Member appeal form

Member name _____

Member ID _____

Date of birth_____ Today's date _____

Address _____

Phone number _____

Member plan (choose one):

☐ PMAP ☐ MinnesotaCare ☐ SNBC

This form is to help you file an appeal request for Hennepin Health to review a decision we made. 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

Please explain your reasons for appealing and sign and return this form promptly. Attach additional pages as needed. You must file an appeal with Hennepin Health within 60 days after the date of the notice of denial letter. We may extend this time if you have a good reason for being late:

Member or personal representative signature **Date**

(Personal representative – please state your relationship to the member)

Appeal process for Hennepin Health

- If a claim or requested service is denied, you will receive a notice of denial letter from Hennepin Health. This letter tells you about the decision we have made about a claim or requested service.
- If you disagree with the denial, you must file an appeal with Hennepin Health within 60 days after the date of the notice of denial letter. We may extend this time if you have a good reason for being late.
- You may file an appeal online, in-writing, or by phone. If you want to file in writing, please complete this form and sign at the bottom when complete. You can mail this to us at the address listed below or deliver it in person.
- Your appeal must tell us why you disagree with our decision to deny a claim or requested service. If you need a decision quickly, you will need to state that in your appeal as well. We do offer fast appeals when medically necessary.
- There is no cost to you for filing an appeal.
- You may have a relative, friend, advocate, provider or lawyer help with your appeal. Anyone may appeal on your behalf with your written consent. You may present your evidence and facts about the case in person, in writing or by phone. Note that your health care provider may appeal a service authorization decision without your consent.
- If you would like help with writing your appeal, 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.

Your appeal rights

You have the right to appeal our decision. For both a standard and expedited appeal, ask Hennepin Health to review our decision by asking us for an appeal within 60 calendar days from the date of this notice. We can give you more time if you have a good reason for missing the deadline. You can appeal by phone, in writing, or in person.

If you want the service to continue during your appeal, you must ask us for an appeal within 10 days from the date of this notice or before the service is stopped or reduced, whichever is later. You must also ask us to keep getting your services. If you lose your appeal, you may have to pay for these services, but only if state policy allows this.

If you decide to appeal, it will NOT affect your eligibility for medical benefits. There is no cost to you to appeal.

There are two kinds of appeals with Hennepin Health

Standard Appeal:

We will give you a written decision on a standard appeal within **15 calendar days.** Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we are taking extra time and we will explain why more time is needed.

Fast Appeal:

You can ask for a fast appeal if you or your provider believe your health could be seriously harmed by waiting up to 15 calendar days for a decision. **We'll automatically give you a fast appeal if a provider asks for one for you or if your provider supports your request.** If we agree that your appeal is urgent, we will give you a decision within 72 hours. If we do not agree that the service is urgently needed, we will tell you within 24 hours. If you disagree with our answer, you may file a grievance with us or contact a state ombudsperson.

If you received a denial of payment for services you have already received, you cannot ask for a fast appeal.

How to ask for an appeal with Hennepin Health

For both a standard and fast appeal, follow the information outlined in this section. You, your representative, or your provider can ask us for an appeal by telephone or in writing. Anyone can act as your representative with your written consent. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. A provider may appeal a service authorization decision without your consent.

You may submit any documents and give information in person, by telephone, or in writing. Your records will be kept private according to law. You will receive a letter from us confirming we have received your appeal request.

Your appeal request should include:

- Your name
- Date of birth
- Address
- Member ID number
- Phone number
- Reasons for appeal

You may also include any information you want us to review, such as medical records, provider's letters, or other information that explains why you need the item or service. Call your provider if you need this information. We recommend keeping a copy of everything you send us for your records.

At no cost to you, you can ask to see the medical records and other documents we used to make our decision before or during the appeal. You can also ask for a copy of the guidelines we used to make our decision. You may need to put your request in writing. Hennepin Health will inform you of the policy for requesting records.

Contact Information to appeal: Call us, mail, fax, or deliver your appeal request.

Mailing Address:
Hennepin Health
300 South Sixth Street MC 604
Minneapolis, MN 55487-0604

In-Person Delivery Address:
Hennepin Health
525 Portland Avenue South
Minneapolis, MN 55487

Phone or Fax:
Phone: 612-596-1036 or 800-647-0550 (This call is free)
TTY: 711, 800-627-3529 or through the Minnesota Relay direct access numbers at 800-627-3529 (TTY, Voice, ASCII, Hearing Carry Over) or 877-627-3848 (speech to speech relay service)
Fax: 612-632-8815

State Appeal

You have the right to ask for a State Appeal (also known as a Fair Hearing with the State).

You must appeal to Hennepin Health before asking for a State Appeal. If we take more than 15 days to decide your appeal and we have not asked for an extension, you do not need to wait for our decision to ask for a State Appeal. For more information about a State Appeal see your Member Handbook or contact the health plan or state ombudsperson at the numbers listed in the following section.

Get help and more information

We suggest you call Hennepin Health first to talk about the decision, but you are not required to do so. Call Hennepin Health at 612-596-1036 or 800-647-0550. TTY users call 711 or 800-627-3529 or use your preferred relay service. The call is free.

A state ombudsperson may also be able to help. They can help you appeal to Hennepin Health or request a State Appeal. They are neutral and not part of Hennepin Health

Call the Ombudsperson for Public Managed Health Care Programs at 651-431-2660 (800-657-3729, this call is free) TTY: 711 or 800-627-3529, or use your preferred relay service, or send a letter to:

The Office of Ombudsperson for Public Managed Health Care
Programs Minnesota Department of Human Services
PO Box 64249
St. Paul, MN 55164-0249

Your county managed care advocate may also be able to help. Contact your county human services office and ask to speak to the county managed care advocate.

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