

## **Grievances**

### ***What is a grievance?***

When Health Partners denies, reduces or stops a service or item or approves a service or item different than the service or item you requested because it is not medically necessary, or because it is over your benefit limit and Health Partners decides that you do not need an exception to the limit, you will get a letter (notice) telling you Health Partners' decision.

A grievance is when you tell us you disagree with Health Partners' decision.

### ***First Level Grievance***

#### ***What should I do if I have a grievance?***

To file a grievance, you can:

- Call KidzPartners Member Relations at 1-888-888-1211 or 215-967-4540 (TTY 1-877-454-8477 or 215-849-1579) and tell us your grievance.

Or

- Write down your grievance and send it to us at  
Complaint & Grievance Unit  
Health Partners  
901 Market Street, Suite 500  
Philadelphia, PA 19107

Or

- Have your children's provider or designated representative file a grievance for you, if you give your provider or representative your consent in writing to do so.

NOTE: If your provider files a grievance for you, you cannot file a separate grievance on your own.

#### ***When should I file a first level grievance?***

You have 45 days from the date you receive the letter (notice) that tells you that Health Partners denied, reduced or stopped a service or item or approved of a different service or item, to file your grievance.

#### ***What happens after I file a first level grievance?***

After you file your grievance, you will get a letter from Health Partners telling you that we have received your grievance and telling you about the first level grievance review process.

You may ask Health Partners to see any information we have about your grievance. You may also send Health Partners any information that may help with your grievance.

You may attend the grievance review if you want to. You may come to our offices at 901 Market Street, Suite 500 in Philadelphia or be included by phone or by videoconference. If you decide that you do not want to attend the grievance review, it will not affect our decision.

A licensed physician who has not been involved in the issue you filed your grievance about, in the same or similar specialty that usually manages or consults on the service/item in question, will review your grievance and make a decision. Your grievance will be decided no later than 30 days after we receive your grievance.

A letter will be mailed to you within five business days after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

### ***Second Level Grievance***

#### ***What if I don't like Health Partners' decision?***

If you do not agree with our first level grievance decision, you may file a second level grievance with Health Partners.

#### ***When should I file a second level grievance?***

You must file your second level grievance within 45 days of the date you receive the first level grievance decision letter. Use the same address or phone number you used to file your first level grievance.

#### ***What happens after I file a second level grievance?***

You will receive a letter from Health Partners telling you that we have received your grievance, and telling you about the second level grievance review process.

You may ask Health Partners to see any information we have about your grievance. You may also send Health Partners any information that may help with your grievance.

You may attend the grievance review if you want to. You may come to our offices at 901 Market Street, Suite 500 in Philadelphia or be included by phone or by videoconference. If you decide that you do not want to attend the grievance review, it will not affect our decision.

A committee of three or more people who have not been involved in the issue you filed your grievance about, including a licensed physician in the same or similar specialty that usually manages or consults on the service/item in question and at least one person not employed by Health Partners, will review your grievance and make a decision. Your grievance will be decided no later than 45 days after we receive your grievance.

A letter will be mailed to you within five business days after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

### ***External Grievance Review***

#### ***What can I do if I still don't like Health Partners' decision?***

If you do not agree with Health Partners' second level grievance decision, you may ask for an external grievance review.

You must call or send a letter to Health Partners asking for an external grievance review within 15 days of the date you receive the second level grievance decision letter. Use the same address and phone number you used to file your first level grievance. We will then send your request to the Department of Health.

The Department of Health will notify you of the external grievance reviewer's name, address and phone number. You will also be given information about the external review process.

Health Partners will send your grievance file to the reviewer. You may send the reviewer any additional information that may help with the external review of your grievance, within 15 days of filing the request for an external grievance review.

You will receive a letter within 60 days of the date you asked for an external grievance review. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

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### ***Expedited Complaint and Grievance and Expedited External Review***

#### ***What can I do if my children's health is at immediate risk?***

If your children's doctor or dentist believes that the usual timeframes for deciding your complaint or grievance will harm your children's health, you or your children's doctor or dentist can call KidzPartners Member Relations at 1-888-888-1211 or 215-967-4540 (TTY 1-877-454-8477 or 215-849-1579) and ask that your complaint or grievance be decided more quickly. This is called an expedited complaint or an expedited grievance. You will need to have a letter from your children's doctor or dentist faxed to 215-991-4105 explaining how the usual timeframe for deciding your complaint or grievance will harm your children's health.

If your children's doctor or dentist does not fax Health Partners this letter within 48 hours of your request for expedited (faster) review, your complaint or grievance will be decided within the usual timeframes.

#### ***What happens after I file an expedited complaint or grievance?***

A committee of three or more people, including a licensed physician and at least one person not employed by Health Partners, will review your complaint or grievance. The licensed physician will decide your expedited complaint or grievance with help from the other people on the committee. No one on the committee will have been involved in the issue you filed your complaint or grievance about.

Health Partners will call you within 48 hours of when we receive your request for an expedited (faster) complaint or grievance, accompanied by a doctor's letter, to tell you our decision. We will also send you a letter within two days telling you all of the reasons for the decision and what you can do if you don't like the decision.

If you are not satisfied with the decision of the expedited complaint, you can file an expedited external complaint with the Pennsylvania Insurance Department or the Pennsylvania Department of Health (see External Complaint Review) within two business days from the date you get the expedited complaint decision letter.

If you want to ask for an expedited external grievance by the Department of Health, you must call KidzPartners Member Relations at 1-888-888-1211 (TTY 1-877-454-8477) within two business days from the date you get the expedited grievance decision letter. Health Partners will send your request to the Department of Health within 24 hours after receiving it.

You may not ask for an expedited review after Health Partners has made a second level grievance decision on the same issue.

### ***What kind of help can I have with the complaint and grievance processes?***

You may call KidzPartners Member Relations at 1-888-888-1211 (TTY 1-877-454-8477) if you need help or have questions about complaints and grievances. If you need help filing your complaint or grievance, a staff member of Health Partners will help you. This person can also represent you during the complaint or grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your complaint or grievance.

At any time during the complaint or grievance process, you can have someone you know (which may include your children's provider) represent you or act on your behalf. If you decide to have someone represent or act for you, tell Health Partners, in writing, the name of that person and how we can reach him or her.

This person can also help you if you decide you want to appear at the complaint or grievance review. If you want legal assistance, you can contact your local legal aid office or the Pennsylvania Health Law Project at 1-800-274-3258.

### ***Persons Who Speak a Language Other Than English***

If you ask for language interpreter services, Health Partners will provide the services at no cost to you. Please contact KidzPartners Member Relations at 1-888-888-1211 or 215-967-4540 (TTY 1-877-454-8477 or 215-849-1579) for more information.

### ***Persons with Disabilities***

If needed, Health Partners will help persons with disabilities in presenting complaints or grievances at no cost. This help includes:

- Providing sign language interpreters;
- Giving you information that Health Partners plans to submit at the complaint or grievance review in an alternative format, before the review; and
- Providing someone to help copy and present information.

### ***What to Do If You Receive a Bill***

There may be times when you are billed for services you receive. You may be billed for unpaid copay amounts, or for services not covered by KidzPartners. Participating providers cannot bill you unless they tell you that you will have to pay for the service before you get the service.

Sometimes, you may also receive a bill from your hospital or doctor by mistake.

If you do receive a bill:

1. Open it right away.
  2. If the bill is for services that you believe are covered by KidzPartners, do not pay it. Just write "KidzPartners" and your child's KidzPartners identification number from his or her ID card on the bill.
  3. Mail the bill back to the office that sent it to you.
- Or,
4. Call the "billing questions" phone number shown on the bill, and give them your child's KidzPartners ID number.

If you follow these steps right away, you should not receive any more bills for your children's health care (except for unpaid copay amounts) as long as you are going to KidzPartners participating doctors, hospitals, pharmacies and other providers. If you do get another bill for your children's health care, or if you have questions about what to do when you get a bill, call KidzPartners Member Relations at 1-888-888-1211 or 215-967-4540 (TTY 1-877-454-8477).

### ***Special Investigations Unit***

Health Partners' Special Investigations Unit (SIU) looks into the actions and behaviors of KidzPartners doctors and other providers, KidzPartners members, and Health Partners employees.

The SIU checks to see if these people act in a way that is not legal or is not ethical (wrong).

Members who believe that providers, other members or Health Partners employees have acted in a way that is not legal or is not ethical should call our SIU Hotline at 1-866-477-4848. This hotline is for reporting the suspected actions or behaviors of members, providers and employees. You do not need to tell us your name or phone number when you call our hotline – just share with us what you would like to about the actions that you think may be wrong. Some examples of behavior that is not legal or is not ethical include:

- Providers who submit claims for services they did not provide
- Providers who submit a bill for a more expensive service than the one they actually did
- A provider who pays a member to see him or her
- Providers who submit more than one bill for the same service
- Providers who perform services that are not necessary
- Providers who abuse a patient physically, mentally, emotionally or sexually
- Providers who offer a member free services, equipment or supplies in exchange for the member's ID number and then use that ID number to bill Health Partners for services never provided
- A pharmacist who pays providers for referrals
- A pharmacist who gives generic drugs but bills for brand name drugs
- Members who sell their membership cards or ID numbers
- Members who sell medicines they receive through KidzPartners