

Member Relations



TABLE OF CONTENTS

Member Relations

[Customer Service](#)

[Member Relations Department, grievances and appeals procedures](#)

[FCHP/MassHealth appeals policies and procedures](#)

[FCHP/MassHealth grievances policies and procedures](#)

[Member rights and responsibilities](#)

CUSTOMER SERVICE

The Fallon Community Health Plan (FCHP) Customer Service Department is available to assist members and member prospects with their servicing needs. The direct telephone number is 800-868-5200. TDD/TTY access for those who are hearing impaired is 877-608-7677. The Customer Service Department assists customers with routine inquiries such as questions regarding benefits, ID card requests and PCP selections (see section on "Access services").

The Customer Service staff can also assist members with more complex needs such as administrative discrepancies and difficulties with obtaining access to care. More complex cases are documented to ensure follow-through and a record for future reference. On some occasions, you may be contacted by a member of the Customer Service staff for assistance with servicing a member.

The Customer Service staff also works closely with the Member Relations Department to make sure that members wishing to file a grievance or appeal are handled in an appropriate fashion.

The Customer Service Department can also assist you with **urgent** member eligibility questions. All routine eligibility questions that cannot be resolved by reviewing your panel report or approved referrals can be faxed to FCHP's Marketing Operations at 508-368-9123. All routine requests will be responded to within one business day.

If you or your office staff have questions regarding preauthorization or case management claims for your FCHP members, you can contact the Provider Service Line at 866-ASK-FCHP to be directed to the appropriate department.

**MEMBER RELATIONS DEPARTMENT
GRIEVANCE AND APPEALS PROCEDURES**

Fallon Community Health Plan's Member Relations Department representatives are available to assist members if they have grievances about plan policies, providers or services, or an adverse determination made by the plan regarding their coverage or service.

Representatives are trained to assist members with their grievances in accordance with their rights and in a confidential manner. The staff follows policies and procedures which protect member rights and adhere to quality standards set by the National Committee for Quality Assurance (NCQA), Medicare guidelines as defined by the Centers for Medicare & Medicaid (CMS) and regulations as defined under the Massachusetts Managed Care Act.

The Member Relations Department has dedicated staff to promote member retention, to make every effort to satisfy member expectations and strengthen customer confidence. When a commercial member is dissatisfied with plan policy, plan providers or services, they have a right to file a grievance. Member Relations works with Fallon Community Health Plan (FCHP) providers or management staff to review and resolve the grievance. The standard for resolving commercial member grievances is 30 calendar days. The same process is used for Fallon Senior Plan™ and MassHealth members with resolving grievances.

All grievance data is tracked to report trends, corrective action plans and improvement measures to FCHP Performance Improvement Committees.

Member Relations

When plan members are dissatisfied with the outcome of a plan review regarding denial of coverage or services, they have the right to appeal the decision. The Member Relations staff coordinates the plan's member appeals procedure for all product lines.

Commercial plan grievance procedure

An FCHP commercial member has the right to file a grievance if he/she does not agree with the above decision and would like a review.

The member may file the grievance, or someone else (family member, friend, physician/practitioner, etc.) may do this for him/her. He/she must file the grievance within regulatory requirements for specific product lines. FCHP can extend this limit if the member demonstrates a good cause why he/she could not file within the regulatory period for the specific product line. Grievance requests should include the following information:

- The member's name
- The FCHP member identification number

**MEMBER RELATIONS DEPARTMENT
GRIEVANCE AND APPEALS PROCEDURES**

- The facts of the request
- The outcome that the member is seeking
- The name of any FCHP representative with whom the member has spoken

The member can file a grievance in any of the following four ways:

- Send a letter to us at:
Fallon Community Health Plan
Member Relations
10 Chestnut St.
Worcester, MA 01608
- Call 800-333-2535 (TDD/TTY: 877-608-7677) from 8:30 a.m. to 5:00 p.m.,
Monday through Friday
- Send e-mail to grievance@fchp.org
- Send a fax to 508-755-7393
- Speak to a representative at the FCHP administrative offices located at: Fallon
Community Health, Member Relations 10 Chestnut St. Worcester, MA 01608

FCHP will respond to the grievance in writing within 30 calendar days from the date we receive the request. In the case that we need to review medical records, this date will be 30 calendar days from the date we receive the member's signed authorization for a Commercial plan, unless an extension is filed.

Expedited review

The member can request an expedited (fast) review by asking for one either orally or in writing. The member can file for an expedited review in any of the following circumstances:

- He/she is an inpatient in the hospital and the grievance concerns FCHP's termination of coverage for the hospital stay.
- The member's physician certifies that, unless action is taken within 48 hours, he/she could sustain immediate and severe harm.
- The member believes that not receiving the services which have been denied could pose a threat to his/her health, life, or ability to regain maximum function
- The member has an illness in which his/her life expectancy is less than six months.

If the member has an illness in which his/her life expectancy is less than six months and if FCHP's review of the expedited review results in denial of coverage, the member may request a conference. FCHP will schedule the conference as expeditiously as the

**MEMBER RELATIONS DEPARTMENT
GRIEVANCE AND APPEALS PROCEDURES**

member's health requires, but no later than 10 business days from the date, we receive the request. Or, within five business days if the member's physician determines, after

consultation with an FCHP medical director, that, based on standard medical practice, the effectiveness of the proposed treatment, service or supplies or any alternative treatment, services or supplies would be materially reduced if not provided at the earliest possible date. The member may attend the conference, but his/her attendance is not required.

External review

If the grievance involved is an adverse determination, and the member is not satisfied with FCHP's final decision, he/she has the right to file the case with the Department of Public Health (DPH), Office of Patient Protection. The request must be made in writing within 45 days from receiving the written notice of the final adverse determination.

An adverse determination means that FCHP has denied, reduced, modified or terminated an admission, continued inpatient stay or the availability of any health care services for failure to meet the requirements for coverage based on medical necessity, appropriateness of health care setting and level of care, or effectiveness.

Expedited external review

The member may request an expedited (fast) external review. In this case the member must submit a written certification from his/her physician stating that a delay in providing or continuing the health care services that are the subject of a final adverse determination would pose a serious and immediate threat to the member's health.

The member must file the request for external review or expedited external review with:
Department of Public Health Office of Patient Protection
Second Floor
250 Washington St.
Boston, MA 02108

The request should:

- Be on the standardized form from the Department of Public Health Office of Patient Protection
- Include the member's signature or his/her authorized representative's signature
- Include a copy of the written final adverse determination made by Fallon Community Health Plan
- Include the required \$25 fee payable to the Department of Public Health

**MEMBER RELATIONS DEPARTMENT
GRIEVANCE AND APPEALS PROCEDURES**

Fallon Senior Plan™ appeals procedure:

72-hour appeals process

If the member believes that his/her health, life, or ability to regain maximum function could be adversely affected without a particular service, the member may appeal the denial of coverage for that service through the 72-hour appeal process.

72-hour appeal requests may be made either orally or in writing.

The health plan must make a decision to accept or deny the request for the expedited appeal. If the decision is to deny the request for an expedited appeal, the health plan must notify the member of this decision in writing within 72 hours of the initial request and process the request through the standard appeals process. NOTE: If any physician requests a 72-hour appeal on behalf of a member, the health plan must accept the request.

If the health plan accepts the request for an expedited appeal, the health plan must make a decision to approve or deny coverage for the requested service and notify the member in writing of this decision as expeditiously as the member's health requires, but no later than within 72 hours of the initial request.

Under certain circumstances, the health plan may take an additional 14 calendar days to make a decision if the extension of time benefits the member (e.g. additional consultation or testing is necessary or the health plan is waiting for the receipt of outside records). If the health plan does not rule fully in favor of the member, the entire case file must be forwarded to the Center for Health Dispute Resolution (CHDR), CMS' contracted agency, within 24 hours of the health plan's decision. CHDR will render a determination, which is final and binding to the health plan.

Standard appeals process

The member may appeal if he/she does not agree with health plan's decisions about medical bills or services. The member must submit the appeal request within 60 days of receipt of the health plan's initial determination notice.

The health plan must process the appeal and notify the member of its determination in writing as expeditiously as the member's health requires but no later than within 30 calendar days of receipt of the appeal request.

If the health plan does not rule fully in favor of the member, the entire case file must be forwarded to the Center for Health Dispute Resolution (CHDR), CMS' contracted agency, within the above specified time frame.

MEMBER RELATIONS DEPARTMENT
MASSHEALTH GRIEVANCE AND APPEALS PROCEDURES

MassHealth grievance and appeals procedures:

[FCHP/MassHealth appeals policies and procedures](#)

[FCHP/MassHealth grievances policies and procedures](#)

MEMBER RIGHTS AND RESPONSIBILITIES

Your rights and responsibilities Fallon Community Health Plan

Note: For Fallon Preferred Care and FCHP MassHealth members, please refer to plan-specific rights and responsibilities.

Member rights

- As a Fallon Community Health Plan member, you have the right to...
- Be informed about Fallon Community Health Plan and covered services.
- Receive information about the managed care organization, its services, its practitioners and providers, and members' rights and responsibilities.
- Be informed about how medical treatment decisions are made by the contracted medical group or Fallon Community Health Plan, including payment structure.
- Choose a qualified, contracted primary care physician and contracted hospital.
- Know the names and qualifications of physicians and health care professionals involved in your medical treatment.
- Receive information about an illness, the course of treatment and prospects for recovery in terms that you can understand.
- Actively participate in decisions regarding your own health and treatment options, including the right to refuse treatment.
- Receive emergency services when you, as a prudent layperson acting reasonably, would have believed that an emergency medical condition existed.
- Candidly discuss appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage, presented by your provider in a manner appropriate to your condition and ability to understand.
- Be treated with dignity and respect, and to have your privacy recognized.
- Keep your personal health information private as protected under federal and state laws—including oral, written and electronic information across the organization. Unauthorized people do not see or change your records. You have the right to review and get a copy of certain personal health information. (There may be a fee for photocopies.)
- Make complaints and appeals without discrimination about the managed care organization or the care provided, and expect problems to be fairly examined and appropriately addressed.
 1. If your grievance involved an adverse determination, and you are not satisfied with our final decision, you have the right to file an external review.
 2. You may obtain the forms you need to file for an external review by calling

MEMBER RIGHTS AND RESPONSIBILITIES

the Department of Public Health Office of Patient Protection at 800-436-7757 or by accessing their Web site at www.state.ma.us/dph/opp.

3. Federal employees may ask the United States Office of Personnel Management for an external view by writing to:
United States Office of Personnel Management
Insurance Services Programs, Health Insurance Group 3
1900 E. Street, NW
Washington, DC 20415-3630

- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion or your national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both Fallon Community Health Plan and its contracted providers.
- Make recommendations regarding Fallon Community Health Plan's member rights and responsibilities policies.

Member responsibilities

As a Fallon Community Health Plan member, you have the responsibility to:

- Provide, to the extent possible, information that Fallon Community Health Plan, your physician or other care providers need in order to care for you.
- Do your part to improve your own health condition by following any treatment plan, instruction and care that you have agreed on with your physician(s).
- Understand your health problems, and participate in developing new and existing, mutually agreed-upon treatment goals to the degree possible.

If you have any questions about your rights or responsibilities as a member of Fallon Community Health Plan, please contact:

Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608
800-868-5200
(TDD/TTY: 877-608-7677)

For care provided by a plan physician, please contact:

Commonwealth of Massachusetts Board of Registration in Medicine
10 West Street,
3rd Floor
Boston, MA 02111
617-727-3086

MEMBER RIGHTS AND RESPONSIBILITIES

Your rights and responsibilities Fallon Community Health Plan For our FCHP MassHealth members

Member rights

- *As a Fallon Community Health Plan member, you have the right to:*
- Be informed about Fallon Community Health Plan and covered services.
- Receive information about Fallon Community Health Plan, its services, its health care providers, and members' rights and responsibilities.
- Be informed about how medical treatment decisions are made by Fallon Community Health Plan or by providers that accept Fallon Community Health Plan members, including payment structure.
- Choose a qualified primary care physician and hospital that accept Fallon Community Health Plan members.
- Know the names and qualifications of physicians and health care professionals involved in your medical treatment.
- Receive information about an illness, the course of treatment and expectations for recovery in words that you can understand.
- Be actively involved in decisions regarding your own health and treatment options, including the right to refuse treatment.
- Receive emergency services when you, as a non-health care professional, would have believed that an emergency medical condition existed.
- Openly discuss appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage, presented by your provider in a way that you can understand and that is appropriate to your condition.
- Be treated with dignity and respect, and to have your privacy recognized.
- Be free from any form of restraint or seclusion used as a means of coercion, discipline, convenience or retaliation.
- Keep your personal health information private as protected under federal and state laws—including oral, written and electronic information throughout Fallon Community Health Plan. Unauthorized people do not see or change your records.
- Review and get a copy of certain personal health information. (There may be a fee for photocopies.) You also have the right to request that your medical records be changed or corrected.
- Make complaints and appeals without discrimination about the managed care organization or the care provided, and expect problems to be fairly examined and appropriately addressed.

MEMBER RIGHTS AND RESPONSIBILITIES

- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion or your national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both Fallon Community Health Plan and the providers who accept Fallon Community Health Plan members.
- Make recommendations regarding Fallon Community Health Plan's member rights and responsibilities policies.

Member responsibilities

As a Fallon Community Health Plan member, you have the responsibility to:

- Provide, to the extent possible, information that Fallon Community Health Plan, your physician or other care providers need in order to care for you.
- Do your part to improve your own health condition by following any treatment plan, instruction and care that you have agreed on with your physician(s).
- Understand your health problems, and participate in developing new and existing treatment goals that you and your physician(s) agree to, as much as you possibly can.

If you have any questions about your rights or responsibilities as a member of Fallon Community Health Plan, please contact:

Fallon Community Health Plan
10 Chestnut St.
Worcester, MA 01608
800-868-5200 (TDD/TTY: 877-608-7677)

MEMBER RIGHTS AND RESPONSIBILITIES

Your rights and responsibilities Fallon Community Health Plan For our Fallon Preferred Care members

Member rights

As a Fallon Preferred Care member, you have the right to:

- Be informed about Fallon Preferred Care and covered services.
- Receive information about the managed care organization, its services, its practitioners and providers, and members' rights and responsibilities.
- Be informed about how medical treatment decisions are made by the contracted medical group or Fallon Preferred Care, including payment structure.
- Your choice of practitioners and hospitals.
- Know the names and qualifications of participating physicians and health care professionals involved in your medical treatment.
- Receive information about an illness, the course of treatment and prospects for recovery in terms that you can understand.
- Actively participate in decisions regarding your own health and treatment options, including the right to refuse treatment.
- Receive emergency services when you, as a prudent layperson acting reasonably, would have believed that an emergency medical condition existed.
- Candidly discuss appropriate or medically necessary treatment options for your condition, regardless of cost or benefit coverage, presented by your provider in a manner appropriate to your condition and ability to understand.
- Be treated with dignity and respect, and to have your privacy recognized.
- Keep your personal health information private as protected under federal and state laws— including oral, written and electronic information across the organization. Unauthorized people do not see or change your records. You have the right to review and get a copy of certain personal health information. (There may be a fee for photocopies.)
- Make complaints and appeals without discrimination about the managed care organization or the care provided, and expect problems to be fairly examined and appropriately addressed.
- Exercise these rights regardless of your race, physical or mental ability, ethnicity, gender, sexual orientation, creed, age, religion, or your national origin, cultural or educational background, economic or health status, English proficiency, reading skills, or source of payment for your care. Expect these rights to be upheld by both Fallon Preferred Care and its participating providers.

MEMBER RIGHTS AND RESPONSIBILITIES

- Make recommendations regarding Fallon Preferred Care's member rights and responsibilities policies.
- Member responsibilities

As a Fallon Preferred Care member, you have the responsibility to:

- Provide, to the extent possible, information that Fallon Preferred Care, your physician or other care providers need in order to care for you.
- Do your part to improve your own health condition by following any treatment plan, instruction and care that you have agreed on with your physician(s).
- Understand your health problems, and participate in developing new and existing mutually agreed-upon treatment goals to the degree possible.

For answers to questions:

About your rights or responsibilities as a member of Fallon Health & Life Assurance Company:

Fallon Health & Life Assurance Company
10 Chestnut St.
Worcester, Massachusetts 01608
www.fchp.org
Toll-free phone: 888-468-1541
TDD/TTY: 877-608-7677

About your rights as a consumer:

Commonwealth of Massachusetts Department of Public Health Office of Patient Protection
Toll-free phone: 800-436-7757
Fax: 617-624-5046
Internet: www.state.ma.us/dph/opp

About a Massachusetts physician (including physician profiling information):

Commonwealth of Massachusetts Board of Registration in Medicine
560 Harrison Ave.
Suite G4
Boston, Massachusetts 02118
Phone: 617-654-9800

MEMBER RIGHTS AND RESPONSIBILITIES

About a Massachusetts hospital:

Commonwealth of Massachusetts
Department of Public Health Division of Health Care Quality
10 West St.
Fifth floor
Boston, Massachusetts 02111
Phone: 617-753-8000

About Massachusetts nurses, dentists, chiropractors and other nonphysician health professionals:

Commonwealth of Massachusetts Office of Consumer Affairs/Business Regulation
Division of Registration
239 Causeway St.
Fifth floor
Boston, Massachusetts 02114
Phone: 617-727-7406