



Addendum to Grievances, appeals and State Fair Hearings, Member Handbook, pages 80–83 (no changes to page 80)

Grievances, appeals and State Fair Hearings

If you have any questions about grievances, appeals or State Fair Hearings, call us at **1-877-542-9238, TTY 711**. Interpreter services are also available.

What is a grievance?

A grievance is when you are unhappy about any matter other than an Adverse Benefit Determination. You may file a grievance if you do not agree with a decision made by UnitedHealthcare. If you are unhappy or concerned about the quality of care you received, you can file a grievance to be referred to our Medical Peer Review Committee. You may file a grievance at any time.

Here are some examples:

- You are unhappy or concerned with the quality of your care
- The doctor you want to see is not a UnitedHealthcare Community Plan doctor
- You cannot get culturally competent care
- You got a bill for a service that should be covered by UnitedHealthcare Community Plan
- Rights and dignity
- Any other issues about access to care

What should I do if I have a grievance?

You may file a grievance if you disagree with a decision made by UnitedHealthcare Community Plan. You or someone acting for you can file the grievance. You can request a grievance in the following ways:

Call Member Services:

1-877-542-9238, TTY 711

In writing:

Grievance and Appeals
P.O. Box 31364
Salt Lake City, UT 84131-0364

Online:

myuhc.com

In person during normal business hours (8:00 a.m.–5:00 p.m. CST):

UnitedHealthcare Community Plan – KS

6860 West 115th Street

Overland Park, Kansas 66211

Addendum to Grievances, appeals and State Fair Hearings, Member Handbook, page 81 (change underlined)

If you need help, call Member Services at **1-877-542-9238**, TTY 711. Or online at **myuhc.com** > Appeals and Grievance Forms.

If someone else is going to file for you, we need your written permission. If you are a person with disabilities, you may call UnitedHealthcare Community Plan at **1-877-542-9238**, TTY **711** to file a grievance. If you file a grievance, we will send you a letter within 10 calendar days telling you that we got your grievance. We will review your grievance. We will send our decision within 30 calendar days of getting your grievance. We will send you a letter with the decision.

What is an appeal?

An appeal is when you ask for a review of an adverse benefit determination. An adverse benefit determination is when we:

- Deny or limit a service you want
- Reduce, suspend or terminate payment for a service you are getting
- Fail to authorize a service in the required time
- Fail to respond to a grievance or appeal in the required time

How do I file an appeal with UnitedHealthcare Community Plan?

You or someone acting for you can file an appeal. You can request an appeal in the following ways:

Call Member Services:

1-877-542-9238, TTY **711**

In writing:

Grievance and Appeals

P.O. Box 31364

Salt Lake City, UT 84131-0364

In person during normal business hours (8:00 a.m.–5:00 p.m. CST):

UnitedHealthcare Community Plan – KS

6860 West 115th Street

Overland Park, Kansas 66211

You must file your appeal within 60 calendar days from the date of the Notice of Adverse Benefit Determination, plus an additional 3 calendar days to allow for mailing/sending of the notice. If you need help, call Member Services at **1-877-542-9238**, TTY **711**. Or online at **myuhc.com** > Appeals and Grievance Forms.

If someone else is going to file for you, we need your written permission.

Addendum to Grievances, appeals and State Fair Hearings, Member Handbook, page 82 (changes underlined)

If you file an appeal, we will send you a letter within 5 calendar days telling you that we got your appeal.

We will review your appeal. The person who reviews your appeal will be a new person who has not previously reviewed it and will have the right level of clinical expertise. We will send you a decision within 30 calendar days of getting the appeal. The letter will tell the reason for our decision. We will tell you what to do if you don't like the decision. When your appeal is decided, we will send you a written Notice of Appeal Resolution. This will have the date that the appeal was decided. It will say why we made the decision and how you can look over the reason for decision.

You can present evidence to support your appeal in writing. You may request a copy of your case file free of charge. You can also ask for and be given reasonable access to all documents, records, and other information relevant to your Adverse Benefit Determination. This is all free of charge. This information includes what information was used to determine your medical needs. It also includes the processes, strategies, or standards used in setting coverage limits.

If you would like to look at your case file before or during your appeal, call Member Services at **1-877-542-9238**, TTY **711** to request your case file. It will take time for UnitedHealthcare to send your case files once you have requested them. Please make your request as soon as possible. A timely request will help you have the time you need to review before the resolution of your appeal. If your appeal is ruled in your favor, we will pay for those services.

What can I do if I need immediate care?

If you or your doctor wants a fast decision because your health is at risk, call Member Services at **1-877-542-9238**, TTY **711** for an expedited review. UnitedHealthcare Community Plan will call you with our decision within 72 hours of getting your request. This time may be extended up to 14 calendar days if you ask for this or if we show a need for more information and the delay is in your interest. UnitedHealthcare will make reasonable efforts to provide oral notice of the delay. Extensions are approved by the State of Kansas. You will get a notice of the reason for the extension if it is approved.

You will get a letter with our decision and the reason for our decision. We will tell you what to do if you don't like the decision.

Continuation of care

You may be able to have your services continued during an appeal. Waiver benefits continue until a decision is made if the member or their representative files an appeal for waiver benefits within 60 plus three calendar days of the date the notice of adverse benefit determination is sent. For non-waiver members, benefits continue until a decision is made only if the member or their representative asks for the benefits to be continued within 10 calendar days from the date the notice of adverse benefit determination is sent or before the notice of adverse benefit determination says your services will end. Services must have been ordered by an approved provider.

Addendum to Grievances, appeals and State Fair Hearings, Member Handbook, page 83 (no changes to page 83)

HCBS appeals

If your appeal about a reduction in HCBS waiver benefits is denied, you will not have to repay UnitedHealthcare Community Plan for the service(s) continued during the appeal, unless fraud is present.

Deemed exhaustion

Failure of United Healthcare to adhere to the notice and timing requirements listed above, means that the Member is deemed to have exhausted the appeals process and the Member may initiate a State Fair Hearing. In these situations, the Member will be notified in writing of the deemed exhaustion and next steps. Receipt of this notice is not required before a member can submit a request for a State Fair Hearing.

Provider's external independent third-party review

A provider may appeal a denial by UnitedHealthcare Community Plan of a new healthcare service. If a provider appeals the denied service, members will receive a letter from the external reviewer that contains the external review decision. Following that, UnitedHealthcare Community Plan will issue a notice that includes your right to request a state fair hearing regarding the external reviewer's decision within 33 calendar days of the date on the MCO's notice of external review decision.

How do I file a State Fair Hearing request?

You or your representative can ask the Kansas Office of Administrative Hearings to review UnitedHealthcare Community Plan's decision by asking for a State Fair Hearing.

You must complete a UnitedHealthcare appeal before you can request a State Fair Hearing.

The Kansas Office of Administrative Hearings must get your request within 120 calendar days from the date of the Notice of Appeal Resolution, plus an additional 3 calendar days to allow for mailing/sending of the notice.

There are three ways to ask for a State Fair Hearing:

1. Call UnitedHealthcare Community Plan at **1-877-542-9238**, TTY **711**
2. Complete the Request for Administrative Hearing form found online at **<https://www.oah.ks.gov/Home/Forms>** and mail it to:
Office of Administrative Hearings
1020 S. Kansas Avenue
Topeka, KS 66612
3. By fax – Office of Administrative Hearings: 785-296-4848