

**GRIEVANCE AND APPEALS PROCESS
FOR RITE CARE AND RHODY HEALTH
PARTNERS PROGRAM APPLICANTS/MEMBERS
July 2010**

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Rite Care and Rhody Health Partners applicant and member problems can be resolved through three channels:

- The Health Plan's customer or member services department's informal complaints process
- The Health Plan's formal Grievance and Appeals process
- The existing Fair Hearing process of the Department of Human Services (DHS)

1. Health Plans

Rite Care and Rhody Health Partners members are encouraged to use the customer or member services department to help solve their problems and, if necessary, the Grievance and Appeals process offered by each participating Health Plan, although they are free to use the DHS Fair Hearing process at any time. Health Plans first try to resolve problems informally. When this cannot be done or is not done to the member's satisfaction, then the member can file a formal grievance with the Health Plan or request a DHS fair hearing. The Health Plans, as part of their contractual agreements with the State are required to inform applicants/members about the complaints, Grievance and Appeals processes available within the Health Plans and at the State level.

As listed in Patient's Rights and Protections (Section 0348.80 of the DHS Manual), appeals filed with a Health Plan fall into three areas:

- **Medical emergency** — A Health Plan must decide the appeal within two (2) business days when a treating provider such as a doctor who takes care of the member determines the care to be an *emergency* and all necessary information has been received by the Health Plan.
- **Other medical care** — There are two levels of a non-emergency medical care appeal. For the initial level of appeal, the Health Plan must decide the appeal within fifteen (15) days of all necessary information being received by the Health Plan. If the initial decision is against the member, then the Health Plan must offer the second level of appeal. For the second level of appeal, the Health Plan must decide on the grievance within fifteen (15) days of all necessary information being received by the Health Plan.
- **Non-medical care** — If the grievance involves a problem other than medical care, the Health Plan must decide the grievance within thirty (30) days and all necessary information has been received by the Health Plan.

A RItE Care or a Rhody Health Partners applicant/member may also contact the Rhode Island Department of Health at (401) 277-4905 to register complaints when the client has exhausted the Health Plan's Grievance and Appeals procedures.

As is also listed in the RItE Care and Rhody Health Partners Patient's Rights and Protections, members have a right to a timely State Fair Hearing from the Department of Human Services.

RItE Care and Rhody Health Partners applicants/members have the right to representation by a lawyer or any other person they select through the grievance and appeals process.

2. DEPARTMENT OF HUMAN SERVICES

A DHS Fair Hearing is always open to a RItE Care and Rhody Health Partners applicant/member, even if he or she chooses not to use a Health Plan's customer/member service department or its Grievance and Appeals process. If a member exhausts the Health Plan's Grievance and Appeals process and wants to appeal further, he or she may file a formal written grievance with the Department of Human Services by obtaining the proper form from any local DHS office.

Both Health Plans and DHS staff are responsible for advising the clients of the steps necessary to file a grievance and appeal external to the Health Plans with DHS.

It is important to note that RItE Care and Rhody Health Partners applicants and members, like all Medical Assistance (MA) applicants/recipients, have the right to a formal hearing at any point in the process if they are dissatisfied with a Department of Human Services' decision or if the Department of Human Services delays in making a decision. If a hearing is requested, the appeal will be heard promptly. An MA applicant/recipient may be represented by a lawyer or any other person the applicant/recipient selects. Hearing forms for filing a formal complaint through the DHS Fair Hearing Process are available at every Rhode Island Department of Human Services field office.

The entire Department of Human Services hearing process, including the reporting of an action required to make the decision effective, must be completed whenever possible within thirty (30) days of receipt of a request, but in no case is it to exceed a maximum of ninety (90) days, unless the individual requests in writing a delay to prepare his or her case. A RItE Care and a Rhody Health Partners applicant may request an expedited decision. The Department of Human Services will inform the RItE Care and Rhody Health Partners applicant or member complaints of their right to judicial review in the event their appeals to these agencies are unsuccessful.

3. REFERRAL TO RHODE ISLAND LEGAL SERVICES

Notices to applicants will include the information that an applicant/member may represent herself/himself or be represented by someone else such as a lawyer, relative, or another person. Notices will also include information regarding free legal help being available by

calling Rhode Island Legal Services at (401) 274-2652 and, outside the Providence calling area, by calling toll-free at 1-800-662-5034.