

**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 & more information.”

## **You have the right to appeal our decision**

You have the right to ask HealthPartners to review our decision by asking us for an appeal. You must appeal to HealthPartners before filing a State Appeal (Medicaid State Fair Hearing).

### **Plan Appeal:**

Ask HealthPartners for an appeal within **60 days** of the date of this notice. We can give you more time if you have a good reason for missing the deadline. See section titled “How to ask for an appeal with HealthPartners” for information on how to ask for a plan level appeal.

### **How to keep getting your services while we review your case:**

If we’re stopping or reducing a service, you can keep getting the service while your case is being reviewed.

**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.

## **If you want someone else to act for you**

You can name a relative, friend, attorney, doctor, or someone else to act as your representative. If you want someone else to act for you, call us at: 952-967-7029 or 1-888-820-4285 to learn how to name your representative. TTY users call 711. Both you and the person you want to act for you must sign and date a statement confirming this is what you want. You’ll need to mail or fax this statement to us. Keep a copy for your records.

## **Important Information About Your Appeal Rights**

### **There are 2 kinds of appeals with HealthPartners**

**Standard Appeal** – We’ll give you a written decision on a standard appeal within **30 days** after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We’ll tell you if we’re taking extra time and will explain why more time is needed. If your appeal is for payment of a service you’ve already received, we’ll give you a written decision within **60 days**.

**Fast Appeal** – We’ll give you a decision on a fast appeal within **72 hours** after we get your appeal. You can ask for a fast appeal if you or your doctor believe 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 you ask for a fast appeal without support from a doctor or, we’ll decide if your request requires a fast appeal. If we don’t give you a fast appeal, we’ll give you a decision within 30 days.

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

### **How to ask for an appeal with HealthPartners**

**Step 1:** You, your representative, or your doctor or must ask us for an appeal.

Your request must include:

- Your name
- Address
- Member number
- Reasons for appealing
- {May be deleted if the notice is for a denial of payment: *Whether you want a Standard or Fast Appeal (for a Fast Appeal, explain why you need one).*}
- Any evidence you want us to review, such as medical records, doctors' or letters (such as a doctor's supporting statement if you request a fast appeal), 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 or call us.

**For a Standard Appeal:**

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

In Person Delivery Address:  
HealthPartners  
Member Rights & Benefits  
8170 33<sup>rd</sup> Ave S  
Bloomington, MN 55425

Phone: 952-967-7029 or  
1-888-820-4285

TTY Users Call:711

Fax: 952-853-8742

If you ask for a standard appeal by phone, we will send you a letter confirming what you told us.

**For a Fast Appeal:** Phone: 952-967-7029 or 1-888-820-4285 TTY Users Call:711  
Fax:952-853-8742

## What happens next?

If you ask for an appeal and we continue to deny your request for {payment of} a service, we'll send you a written decision and automatically send your case to an independent reviewer. **If the independent reviewer denies your request, the written decision will explain if you have additional appeal rights.**

If the benefit denied is a **Medicaid-only covered service**, your case will not be sent to an independent reviewer. The independent review is for Medicare-covered benefits. However, if the benefit denied is a Medicaid-only covered service you can ask for an appeal to the State. See the section titled "How to ask for a State Appeal (Medicaid State Fair Hearing)" for information on how to ask for an appeal to the state.. If you need help to know if this benefit is covered by Medicaid only, you may check your Evidence of Coverage, Member Handbook, or Summary of Benefits, or call HealthPartners Member Services at 952-967-7029 or 1-888-820-4285, TTY users should call 711, From October 1 through February 14, we take calls from 8 a.m. to 8 p.m., seven days a week. You'll speak with a representative. From February 15 to September 30, call us 8 a.m. to 8 p.m. Monday through Friday to speak with a representative. On Saturdays, Sundays and Federal holidays, you can leave a message and we'll get back to you within one business day.

## **Additional rights provided under the State Medicaid program**

1. If you decide to appeal, it will NOT affect your eligibility for medical benefits.
2. There is no cost to you for filing a health plan appeal.
3. If you have seen a medical provider who is part of HealthPartners network and want another opinion, you can get a second opinion. You must see another HealthPartners medical provider.
4. If you have seen a mental health provider who is part of 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. We must consider the second opinion but do not have to accept a second opinion for chemical or mental health services.
5. A health care provider may appeal a service authorization decision without your written consent.
6. 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.
7. You can name a relative, friend, attorney, doctor, or someone else to act as our representative. Anyone may appeal on your behalf with your written consent.
8. You may submit any documents and give information in person, by telephone, or in writing. Your records will be kept private according to law.

## **How to ask for a State Appeal (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 keep your services while a state appeal is being reviewed:** If you requested continuation of services from us during your plan appeal, you may keep getting the services during the State Appeal. However, you must request a State Appeal within **10 days** of the date of our appeal decision or before the service is stopped or reduced, whichever is later. You must also 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.

**Step 1:** You, your representative, or your doctor **with your written consent**, must ask for a State Appeal (Medicaid State Fair Hearing) in writing within 120 days of our appeal decision.

Your written state appeal request should include:

- Your name
- Date of birth
- Address
- 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.
- Member number
- Phone number
- Reasons for filing a state appeal

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

Minnesota Department of Human Services

Appeals Division

PO Box 64941  
St. Paul, MN 55164-0941

Phone: 1-651-431-3600

Toll Free: 1-800-657-3510

TTY: 711 or 1-800-627-3529

Fax: 1-651-431-7523

You can also file online at:

<https://edocs.dhs.state.mn.us/lfservlet/Public/DHS-0033-ENG>

## What happens next?

The State will hold a hearing. You may attend the hearing by phone or in person. You'll be asked to tell the State why you disagree with our decision. You can ask a friend, relative, advocate, doctor, or lawyer to help you. You'll get a written decision within 90 days. The written decision will explain if you have additional appeal rights.

- 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.
- You must give **written** permission for your doctor to request a state appeal.

Information about this notice has been sent to:

- Member and/or Authorized Representative
- Doctor

## Get help & more information

- HealthPartners Toll Free: 1-888-820-4285 TTY users call:711  
We are available for phone calls October 1 through February 14, 8 a.m. to 8 p.m., seven days a week. You'll speak with a representative. From February 15 to September 30, call us 8 a.m. to 8 p.m. Monday through Friday to speak with a representative. On Saturdays, Sundays, and Federal Holidays, you can leave a message, which will be returned within one business day.
- 1-800-MEDICARE (1-800-633-4227), 24 hours, 7 days a week. TTY users call: 1-877-486-2048
- Medicare Rights Center: 1-888-HMO-9050
- Elder Care Locator: 1-800-677-1116 or [www.eldercare.gov](http://www.eldercare.gov) to find help in your community.
- Ombudsman for Public Managed Health Care Programs  
Minnesota Department of Human Services  
PO Box 64249  
St. Paul, MN 55164-0249  
OR  
Call: 651-431-2660  
Toll free: 1-800-657-3729  
TTY: 1-800-627-3529 or 711

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