UnitedHealthcare®
Community Plan

Grievances and Appeals

We can help you when you have questions or a grievance about your QUEST Integration services. You may not always be happy with our responses to your questions. You can express your dissatisfaction by filing a grievance or appeal. Our Member Services staff in Hawai'i is here to help you with this.

You may want your doctor or someone else to represent you. You can tell us who it is. Be prepared to give your consent in writing. This will help us know that we are assisting the right person.

Your first language may not be English. We can give the answers in your preferred language. We can do this through a written translation or an oral interpretation. Call to access a telecommunication device for the deaf or text telephone TTY users 711 if you are hearing impaired.

Your grievance or appeal will be reviewed by someone who has not been involved in deciding anything about your case at any level. A health care professional with the appropriate clinical expertise will review cases that deal with clinical services such as:

- A grievance or appeal that deals with clinical issues.
- A grievance that deals with a review of an expedited appeal.
- An appeal that approves a service that is less than the service requested.
- An appeal of a denial due to lack of medical necessity.

Grievances

What is a grievance?

A grievance is when you are not happy with us or one of our providers. Examples of something that you might not be happy about are:

- Issues with quality of service or care.
- How the Plan or your provider run their office.
- If the Plan or your provider was rude.
- Wait times during provider visits.
- Not getting the information you need. A grievance does not include being unhappy with an adverse benefit determination that was made by the Plan.

What should I do if I have a grievance?

We want to help. You, your representative, or provider with your written consent on your behalf can let us know by calling or writing to us. If you need, an interpreter can be provided at no cost. You can call us toll-free at **1-888-980-8728 (TTY users 711)**. You can also send it in writing to:

UnitedHealthcare Community Plan
Attention: Appeals Department
1132 Bishop St., Suite 400
Honolulu, HI 96813
Fax: 1-844-700-7938

What are the time limits for filing a grievance?

There is no time limit on filing a grievance with us.

What happens after you get my grievance?

After we get your grievance, we will send you a letter within 5 business days. This letter will tell you that we got your grievance. We will also let you know about the results of your grievance in writing. This letter will be sent to you within 30 calendar days after we get your grievance.

What if I am not happy with your response to my grievance?

If you are not happy with our response, you can request a grievance review from the State by calling the Med-QUEST Division at **1-808-692-8094**. You can also send it in writing to:

Med-QUEST Division Health Care Services Branch
P.O. Box 700190
Kapolei, HI 96709-0190

You must call or write to Med-QUEST within 30 calendar days from the date of our response.

Appeals

What is an appeal?

An appeal is when you are unhappy or do not agree with our decision or adverse benefit determination about health care related services. For example, an appeal can be filed when a covered service is denied, delayed, limited, or stopped. You can also file an appeal if a request for reimbursement is denied.

How do I file an appeal?

You, your authorized representative, or provider with your written consent on your behalf can let us know by calling or writing to us. If you need, an interpreter can be provided at no cost. You can call us toll-free at: **1-888-980-8728 (TTY users 711)**. You can also send it in writing to:

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1132 Bishop St., Suite 400
Honolulu, HI 96813
Fax: 1-844-700-7938

If you call, you must also send your appeal in writing, unless you are asking for an expedited appeal. We will help you with this. You can give us evidence to support your appeal in person or in writing. We will let you know how to get the additional information to us. You or your authorized representative can review your case file, including medical records and any other document and records used before or during the appeals process.

What are the time limits for filing an appeal?

You must appeal within 60 calendar days of the date on the denial letter, also called a Notice of Adverse Benefit Determination.

What happens after you get my appeal?

After we get your appeal, we will send you a letter within 5 business days. This letter will tell you that we got your appeal. We will also let you know about the decision for your appeal in writing. This letter will be sent to you within 30 calendar days after we get your appeal. If you ask for more time, we may extend the time frame for up to 14 calendar days. If we need more information, we may also extend the time frame for up to 14 calendar days. We will call and send you a letter within 2 calendar days if we extend the time frame.

What happens with my service during the appeal process?

To continue to get service during an appeal, your request for an appeal must be received by us within 10 calendar days of the Notice of Adverse Benefit Determination or the date the service will be stopped, reduced or suspended. Services will only continue under the following conditions:

- You request an extension of benefits.
- The appeal or request for State Administrative Hearing was filed in a timely manner.
- The appeal or request for State Administrative Hearing involves the denial, reduction or suspension of previously authorized services.
- The services were ordered by an authorized provider.
- The original authorization period has not ended.

If you do not ask for the appeal or hearing within 10 calendar days, your service may be stopped. If your appeal is denied, you may have to pay the cost of the service you received during the appeal.

What is an expedited appeal?

An expedited appeal is when you, your authorized representative, or your provider thinks that we need to make a quick decision based on your health. This is when taking the time for a standard appeal could risk your life or health.

How long will it take to process my expedited appeal?

We will notify you of our decision within 72 hours. We will also let you know about the decision for your appeal in writing. We will send a letter to your doctor. If you ask for more time, we may extend the time frame for up to 14 calendar days. If we need more information, we may also extend the time frame for up to 14 days. We will send you a letter if we extend the time frame.

What happens if we deny the request for an expedited appeal?

If we deny an expedited appeal, the appeal is then processed through the normal appeal process which will be resolved within 30 calendar days from the day we receive your appeal. We will call you to let you know that the appeal is not going to be processed as an expedited appeal, and we will also let you know that you can file a grievance. We will also send you a notice within two (2) calendar days. The notice will tell you that you may file a grievance with us for the denial of the expedited process.

What if I am not happy with your response to my appeal?

If you do not agree with our decision, you, your authorized representative, or your provider with written consent may ask for a State Administrative Hearing. You have 120 calendar days from the date on our adverse appeal decision letter to ask for a hearing. You can request a hearing by writing to:

State of Hawai'i
Department of Human Services
Administrative Appeals Office
P.O. Box 339
Honolulu, HI 96809

You have the right to have someone represent you at the hearing, such as a provider, or any authorized representative.

What is the Hawai‘i Ombudsman Program?

The State of Hawai‘i, Department of Human Services (DHS) oversees the Medicaid Ombudsman Program. Hilopa’a is contracted with DHS to independently review concerns and complaints against Medicaid Health Plans as another resource for members. You can call the Medicaid Ombudsman on your island or visit their website at **hilopaa.org**.

O‘ahu **808-791-3467**

Maui/Lana‘i **808-270-1536**

Kaua‘i **808-240-0485**

Hawai‘i **808-333-3053**

Moloka‘i **808-660-0063**

Confidential Text Messages **808-465-5444**

Fax: O‘ahu **808-531-3595**

Email . . . . . **advocate@hilopaa.org**