

Enrollee Grievance and Appeals Process

As an enrollee you or your authorized representative has the right to express your dissatisfaction with services that you received or to appeal any of our decisions not to pay for a medical treatment or if you feel we have not paid enough.

You may call us or write to express any dissatisfaction with the availability of services, the delivery of services, the quality of health care services you receive, or the service you receive from us. You may write to request an appeal of any decision we make to deny a request for referral, a prior authorization request for a service, deny a claim, or to question our handling or payment for health care services. If you call us to express dissatisfaction or request an appeal you will be asked to provide the request in writing so that we can proceed with the review of your request. The following paragraphs give more information on the process that we follow.

If You Are Not Happy with A Service You Received.

If you are not satisfied with any aspect of the health care you receive through a Trillium Sprout Healthy Kids Connect provider, we want to know about it. Help begins with a phone call to one of our Customer Service Representatives.

Trillium Sprout Healthy Kids Connect Customer Service is available from 8:00 am to 5:00 pm, five days a week M-F, except holidays.

Call **1-877-401-5439 (toll free) or (541) 431-1990**. If you are hearing impaired, call TTY services at **1-866-279-9750**. You can also contact us in writing. Our mailing address is:

Trillium Sprout Healthy Kids Connect

P.O. Box 11756

Eugene, OR 97440-3956

If you call and we are not able to immediately resolve your concern, we will ask if you would like to submit a written grievance. If you indicate that you want to submit a written grievance, we will send you a form to complete and return to us. Within 5 business days of receiving your written grievance, we will send a letter confirming that we have received your written grievance. We will send you our written decision regarding your grievance within 30 calendar days of our receipt of your written grievance.

If You Are Not Happy About A Denial for a Request for Service or with How We Handled Your Claim.

Whenever we deny a request for service or a claim we will send you written explanation of the denial. If you are not satisfied with the denial you, your provider, or your authorized representative may submit a written request to appeal the denial decision. Any request to appeal a denial must be submitted within 60 calendar days of our denial decision.

If you need assistance in completing a written appeal request, give us a call.

Appeal Process

We will send you a written acknowledgement within 5 working days of receiving your written appeal and will also initiate our internal appeal process.

Our appeal process includes up to 2 levels of review for each appeal. The first level is by the person involved in making the original decision. If the result of the first level of review is to continue to uphold the initial denial, we will automatically forward to the second level of review which will be by an appropriate healthcare professional not involved in the initial decision or in the first level appeal process.

We will send you written notice of our final appeal decision within 30 calendar days of receiving your appeal request. If after the second level review we continue to uphold our initial denial you may have the right to request an external review.

External review

If you disagree with our final appeal decision you may submit a written request to us for an external review. You are not responsible for the expenses of the external review. Your request must be received within 180 days of our final decision.

To qualify, your appeal must be:

- an adverse decision based on medical necessity; or
- an adverse decision for treatment determined to be experimental or investigational; or
- for the purpose of continuity of care (no interruption of an active course of treatment) under ORS 743.854.

To apply for an external review you must submit your request to us at the following address:

Trillium Sprout Healthy Kids Connect
Appeals
P.O. Box 11756
Eugene, Oregon 97440-3956

As a member, you should know that in order to have your appeal submitted for external review, you, or your authorized representative must sign a waiver granting the independent review organization access to your medical records. A waiver may be a written letter or an Appeals Request Form. If the request is being submitted by your authorized representative, the waiver must also include your signature and the name and signature of the individual you are authorizing to represent you.

When we receive your request for an external review, either expedited or standard, we must complete an External Review Request form. We must forward your request and the completed External Review Request form to the Director of the Department of Consumer and Business Services within two days of receiving your request. If you have submitted an expedited request, we must forward your

request immediately.

We are bound by the decision made by the Independent Review Organization (IRO). Trillium Sprout Healthy Kids Connect agrees to be bound by the decisions made by the IRO.

A written decision by the IRO will be sent to you or your authorized representative within 30 days of our receiving your written appeal request for External Review. If you made an expedited request, a written decision will be sent to you or your authorized representative within 3 days of our receiving your written appeal request.

If you want more information regarding External Review, please contact our Customer Service Department at 541-431-1990 or toll free at 1-877-401-5439 or TTY 866-279-9750.

You may also learn more about external reviews by visiting: http://insurance.oregon.gov/consumer/exreview/external_review_overview.html

Expedited Appeal or Expedited Review

An expedited appeal or review is warranted when any health care professional who has a clinical relationship with you states that you may experience serious danger or a deterioration in quality of life if you are required to wait 30 days for a decision, the length of time for a standard appeal or review decision.

Appeal and Review Timelines

Trillium Sprout Health Kids Connect and the IRO have the following timeframes for making decisions on appeals and external review requests:

- 3 days for expedited requests
- 30 days for standard requests

Appeals Forms (not required to file an appeal)

You may use a written letter or an Appeals Request Form to submit your request for appeal or for external review. If you call to request an appeal, we will send you a letter which confirms our understanding of your reason for appeal. You will be asked to indicate whether or not we understand your request correctly and to sign and return the letter along with any additional documentation you would like to submit for our consideration. We will initiate the appeal process and will provide you with a response within 30 calendar days of receipt of your written confirmation.

Other appeals resources

Complaint and appeals: if I am not satisfied with my health plan or provider what can do to file a complaint or get outside assistance?

You also have the right to file a complaint and seek assistance from the Director of the Department of Consumer and Business Services (DCBS). You can write to the Director of the DCBS at:

Department of Consumer and Business Services
350 Winter Street NE
PO Box 14480
Salem, OR 97309-0405

You have the right to file a complaint or seek other assistance from the Oregon agency. Assistance is available:

By calling (503) 947-7984 or the toll free message line at (888) 877-4894

By writing to the Oregon agency, Consumer Protection Unit, 350 Winter Street NE, Room 440-2, Salem, OR 97301-3883

Through the Internet at

<http://www.cbs.state.or.us/external/ins/>

By email at: [dcbs.insmail @state.or.us](mailto:dcbs.insmail@state.or.us)