

# Grievances and Appeals

You may not always be happy with Home State Health. We want to hear from you. Home State Health has people who can help you. Home State Health **cannot take your benefits away because you make a grievance, appeal or ask for a State fair hearing.**

There are two (2) ways to tell Home State Health 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 MO HealthNet Managed Care health plan policy;
- You do not agree to the extension of time requested for a decision of a grievance or an appeal; or
- You do not agree to the extension of time requested by your MO HealthNet Managed care health plan to make an authorization decision.

An **appeal** is a way for you to ask for a review when your MO HealthNet Managed Care health 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.

Or fails to:

- Act within required time frames for getting a service;
- Make a grievance resolution within thirty (30) calendar days of receipt of request;
- Make an expedited decision within seventy-two (72) hours of receipt of request;
- Make an appeal resolution within thirty (30) calendar days of receipt of request.

Home State Health 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 and 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 1-855-694-HOME (4663) to get help from someone who speaks your language.



## *Grievances and Appeals, continued*

3. You may ask anyone such as a family member, your minister, a friend, your provider, authorized representative, 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 seventy-two (72) hours or sooner. This is called an expedited review. Call Home State Health and tell Home State Health if you think you need an expedited review.
5. Home State Health may take up to fourteen (14) calendar days longer to decide if you request the change of time or if we think it is in your best interest. If Home State Health changes the time, we must tell you in writing the reason for the delay.
6. If you have been getting medical care and your MO HealthNet Managed Care health 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 ten (10) calendar 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.

## **HOW TO MAKE A GRIEVANCE OR APPEAL AND ASK FOR A STATE FAIR HEARING**

**1. GRIEVANCE.** You may file a grievance on the telephone, in person or in writing. Call Home State Health at 1-855-694-HOME (4663) to file a grievance.

- Home State Health must write you within ten (10) calendar days and let you know we got your grievance.
- Home State Health must give written notice of a decision within thirty (30) calendar days.

**2. APPEAL.** You may file an appeal orally or in writing to Home State Health. Unless you need an expedited review, you must complete a written request even if you filed orally.

- You must appeal within sixty (60) calendar days from the date of our Notice of Adverse Benefit Determination.
- For help on how to make an appeal, call Home State Health at 1-855-694-HOME (4663).
- Send your written appeal to: 11720 Borman Drive  
St. Louis, MO 63146
- Home State Health must write you within ten (10) calendar days and let you know we got your appeal.
- Home State Health must give written notice of a decision within thirty (30) calendar days unless it is an expedited review.

**3. STATE FAIR HEARING.** You have the right to ask for a State Fair Hearing when your MO HealthNet Managed Care health plan appeal process is complete and your appeal is not decided in your favor. You may ask for a State Fair Hearing orally or in writing. Unless you need an expedited review, you must complete a written request even if you asked orally.

- You must ask for a State Fair Hearing within one hundred twenty (120) calendar days from the date of the MO HealthNet Managed Care health plan's written Notice of Appeal Resolution.
- 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 MO HealthNet Division, Stakeholders Services, Participant Services Unit, 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 ninety (90) calendar days from the state agency's receipt of a State Fair Hearing request.
- If your physical or behavioral health is in danger, a decision will be made within three (3) business 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 MO HealthNet Managed Care health 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 ten (10) calendar days of the date the written Notice of Appeal Resolution was mailed and tell us not to stop the service while you appeal. If you do not win, you may have to pay for the medical care you got during this time.

Effective: July 1, 2018

**English:**

If you, or someone you're helping, has questions about Home State Health, you have the right to get help and information in your language at no cost. American Sign Language interpreter services are available as well. To talk to an interpreter, call 1-855-694-4663 (TTY: 711).

**Español (Spanish):**

Si usted, o alguien a quien está ayudando, tiene preguntas sobre Home State Health, usted tiene derecho a obtener ayuda e información en su idioma sin costo. También se encuentran disponibles servicios de intérprete de lenguaje americano de señas. Para hablar con un intérprete, llame al 1-855-694-4663 (TTY: 711).

**中文 (Chinese):**

如果您，或是您正在協助的對象，有關於 Home State Health 方面的問題，您有權利免費以您的母語得到幫助和訊息。還提供美國手語口譯服務。如果要與一位翻譯員講話，請撥電話 1-855-694-4663 (TTY: 711)。

**Tiếng Việt (Vietnamese):**

Nếu quý vị, hay người mà quý vị đang giúp đỡ, có câu hỏi về Home State Health, quý vị sẽ có quyền được giúp và có thêm thông tin bằng ngôn ngữ của mình miễn phí. Cũng có dịch vụ thông dịch bằng Ngôn Ngữ Ra Dấu Hoa Kỳ. Để nói chuyện với một thông dịch viên, xin gọi 1-855-694-4663 (TTY: 711).

**Српски (Serbo-Croatian):**

Ako Vi, ili neko kome pomažete, imate pitanja u vezi Home State Health, imate pravo na besplatnu pomoć informaciju na sopstvenom jeziku. Usluge prevodioca za američki znakovni jezik takođe su dostupne. Ukoliko želite da pričate sa prevodiocem, pozovite broj 1-855-694-4663 (TTY: 711).

**Deutsch (German):**

Falls Sie oder jemand, dem Sie helfen, Fragen zu Home State Health hat, haben Sie das Recht, kostenlose Hilfe und Informationen in Ihrer Sprache zu erhalten. Außerdem wird ein Dolmetscher-Service für Zeichensprache (US-Englisch) angeboten. Um mit einem Dolmetscher zu sprechen, rufen Sie bitte die Nummer 1-855-694-4663 (TTY: 711) an.

**العربية (Arabic):**

Home State Health إذا كان لديك أو لدى شخص تساعدك أسئلة حول لديك الحق في الحصول على المساعدة والمعلومات ، ك من دون أية تكلفة. للتحدث مع مترجم الضرورية بلغت 4663 اتصل بـ 1-855-694-117 TTY.

**한국어 (Korean):**

만약 귀하 또는 귀하가 돕고 있는 어떤 사람이 Home State Health에 관해서 질문이 있다면 귀하는 그러한 도움과 정보를 귀하의 언어로 비용 부담없이 얻을 수

있는 권리가 있습니다. 수화 통역 서비스도 제공됩니다.  
그렇게 통역사와 얘기하기 위해서는 1-855-694-4663  
(TTY: 711)로 전화하십시오.

**Русский язык (Russian):**

В случае возникновения у вас или у лица, которому вы помогаете, каких-либо вопросов о программе страхования Home State Health вы имеете право получить бесплатную помощь и информацию на своем родном языке. Предоставляются также услуги переводчиков американского языка жестов. Чтобы поговорить с переводчиком, позвоните по телефону 1-855-694-4663 (TTY: 711).

**Français (French):**

Si vous-même ou une personne que vous aidez avez des questions à propos d'Home State Health, vous avez le droit de bénéficier gratuitement d'aide et d'informations dans votre langue. Des services d'interprètes en langue des signes américaine sont également à votre disposition. Pour parler à un interprète, appelez le 1-855-694-4663 (TTY: 711).

**Tagalog:**

Kung ikaw, o ang iyong tinutulungan, ay may mga katanungan tungkol sa Home State Health, may karapatan ka na makakuha nang tulong at impormasyon sa iyong wika nang walang gastos. Mayroon ding serbisyo ng isang

American Sign Language interpreter. Upang makausap ang isang interpreter, tumawag sa 1-855-694-4663(TTY: 711)

**Pennsilfaanisch Deitsch (Pennsylvania Dutch):**

Vann du, adda ebbah's du am helfa bisht, ennichi questions hott veyyich Home State Health, dann hosht du's recht fa hilf greeya adda may aus finna diveyya in dei shprohch un's kosht nix. American Sign Language Iwwersetzer sin aa meeglich. Fa shvetza mitt ebbah diveyya, kaw! 1-855-694-4663 (TTY: 711).

**فارسی (Persian):**

Home State اگر شما، یا کسی که به او کمک می کنید سوالی در مورد دارید، از این حق برخوردارید که کمک و اطلاعات را بصورت Health رایگان به زبان خود دریافت برای کنید. خدمات ترجمه زبان اشاره آمریکایی نیز در دسترس هستند. (TTY: 711) 694-4663-8551 صحبت کردن با مترجم با شماره تماس بگیرید.

**Afaan Oromoo (Cushite):**

Yoo sii ykn namaa gargaaraa jirtuu wa'ee Home State Health irra gaaffi qabaatan ta'ee gargaarsaa fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Akkasumas tajaajilli hiikaa afaan mallattoo qaamaa Ameerikaa dhiyaateera. Turjumaana wajiin dubadhuu, 1-855-694-4663 irra bilbilli (TTY: 711).

**Português (Portuguese):**

Se você, ou alguém a quem você está ajudando, tem perguntas sobre o Home State Health, você tem o direito de

obter ajuda e informação em seu idioma e sem custos. Serviços de linguagem gestual americana também estão disponíveis. Para falar com um intérprete, ligue para 1-855-694-4663 (TTY: 711).

### **አማርኛ (Amharic):**

እርስዎ ወይም እርስዎ የሚርዱት ሰው ስለ Home State Health የጤና መርሃ ግብር ጥያቄ ካለዎት ያለምንም ወጪ በቋንቋዎ ድጋፍ እንዲሁም መረጃ የማግኘት መብት አለዎት፤ የአሜሪካ የምልክት ቋንቋ ትርጉም አገልግሎቶች እዚህም ይገኛሉ። አስተርጓሚ ለማነጋገር በ 1-855-694-4663 (TTY: 711) ይደውሉ፤

### **Non-Discrimination Notice**

Home State Health complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Home State Health does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Home State Health:

Provides aids and services to people with disabilities to communicate effectively with us at, no cost. Such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)





Provides language services to people whose primary language is not English, at no cost. Such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Home State Health at 1-855-694-4663 (TTY: 711).

If you believe that Home State Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you may file a grievance with:

Home State Health  
16090 Swingley Ridge Road  
Suite 500 Chesterfield, MO, 63017,  
Call 1-855-694-HOME (4663), (TTY: 711)  
Fax 1-866-390-3581

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, Home State Health is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH



Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD).

Complaint forms are available at  
<http://www.hhs.gov/ocr/office/file/index.html>.