

GRIEVANCES AND APPEALS

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

Call Member Services at 1-800-322-6027 (TTY 711) for help. We're here for you Monday-Friday from 8 a.m. to 6 p.m. You may also send a letter to Member Services at:

Missouri Care
4205 Philips Farm Road, Suite 100
Columbia, MO 65201

There are **two (2)** ways to tell Missouri Care 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; or
- Make an appeal resolution within thirty (30) calendar days of receipt of request.

Missouri Care 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 **1-800-322-6027 (TTY 711)** to get help from someone who speaks your language.
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 Missouri Care and tell Missouri Care if you think you need an expedited review.
5. Missouri Care 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 Missouri Care 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 by telephone, in person or in writing. Call Missouri Care at **1-800-322-6027 (TTY 711)** to file a grievance.

- Missouri Care will write you within ten (10) calendar days to let you know we got your grievance.
- Missouri Care must give written notice of a decision with thirty (30) calendar days.

2. Appeal-

You may file an appeal orally or in writing to Missouri Care. 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 Missouri Care at **1-800-322-6027 (TTY 711)**.
- Send your written appeal to:

**Missouri Care
Attn: Complaints and Appeals Analyst
4205 Philips Farm Road, Suite 100
Columbia, MO 65201**

- Missouri Care must write you within ten (10) calendar days and let you know we got your appeal.
- Missouri Care 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 languages 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 requests to:

**MO HealthNet Division
Stakeholders Services
Participant Services Unit
P.O. Box 6500
Jefferson City, MO 65102-6500
Or fax to 1-573-526-2471**

- 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.

Discrimination Is Against the Law

Missouri Care complies with all applicable federal civil rights laws. We do not exclude or treat people in a different way based on race, color, national origin, age, disability or sex.

We have aids and services at no cost to you, to help people with disabilities communicate with us. That includes help such as American sign language interpreters. We can also give you info in other formats. Those formats include large print, audio, accessible electronic formats and Braille.

If English is not your first language, we can translate for you. We can also provide written info in other languages.

If you need these services, call us at **1-800-322-6027**. TTY users can call **1-800-735-2966**. We're here for you Monday–Friday from 8 a.m. to 6 p.m.

Do you feel that we did not give you these services? Or do you feel we discriminated in some way? If so, you can file a grievance in person, by mail or fax. You can reach us at Missouri Care Grievance Department, 4205 Philips Farm Rd., Suite 100, Columbia, MO 65201. You can reach us by phone at **1-800-322-6027**; TTY **1-800-735-2966**. Our fax is **1-877-851-2043**. If you need help filing a grievance, a Missouri Care Representative can help you.

You can also file a civil rights complaint online with the U.S. Dept. of Health and Human Services, Office for Civil Rights. Go to the Complaint Portal at <http://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. File by mail to: U.S. Dept. of Health and Human Services, 200 Independence Ave. SW., Room 509F, HHH Building, Washington, DC 20201. You can call them at **1-800-368-1019**, **1-800-537-7697** (TTY).

You can get complaint forms at <http://www.hhs.gov/ocr/office/file/index.html>.

If English is not your first language, we can translate for you. We can also give you info in other formats. That includes Braille, audio, large print and provide American Sign Language interpreter services. Just give us a call toll-free. You can reach us at **1-800-322-6027**. For TTY, call **1-800-735-2966**.

Si el español es su lengua materna, podemos brindarle servicios de traducción. También podemos proporcionarle esta información en otros formatos, como braille, audio, letra de imprenta grande y servicios de interpretación de lenguaje de señas americano. Simplemente llámenos sin cargo al **1-800-322-6027**. Los usuarios de TTY deben llamar al **1-800-735-2966**.

如果中文是您的母語，我們可以為您翻譯。我們也可以用其他格式為您提供資訊，如布萊葉文、音頻及大字體，並提供美國手語翻譯服務。僅需撥打免費電話 **1-800-322-6027** 聯繫我們。TTY 使用者請撥打 **1-800-735-2966**。

Nếu Tiếng Việt là ngôn ngữ chính của quý vị, chúng tôi có thể thông dịch cho quý vị. Chúng tôi cũng có thể cung cấp cho quý vị thông tin ở các định dạng khác như chữ nổi Braille, âm thanh, bản in cỡ lớn và cung cấp dịch vụ thông dịch Ngôn Ngữ Ký Hiệu Mỹ. Chỉ cần gọi chúng tôi theo số miễn phí. Quý vị có thể liên lạc với chúng tôi theo số **1-800-322-6027**. Đối với TTY, hãy gọi **1-800-735-2966**.

Ako su srpski ili hrvatski vaš materinski jezik, možemo vam ponuditi usluge prijevoda. Prijevod možemo isporučiti i u drugim formatima kao što su brajica (Brailleovo pismo), zvučni zapisi ili uvećani tisak. Pružamo, osim toga, i usluge tumača američkog znakovnog jezika. Jednostavno nas nazovite na besplatni broj telefona **1-800-322-6027**. Za TTY nazovite **1-800-735-2966**.

Wenn Deutsch Ihre Muttersprache ist, können wir für Sie übersetzen. Wir können Ihnen auch Infos in anderen Formaten geben. Dazu gehört Braille, Audio, Großdruck sowie die Bereitstellung von Dolmetscherleistungen in amerikanischer Gebärdensprache. Rufen Sie uns gebührenfrei an. Sie erreichen uns unter **1-800-322-6027**. Für TTY wählen Sie **1-800-735-2966**.

إذا كانت لغتك الأصلية هي اللغة العربية، فنحن باستطاعتنا الترجمة لك. وبمكنتنا أيضاً إعطائك المعلومات في أشكال أخرى مثل طريقة البرايل للمكفوفين والصوتيات والمطبوعات ذات الحجم الكبير وتوفير خدمات ترجمة للغة الإشارة الأمريكية. هذه الخدمات تقدم مجاناً وبدون مقابل. فقط قم بالاتصال على رقم التلغون المجاني: **1-800-322-6027** أو الاتصال على الهاتف ل **TTY (1-800-735-2966)**.

귀하의 모국어가 한국어인 경우, 통역서비스를 제공해 드립니다. 다른 형식으로 된 정보도 제공해 드릴 수 있습니다. 여기에는 점자, 오디오, 큰 활자 및 수화 통역서비스도 포함됩니다. 저희에게 무료 전화로 연락 주십시오. **1-800-322-6027**번으로 전화하시면 담당자와 통화하실 수 있습니다. TTY 사용자는 **1-800-735-2966**번으로 전화하십시오.

Если русский Ваш первый язык, мы можем перевести для Вас. Мы также можем предоставить информацию в различных форматах: на шрифте Брайля, на аудионосителях, распечатанную крупным шрифтом, а также услуги по американскому сурдопереводу. Просто позвоните нам по бесплатному номеру **1-800-322-6027** Пользователям TTY следует звонить по номеру **1-800-735-2966**.

Si votre langue maternelle est le français, nous pouvons faire la traduction. Nous pouvons également vous fournir l'information dans des formats comme le braille, en version audio et imprimé en gros caractères ainsi que fournir les services d'un interprète gestuel en ASL (American Sign Language). Il suffit de nous appeler au numéro sans frais **1-800-322-6027** (TTY **1-800-735-2966**).

Kung ang Tagalog ay iyong unang wika, maaari naming isalin ito para sa iyo. Maaari din naming magbigay sa iyo ng impormasyon sa iba pang pormat. Kasama dito ang Braille, audio, malalaking letra at maglaan ng American senyas na wika na serbisyong tagapagsalin. Bigyan lang kami ng isang tawag na libreng-toll. Maaari mo kaming maabot sa **1-800-322-6027**. Para TTY, tumawag sa **1-800-735-2966**.

Als Pennsylvania-Duits uw moedertaal is, kunnen we voor u vertalen. Ook kunnen we u informatie verstrekken in andere formaten, zoals braille, audio en groteletterdruk, en u van dienst zijn met tolkdiensten in Amerikaanse Gebarentaal. Aarzel niet om ons gratis nummer te bellen op **1-800-322-6027**. Voor TTY belt u **1-800-735-2966**.

اگر فارسی زبان مادری تان باشد می توانیم برای شما ترجمه کنیم. همانطور می توانیم اطلاعات تان را به فرمت های دیگری تقدیم نماییم. این فرمت ها شامل الفبای نابینایان، فایل های صوتی، چاپهای بزرگ، و خدمات ترجمه فوری به زبان اشاره آمریکایی. فقط ما را رایگان زنگ بزنید. می توانید با شماره **1-800-322-6027** تماس بگیرید. برای خدمات تماس TTY لطفاً شماره **1-800-735-2966** را زنگ بزنید.

Oromoon Afaan kee kan jalqabaa yoo ta'e, siif hiikuu ni dandeenya. Haala gara biraatiinis odeeffannoo siif kennu ni daneenya. Kunis karaa sirrina barreefama qaro-dhabeeyyii, sagalee, maxxansa qubee gurgudaafi tajaajilawwan turjumaana Afaan Mallattoo Ameerikaanootaa dhiyeessuutiin ta'u danda'a. Kallatiin karaa bilbila kanfaltii maleetiin nuuf bilbilaa. Karaa **1-800-322-6027** tiin nu argu ni dandeessu. TTY dhaaf ammoo, **1-800-735-2966** irratti bilbilaa.

Se o Português for a sua língua materna, nós podemos traduzir para si. Também lhe podemos fornecer informações noutros formatos. Isso inclui Braille, áudio, impressão grande e prestação de serviços de intérprete de língua gestual americana. Entre em contacto connosco através do número gratuito. Pode contactar-nos através do número 1-800-322-6027. Para TTY, digite 1-800-735-2966.

አማርኛ የመጀመሪያ ቋንቋዎ ከሆነ፣ ልናስተረጉምልዎ እንችላለን። በተጨማሪም መረጃዎቹን በሌሎች የአቀራረብ መንገዶች ለምሳሌ፣ በብሬል፣ በድምጽ ቅጂ እና በትልልቅ ህትመቶች መልክ እንዲሁም በአሜሪካ የምልክት ቋንቋ ትርጉም አገልግሎቶች ልንሰጥዎ እንችላለን። በነጻ የስልክ መስመር ብቻ ይደውሉልን። በእነዚህ ስልክ ቁጥሮች ያገኙናል 1-800-322-6027 ላይ (ወይም መስማት ለተሳናቸው 1-800-735-2966)።