



## 9. HELP WITH PROBLEMS

At Health Partners Plans, we work very hard to keep you healthy, and to make sure that you are happy with the services we provide. Sometimes, however, you may have a concern about your health care or Health Partners Plans' services. We want to work out any concerns you have, and will work hard to resolve any problems you may have. Many times, our Member Relations department can help you with these questions or concerns. Member Relations representatives are available 24 hours a day, seven days a week, by calling 1-888-888-1211 (TTY 711).

### **Complaints and Grievances**

If a provider or Health Partners Plans does something that you are unhappy about or do not agree with, you can tell Health Partners Plans that you are unhappy about or that you disagree with what the provider or Health Partners Plans has done. This section describes what you can do and what will happen. Exercising your complaint and/or grievance rights will not negatively affect the way you are treated by Health Partners Plans, its participating providers or any state agencies.

### **Complaints**

#### *What is a complaint?*

A complaint is when you tell us you are unhappy with Health Partners Plans or your children's provider or do not agree with a decision by Health Partners Plans.

Some things you may complain about:

- You are unhappy with the care your children are receiving.
- You cannot get the service or item you want for your children because it is not a covered service or item.
- Your children have not received services that Health Partners Plans has approved.

## **First Level Complaint**

### ***What should I do if I have a complaint?***

To file a complaint, you can:

- Call KidzPartners Member Relations at 1-888-888-1211 (TTY 711) and tell us your complaint.

Or

- Write down your complaint and send it to us at:  
Complaint & Grievance Unit  
Health Partners Plans  
901 Market Street, Suite 500  
Philadelphia, PA 19107

Or

- Have your children’s provider or a designated representative file a complaint for you if you give the provider or representative your consent in writing to do so. This is called a first level complaint.

### ***When do I file a first level complaint?***

You must file a complaint within 45 days of getting a letter telling you that:

- Health Partners Plans has decided that your children cannot get a service or item you want because it is not a covered service or item.
- Health Partners Plans will not pay a provider for a service or item your children received.
- Health Partners Plans did not decide a complaint or grievance (that you told us about before) within 30 days.
- Health Partners Plans has decided that you cannot get a service you wanted because your children are over their benefit limit but you believe they are not over the benefit limit.

You must also file a complaint within 45 days of the date your children should have gotten a service or item if they did not get the service or item. The time by which you should have received a service or item is listed on the “Appointment Standard” chart in Section 1.

You may file all other complaints at any time.

### ***What happens after I file a first level complaint?***

After you file your complaint, you will get a letter from Health Partners Plans telling you that we have received your complaint, and about the first level complaint review process.

You may ask Health Partners Plans to see any information we have about your complaint. You may also send Health Partners Plans any information that may help with your complaint.

You may attend the complaint review if you want to. You may come to our offices at 901 Market Street, Suite 500 in Philadelphia or be included by phone or by video conference. If you decide that you do not want to attend the complaint review, it will not affect our decision.

A staff member of Health Partners Plans (or one of our subcontractors, if appropriate) who has not been involved in the issue you filed your complaint about will review your complaint and make a decision. Your complaint will be decided no later than 30 days after we receive your complaint.

A letter will be mailed to you within five business days after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don’t like the decision.

## **Second Level Complaint**

### ***What if I don’t like Health Partners Plans’ decision?***

If you do not agree with our first level complaint decision, you may file a second level complaint with Health Partners Plans.

### ***When should I file a second level complaint?***

You must file your second level complaint within 45 days of the date you receive the first level complaint decision letter. Use the same address or phone number you used to file your first level complaint.

### ***What happens after I file a second level complaint?***

You will receive a letter from Health Partners Plans telling you that we have received your complaint and telling you about the second level complaint review process.

You may ask Health Partners Plans to see any information we have about your complaint. You may also send Health Partners Plans any information that may help with your complaint.

You may attend the complaint review for your scheduled hearing if you want to. You may come to our offices at 901 Market Street, Suite 500 in Philadelphia or be included by phone or by videoconference. If you decide that you do not want to attend the complaint review, it will not affect our decision.

A committee made up of three or more people who have not been involved in the issue you filed your complaint about, including at least one person not employed by Health Partners Plans, will review your complaint and make a decision. Your complaint will be decided no later than 45 days after we receive your complaint.

A letter will be mailed to you within five business days after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

## **External Complaint Review**

### ***What can I do if I still don't like Health Partners Plans' decision?***

If you do not agree with Health Partners Plans' second level complaint decision, you may ask for an external review by either the Pennsylvania Department of Health or the Insurance Department. The Department of Health handles complaints that involve the way a provider gives care or services. The Insurance Department reviews complaints that involve Health Partners Plans' policies and procedures.

You must ask for an external review within 15 days of the date you received the second level complaint decision letter. If you ask, the Department of Health will help you put your complaint in writing. You must send your request for external review in writing to either:

Pennsylvania Department of Health Bureau  
of Managed Care  
Health & Welfare Bldg., Rm. 912 625 Forster Street  
Harrisburg, PA 17120-0701  
Telephone Number: 1-888-466-2787

Or

Pennsylvania Insurance Department Bureau  
of Consumer Services  
1209 Strawberry Square  
Harrisburg, PA 17120-0024  
Telephone Number: 1-877-881-6388

If you send your request for external review to the wrong department, it will be sent to the correct department.

The Department of Health or the Insurance Department will get your file from Health Partners Plans. You may also send them any other information that may help with the external review of your complaint. You may be represented by an attorney or another person during the external review.

A letter will be sent to you after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision

## **Grievances**

### ***What is a grievance?***

When Health Partners Plans denies, reduces or stops a service or item or approves a service or item different than the service or item you requested because it is not medically necessary, or because it is over your benefit limit and Health Partners Plans decides that you do not need an exception to the limit, you will get a letter (notice) telling you our decision.

A grievance is when you tell us you disagree with Health Partners Plans' decision.

## **First Level Grievance**

### ***What should I do if I have a grievance?***

To file a grievance, you can:

- Call KidzPartners Member Relations at 1-888-888-1211 (TTY 711) and tell us your grievance.

Or

- Write down your grievance and send it to us at  
Complaint & Grievance Unit  
Health Partners Plans  
901 Market Street, Suite 500  
Philadelphia, PA 19107

Or

- Have your children's provider or designated representative file a grievance for you, if you give your provider or representative your consent in writing to do so.

Note: If your provider files a grievance for you, you cannot file a separate grievance on your own.

### ***When should I file a first level grievance?***

You have 45 days from the date you receive the letter (notice) that tells you that Health Partners Plans denied, reduced or stopped a service or item or approved of a different service or item, to file your grievance.

### ***What happens after I file a first level grievance?***

After you file your grievance, you will get a letter from Health Partners Plans telling you that we have received your grievance and telling you about the first level grievance review process.

You may ask Health Partners Plans to see any information we have about your grievance. You may also send Health Partners Plans any information that may help with your grievance.

You may attend the grievance review if you want to. You may come to our offices at 901 Market Street, Suite 500 in Philadelphia or be included by phone or by videoconference. If you decide that you do not want to attend the grievance review, it will not affect our decision.

A licensed physician who has not been involved in the issue you filed your grievance about, in the same or similar specialty that usually manages or consults on the service/item in question, will review your grievance and make a decision. Your grievance will be decided no later than 30 days after we receive your grievance.

A letter will be mailed to you within five business days after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

## **Second Level Grievance**

### ***What if I don't like Health Partners Plans' decision?***

If you do not agree with our first level grievance decision, you may file a second level grievance with Health Partners Plans.

### ***When should I file a second level grievance?***

You must file your second level grievance within 45 days of the date you receive the first level grievance decision letter. Use the same address or phone number you used to file your first level grievance.

### ***What happens after I file a second level grievance?***

You will receive a letter from Health Partners Plans telling you that we have received your grievance, and telling you about the second level grievance review process.

You may ask Health Partners Plans to see any information we have about your grievance. You may also send Health Partners Plans any information that may help with your grievance.

You may attend the grievance review the day of your pre-scheduled hearing if you want to. You may come to our offices at 901 Market Street, Suite 500 in Philadelphia or be included by phone or by video conference. If you decide that you do not want to attend the grievance review, it will not affect our decision.

A committee of three or more people who have not been involved in the issue you filed your grievance about, including a licensed physician in the same or similar specialty that usually manages or consults on the service/item in question and at least one person not employed by Health Partners Plans, will review your grievance and make a decision. Your grievance will be decided no later than 45 days after we receive your grievance.

A letter will be mailed to you within five business days after the decision is made. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

## **External Grievance Review**

### ***What can I do if I still don't like Health Partners Plans' decision?***

If you do not agree with Health Partners Plans' second level grievance decision, you may ask for an external grievance review.

You must call or send a letter to Health Partners Plans asking for an external grievance review within 15 days of the date you receive the second level grievance decision letter. Use the same address and phone number you used to file your first level grievance. We will then send your request to the Department of Health.

The Department of Health will notify you of the external grievance reviewer's name, address and phone number. You will also be given information about the external review process.

Health Partners Plans will send your grievance file to the reviewer. You may send the reviewer any additional information that may help with the external review of your grievance, within 15 days of filing the request for an external grievance review.

You will receive a letter within 60 days of the date you asked for an external grievance review. This letter will tell you all the reasons for the decision and what you can do if you don't like the decision.

## **Expedited Complaint and Grievance and Expedited External Review**

### ***What can I do if my children's health is at immediate risk?***

If your children's doctor or dentist believes that the usual time frames for deciding your complaint or grievance will harm your children's health, you or your children's doctor or dentist can call KidzPartners Member Relations at 1-888-888-1211 (TTY 711) and ask that your complaint or grievance be decided more quickly. This is called an expedited complaint or an expedited grievance. You will need to have a letter from your children's doctor or dentist faxed to 215-991-4105 explaining how the usual time frame for deciding your complaint or grievance will harm your children's health.

If your children's doctor or dentist does not fax Health Partners Plans this letter within 48 hours of your request for expedited (faster) review, your complaint or grievance will be decided within the usual time frames.

### ***What happens after I file an expedited complaint or grievance?***

A committee of three or more people, including a licensed physician and at least one person not employed by Health Partners Plans, will review your complaint or grievance. The licensed physician will decide your expedited complaint or grievance with help from the other people on the committee. No one on the committee will have been involved in the issue you filed your complaint or grievance about.

Health Partners Plans will call you within 48 hours of when we receive your request for an expedited (faster) complaint or grievance, accompanied by a doctor's letter, to tell you our decision. We will also send you a letter within two days telling you all of the reasons for the decision and what you can do if you don't like the decision.

If you are not satisfied with the decision of the expedited complaint, you can file an expedited external complaint with the Pennsylvania Insurance Department or the Pennsylvania Department of Health (see External Complaint Review) within two business days from the date you get the expedited complaint decision letter.

If you want to ask for an expedited external grievance by the Department of Health, you must call KidzPartners Member Relations at 1-888-888-1211 (TTY 711) within two business days from the date you get the expedited grievance decision letter. Health Partners Plans will send your request to the Department of Health within 24 hours after receiving it.

You may not ask for an expedited review after Health Partners Plans has made a second level grievance decision on the same issue.

### ***What kind of help can I have with the complaint and grievance processes?***

You may call KidzPartners Member Relations at 1-888-888-1211 (TTY 711) if you need help or have questions about complaints and grievances. If you need help filing your complaint or grievance, a staff member of Health Partners Plans will help you. This person can also represent you during the complaint or grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your complaint or grievance.

At any time during the complaint or grievance process, you can have someone you know (which may include your children's provider) represent you or act on your behalf. If you decide to have someone represent or act for you, tell Health Partners Plans, in writing, the name of that person and how we can reach him or her.

This person can also help you if you decide you want to appear at the complaint or grievance review. If you want legal assistance, you can contact your local legal aid office or the Pennsylvania Health Law Project at 1-800-274-3258.

### ***Persons Who Speak a Language Other Than English***

If you ask for language interpreter services, Health Partners Plans will provide the services at no cost to you. Please contact KidzPartners Member Relations at 1-888-888-1211 (TTY 711) for more information.

## Persons with Disabilities

If needed, Health Partners Plans will help persons with disabilities in presenting complaints or grievances at no cost. This help includes:

- Providing sign language interpreters;
- Giving you information that Health Partners Plans will submit at the complaint or grievance review in an alternative format, before the review; and
- Providing someone to help copy and present information.

## What to Do If You Receive a Bill

There may be times when you are billed for services you receive. You may be billed for unpaid copay amounts, or for services not covered by KidzPartners. Participating providers cannot bill you unless they tell you that you will have to pay for the service before you get the service.

Sometimes, you may also receive a bill from your hospital or doctor by mistake.

If you do receive a bill:

1. Open it right away.
2. If the bill is for services that you believe are covered by KidzPartners, do not pay it. Just write “KidzPartners” and your child’s KidzPartners identification number from his or her ID card on the bill.
3. Mail the bill back to the office that sent it to you. Or,
4. Call the “billing questions” phone number shown on the bill, and give them your child’s KidzPartners ID number.

If you follow these steps right away, you should not receive any more bills for your children’s health care (except for unpaid copay amounts) as long as you are going to KidzPartners participating doctors, hospitals, pharmacies and other providers. If you do get another bill for your children’s health care, or if you have questions about what to do when you get a bill, call KidzPartners Member Relations at 1-888-888-1211 (TTY 711).

## Special Investigations Unit

Health Partners Plans’ Special Investigations Unit (SIU) looks into the actions and behaviors of KidzPartners doctors and other providers, KidzPartners members, and Health Partners Plans employees.

The SIU checks to see if these people act in a way that is not legal or is not ethical (wrong).

Members who believe that providers, other members or Health Partners Plans employees have acted in a way that is not legal or is not ethical should call our SIU Hotline at 1-866-477-4848. This hotline is for reporting the suspected actions or behaviors of members, providers and employees. You do not need to tell us your name or phone number when you call our hotline — just share with us what you would like to about the actions that you think may be wrong. Some examples of behavior that is not legal or is not ethical include:

- Providers who submit claims for services they did not provide
- Providers who submit a bill for a more expensive service than the one they actually did
- A provider who pays a member to see him or her
- Providers who submit more than one bill for the same service
- Providers who perform services that are not necessary
- Providers who abuse a patient physically, mentally, emotionally or sexually
- Providers who offer a member free services, equipment or supplies in exchange for the member’s ID number and then use that ID number to bill Health Partners Plans for services never provided
- A pharmacist who pays providers for referrals
- A pharmacist who gives generic drugs but bills for brand name drugs
- Members who sell their membership cards or ID numbers
- Members who sell medicines they receive through KidzPartners

## **Tips for Recognizing “Fraud” and “Abuse” Issues**

### ***When Receiving Services at a Provider’s Office***

When a medical procedure is recommended, make sure the doctor explains to you why your child needs the procedure.

### ***When Filling Prescriptions***

Ask the pharmacist how many pills are in the bottle to make sure that it is the same number that the doctor prescribed.

When asking someone to take your child’s prescription to the pharmacy to get it filled for you, make sure that you know and trust that person.

### ***When Attending a Gym or Physical Therapy Facility***

Make sure you initial or sign gym cards ONLY for completed visits. Do not allow someone to have you initial or sign for any visits that you are planning to complete but have not yet completed.

## **Safeguards to Protect Your KidzPartners Member Identification Card**

Keep your children’s KidzPartners member identification cards in a safe place. Check them often to make sure that your children’s cards are not missing.

Show your children’s KidzPartners member identification cards or provide their identification numbers only to your children’s health care providers or administrators and pharmacists.

Do not leave any documents showing your children’s KidzPartners member identification numbers in public places.

When receiving your health care services, Health Partners Plans recommends that you:

- Be cautious. Be alert. Be safe.
- If you see or hear about any wrongdoing, please make a note of what you think is wrong and call our SIU Hotline at 1-866-477-4848 (TTY 711). You can use our hotline number to report any suspected wrongdoing about KidzPartners participating doctors or other providers, members and/or Health Partners Plans employees. An easy way to remember the hotline number is 1-866-HP-SIU-4U.

## **For More Information**

If you have any questions or need more information about your KidzPartners benefits or services, call KidzPartners Member Relations at 1-888-888-1211 (TTY 711).

You can also ask for more written information about Health Partners Plans and its policies. This information includes:

- A list of names, addresses and titles of members of Health Partners Plans’ Board of Directors
- A description of the plan’s confidentiality policy
- A description of the provider credentialing process for reviewing providers who want to participate in the KidzPartners network
- A list of participating providers affiliated with participating hospitals
- A list of participating PCPs, specialists, pharmacies and providers of ancillary services in an appropriate alternate format
- A copy of the plan’s medical guidelines (utilization criteria) used in reviewing your request for care
- Whether a specific drug is covered
- A summary of how Health Partners Plans pays KidzPartners providers for their services
- A description of the plan’s Quality Management program