



## Health Partners Plans

Feb. 12, 2021

### **RE: KidzPartners appeal processes**

Dear Provider:

We value you as a health care partner and want you to know about important changes to certain KidzPartners appeal processes, starting Nov. 1, 2020.

These changes are reflected in Chapter 12 of the updated Health Partners Plans Provider Manual. You can view or download the manual from our website, [HPPlans.com](http://HPPlans.com).

A summary of key changes follows:

- To initiate a grievance on behalf of a KidzPartners member, you must submit the member's written consent along with the request for a grievance. This member consent must be obtained prior to the onset of the grievance process.
- Members must file a first level complaint within 60 days of receipt of a notification that is prompting a complaint, and within 60 days of the date that a member should have gotten a service or item if the member did not get the service or item.
- Health Partners Plans will notify the member about the location, date and time of a first level complaint review at least seven days in advance.
- If a member doesn't agree with our first level complaint decision, the member can file a second level complaint or request an External Complaint Review, depending on what the complaint is about. A second level complaint request must be filed within 45 days of receipt of the first level decision letter. An External Complaint Review request must be filed within 15 days of receipt of the first level decision letter.
- Health Partners Plans will notify the member about the location, date and time of a second level complaint review at least 15 days in advance.
- There will now be a single grievance level. A grievance must be filed within 60 days of receipt of our notice telling the member that the requested service or item has been denied, reduced or stopped, or that a different service or item has been approved.
- Health Partners Plans will notify the member about the location, date and time of a grievance review at least 15 days in advance.
- The committee reviewing grievances will be made up of three or more individuals who have not been involved in the issue being grieved, including a licensed doctor and a community member.
- If a member doesn't agree with our grievance decision, the member can request an External Grievance Review. This request must be filed within 15 days of receipt of the grievance decision letter.

- The committee reviewing Expedited Grievance requests will be comprised of three or more individuals who were not involved in the issue being grieved, including a licensed doctor and a community member.

Please see Chapter 12 of our provider manual for full information about our appeal processes.

If you have questions, contact our Provider Services Helpline at **1-888-991-9023** (Monday–Friday, 9 a.m.–5:30 p.m.) or your Network Account Manager (NAM).

Sincerely,

*Michael K. Krusen*

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Regional VP, Provider Relations

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