We may ask for more time if we need more information to make a decision, we believe the information would lead to us approving your request, and we expect to get this information in **14 calendar days**. If you don't agree with our decision to take more time, you can file a Grievance with us as described above. You also have the right to ask for an extra **14 calendar days** to give us more information.

**Requesting an External Review (Fair Hearing) with the Executive Office of Health and Human Services (EOHHS), Office of Medicaid’s Board of Hearings (BOH)**

You may request an External Review (Fair Hearing) directly from the BOH after we deny an Internal Appeal, or if we do not resolve these Appeals within the appropriate time frames described above and in the “Your concerns” section of your *Member Handbook*.

We will send a notice of our decision and a copy of the “How to Ask for a Fair Hearing” form and instructions anytime we deny an Internal Appeal. You can also call us at **888.257.1985** (TTY: 711) to get a copy of the form.

You must make your request for an External Review (Fair Hearing) within **120 calendar days** from the date of our decision on your Internal Appeal.

We will comply with and implement the BOH’s decision.

**Continuing Coverage During Appeal Process**

If you have previously approved services that were reduced, suspended or terminated by us, we will continue coverage of your services. Coverage will continue until a decision is made about your Internal Appeal or External Review through the BOH, unless you tell us that you don’t want to get continuing services. Note this does not include denied requests to extend treatment beyond a previously authorized period. If your Internal Appeal or External Review qualifies for continuing services, you will receive the services at a covered level as long as we get the request within 10 calendar days from the notice of Adverse Action or within 10 calendar days from when you learned of the Adverse Action. If you lose the Internal Appeal or External Review, you may have to pay back the cost of these services.

**Questions or concerns?**

If you have questions or concerns about the Grievance and/or Appeal process, please call us at **888.257.1985** (TTY: 711), Monday through Friday, from 8 a.m. to 5 p.m., excluding holidays.