



## Complaints, Grievances, Appeals and Fair Hearings

Advanced Health makes sure all members have access to a grievance system (complaints, grievances, appeals and hearings). We try to make it easy for members to file a complaint, grievance, or appeal and get info on how to file a hearing with the Oregon Health Authority.

Let us know if you need help with any part of the complaint, grievance, appeal, and/or hearings process. We can also give you more information about how we handle complaints/grievances and appeals. Copies of our notice templates are also available. If you need help or would like more information beyond what is in the handbook contact us at: 541-269-7400 or email at [customerservice@advancedhealth.com](mailto:customerservice@advancedhealth.com).

### You can make a complaint

- A **complaint** is letting us know you are not satisfied.
- A **dispute** is when you do not agree with Advanced Health or a provider.
- A **grievance** is a complaint you can make if you are not happy with Advanced Health, your healthcare services, or your provider. A dispute can also be a grievance.

To make it easy, OHP uses the word **complaint** for grievances and disputes, too.

You have a right to make a complaint if you are not satisfied with any part of your care. We will try to make things better. Just call Customer Service at 541-269-7400, Toll Free 800-264-0014, TTY 711 or 800-735-1232. You can also make a complaint with OHA or Ombuds. You can reach OHA at 1-800-273-0557 or Ombuds at 1-877-642-0450.

or

Write:

Advanced Health Complaints

289 La Clair Street, Coos Bay, OR 97420. You may also find a complaint form at <https://advancedhealth.com/members/forms/>.

You can file a complaint about any matter other than a denial for service or benefits and at any time orally or in writing. If you file a complaint with OHA it will be forwarded to Advanced Health



## Examples of reasons you may file a complaint are:

- Problems making appointments or getting a ride
- Problems finding a provider near where you live
- Not feeling respected or understood by providers, provider staff, drivers or Advanced Health
- Care you were not sure about, but got anyway
- Bills for services you did not agree to pay
- Disputes on Advanced Health extension proposals to make approval decisions
- Driver or vehicle safety
- Quality of the service you received

A representative or your provider may make (file) a complaint on your behalf, with your written permission to do so.

We will look into your complaint and let you know what can be done as quickly as your health requires. This will be done within 5 business days from the day we got your complaint.

If we need more time, we will send you a letter within 5 business days. We will tell you why we need more time. We will only ask for more time if it's in your best interest. All letters will be written in your preferred language. We will send you a letter within 30 days of when we got the complaint explaining how we will handle it.

If you are unhappy with how we handled your complaint, you can share that with OHP Client Services Unit at 1-800-273-0557 or please reach out to the OHA Ombuds Program. The Ombuds are advocates for OHP members and they will do their best to help you. Please email [OHA.OmbudsOffice@odhsoha.oregon.gov](mailto:OHA.OmbudsOffice@odhsoha.oregon.gov) or leave a message at 877-642-0450.

Another resource for supports and services in your community is 211 Info. Call 2-1-1 or go to the [www.211info.org](http://www.211info.org) website for help.

## Advanced Health, its contractors, subcontractors, and participating providers cannot:

- Stop a member from using any part of the complaint and appeal system process or take punitive action against a provider who ask for an expedited result or supports a member's appeal.



- Encourage the withdrawal of a complaint, appeal, or hearing already filed; or
- Use the filing or result of a complaint, appeal, or hearing as a reason to react against a member or to request member disenrollment.

You can ask us to change a decision we made. This is called an appeal.

You can call, write a letter or fill out a form that explains why the plan should change its decision about a service.

If we deny, stop, or reduce a medical, dental or behavioral health service, we will send you a denial letter that tells you about our decision. This denial letter is also called a Notice of Adverse Benefit Determination (NOABD). We will also let your provider know about our decision.

**If you disagree with our decision, you have the right to ask us to change it.**

This is called an appeal because you are appealing our decision.

## **Don't agree with our decision? Follow these steps:**

- 1** **Ask for an appeal**  
You must ask within 60 days of your denial letter's date. Call or send a form.
- 2** **Wait for our reply**  
We have 16 days to reply. Need a faster reply? Ask for a fast appeal.
- 3** **Read our decision**  
Still don't agree? You can ask the state to review. This is called a hearing.
- 4** **Ask for a hearing**  
You must ask within 120 days of the appeal decision letter date.

Learn more about the steps to ask for an appeal or hearing:

### **Step 1**

#### **Ask for an appeal.**

You must ask within 60 days of the date of the denial letter (NOABD).

Call us at 541-269-7400 (TTY 711) or use the Request to Review a Health Care Decision form. The form will be sent with the denial letter. You can also get it at <https://bit.ly/request2review>.

You can mail the form or written request to **Advanced Health, 289 La Clair Street, Coos Bay OR 97420**

	<p>You can also fax the form or written request to 541-269-2052.</p> <p><b>Who can ask for an appeal?</b> You or someone with written permission to speak for you. That could be your doctor or an authorized representative.</p>
<b>Step 2</b>	<p><b>Wait for our reply.</b></p> <p>Once we get your request, we will look at the original decision. A new doctor will look at your medical records and the service request to see if we followed the rules correctly. You can give us any more information you think would help us review the decision.</p> <p>To support your appeal, you have the right to:</p> <ul style="list-style-type: none"><li>• Give information and testimony in person or in writing.</li><li>• Make legal and factual arguments in person or in writing.</li></ul> <p>You must do these things within appeal timeframes listed below.</p> <p><b>How long do you get to review my appeal?</b> We have 16 days to review your request and reply. If we need more time, we will send you a letter. We have up to 14 more days to reply.</p> <p><b>What if I need a faster reply?</b> You can ask for a fast appeal. This is also called an expedited appeal. Call us. or fax the request form. The form will be sent with the denial letter. You can also get it at <a href="https://bit.ly/request2review">https://bit.ly/request2review</a>. Ask for a fast appeal if waiting for the regular appeal could put your life, health or ability to function in danger. We will call you and send you a letter, within 1 business day, to let you know we have received your request for a fast appeal.</p> <p><b>How long does a fast appeal take?</b> If you get a fast appeal, we will make our decision as quickly as your health requires, no more than 72 hours from when the fast appeal request was received. We will do our best to reach you and your provider by phone to let you know our decision. You will also get a letter.</p> <p>At your request or if we need more time, we may extend the timeframe for up to 14 days.</p>

	<p>If a fast appeal is denied or more time is needed, we will call you and you will receive written notice within two days. A denied fast appeal request will become a standard appeal and needs to be resolved in 16 days or possibly be extended 14 more days.</p> <p>If you don't agree with a decision to extend the appeal time frame or if a fast appeal is denied, you have the right to file a complaint.</p>
<p><b>Step 3</b></p>	<p><b>Read our decision.</b></p> <p>We will send you a letter with our appeal decision. This appeal decision letter is also called a Notice of Appeal Resolution (NOAR). If you agree with the decision, you do not have to do anything.</p>
<p><b>Step 4</b></p>	<p><b>Still don't agree? Ask for a hearing.</b></p> <p>You have the right to ask the state to review the appeal decision. This is called asking for a hearing. You must ask for a hearing within 120 days of the date of the appeal decision letter (NOAR).</p> <p><b>What if I need a faster hearing?</b></p> <p>You can ask for a fast hearing. This is also called an expedited hearing.</p> <p>Use the online hearing form at <a href="https://bit.ly/ohp-hearing-form">https://bit.ly/ohp-hearing-form</a> to ask for a normal hearing or a faster hearing.</p> <p>You can also call the state at 800-273-0557 (TTY 711) or use the request form that will be sent with the letter. Get the form at <a href="https://bit.ly/request2review">https://bit.ly/request2review</a>. You can send the form to:</p> <p>OHA Medical Hearings  500 Summer St NE E49  Salem, OR 97301  Fax: 503-945-6035</p> <p>The state will decide if you can have a fast hearing 2 working days after getting your request.</p>

**Who can ask for a hearing?**

You or someone with written permission to speak for you. That could be your doctor or an authorized representative.

**What happens at a hearing?**

At the hearing, you can tell the Oregon Administrative Law judge why you do not agree with our decision about your appeal. The judge will make the final decision.

## Questions and answers about appeals and hearings

**What if I don't get a denial letter? Can I still ask for an appeal?**

You have to get a denial letter before you can ask for an appeal.

Providers should not deny a service. They have to ask Advanced Health if you can get approval for a service.

If your provider says that you cannot have a service or that you will have to pay for a service, you can ask us for a denial letter (NOABD). Once you have the denial letter, you can ask for an appeal.

**What if Advanced Health doesn't meet the appeal timeline?**

If we take longer than 30 days to reply to your appeal, you can ask the state for a review. This is called a hearing. To ask for a hearing, call the state at 800-273-0557 (TTY 711) or use the online hearing form at <https://bit.ly/ohp-hearing-form>.

**Can someone else represent me or help me in a hearing?**

You have the right to have another person of your choosing represent you in the hearing. This could be anyone, like a friend, family member, lawyer, or your provider. You also have the right to represent yourself if you choose. If you hire a lawyer, you must pay their fees.

For advice and possible no-cost representation, call the Public Benefits Hotline at 1-800-520-5292; TTY 711. The hotline is a partnership between Legal Aid of Oregon and the Oregon Law Center. Information about free legal help can also be found at [OregonLawHelp.com](http://OregonLawHelp.com)

### Can I still get the benefit or service while I'm waiting for a decision?

If you have been getting the benefit or service that was denied and we stopped providing it, you, or authorized representative, with your written permission, can ask us to continue it during the appeal and hearings process.

**You need to** ask for this within 10 days of the date of notice or by the date the decision is effective, whichever is later. You can ask by phone, letter, or fax.

- You can call us at 541-269-7400 (TTY 711).  
or
- Use the Request to Review a Health Care Decision form. The form will be sent with the denial letter. You can also get it at <https://bit.ly/request2review>.
- **Answer “yes” to the question about continuing services on box 8 on page 4 on the *Request to Review a Health Care Decision* form.**

You can mail the form to **Advanced Health, 289 La Clair Street, Coos Bay OR 97420**

### Do I have to pay for the continued service?

If you choose to still get the denied benefit or service, you may have to pay for it. If we change our decision during the appeal, or if the judge agrees with you at the hearing, you will not have to pay.

If we change our decision and you were not receiving the service or benefit, we will approve or provide the service or benefit as quickly as your health requires. We will take no more than 72 hours from the day we get notice that our decision was reversed.

### What if I also have Medicare? Do I have more appeal rights?

If you have both Advanced Health and Medicare, you may have more appeal rights than those listed above. Call Customer Service at 541-269-7400 (TTY 711) for more information. You can also call Medicare at 800-633-4227 or TTY 877-486-2048 to find out more on your appeal rights.

### What if I want to see the records that were used to make the decision about my service(s)?

You can contact Advanced Health at 541-269-7400 (TTY 711) to ask for free copies of all paperwork used to make the decision.