

Section 20

Grievance process and rights for MassHealth Members

As a Member of Neighborhood Health Plan (NHP), your satisfaction is important to us. If you feel you had an unsatisfactory experience with NHP, Beacon, or with any of our contracted Providers, you have the right to file a Grievance, which is a way to show that you are not satisfied with your experience.

For more information about the types of experiences for which you or your Authorized Representative can file a Grievance, refer to the questions “What types of things can I file a Grievance for?” below. When you file a Grievance with NHP or Beacon, you have certain rights. While NHP or Beacon reviews your Grievance, you have the right to:

- Give NHP or Beacon information by phone, in writing or in person, that helps support your Grievance.
- Get help from someone such as a friend, family member, lawyer, or Provider (refer to “Can I choose someone to represent me during the Grievance process?” below).
- Free translation services during the Grievance process.
- Ask questions of NHP or Beacon and get help from NHP or Beacon staff.

We also ask that you:

- Sign and return the acknowledgement letter that NHP or Beacon sends you (refer to “How do I file a Grievance?”).
- Sign and return the Designation of Authorized Representative Form, if you are appointing an Authorized Representative (refer to “Can I choose someone to represent me during the Grievance Process?”).
- Provide us with a way (current address and/or phone number) to communicate with you about your Grievance.

Questions and Answers about the Grievance Process

What types of things can I file a Grievance for?

You can file a Grievance whenever you have an unsatisfactory experience with NHP, Beacon, or with any of our contracted Providers, such as: when you are dissatisfied with the quality of care or services NHP or Beacon provided, a NHP or Beacon Provider was rude to you, or if NHP or Beacon failed to respect any of your rights.

You also have the right to file a Grievance if you disagree with a decision by NHP or Beacon to extend the time to resolve an Internal Appeal or to reach an Authorization decision; or you disagree with a decision by NHP or Beacon not to treat an Appeal as an Expedited (fast decision) Appeal.

How do I file a Grievance?

To file a Grievance, you can write to NHP, provide information in person, or call our Customer Care Center 1-800-462-5449 (TTY: 1-800-655-1761).

Neighborhood Health Plan
Member Appeal/Grievance Coordinator
253 Summer Street
Boston, MA 02210

If your Grievance is related to Behavioral Health, call Beacon at 1-800-414-2820, or write to:

Beacon Health Strategies
Ombudsperson
500 Unicorn Park Drive
Woburn, MA 01801

When we receive your request to file a Grievance, we will send you and your Authorized Representative an acknowledgement letter within one (1) business day. The acknowledgement letter describes your Grievance as we understand it. If it is not right, or if you want to add more information, make your corrections on this letter. When you or your Authorized Representative feel satisfied that your Grievance is described correctly, sign the letter and return it in the postage paid envelope that NHP or Beacon will provide.

Can I choose someone to represent me during the Grievance process?

Yes. You may designate anyone such as a family member, a friend, a lawyer, a Provider, or anyone else of your choosing to represent you during the Grievance process. To do so you must sign and return a Designation of Authorized Representative Form to NHP or Beacon. If we do not receive a signed Designation of Authorized Representative Form by the deadline for resolving your Grievance, we will dismiss your Grievance and notify you of such in writing. Your designated Authorized Representative will have the same rights as you do in filing your Grievance.

Who will review my Grievance?

Your Grievance will be reviewed by one or more people who were not involved in the problem or situation that your Grievance involves. If it involves a clinical matter, a health care professional will review your Grievance.

What if NHP or Beacon needs more information?

If we need more information, we will call you or your Authorized Representative, or send you, and your Authorized Representative, a written request. Please respond to our requests for more information as soon as you can so that we can make a faster decision for you. You or your Authorized Representative may provide additional information, in writing, by phone, or in person, at any time during the Grievance process.

When will I know the result of my Grievance?

Neighborhood Health Plan will send you and your Authorized Representative a letter within thirty (30) calendar days of receipt of your Grievance to let you know the decision.

What if I'm not satisfied with NHP's decision?

If you are not satisfied with the resolution, you or your Authorized Representative may contact the NHP Customer Care Center and request to speak with the NHP Ombudsman. If you are not satisfied

with the resolution of a Behavioral Health grievance you may call Beacon's Ombudsperson. You may also call the MassHealth Customer Service Center if you are not satisfied with NHP or Beacon's decision.

Section 21

Appeal process and rights for MassHealth Members

If you are not satisfied with a decision regarding health care coverage made by Neighborhood Health Plan (NHP), or you have had a problem accessing health care services, you, or your Authorized Representative, have the right to appeal. An Appeal is a request for NHP or Beacon to investigate and respond to an Adverse Action. For an explanation of what an Adverse Action is, refer to the question “What types of things can I appeal” below.

Your rights during the Appeal Process include:

- The right to provide NHP or Beacon with information (in writing, by telephone, or in person) about your Appeal.
- The right to be helped or represented by someone else (like a friend, family Member or Provider) (refer to “What is an Authorized Representative?” below).
- The right to free translation services during the Appeal process.
- The right to ask NHP or Beacon questions and to get help from NHP or Beacon staff.
- The right to see all the information NHP or Beacon used to make a decision on your Appeal and get a copy of it.
- The right to ask for a copy of the NHP or Beacon document or criteria upon which the Adverse Action was based.
- The right to ask for a copy of NHP’s or Beacon’s written, Internal Appeal policy and procedure.

We ask that you:

- Sign and return the Appeal acknowledgement letter when you receive it from NHP or Beacon (refer to “How do I file a Level I Appeal?” below).

- Sign and return the Authorization to Release Health Information Form, if asked (refer to “What if NHP or Beacon needs more information?” below).
- Sign and return the Designation of Authorized Representative Form, if you are appointing an Authorized Representative (refer to “What is an Authorized Representative?” below).
- Provide us with a current address or phone number so that we can contact you during the Appeal Process.

Questions and Answers about the Appeals Process

What types of things can I appeal?

You, or your Authorized Representative, can request an Appeal for an Adverse Action. An Adverse Action occurs if:

- NHP or Beacon denies or limits coverage of a requested health-care service when NHP’s or Beacon’s Authorization is required or
- NHP or Beacon reduces or stops covering a service that NHP previously approved or
- NHP or Beacon denies payment for a service because we feel it is not Medically Necessary or
- NHP or Beacon did not respond to an Authorization request in a timely manner or
- You (the Member) could not get medical treatment from an NHP or Beacon Provider within a timely manner or
- You did not receive a timely response to your Appeal request. In this instance, you or your Authorized Representative may file an Appeal directly with the Office of Medicaid’s Board of Hearings as described below (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”).

What types of Appeals can I file with NHP or Beacon?

You or your Authorized Representative can file a Level I Appeal, Level II Appeal, and an Expedited (fast decision) Appeal with NHP or Beacon. A Level I Appeal is a standard first level review of an Adverse Action (refer to “How do I file a Level I Appeal?” below). A Level II Appeal is a second level review to reconsider a Level I Appeal decision. An Expedited Appeal is a fast decision review of an Adverse Action (refer to “Can I get a decision sooner than 30 days?”). These different types of Appeals are described in more detail below.

How do I file a Level I Appeal?

To begin the Level I Appeal process, you or your Authorized Representative may call, visit, or write to NHP:

Customer Care Center
1-800-462-5449 (TTY: 1-800-655-1761)
Monday–Friday 8:00 a.m. to 6:00 p.m.
Thursdays 8:00 a.m. to 8:00 p.m.

Member Appeal/Grievance Coordinator
Neighborhood Health Plan
253 Summer Street
Boston, MA 02210

If your Appeal concerns a Behavioral Health matter, you or your Authorized Representative may call, visit, or write to Beacon:

Appeals Coordinator
1-800-414-2120 (TTY 1-781-994-7660)
Monday-Friday 8:30 a.m. to 6:00 p.m.
Friday 8:30 a.m. to 5:00 p.m.

Appeals Coordinator
Beacon Health Strategies
500 Unicorn Park Drive
Woburn, MA 01801

When NHP or Beacon receives your request for a Level I Appeal, we will send you and your Authorized Representative, if you have one, an Appeal acknowledgement letter within one (1) business day. Please read this letter, make any needed corrections or additions, sign the letter,

and return it in the postage paid envelope that NHP or Beacon will provide. This helps us to make sure that we accurately understand your Appeal.

What is an Authorized Representative?

An Authorized Representative is anyone you choose, in writing, to act on your behalf in filing an Appeal with NHP. An Authorized Representative can be a family member, a friend, a lawyer, a Provider, or anyone else you choose. Your Authorized Representative will have the same rights as you do in filing your Appeal. Please note, however, that if you wish to choose an Authorized Representative to represent you, you must sign and return a Designation of Authorized Representative Form to NHP. If we do not receive a signed Designation of Authorized Representative Form by the deadline for resolving your Level I or Level II Appeal, we will dismiss your Appeal. For an Expedited (fast decision) Appeal, the review will be processed even if NHP or Beacon has not received the Designation of Authorized Representative Form within the required timeframe.

If we dismiss your Appeal, we will notify you in writing. If you believe that you did in fact authorize your Authorized Representative in writing before the deadline for resolving your Level I or Level II Appeal expired, you can request, in writing, that we vacate (reverse) this dismissal and proceed with your Appeal.

We must receive this request within ten (10) calendar days of your receiving our dismissal letter. Send your request to:

Neighborhood Health Plan
Member Appeal/Grievance Coordinator
253 Summer Street
Boston, MA 02210

Or for Behavioral Health Appeals to:

Appeals Coordinator
Beacon Health Strategies
500 Unicorn Park Drive
Woburn, MA 01801

NHP or Beacon will either make the dismissal final or vacate (reverse) the dismissal and process your Appeal. NHP or Beacon will notify you of this decision in writing. If NHP or Beacon makes your dismissal final, you can Appeal to the Office of Medicaid's Board of Hearings (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?"). An Expedited (fast decision) Appeal will be dismissed and processed as a standard Level I Appeal if the request to expedite is unrelated to your health condition.

Is there a time limit for filing an Appeal?

Yes. You or your Authorized Representative must submit your Appeal request within thirty (30) days of:

- Receiving notice of a denial for a new service request or the decision to reduce or stop covering a service that was previously approved
- NHP's or Beacon's failure to act within required timeframes for making authorization decisions or
- Not getting medical treatment from an NHP or Beacon Provider within a timely manner, as described in your Member Handbook.

What happens if I did not submit my Appeal within the time limits described above?

If we receive your Appeal late, we will dismiss it and will notify you and your Authorized Representative in writing. If you believe that you did in fact submit your Appeal before the deadline, you or your Authorized Representative can request, in writing, that we vacate (reverse) this dismissal and proceed with your Appeal. We must receive this request within ten (10) calendar days of your receiving our dismissal letter. Send your request to:

Neighborhood Health Plan
Member Appeal/Grievance Coordinator
253 Summer Street
Boston, MA 02210

Or for Behavioral Health Appeals to:

Appeals Coordinator
Beacon Health Strategies
500 Unicorn Park Drive
Woburn, MA 01801

NHP or Beacon will either make the dismissal final or vacate (reverse) the dismissal and process your Appeal. NHP will notify you and your Authorized Representative of this decision in writing. If NHP or Beacon makes your dismissal final, you or your Authorized Representative can Appeal to the Office of Medicaid's Board or Hearings (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?").

What do I need to do to continue receiving services during my Level I Appeal?

If your Appeal involves a decision by NHP or Beacon to reduce or stop covering a service that was previously approved, you will automatically continue to receive those services if you request an Appeal within ten (10) calendar days of receiving your notice of Adverse Action. If you lose the Appeal, you may have to pay back the cost of these services.

Who will review my Appeal?

Your Appeal will be reviewed by one or more individuals who were not involved in the original Adverse Action and who is not a subordinate of the original decision maker. At least one of them will be an expert treating the medical condition or providing the treatment or service that your Appeal is about.

What if NHP or Beacon needs more information?

If we need more information, we will send you and your Authorized Representative an Authorization to Release Health Information form. Please read this form, make any needed corrections, sign and return it in the postage paid envelope that NHP or Beacon will provide to you and your Authorized Representative.

How long will NHP or Beacon take to decide my Level I Appeal?

NHP or Beacon will make its decision within thirty (30) calendar days of your request for a Level I Appeal. NHP may extend the decision time up to five (5) calendar days if the Member or Authorized Representative requests the extension. The time frame may also be extended by NHP or Beacon up to five (5) calendar days if NHP or Beacon justifies that the extension is in the Member's best interest and that there is a need for additional information that can reasonably be expected to be received within the extended time frame and that such information would likely lead to an approval of the request. If NHP or Beacon chooses to take an extension, we will notify you and your Authorized Representative in writing. If you are dissatisfied with our decision to extend our response time, you or your Authorized Representative may file a Grievance with NHP by visiting or writing to:

Neighborhood Health Plan
Member Appeal/Grievance Coordinator
253 Summer Street
Boston, MA 02210

Or for Behavioral Health Grievances to:

Ombudsperson
Beacon Health Strategies
500 Unicorn Park Drive
Woburn, MA 01801

You may also call Beacon at 1-800-462-5449 (TTY: 1-800-655-1761).

Can I provide additional information for NHP or Beacon to consider?

Yes. You or your Authorized Representative may provide additional information, in writing, by phone, or in person, at any time during the Appeal process. If you or your Authorized Representative would like to extend the thirty (30) calendar days Appeal timeframe to submit your additional information, you can do so by up to an additional five (5) calendar days.

How will I know NHP's or Beacon's decision on my Level I Appeal?

NHP will contact you and your Authorized Representative by phone and will send a written decision within thirty (30) calendar days of your request for an Appeal unless there has been a five (5) calendar day extension.

Can I get a decision sooner than thirty (30) days?

If you or your health care Provider believes that your health, life, or ability to regain maximum function may be put at risk by waiting thirty (30) calendar days, you, your Authorized Representative, or your health care Provider can request an Expedited (fast decision) Appeal. If your health-care Provider requests an Expedited (fast decision) Appeal, we will grant that request unless the request is unrelated to your health condition. If your Appeal is expedited (fast decision) we will make our decision within seventy-two (72) hours of your Appeal request. The time frame for making Expedited (fast decision) Appeal decisions may be extended for up to fourteen (14) calendar days if you, your Authorized Representative, or your health care Provider requests the extension. The time frame may also be extended by NHP or Beacon by up to fourteen (14) calendar days if NHP or Beacon justifies that the extension is in your best interest and that there is a need for additional information that can reasonably be expected to be received within the extended time frame and that such information would likely lead to an approval of the request. If NHP or Beacon chooses to take an extension, we will notify you, your Authorized Representative and health care Provider in writing. If you are dissatisfied with our decision to extend our response time, you, your Authorized Representative or your health care Provider may file a Grievance with NHP by visiting or writing to:

Neighborhood Health Plan
Member Appeal/Grievance Coordinator
253 Summer Street
Boston, MA 02210

You may also call us at 1-800-462-5449 (TTY: 1-800-655-1761).

Or for Behavioral Health Grievances to:

Ombudsperson
Beacon Health Strategies
500 Unicorn Park Drive
Woburn, MA 01801

You may also call Beacon at 1-800-414-2120 (TTY: 1-781-994-7660).

If your Expedited (fast decision) Appeal request is not submitted or supported by a health care Provider, an NHP doctor will decide if an Expedited (fast decision) Appeal is necessary. If we decide that an Expedited (fast decision) Appeal is not necessary, we will inform you and your Authorized Representative by phone that the Expedited (fast decision) Appeal has been dismissed and send a written notice of dismissal within two (2) calendar days. Your Appeal will be processed in accordance with standard Level I Appeal timeframes described above. If you or your Authorized Representative does not agree with our decision not to expedite your Appeal, you or your Authorized Representative may file a Grievance by visiting or writing to:

Neighborhood Health Plan
Member Appeal/Grievance Coordinator
253 Summer Street
Boston, MA 02210

Or for Behavioral Health Grievances to:

Ombudsperson
Beacon Health Strategies
500 Unicorn Park Drive
Woburn, MA 01801

You, or your Authorized Representative may call Beacon at 1-800-462-5449 (TTY: 1-800-655-1761).

Can I provide additional information for NHP or Beacon to consider during an Expedited (fast decision) Appeal?

Yes. You or your Authorized Representative may provide additional information in writing, by phone, or in person, at any time during the

Expedited (fast decision) Appeal process. If you or your Authorized Representative would like to extend the seventy-two (72) hour Expedited (fast decision) Appeal timeframe to submit your additional information, you can do so by up to an additional fourteen (14) calendar days.

How will I know NHP's or Beacon's decision on my Expedited (fast decision) Appeal?

We will contact you and your Authorized Representative with our decision by phone and will send you a written decision within seventy-two (72) hours of your request unless there has been an extension as described above.

What if I'm not satisfied with NHP's decision on my Level I Appeal or Expedited (fast decision) Appeal?

If you or your Authorized Representative are not satisfied with the decision on your Level I Appeal, you or your Authorized Representative can ask us to reconsider it (a Level II Appeal) (refer to "How do I request a Level II Appeal from NHP?"), or you or your Authorized Representative can request that the Executive Office of Health and Human Services, Office of Medicaid's Board of Hearings review your Appeal (refer to "How do I file my Appeal with the Office of Medicaid's Board of Hearings?" below). The Board of Hearings is separate from NHP.

If you or your Authorized Representative choose to have NHP reconsider the decision (Level II Appeal), your Appeal will be reviewed by one or more individuals who were not involved in the decision on the Level I Appeal. If you or your Authorized Representative chose to file your Appeal with the Board of Hearings instead, you will lose the right to ask NHP to reconsider our decision any further.

If your Appeal was an Expedited (fast decision) Appeal and you or your Authorized Representative are not happy with the decision, you do not have a right to a Level II Appeal with NHP. However, you or your Authorized Representative may request the Office of Medicaid's Board of Hearings

to review your Appeal (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”).

What can I do if I am not satisfied with a decision Beacon Health Strategies made on my Appeal?

Beacon Health Strategies (Beacon) conducts Level I Appeals and Expedited (fast decision) Appeals concerning Behavioral Health Services on behalf of NHP.

If you or your Authorized Representative are not satisfied with Beacon’s decision on your Level I Appeal, you or your Authorized Representative can ask NHP to reconsider it (a Level II Appeal) (refer to “How do I request a Level II Appeal from NHP?”), or you or your Authorized Representative can request that the Executive Office of Health and Human Services, Office of Medicaid’s Board of Hearings review your Appeal (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”). If you or your Authorized Representative choose to file your Appeal with the Board of Hearings instead, you will lose the right to ask NHP to reconsider our decision any further. If your Appeal was an Expedited (fast decision) Appeal, you do not have a right to a Level II Appeal with NHP. However, you or your Authorized Representative may request the Office of Medicaid’s Board of Hearings to review your Appeal (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”).

How do I request a Level II Appeal from NHP?

If you or your Authorized Representative want to file a Level II Appeal with NHP, call us at 1-800-462-5449 (TTY: 1-800-655-1761). You or your Authorized Representative can also visit us or write to us at:

Neighborhood Health Plan
Member Appeal/Grievance Coordinator
253 Summer Street
Boston, MA 02210

You or your Authorized Representative must make your request within thirty (30) calendar days of receiving our decision on your Level I Appeal. If

your Level II Appeal involves a decision by NHP to reduce or stop covering a service that was previously approved, you will automatically continue to receive those services if you request a Level II Appeal within ten (10) calendar days of receiving your notice resolving your Level I Appeal. If you lose the Appeal, you may have to pay back the cost of these services.

When will NHP make a decision on my Level II Appeal?

We will contact you and your Authorized Representative with a decision by phone and will send you and your Authorized Representative a written decision within ten (10) calendar days of your request for a Level II Appeal. You or your Authorized Representative can request an extension of up to five (5) calendar days at this level. The timeframe may also be extended by NHP for up to five (5) calendar days if NHP justifies that the extension is in your best interest and that there is a need for additional information that can reasonably be expected to be received within the extended timeframe and that such information would likely lead to an approval of the request and if NHP has not already extended the Level I response time.

What can I do if I am not satisfied with NHP’s decision on my Level II Appeal?

If you or your Authorized Representative are still not satisfied, you or your Authorized Representative may file your Appeal with the Office of Medicaid’s Board of Hearings (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”).

What can I do if NHP does not respond to my Appeal in a timely fashion?

If we do not respond to your Appeal within the timeframes noted above, you or your Authorized Representative can file an Appeal with the Office of Medicaid’s Board of Hearings (refer to “How do I file my Appeal with the Office of Medicaid’s Board of Hearings?”). Your Appeal request must be received by the Board of Hearings within thirty (30) calendar days from the date on which NHP

should have informed you of its decision. If your Appeal was an Expedited (fast decision) Appeal at NHP or Beacon, and you want the Board of Hearings to make an expedited (fast decision) review too, you or your Authorized Representative must file your Board of Hearings Appeal within twenty (20) calendar days.

How do I file my Appeal with the Office of Medicaid's Board of Hearings?

If you or your Authorized Representative want to have the Office of Medicaid's Board of Hearings review your Appeal, you or your Authorized Representative must complete a Fair Hearing Request Form, which NHP will provide to you and your Authorized Representative. You or your Authorized Representative must mail this form to the Board of Hearings within thirty (30) calendar days of the decision you are appealing. If your Appeal was expedited (fast decision) and you want the Board of Hearings to make an expedited (fast decision) review too, you must mail this form to the Board of Hearings within twenty (20) calendar days. If your request for an expedited decision is received after twenty (20) calendar days, but before thirty (30) calendar days have expired, it will be processed as a standard Appeal. Please contact NHP if you or your Authorized Representative need help to complete the Fair Hearing Request Form.

Can I continue to receive services during my Appeal with the Office of Medicaid's Board of Hearings?

You can continue receiving services that are the subject of your Board of Hearings Appeal, as long as the service was previously authorized by NHP and you submit your request for an Appeal to the Board of Hearings within ten (10) calendar days of receiving our decision on your Level I, Level II, or Expedited Appeal. You may also choose to not continue to receive services during your Appeal. Please note that should you continue to receive services during the Board of Hearing's Appeal process and the decision comes out against you, you may be liable for the cost of those services.

Can someone represent me at the Office of Medicaid's Board of Hearings?

You may be represented at the Office of Medicaid's Board of Hearings by an Authorized Representative of your choice at your own expense. To do so you must fill out the Appeal Representative section of the Fair Hearing Request Form. If you have chosen an interpreter to represent you, the signed Fair Hearing Request Form must be written in both English and your primary language.

If the Board of Hearings decides in my favor, what happens next?

NHP will honor the decision made by the Board of Hearings and cover the service or procedure that is the subject of the Appeal.

How do I contact the Board of Hearings?

You can call the Office of Medicaid's Board of Hearings at 1-800-655-0338 or 617-210-5800.
