



## Member appeal and grievance (complaint) form

Member name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Hennepin Health plan # \_\_\_\_\_

Date of birth \_\_\_\_\_ Today's date \_\_\_\_\_

Member product (circle one): PMAP MinnesotaCare SNBC

- You may file an appeal or grievance (complaint) orally or in writing. If you want to file in writing, please write your appeal or grievance below and sign at the bottom when complete. You can mail this to us at the address above or deliver it in person.
- If you would like help with writing your appeal or grievance, call Member Services for assistance at 612-596-1036 or 800-647-0550, TTY: 711, 800-627-3529 or use your preferred relay service, Monday through Friday from 8 a.m. to 4:30 p.m.
  - Once complete, we will mail the form to you to review and add more information if you want.
  - Sign the form and to return it to us in the enclosed self-addressed envelope.


**Signature** \_\_\_\_\_

## Appeal and grievance process for Hennepin Health

**Appeal:** Is your request for Hennepin Health to review a decision we made. This request may also be from your provider acting on your behalf with or without your written consent. Your treating provider or doctor may appeal a prior authorization decision without your consent. You may ask for an appeal if you disagree with any of the following decisions made by us:

- Denial or limited authorization of the type or level of service requested by your provider
- Reduction, suspension, or stopping of a service that was approved before
- Denial of all or part of payment for a service
- Not providing services (including transportation) in a reasonable amount of time
- Denial of a member's request to get services out of network for members living in a rural area with only one health plan
- Not providing a response to your grievance or appeal in the required timelines
- Denial of your request to dispute your financial liability including copayments and other cost sharing

**Grievance:** Is when you are not satisfied with the services you have received and may include any of the following:

- Quality of care or services provided
- Failure to respect your rights
- Rudeness of a provider or health plan employee
- Delay in appropriate treatment or referral
- Not acting within required time frames for grievances and appeals

### Timelines

**Appeals** - You must appeal within 60 days of receiving a Hennepin Health notice of a decision.

- If you call or write us, we will let you know the decision as quickly as possible. We will give you a written decision within 30 days from when the appeal was received.
- We may take an additional 14 days if more information is needed 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 the decision as quickly as your health condition requires, but no later than 72 hours after receiving the appeal.

**Grievances** - You must file a grievance if you want us to review your complaint.

- If you call us, we will let you know the decision by telephone within 10 days.
- If you write us, we will let you know the decision within 30 days. We will respond to you by letter.
- We may take an additional 14 days if more information is needed and it is in your best interest. We will tell you why we are taking the extra time and the reason why.
- If your grievance is about our denial of a fast appeal or a grievance about urgent health care issues, we will give you a decision within 72 hours.

To file an appeal or grievance, call 612-596-1036; TTY: 711, 800-627-3529 or use your preferred relay service, or send a letter to:

Hennepin Health  
Attn: Appeal and Grievance Coordinator  
300 South Sixth Street, MC 604  
Minneapolis, MN 55487-0604

If you disagree with our decision, you may also file a grievance with the Minnesota Department of Health (MDH) by calling 651-201-5100 (800-657-3916, this call is free) or writing to:

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

**State appeal (Fair Hearing with the state)** - You must file an appeal with Hennepin Health first before asking for a state appeal. You must contact the Minnesota Department of Human Services to request a state appeal within 120 days from the date of our appeal decision. Information about how to request a state appeal will be in the appeal decision letter you receive from Hennepin Health.

For help with filing an appeal, a grievance or a state appeal, call the Ombudsperson for Public Managed Health Care Programs at 651-431-2660 (800-657-3729, this call is free).