



## Important information about your NaviCare<sup>®</sup> HMO SNP non Part D appeals and grievances rights

### Appeals

An **appeal** is the type of complaint you make when you want NaviCare to reconsider and change a decision we have made:

- To deny, stop, suspend, or reduce any services
- About what services are covered for you
- About what we will pay for a service

You have the right to appeal. File your appeal in writing, by e-mail, by faxing or contacting an Enrollee Services Representative by telephone within 60 calendar days of receiving the denial notice. NaviCare 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 may file an appeal. Your treating physician may also file the appeal on your behalf.

### There are two kinds of appeals:

**Standard (30 days)**—You can ask for a standard appeal. We must decide on a standard appeal no later than 30 calendar days after we get your appeal. (We may extend this time by up to 14 days if you ask for an extension, or if we need more information and the extra time 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 ask for an extension, or if we need more information and the extra time 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 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.

**Appeal with the Masspro**— You may file an expedited appeal with Masspro, a Quality Improvement Organization. Masspro has a group of doctors and other health care professionals who are paid by the Federal government.

This organization is paid by Medicare to check on and help improve the quality of care for people with Medicare. Masspro is an independent organization. It is not connected with our plan.

You should contact Masspro in any of these situations:

- You have a complaint about the quality of care you have received.
- You think coverage for your hospital stay is ending too soon.
- You think coverage for your home health care, skilled nursing facility care, or Comprehensive Outpatient Rehabilitation Facility (CORF) services are ending too soon.

You, or the person you choose to represent you, should contact Masspro by calling 1-800-252-5533, TDD: 1-877-486-2048. You can also mail your complaint about the quality of care you received to:

Masspro  
245 Winter St.  
Waltham, MA 02451

**Appeal with the MassHealth Board of Hearings (BOH)**—You may pursue a MassHealth BOH review in addition to, or instead of, filing an appeal with FCHP. If you choose to file an appeal with the Board of Hearings, you must send your written hearing request to BOH no later than 30 calendar days from the date of mailing of the FCHP notice to deny coverage for your services. The Member Appeals and Grievances Department may help you with this process.

If you disagree with the BOH decision, there are further levels of appeals available to you, including legal review of the decision under Massachusetts General Law.

### **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 other information that explains why we should provide coverage for 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.

### **How do I request an appeal?**

#### ***For a standard appeal***

You, or the person you choose to represent you, should mail, fax or deliver your written appeal request to:

NaviCare Enrollee Services  
Fallon Community Health Plan  
10 Chestnut St.  
Worcester, MA 01608  
Fax: 1-508-755-7393

Or, you may contact us by e-mail at: [grievance@fchp.org](mailto:grievance@fchp.org)

***For an expedited appeal***

You, or the person you choose to represent you, should contact us by telephone or fax at:

Toll-free: 1-877-700-6996 (TDD/TTY: 1-877-795-6526)  
Monday through Friday, from 8 a.m. to 6 p.m.  
Fax: 1-508-755-7393

Or, you may contact us by e-mail at: [grievance@fchp.org](mailto:grievance@fchp.org)

**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 NaviCare. If you disagree with that decision, you will have further appeal rights. You will be notified of those appeal rights if this happens.

***Appeal with the MassHealth Board of Hearings (BOH)***

If you want to appeal a coverage denial, suspension, or reduction of covered services, you or your appointed representative may submit a written request for a BOH review to:

Board of Hearings  
Office of Medicaid  
100 Hancock St., 6<sup>th</sup> floor  
Quincy, MA 02171  
Fax: 1-617-847-1204

**Contact information**

If you need information or help, call to speak to a NaviCare Enrollee Service Representative at 1-877-700-6996 (TDD/TTY: 1-877-795-6526), Monday through Friday, 8 a.m. to 8 p.m. (From November 15 - March 1, we're available seven days a week.)

**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, NaviCare 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
- Getting the information you need
- The cleanliness or condition of the doctor's office

There are two kinds of grievances you can file:

**Expedited (72 hours)**—You can file an expedited grievance whenever we do not provide a fast decision about your initial request for a service or your request to appeal our denial of a service.

**Standard (30 days)**—You can file a standard grievance. We will contact you within 30 calendar days of receiving your grievance to discuss a possible resolution to your concern.

### How do I file a grievance?

#### *For an expedited grievance*

Call the NaviCare Enrollee Services Department at:

1-877-700-6996 (TDD/TTY: 1-877-795-6526)  
Monday through Friday, from 8 a.m. to 6 p.m.

#### *For a standard grievance*

Call the NaviCare Enrollee Services Department at:

1-877-700-6996 (TDD/TTY: 1-877-795-6526)  
Monday through Friday, from 8 a.m. to 6 p.m.

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

NaviCare Enrollee Services  
Fallon Community Health Plan  
10 Chestnut St.  
Worcester, MA 01608

A NaviCare Enrollee Services Representative will let you know that we received your letter within 24 to 48 hours of receipt. Every reasonable attempt will be made to resolve your complaint within 30 days.

**For more information about your appeals and grievances rights see your *Evidence of Coverage* or call a NaviCare Enrollee Service Representative at 1-877-700-6996 (TDD/TTY: 1-877-795-6526), Monday through Friday, 8 a.m. to 8 p.m. (From November 15 - March 1, we're available seven days a week.)**

*FCHP is a health plan with a Medicare contract and a contract with the Commonwealth of Massachusetts/EOHHS. Enrollment is voluntary. NaviCare HMO SNP is available to Worcester County residents age 65 and older who have Medicare Parts A and B and MassHealth Standard. NaviCare SCO is available to Worcester County residents age 65 and older who have MassHealth Standard (individuals with MassHealth Standard do not have to be covered by Medicare Parts A and B to enroll in NaviCare SCO). Eligible beneficiaries may enroll in NaviCare HMO SNP at any time. You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers, neither Medicare nor NaviCare HMO SNP will be responsible for the costs. This document may be available in a different format or language. For additional information, call a NaviCare Enrollee Services Representative at 1-877-700-6996 (TDD/TTY: 1-877-795-6526), Monday through Friday, 8 a.m. to 8 p.m. (From November 15 - March 1, we're available seven days a week.)*