

Important information about your appeals and grievances rights

Appeals

An **appeal** is the type of complaint you make when you want us to reconsider and change a decision we have made about what services are covered for you or what we will pay for a service.

You have the right to appeal. To exercise it, file your appeal in writing within 60 calendar days of receiving the denial notice from Fallon Community Health Plan. Fallon Community Health Plan can give you more time if you have a good reason for missing the deadline.

Who may file an appeal?

You or someone you name to act for you (your authorized representative) may file an appeal.

There are two kinds of appeals you can request:

Standard (30 days)—You can ask for a standard appeal. We must give you a decision no later than 30 days after we get your appeal. (We may extend this time by up to 14 days if you request an extension, or if we need additional information and the extension benefits you.)

Expedited (72-hour review)—You can ask for an expedited (fast) appeal if you or your doctor believes that your health could be seriously harmed by waiting too long for a decision. We must decide on an expedited appeal no later than 72 hours after we get your appeal. (We may extend this time by up to 14 days if you request an extension, or if we need additional information and the extension benefits you.)

- If any doctor asks for an expedited appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 30 days could seriously harm your health, we will automatically give you an expedited appeal.
- If you ask for an expedited appeal without support from a doctor, we will decide if your health requires an expedited appeal. If we do not give you an expedited appeal, we will decide your appeal within 30 days.

What do I include with my appeal?

You should include your name, address, member ID number, reasons for appealing and any evidence you wish to attach. You may send in supporting medical records, doctors' letters, or any information that explains why we should provide the service. Call your doctor if you need this information to help you with your appeal. You may send in this information or present this information in person if you wish.

How do I request an appeal?

For a standard appeal: You or your appointed representative should mail or deliver your written appeal request to:

Fallon Community Health Plan
Member Relations Department
10 Chestnut St.
Worcester, MA 01608

For an expedited appeal: You or your authorized representative should contact us by telephone or fax at:

Toll-free: [1-800-868-5200]
TDD/TTY: [1-877-608-7677]
Monday through Friday, 8 a.m. to 6 p.m.
Fax: [1-508-755-7393]

What happens next?

If you appeal, we will review our decision. After we review our decision, if payment for any of your claim is still denied, Medicare will provide you with a new and impartial review of your case by a reviewer outside of your Medicare Advantage organization. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.

Contact information:

If you need information or help, call Fallon Community Health Plan's Customer Service Department at [1-800-868-5200 (TDD/TTY: 1-877-608-7677).]

continued

Other resources to help you:

Medicare Rights Center: 1-888-HMO-9050

Elder Care Locator: 1-800-677-1116

Medicare: 1-800-MEDICARE (1-800-633-4227),
TTY: 1-877-486-2048

Grievances

A **grievance** is the type of complaint you make if you have any other type of problem with Fallon Community Health Plan, Fallon Senior Plan or one of our plan providers. You would file a grievance if you have a problem with things such as the quality of your care, waiting times for appointments or in the waiting room, the way your doctors or others behave, being able to reach someone by phone or get the information you need, or the cleanliness or condition of the doctor's office.

How do I file a grievance?

Call the Member Relations Department at:

[1-800-868-5200 (TDD/TTY: 1-877-608-7677)]

Monday through Friday, 8 a.m. to 6 p.m.

Or send a letter including all details of your grievance to:

Fallon Community Health Plan

Member Relations Department

10 Chestnut St.

Worcester, MA 01608

A Member Relations representative will acknowledge your letter within 24 to 48 hours of receipt. Every reasonable attempt will be made to resolve your complaint within 25 days.

For more information about your appeals and grievances rights, see your *Member Handbook/Evidence of Coverage*, or call us at [1-800-868-5200 (TDD/TTY: 1-877-608-7677)], seven days a week from 8 a.m. to 6 p.m.

