



# Grievances and Appeals

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You may not always be happy with UnitedHealthcare Community Plan as part of your MO HealthNet Managed Care benefits. We want to hear from you. We have people who can help you. **UnitedHealthcare Community Plan, your MO HealthNet Managed Care plan, cannot take your benefits away because you make a grievance, appeal, or ask for a State Fair Hearing.**

## **There are two ways to tell UnitedHealthcare Community Plan, your MO HealthNet Managed Care plan, about a problem: Grievance or Appeal**

**A Grievance is a way for you to show dissatisfaction about things like:**

- The quality of care or services you received
- The way you were treated by a provider
- A disagreement you may have with a UnitedHealthcare Community Plan policy
- You do not agree to the extension of time requested for a decision of a grievance or an appeal
- You do not agree to the extension of time requested by UnitedHealthcare Community Plan to make an authorization decision

**An Appeal is a way for you to ask for a review when your UnitedHealthcare Community Plan:**

Makes an adverse benefit determination to:

- Deny or give a limited approval of a requested service;
- Deny, reduce, suspend, or end a service already approved; or
- Deny payment for a service.

**United  
Healthcare  
Community Plan**

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Or fails to:

- Act within required time frames for getting a service
- Make a grievance resolution within thirty (30) days of receipt of request
- Make an expedited decision within three (3) days of receipt of request
- Make an appeal resolution within thirty (30) days of receipt of request

UnitedHealthcare Community Plan must give you a written Notice of Adverse Benefit Determination if any of these actions happen. The Notice of Adverse Benefit Determination will tell you what we did and why and give you your rights to appeal or ask for a State Fair Hearing.

## You have some special rights when making a Grievance or Appeal

1. A qualified clinical professional will look at medical grievances or appeals.
2. If you do not speak or understand English, call **1-866-292-0359**, TTY **711**, to get help from someone who speaks your language.
3. With your written permission, you may ask anyone such as a family member, your minister, a friend, a provider, or an attorney to help you make a grievance or an appeal.
4. If your physical or behavioral health is in danger, a review will be done within 72 hours or sooner. This is called an expedited review. Call UnitedHealthcare Community Plan and tell UnitedHealthcare Community Plan if you think you need an expedited review.
5. UnitedHealthcare Community Plan may take up to 14 days longer to decide if you request the change of time or if we think it is in your best interest. If UnitedHealthcare Community Plan changes the time we must tell you in writing the reason for the delay. We will also try to call you to let you know about the delay.
6. If you have been getting medical care and UnitedHealthcare Community Plan reduces, suspends, or ends the service, you can appeal. In order for medical care not to stop while you appeal the decision you must appeal within 10 days from the date the Notice of Adverse Benefit Determination was mailed and tell us not to stop the service while you appeal. If you do not win your appeal you may have to pay for the medical care you got during this time.
7. You may request enrollment in another MO HealthNet Managed Care health plan if the issue cannot be resolved.
8. A member may file a grievance at any time.

# How to make a Grievance or Appeal and ask for a State Fair Hearing

## 1. Grievance – You may file a grievance orally or in writing.

Call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711**, to file a grievance.

- UnitedHealthcare Community Plan will write you within 10 days and let you know we got your grievance
- UnitedHealthcare Community Plan must give written notice of a decision within 30 days

## 2. Appeal – You may file an appeal orally, in person, or in writing to UnitedHealthcare Community Plan.

You must appeal within 60 days from the date of our Notice of Adverse Benefit Determination

- For help on how to make an appeal, call UnitedHealthcare Community Plan at **1-866-292-0359**, TTY **711**
- **Send your written grievance or appeal to:**  
**UnitedHealthcare Community Plan**  
**Grievance and Appeals**  
**P.O. Box 31364**  
**Salt Lake City, UT 84131-0364**
- UnitedHealthcare Community Plan must write you within 10 days and let you know we got your appeal
- UnitedHealthcare Community Plan must give written notice of a decision within 30 days unless it is an expedited review



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**3. State Fair Hearing – You have the right to ask for a State Fair Hearing when your appeal with UnitedHealthcare Community Plan is not decided in your favor. Additionally, if UnitedHealthcare Community Plan fails to adhere to the notice and timing requirements for filing a grievance or appeal you are deemed to have exhausted the health plan’s internal level of appeal and may initiate a State Fair Hearing. You may ask for a State Fair Hearing orally or in writing.**

- You must ask for a State Fair Hearing within 120 days from the date of UnitedHealthcare Community Plan’s written Notice of Appeal Resolution letter
- For help on how to ask for a State Fair Hearing, call the MO HealthNet Division at 1-800-392-2161
- If you do not speak or understand English, or need American Sign Language, call 1-800-392-2161 to get help from someone who speaks your language at no cost to you. This includes auxiliary aids and services. Members who use a Telecommunications Device for the Deaf (TDD) can call 1-800-735-2966. These services are available to you at no cost.
- You can send your written request to:  
Constituent Services Unit  
MO HealthNet Division  
P.O. Box 6500  
Jefferson City, MO 65102-6500  
or fax to 573-526-2471
- You will be sent a form to complete. Once you send the form back, a date will be set for your hearing.
- You may ask anyone such as a family member, your minister, a friend, or an attorney to help you with a State Fair Hearing
- A decision will be made within 90 days from the date you asked for a hearing
- If your physical or behavioral health is in danger, a decision will be made within 3 working days. This is called an expedited hearing. Call 1-800-392-2161 if you think you need an expedited hearing.
- If you have been getting medical care and your UnitedHealthcare Community Plan reduces, suspends, or ends the service, you can ask for a State Fair Hearing. In order for medical care not to stop you must ask for a State Fair Hearing within 10 calendar days of the date the written Notice of Appeal Resolution was mailed and tell us not to stop the service while you are in the process of a State Fair Hearing. If you do not win, you may have to pay for the medical care you got during this time.

# Glossary

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**Adoption Subsidy** — Subsidy services supporting a family adopting a child. Financial, medical, and support services for the child until age 18 or in some cases until age 21. These children may choose to get their health care as a MO HealthNet Managed Care health plan member or may choose to get health care through MO HealthNet Fee-for-Service using MO HealthNet approved providers.

**Advance Directive** — An advance directive allows you to leave written directions about your medical treatment decisions and/or ask someone to decide your care for you.

**Adverse Benefit Determination:**

1. The denial or limited authorization of a requested service, including determinations based on the type or level of service, requirements for medical necessity, appropriateness, setting, or effectiveness of a covered benefit;
2. The reduction, suspension, or termination of a previously authorized service;
3. The denial, in whole or in part, of payment for a service;
4. The failure to provide services in a timely manner as defined in the appointment standards;
5. The failure of the health plan to act within the timeframes regarding the standard resolution of grievances and appeals;
6. For a member who is a resident of a rural area with only one MCO, the denial of a member's request to exercise his or her right to obtain services outside the network; or
7. The denial of a member's request to dispute a financial liability, including cost sharing, copayments, premiums, deductibles, coinsurance, and other member financial liabilities.

**Appeal** — Is a way for you to ask for a review when your MO HealthNet Managed Care health plan takes action to deny or give a limited approval of a requested service; deny, reduce, suspend, or end a service already approved; or deny payment for a service; or fails to act within required time frames for getting a service; make a grievance decision within thirty (30) days of receipt of request; make an expedited decision within three (3) days of receipt of request; or make an appeal decision within thirty (30) days of receipt of request.

**Appeal Resolution** — The written determination concerning an appeal.

**Co-Payment** — Your share for cost of services provided. A set amount of money that you will have to pay for the medical service you received. MO HealthNet Managed Care members do not pay a co-pay.



1-866-292-0359, TTY 711

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**DCN — Departmental Client Number** — Also known as your MO HealthNet number. This is your identification number for MO HealthNet.

**Durable Medical Equipment** — Necessary medical equipment that your provider has ordered for you, to assist you in and out of your home because of your medical condition.

**Eligibility Group** — Members who receive benefits based on age, family size, and income.

**Emergency Medical Condition** — A condition that requires medical attention right away. Call 911 or go to the nearest emergency room even if it is not in your health plan network.

**Emergency Medical Transportation** — Call 911 or the closest ambulance.

**Emergency Room Care** — Medical care that needs to be given right away to help care for things like: pain, chest pain, stroke, difficulty breathing, bad burns, head wounds or trauma, deep cuts/heavy bleeding; or gunshot wound.

**Emergency Services** — In an emergency, go to the nearest emergency room even if it is not in your health plan network or call 911. When you go the emergency room a health care provider will check to see if you need emergency care. You can call the number listed on the back of your MO HealthNet Managed Care health plan card anytime day or night if you have questions about going to the emergency room. Call your PCP after an emergency room visit.

**EPSDT** — Early Periodic Screening, Diagnosis, and Treatment, also known as HCY.

**Excluded Services** — Are medical services that your MO HealthNet Managed Care health plan does not pay for.

**Grievance** — A way to show dissatisfaction about things like: the quality of care or services you received, the way you were treated by a provider, a disagreement you may have with a MO HealthNet Managed Care health plan policy, or you do not agree to extend the time for a decision of a grievance or an appeal.

**Grievance and Appeal System** — The processes the health plan implements to handle appeals of an adverse benefit determination and grievances, as well as the processes to collect and track information about them.

**Habilitation Services and Devices** — Are health care services that help you keep, improve, acquire, either partially or fully skills related to communication and activities of daily living, such as: talking, walking, and hearing. These services include: physical therapy, occupational therapy, speech-language pathology, and audiology. Medical devices, which include assistive devices and durable medical equipment, are used with habilitation services to improve your physical function and mobility.

**HCY Program** — Healthy Children and Youth, also known as EPSDT.

**Health Insurance** — UnitedHealthcare Community Plan, is insurance that covers your medical services. You may also have other health insurance from a job or another source in addition to UnitedHealthcare Community Plan, which helps you with paying for medical services. If you have other health insurance besides MO HealthNet Managed Care, this is called your primary insurance. This insurance company must pay for most of your health services before your MO HealthNet Managed Care health plan pays.

**Home Health Care** — Services provided in the member's home who has an acute illness or long term illness which can be managed at home. Services include skilled nurse visits, home health aide visits, and medical supplies.

**Hospice Services** — Are services that can be given to an adult or child who is in the last six months of their life. The goal of hospice is to provide pain relief and support to the patient and family.

**Hospitalization** — When your doctor requires you to stay in the hospital for certain medical services to be done or certain medical conditions where you have to be monitored so your condition can be treated or does not get worse.

**Hospital Outpatient Care** — When you receive medical services that do not require staying in the hospital. After you have a procedure you can go home.

**Inquiry** — A request from a member for information that would clarify health plan policy, benefits, procedures, or any aspect of health plan function but does not express dissatisfaction.

**Medically Necessary** — Is the standard used to decide if a form of treatment is appropriate for a physical or behavioral illness or injury; is going to improve the function of an injured body part; or will be able to slow the effects of a disability.

**MO HealthNet Approved Provider** — A doctor, nurse, clinic, pharmacy, hospital, or other providers enrolled with the MO HealthNet Division as a MO HealthNet approved provider. MO HealthNet approved providers provide services in MO HealthNet Fee-for-Service. You will show them your MO HealthNet ID card. MO HealthNet approved providers are sometimes also called MO HealthNet providers. You can do an on-line search to find a MO HealthNet approved provider at: <https://dssapp.dss.mo.gov/ProviderList/sprovider.asp> or you can call 1-800-392-2161 for a list of MO HealthNet approved providers.


**MO HealthNet Fee-for-Service** — A way to get some health care services that are not covered by UnitedHealthcare Community Plan. These services may be covered by MO HealthNet Fee-for-Service. You can go to any approved provider that takes MO HealthNet Fee-for-Service. Use only your MO HealthNet ID card. You may call 1-800-392-2161 to check on how to get these services.



# Grievances and Appeals

**MO HealthNet ID Card** – The card sent to you when you are eligible for MO HealthNet.

**MO HealthNet**  
Department of Social Services




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Name of Participant

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Date of Birth: XX-XX-XXXX      MO HealthNet ID Number: 999999999

USE BY ANYONE WHOSE NAME IS NOT PRINTED ON THIS CARD IS FRAUDULENT AND SUBJECT TO PROSECUTION UNDER THE LAW

- You must present this card each time you get medical services.
- You must tell the provider of services if you have other insurance.
- Some services may not be covered by MO HealthNet and you may have to pay for services that are not covered.


**Participant Inquiries** 1-800-392-2161 OR 1-573-751-6527  
**Fraud and Abuse** 1-573-751-3285 OR [ASK.MHD@DSS.MO.GOV](mailto:ASK.MHD@DSS.MO.GOV)

**Possession of the card does not certify eligibility or guarantee benefits.**

- Restrictions may apply to some participants or for certain services.
- Services are covered as specified in the Rules and Regulations of the Family Support Division or the MO HealthNet Division.
- The holder of this card has made an assignment of rights to the Department of Social Services for payment of medical care from a third-party.

**MO HealthNet Managed Care** – A way to get your MO HealthNet coverage from a MO HealthNet Managed Care health plan. You are assigned to a MO HealthNet Managed Care health plan. You must also choose a Primary Care Provider. Use your MO HealthNet Managed Care card and your MO HealthNet ID card to get services. There are a few services that members in a MO HealthNet Managed Care health plan will receive from MO HealthNet Fee-for-Service. You may call 1-800-392-2161 to check on how to get services.

**MO HealthNet Managed Care Card** – The card sent to you by your MO HealthNet Managed Care health plan.



Community Plan

Health Plan (80840) 911-86050-02

Member ID: 001600013      Group Number: MOHNET

Member: NEW M SPANISH      Payer ID: 86050  
DCN #: 99999913

PCP Name: DOUGLAS GETWELL  
PCP Phone: (717) 851-6816

S1803 MT ROSE AVE STE B3  
YORK, MO 174033051

0501      UnitedHealthcare Community Plan of Missouri  
Administered by UnitedHealthcare of the Midwest, Inc.

In case of emergency call 911 or go to nearest emergency room.      Printed: 10/06/17

This card does not guarantee coverage. To verify benefits or to find a provider, visit the website [www.MyUHC.com/CommunityPlan](http://www.MyUHC.com/CommunityPlan) or call.

For Members:	866-292-0359	TTY 711
Behavioral Health:	866-292-0359	TTY 711
Dental/Vision:	866-292-0359	TTY 711
NurseLine:	866-351-6827	TTY 711

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For Providers: [www.UHCOnline.com](http://www.UHCOnline.com)      866-815-5334  
Dental Providers: 855-934-9818  
Medical and BH Claims: PO Box 5240, Kingston, NY, 12402-5240

Transportation: 866-292-0359      Pharmacy: 800-392-2161 or 573-751-6527  
UHC18085 Approved 10/06/17

**Network** – A group of health care providers set up by your MO HealthNet Managed Care health plan that can see you for your medical care, treatment, and supplies.

**Non-Participating Provider** – Is a health care provider that is not signed up as a network provider for your MO HealthNet Managed Care health plan.



**Out of Home Care/Alternative Care Services (Foster Care)** — Is the care of children living in a home other than their birth parents. The juvenile court removes the child from their home. The Children's Division then sets a plan of services.

**PCP** — A Primary Care Provider is a health care provider who manages a member's health care.

**Participating Provider** — Is a health care provider that you can see because they are signed up with your MO HealthNet Managed Care health plan.

**Physician Services** — Medical services provided to you by a provider who is licensed to practice under state law.

**Plan** — A Health Plan that provides, covers, and arranges medical services that are needed by its members for a fixed rate.

**Preauthorization or Prior Authorization** — Your MO HealthNet Managed Care health plan's method of pre-approving certain services.

**Premium** — An amount of money that is paid for someone to receive health care insurance.

**Prescription Drug Coverage** — A way for you to get coverage for your medications. MO HealthNet Managed Care members prescription drug coverage is provided by Fee-For-Service.

**Prescription Drugs** — Medications that require prescriptions or a doctor's order.

**Primary Care Physician** — A health care provider who manages a member's health care.

**Primary Care Provider** — A health care provider who manages a member's health care.

**Provider** — A health care provider who manages a member's health care.

**Referrals** — A process used by a PCP to get you health care from another health care provider usually for specialty treatment. UnitedHealthcare Community Plan does not require a referral to see a specialist that is in the UnitedHealthcare Community Plan network.

**Rehabilitation Services and Devices** — Are health care services that help you keep, improve and restore skills and functions for daily living that have been lost or impaired because of an injury, illness or disability. These services include physical therapy, occupational therapy, speech-language pathology, and psychiatric services that can occur in an outpatient or inpatient setting. Medical devices, which include assistive devices and durable medical equipment, are used with rehabilitation services to improve your physical function and mobility.



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**Skilled Nursing Care** — Is care given to you in a nursing home for a short period of time because of an injury or illness. The staff taking care of you can be a nurse, speech therapist, physical therapist, occupational therapist. The staff can help you with bathing, dressing, and personal care, eating, and walking, these are rehabilitation services. Other services that may be provided to you are social and educational activities, transportation if needed, laboratory, radiology, and pharmacy services, hospice care-end of life and respite care.

**Specialist** — Is a medical professional who has a lot of knowledge about your chronic illness. If you have a chronic illness and are seeing a specialist for your medical care, you may ask your MO HealthNet Managed Care health plan for a specialist to be your primary care provider.

**Urgent Care** — Urgent care appointments for physical or behavioral illness injuries which require care immediately but are not emergencies such as high temperature, persistent vomiting or diarrhea, symptoms which are of sudden or severe onset but which do not require emergency room services, you must be seen within twenty-four (24) hours.



UnitedHealthcare Community Plan does not treat members differently because of race, color, national origin, sex, age or disability.

If you think you were not treated fairly due to race, color, national origin, sex, age or disability, you can file a grievance. File it with:

Civil Rights Coordinator  
UnitedHealthcare Civil Rights Grievance  
P.O. Box 30608  
Salt Lake City, UTAH 84130  
**UHC\_Civil\_Rights@uhc.com**  
**1-866-292-0359, TTY 711**

You may file on the phone, in person or in writing.

If you need help with your grievance, call **1-866-292-0359, TTY 711**. Hours are 8 a.m.–5 p.m., Monday–Friday.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services.

**Online:**

**<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>**

Get complaint forms at: **<http://www.hhs.gov/ocr/office/file/index.html>**

**Phone:**

Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

**Mail:**

U.S. Dept. of Health and Human Services  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, D.C. 20201

We provide communication help at no cost for people with disabilities. This includes materials with large print. It includes audio, electronic and other formats. We also provide American sign language interpreters. If English is not your main language, you may ask for an interpreter. We also provide materials in other languages. To ask for help, call **1-866-292-0359, TTY 711**. Hours are 8 a.m.–5 p.m., Monday–Friday.

**ATTENTION:** If you do not speak English, language assistance services, at no cost to you, are available. Call **1-866-292-0359**, TTY 711.

### **Spanish**

**ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-866-292-0359**, TTY 711.

### **Traditional Chinese**

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 **1-866-292-0359**，TTY 711。

### **Vietnamese**

**LƯU Ý:** Nếu quý vị nói Tiếng Việt, chúng tôi có các dịch vụ hỗ trợ ngôn ngữ miễn phí. Vui lòng gọi số **1-866-292-0359**, TTY 711.

### **Serbo- Croatian**

**OBAVJEŠTENJE:** Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su besplatno. Nazovite **1-866-292-0359**, TTY 711.

### **German**

**HINWEIS:** Wenn Sie Deutsch sprechen, stehen kostenlose Sprachendienste zur Verfügung. Wählen Sie: **1-866-292-0359**, TTY 711.

### **Arabic**

تنبيه: إذا كنت تتحدث العربية، تتوفر خدمات المساعدة اللغوية مجانًا. اتصل على الرقم

**1-866-292-0359** ، الهاتف النصي 711 .

## Korean

참고: 한국어를 하시는 경우, 통역 서비스를 비용 부담 없이 이용하실 수 있습니다. **1-866-292-0359, TTY 711** 로 전화하십시오.

## Russian

ВНИМАНИЕ: Если вы говорите по-русски, вы можете воспользоваться услугами переводчика, без каких-либо затрат. Звоните по тел **1-866-292-0359, TTY 711**.

## French

ATTENTION : Si vous parlez français, vous pouvez obtenir une assistance linguistique sans aucun frais. Appelez le **1-866-292-0359, TTY 711**.

## Tagalog

ATENSYON: Kung nagsasalita ka ng Tagalog, may magagamit na serbisyo ng pantulong sa wika, nang wala kang gagastusin. Tumawag sa **1-866-292-0359, TTY 711**.

## Pennsylvania Dutch

WICHTIG: Wann du Deitsch (Pennsylvania Dutch) schwetze duscht, kannscht du ebber griege fer helfe mit Englisch unni as es dich ennich ebbes koschte zellt. Ruf **1-866-292-0359, TTY 711** aa.

## Farsi

توجه: اگر به زبان فارسی صحبت می کنید، خدمات ترجمه زبان به صورت رایگان به شما ارائه خواهد شد. لطفاً با شماره تلفن **1-866-292-0359, TTY 711** تماس بگیرید.

## Oromo

XIYYEEFFANNAA: Afaan dubbattu Oroomiffa yoo ta'e, tajaajilli gargaarsa afaanii baasii kee malee, ni argama. Bilbilaa **1-866-292-0359, TTY 711.**

## Portuguese

ATENÇÃO: Se fala português, encontram-se disponíveis serviços linguísticos, sem custo nenhum. Ligue para **1-866-292-0359, TTY 711.**

## Amharic

ማስታወሻ: የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ ምንም ወጪ ሳያስወጡዎት፣ ሊያግዙዎት ተዘጋጅተዋል፤ ወደ ሚከተለው ቁጥር ይደውሉ **1-866-292-0359, TTY 711።**



