

Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under “Get help and more information.”

YOUR APPEAL RIGHTS

You have the right to appeal our decision. Ask HealthPartners to review our decision by asking us for an appeal within **60 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 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 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.

How to ask for an appeal with HealthPartners

Step 1: You, your representative, or your doctor must ask us for an appeal by telephone or in writing.

Your request should include:

- Your name
- Date of birth
- Address
- Member number
- Phone number
- Reasons for appeal
- Any information you want us to review, such as medical records, doctor’s letters, or other information that explains why you need the item or service. Call your doctor if you need this information.

We recommend keeping a copy of everything you send us for your records. You can ask to see the medical records and other documents we used to make our decision before or during the appeal. At no cost to you, you can also ask for a copy of the guidelines we used to make our decision.

Step 2: Mail, fax, or deliver your appeal request **or call us.**

Mailing Address:
HealthPartners
Member Rights & Benefits
MS 21103R
PO Box 9463
Minneapolis, MN 55440-9463

In-Person Delivery Address:
HealthPartners
Member Rights & Benefits
8170 33rd Ave S
Bloomington, MN 55425

Fax: 952-853-8742

TTY: 711

Phone: 952-967-7998 or 1-866-885-8880

There are two kinds of appeals with HealthPartners

Standard Appeal:

We will give you a written decision on a standard appeal within **30 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 will explain why more time is needed.

Fast Appeal:

You can ask for a fast appeal if you or your doctor believes your health could be seriously harmed by waiting up to 30 days for a decision. **We'll automatically give you a fast appeal if a doctor asks for one for you or if your doctor 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 ombudsman.

Fast appeals **do not** apply for a denial of payment for services that you have already received.

Important information about Your Appeal Rights

- If you decide to appeal, it will NOT affect your eligibility for medical benefits.
- There is no cost to you to appeal.
- If you have seen a medical provider who is a part of HealthPartners network and want another opinion, you can get a second opinion. You must see another HealthPartners doctor.
- If you have seen a mental health provider who is part of the HealthPartners network and have been told that no mental health treatment is needed, you may get a second opinion. If you have seen a HealthPartners chemical dependency assessor and you disagree with the assessment, you may get a second opinion. A qualified mental health provider or chemical dependency assessor must provide the second opinion. The assessor does not need to be a HealthPartners provider but must receive prior approval from us. We must consider the second opinion but do not have to accept a second opinion for chemical or mental health services.
- You may ask to see documents considered by us to make our decision at no cost to you. This includes medical necessity criteria and any standards used to set coverage limits. You may ask for this information any time before or during the appeal. You may need to put your request in writing.
- You can name a relative, friend, attorney, doctor, or someone else to act as your representative. Anyone may appeal on your behalf 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 doctor 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 have the right to ask for a State Appeal (also known as a Medicaid State Fair Hearing).

You must appeal to HealthPartners before asking for a state appeal. If we take more than 30 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.

How to ask for a State Appeal

Step 1: You, your representative, or your doctor **with your written consent**, must ask for a state appeal in writing within **120 days** of our appeal decision.

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

Your written state appeal request should include:

- Your name
- Date of birth
- Address
- Member number
- Phone number
- Reasons for filing a State Appeal
- Any information you want us to review, such as medical records, doctor's letters, or other information that explains why you need the item or service. Call your doctor if you need this information

You can also file online at:
<https://edocs.dhs.state.mn.us/lfserver/Public/DHS-0033-ENG>

Important information about a State Appeal

You can request a **fast appeal** if you or your doctor believe your health could be seriously harmed by waiting up to 90 days for a decision. The state will decide whether your state appeal is urgent.

If your state appeal is about a service that was denied because it was not "medically necessary," you may ask for a **review by a medical expert**. The medical expert is independent of both the state and HealthPartners. The state pays for the review. There is no cost to you.

Step 2: Mail, fax or deliver your state appeal request to:

Minnesota Department of Human Services	Phone: 1-651-431-3600
Appeals Division	Toll Free: 1-800-657-3510
PO Box 64941	TTY: 711 or 1-800-627-3529
St. Paul, MN 55164-0941	Fax: 1-651-431-7523

- A state appeal is a meeting held by a human services judge with you and HealthPartners. Your meeting will be by telephone unless you ask for a face-to-face meeting.
- The human services judge generally makes a decision within 90 days unless you request a fast appeal for an urgently needed medical service.
- If you decide to ask for a state appeal, it will NOT affect your eligibility for medical benefits.
- There is no cost to you to appeal.
- You can name a relative, friend, attorney, doctor, or someone else to assist you. A doctor may **only file a state appeal with your written permission**.
- You may ask to see documents considered by us during the process at no cost to you. You may ask for this information any time before or during the state appeal. You may need to put your request in writing.

Get help and more information

We suggest you contact HealthPartners first to talk about the decision but you are not required to do so. HealthPartners' *phone* number is 952-967-7998 or 1-866-885-8880, TTY 711.

A state ombudsman may also be able to help. They can help you appeal to HealthPartners or request a state appeal. They are neutral and not part of HealthPartners.

Call: 1-651-431-2660 or 1-800-657-3729 (toll free)

TTY: 711 or 1-800-627-3529

Write: Ombudsman 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.

Information about this notice has been sent to:

- Member and/or Authorized Representative
- Doctor

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[10/2017]