

South Country Health Alliance
Member Notice of Appeal and Rights for Chemical Health Services

You have requested a chemical use assessment and/or treatment. Before services can be provided, you must complete an assessment by a qualified assessor (Rule 25).

If you disagree with the level of chemical dependency care proposed by the assessor, you have the right to a second chemical use assessment. You must appeal in writing within five working days of the assessment or before you enter treatment, whichever occurs first.

The second assessment by a qualified assessor shall occur within five working days of receipt of a request for a second assessment.

You have the right to appeal if:

- you are denied an initial assessment within 20 days of your request for an assessment;
- you are denied a second assessment;
- you are denied placement or placement within timelines;
- you disagree before services begin with the services or length of services that the placing authority proposes to authorize;
- you are receiving authorized services and are denied additional services that would extend the length of current services beyond the end date specified in the service authorization;
- you are denied placement that is appropriate to your race, color, creed, disability, national origin, religious preference, marital status, sexual orientation, or sex; or

Please see the attached Member Rights document for detail on how to appeal with South Country Health Alliance and/ or request a State Fair Hearing.

This notice was discussed with me on _____, and I understand my right to appeal and my right to a second assessment.

Member Signature

Assessor signature

What If I Don't Agree With This Decision?

You have the right to a health plan appeal OR to request a State Fair Hearing, OR you may do both at the same time. You do not have to finish one process before using another. You may have different appeal options depending on if you have Medicare. We suggest that you contact us first about the decision or your options, but you are not required to. You may contact Customer Service toll free at 1-866-567-7242, TTY users should call 1-877-824-5611, Monday-Friday 8 a.m. to 5:00 p.m.

To exercise your right to a **health plan appeal**, file your appeal within **90** calendar days after the date of this notice. We can give you more time if you have a good reason for missing the deadline.

To exercise your right to a **State Fair Hearing**, file your written appeal within **30** days after the date of this notice. You have up to 90 days if you have a good reason for being late. The process can take between 30 and 90 days.

Who May File a Health Plan Appeal OR State Fair Hearing?

You or someone you name to act for you (your authorized representative) may file an appeal. You can name a relative, friend, advocate, attorney, doctor, or someone else to act for you. Others also already may be authorized under State law to act for you.

You can call us at: 1-866-567-7242 to learn how to name your authorized representative. If you have a hearing or speech impairment, please call us at TTY 1-877-824-5611, Monday-Friday 8:00 a.m. to 5:00 p.m.

If you want someone to act for you, you and your authorized representative must sign, date and send us a statement naming that person to act for you.

IMPORTANT INFORMATION ABOUT YOUR HEALTH PLAN APPEAL RIGHTS

For more information about your appeal rights, call us or see your Certificate of Coverage.

There are Two Kinds of Appeals You May File

Standard (30 days) - You can ask for a standard appeal. Within 10 days we will tell you that we received your appeal. We must give you a decision no later than 30 days after we get your appeal. (We may extend this time by up to 14 days if you request an extension or if we need additional information and the extension benefits you. We will tell you if we are taking the extra time and why.)

Fast (72 hours review) - If this notice is about medical coverage, you can ask for a fast appeal if you or your doctor believe that your health could be seriously harmed by waiting too long for a decision. We must decide on a fast appeal no later than 72 hours after we get your appeal. (We may extend this time by up to 14 days if you request an extension, or if we need additional information and the extension benefits you.) If we do not agree that the service is urgently needed, we will tell you within 24 hours. If you disagree, you may file a grievance with us or request a State Fair Hearing.

- **If any doctor** asks for a fast appeal for you, or supports you in asking for one, and the doctor indicates that waiting for 30 days could seriously harm your health, **we will automatically give you a fast appeal.**
- If you ask for a fast appeal without support from a doctor, we will decide if your health requires a fast appeal. If we do not give you a fast appeal, we will decide your appeal within 30 days.

What Do I Include With My Appeal?

You should include your name, address, Member ID number, reasons for appealing, and any evidence you wish to attach. Tell why you disagree with the decision.

If you need a decision quickly, state that in your appeal. If you need help, contact Member Services or the State Ombudsman. You may send in supporting medical records, doctors' letters, or other information that explains why we should provide the service. Call your doctor if you need this information to help you with your appeal. You may send this information or present this information in person if you wish. You may see your case file, including medical records and other documents considered by us during the appeal process. You may request your case file anytime before or during the appeal. You may also request, free of charge, a copy of the guidelines or criteria used in making this decision.

How Do I File An Appeal?

For a Standard Appeal: You or your authorized representative can file an appeal orally or in writing. Call us at 1-866-567-7242. We may write your appeal and may send a letter stating what you told us. You may be asked to sign this letter and return it to us before a final decision can be made.

OR you may mail, fax or deliver your written appeal to the address below:

Complaints, Appeals, and Grievances
South Contry Health Alliance
110 West Fremont Street
Owatonna, MN 55060

OR you can fax to 1-507-444-7774.

For a Fast Appeal: You or your authorized representative should contact us by telephone: 1-866-567-7242, TTY 1-877-824-5611, Monday-Friday 8:00 a.m. to 5:00 p.m.

H2419 cms scha 3001 msho 216 approved 12/2008
H5703 cms scha 3001 acare 277 approved 12/2008

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Information based on MN Rule 9530.6655
12/2008

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H5703 cms scha 3001 acare 305 approved 01/09