Blue Cross complete of Michigan

Blue Cross Complete of Michigan LLC is an independent licensee of the Blue Cross and Blue Shield Association.

GRIEVANCE AND APPEALS FACT SHEET

Grievances and appeals

Blue Cross Complete of Michigan and your provider want you to be satisfied with the services you receive.

Appeals generally relate to the clinical part of your medical coverage. This means they affect your ability to receive benefit coverage, access to care, access to services or payment for services. Grievances are complaints about other aspects of your care or service. This means the operations, activities, or the behavior of your health plan or its providers.

If you have a problem related to your care, talk to your provider. Your provider can often handle the problem. You can always call Customer Service with any questions or concerns.

If your provider or Customer Service can't handle your concern or complaint, you may file a grievance.

Grievances

If you aren't happy with us or your provider, you can file a grievance at any time. We'll keep your grievance private. You can file a grievance by writing or calling us at:

Member Grievances
Blue Cross Complete
P.O. Box 41789
North Charleston, SC 29423

Customer Service
1-800-228-8554
TTY: **1-888-987-5832**
24 hours a day, seven days a week

If you send a written grievance, we'll let you know within two business days that we received it. We'll let you know within 30 calendar days that your grievance has been addressed. We may extend the time frames for grievances up to 14 calendar days if you request an extension. Or, we may extend the time frame if we need more information and the extension is in your best interest. If we extend the time frame, we'll give you a prompt verbal notice of the extension and follow up with a letter within two calendar days of our decision to extend the time frame.

You can also ask to present your grievance in person at our office in Southfield, Michigan. If you'd like to present your grievance in person, we'll set up a meeting date and time. If you need a ride, call **1-888-803-4947**. TTY users, call **711**.

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Appeals

You may disagree with a decision we make about paying for a medical treatment, service, equipment or medicine. You have the right to appeal. An appeal means you ask us to review our decision.

We ensure that individuals who make decisions on grievances and appeals weren't involved in the previous level of decision-making. These individuals have clinical expertise when an appeal involves a clinical issue.

When a decision is made, we'll send you a Notice of Adverse Benefit Determination. Once received, you'll have 60 calendar days from the date on the notice to send us a request for an appeal either in writing or verbally. If you want the service you're receiving to continue while your internal appeal is pending, you must request continuation of services within 10 calendar days from the date on the notice. If you have questions or need help with the appeal process, call Customer Service at **1-800-228-8554**. TTY users call **1-888-987-5832**.

We must receive your appeal request within 60 calendar days from the date on the Notice of Adverse Benefit Determination. We'll provide you with written acknowledgement of receipt of an appeal within two business days.

You have the right to request a copy of the guideline or criteria used to make the benefit decision. The copy will be provided at no cost.

To ask for an in-person appeal review: If you'd like to present your appeal in person, we'll schedule a meeting date and time. If you need a ride, call **1-888-803-4947**. TTY users, call **711**.

To have someone else ask for an appeal review for you: You can ask for a review yourself, or your provider or member representative can make this request for you. If you want another person to represent you, you must give written permission.

State and federal rules require that permission be made after you get our denial notice. It also must be specific to the service in question.

To give another person permission to represent you, fill out the *Authorization of a Member Representative* form at the end of this document. Complete, sign and return it to the address on the form.

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Types of review − standard and expedited

Standard review (30 days): You can ask for a standard review by writing or calling us. If you need help writing a letter, call Customer Service.

You can also send us any paperwork, medical records or other items that support your appeal. We'll send you an acknowledgment letter within two business days of receiving your request. We'll respond to your request within 30 calendar days, or within 10 calendar days if you are receiving Children's Special Health Care Services benefits. If there is a need for additional information and the delay would be in your best interest, we may request an extension of up to 14 business days in order to get more information before we make a decision. If this extra time is needed, we'll call to tell you about the delay. We'll also send a letter explaining the reasons extra time is needed within two calendar days.

Write, call or fax:

Member Appeals
Blue Cross Complete
P.O. Box 41789
North Charleston, SC 29423

Customer Service
1-800-228-8554
TTY: **1-888-987-5832**
24 hours a day, seven days a week
Fax: 1-855-737-9879

Expedited (urgent) review (72 hours): You or your provider can ask for an urgent review if waiting the standard review time of 30 calendar days would harm your health or life. You or your provider must file a request for an expedited review within 10 calendar days of the Adverse Benefit Determination.

If the request for an urgent appeal is granted, we'll conduct an urgent review within 72 hours after we receive your request. If your appeal isn't expedited, we'll complete a standard 30-calendar-day review. If your appeal isn't expedited we'll contact you by phone and in writing to notify you.

We may extend the time frames for standard appeals and expedited appeals up to 14 calendar days if you request an extension. Or, we may extend the time frame if we need more information and the extension is in your best interest.

If we extend the time frame, we'll:

- Give you a prompt verbal notice of the extension.
- Give you a written notice within two calendar days following the extended time frame, of the reason for the decision to extend the time frame. We'll also tell you that you have the right to file a grievance if you disagree with this decision to extend the time frame.
- Resolve the appeal as quickly as your health condition requires and no later than the date the extension expires.

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To ask for an urgent review, call Customer Service or fax the request to us at **1-866-900-4482.** You can also ask for an urgent review from the state of Michigan's Department of Insurance and Financial Services.

External review

Our decision on your appeal is final. If you do not agree with our final decision, you can ask for an external review from the state of Michigan's Department of Insurance and Financial Services. You must complete the appeal process with us before you can ask for an external review.

Public Act 251 (Patient's Right to Independent Review Act) describes this process. There is a time limit. The state needs to receive your request within 127 calendar days from the date on our denial letter.

Write to:
Department of Insurance and Financial Services
Healthcare Appeals Section
Office of General Counsel
P. O. Box 30220
Lansing, MI 48909-7720
Fax: 1-517-241-4168

Deliver or overnight to:
530 W. Allegan Street, 7th Floor
Lansing, MI 48933-1070
Call: **1-877-999-6442**

Online:
https://difs.state.mi.us/Complaints/ExternalReview.aspx

State Fair Hearing

You have the right to a State Fair Hearing with the State of Michigan. Your provider or representative can also ask for a hearing. You must complete the appeal process with us before you can ask for a State Fair Hearing. You must make your request for a State Fair Hearing within 120 calendar days from the date on the appeal decision denial notice.

You can request that the same level of benefits continue while you appeal. However, if your appeal isn't approved, you may have to pay for the benefits you received while your appeal was reviewed.

Send your request to:

Michigan Administrative Hearing System
Michigan Department of Health and Human Services
P.O. Box 30763
Lansing, MI 48909
Call: **1-877-833-0870**

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For more information

You have the right to ask for copies of the documents, records and other information we used to make our decision. These will be provided at no cost. To ask for more information, write us at:

Member Appeals
Blue Cross Complete
P.O. Box 41789
North Charleston, SC 29423

You can also call Customer Service to request this information.

For additional help and information:

Call the Michigan Department of Health and Human Services Beneficiary Help Line:
1-800-642-3195
TTY: **1-866-501-5656**

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Authorization of a Member Representative Form

To give permission to another person to represent you, fill out this form. Sign and return it to the address below.

I authorize (name) _____ to represent me in this appeal and all related matters.

Member name (please print): _____

Member signature: _____ Date: _____

Complete, sign and return the form to:

Member Appeals
Blue Cross Complete
P.O. Box 41789
North Charleston, SC 29423

Nondiscrimination Notice and Language Services

Discrimination is against the law

Blue Cross Complete of Michigan complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Blue Cross Complete of Michigan does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Blue Cross Complete of Michigan:

- Provides free (no cost) aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Information in other formats (large print, audio, accessible electronic formats)
- Provides free (no cost) language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Blue Cross Complete of Michigan Customer Service, 24 hours a day, 7 days a week at **1-800-228-8554 (TDD/TTY: 1-888-987-5832).**

If you believe that Blue Cross Complete of Michigan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a grievance with:

- **Blue Cross Complete of Michigan Member Grievances**
  P.O. Box 41789
  North Charleston, SC 29423
  1-800-228-8554
  (**TDD/TTY: 1-888-987-5832**)
- If you need help filing a grievance, Blue Cross Complete of Michigan Customer Service is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, through the Office for Civil Rights Complaint Portal available at **ocrportal.hhs.gov/ocr/portal/lobby.jsf**, by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019
(TDD/TTY: 1-800-537-7697)

Complaint forms are available at: **hhs.gov/ocr/office/file/index.html**.

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Multi-language interpreter services

English: ATTENTION: If you speak English, language assistance services, at no cost, are available to you. Call **1-800-228-8554 (TTY: 1-888-987-5832)**.

Spanish: ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al **1-800-228-8554 (TTY: 1-888-987-5832)**.

Arabic:
ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم **1-800-228-8554** **(TTY: 1-888-987-5832)**.

Chinese Mandarin: 注意：如果您说中文普通话/国语，我们可为您提供免费语言援助服务。请致电：**1-800-228-8554 (TTY: 1-888-987-5832)**。

Chinese Cantonese: 注意：如果您使用粵語，您可以免費獲得語言援助服務。請致電 **1-800-228-8554 (TTY: 1-888-987-5832)**。

Syriac:
ܙܘܗܪ̈ܐ: ܐܢ ܐܢܬܘܢ ܟܐ ܡܡܠܠܝܬܘܢ ܠܫܢܐ ܐܬܘܪܝܐ، ܡܨܝܬܘܢ ܕܡܦܠܚܝܬܘܢ ܬܫܡܫܝܬܐ ܕܗܝܪܬܐ ܕܠܫܢܐ ܡܓܢܐܝܬ. ܩܪܘܢ ܥܠ ܡܢܝܢܐ **1-800-228-8554 (TTY: 1-888-987-5832)**

Vietnamese: CHÚ Ý: Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số **1-800-228-8554 (TTY: 1-888-987-5832)**.

Albanian: VINI RE: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Telefononi në **1-800-228-8554 (TTY: 1-888-987-5832)**.

Korean: 주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. **1-800-228-8554 (TTY: 1-888-987-5832)** 번으로 전화해 주십시오.

Bengali: লক্ষ্য করুনঃ যদি আপনি বাংলায় কথা বলেন, তাহলে নিঃখরচায় ভাষা সহায়তা পেতে পারেন। **1-800-228-8554 (TTY: 1-888-987-5832)** নম্বরে ফোন করুন।

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer **1-800-228-8554 (TTY: 1-888-987-5832)**.

German: ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: **1-800-228-8554 (TTY: 1-888-987-5832)**.

Italian: ATTENZIONE: In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero **1-800-228-8554 (TTY: 1-888-987-5832)**.

Japanese: 注意事項：日本語を話される場合、無料の通訳サービスをご利用いただけます。**1-800-228-8554 (TTY: 1-888-987-5832)** まで、お電話にてご連絡ください。

Russian: ВНИМАНИЕ: Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните **1-800-228-8554 (TTY: 1-888-987-5832)**.

Serbo-Croatian: PAŽNJA: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Nazovite **1-800-228-8554 (TTY: 1-888-987-5832)**.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa **1-800-228-8554 (TTY: 1-888-987-5832)**.

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