



What are appeals and grievances?

You have the right to make a complaint if you have concerns or problems related to your coverage or care. "Grievances" and "Appeals" are the two different types of complaints you can make.

Part C Grievance and Appeals

A "**grievance**" is the type of complaint you make if you have any other type of problem with HealthSun Health Plans, Inc. or one of our plan providers.

For example, you would file a grievance if you have a problem with things such as:

- The quality of your care
- Waiting times for appointments or in the waiting room
- The way your doctors or other s behave
- Being able to reach someone by phone or get the information you need
- The cleanliness or condition of the doctor's office
- HealthSun Health Plans' decision not to expedite a request for an appeal
- HealthSun Health Plans' decision not to extend an appeal beyond the required time frame.

This written grievance should include:

- The member's name, address,
- Member ID number,
- You or your authorized representatives signature,
- Date and summary of the issue, including a statement of action you or your authorized representative are requesting. If you or your authorized representative require assistance in preparing and submitting your written grievance, you or your authorized representative may contact our Member Services Department where a Member Services Representative will assist you.

If you have a grievance, we encourage you to call Member Service. We will try to resolve any complaint over the phone. If at any time you feel that your problem has not been resolved to you or your authorized representative's satisfaction through informal discussions, you or your authorized representative may submit a written grievance to our Grievance/Appeals Department.

Appeal

If our initial decision is to deny your request or Grievance, you may **appeal** the decision. Please refer to your EOB for detailed instructions.

Part D Grievance and Appeals

- A “**grievance**” is any complaint, other than one that involves a request for an organization determination, a coverage determination.
- An “**appeal**” is the type of complaint you make when you want us to reconsider and change a decision we have made about what services or benefits are covered for you or what we will pay for a service or benefit.

You would file an appeal when you have problems getting the prescription drugs you believe we should provide. We use the word “provide” in a general way to include such things as authorizing prescription drugs, paying for prescription drugs, or continuing to provide a Part D prescription drug that you have been getting. Problems getting a Part D prescription drug that you believe we should provide include the following situations:

- If you are not getting a prescription drug that you believe may be covered by HealthSun Health Plans, Inc.
- If you have received a Part D prescription drug you believe may covered by HealthSun Health Plans, Inc. while you were a member, but we have refused to pay for the drug.

For more information on how to file a request for an exception, grievance or appeal, please contact HealthSun Health Plans' Member Services Department at 305-234-9292 for Miami-Dade County, 1-877- 207-4900 for all other counties or TTY 877-206-0500 for the hearing impaired. Our office hours are Monday through Friday from 8:30 a.m. to 5:30p.m. Alternative technical assistance will be available Saturday, Sundays and holidays to return your call within one business day.