

Your Right to Make a Fast Complaint Letter Referenced in §422.630(d)

[Note: Header is for plan information only and should not be included in the letter the plan sends to members.]

- ❖ *[This model letter describes a member’s right to make an expedited grievance or “Fast Complaint” when:*
 - *the plan needs more time to make a decision on an integrated organization determination (an initial request for a service or item) or an expedited integrated appeal; or*
 - *the plan denies a request for an expedited integrated organization determination or an expedited integrated appeal.]*
- ❖ *[Based on why plans are sending the letter, plans should select the appropriate language in the second paragraph of this letter.]*
- ❖ *[Instructions to plans appear in blue italicized text and brackets [] and are only for plan use. Plans must ensure that no blue italicized text remains and that blue non-italicized text is changed to black text in the letter that plans send to members.]*
- ❖ *The letter contains text in pointed brackets < > when the plan must insert particular information into the document, and it is:*
 - *Based on the specific situation involved – for example, the appropriate term to be inserted depends on the situation, or*
 - *Specific to the individual letter – for example, an effective date or deadline date]*
- ❖ *[Plans should revise references to “Medicaid” to use the state-specific name for the program throughout the letter. If the state-specific name does not include the word “Medicaid,” plans should add “(Medicaid)” after the first reference of the state-specific name.]*
- ❖ *[Plans may modify the letter as needed to describe the plan’s rules and benefits.]*
- ❖ *[Plans may modify the language in the letter, as applicable, to address state-specific Medicaid benefits and procedures.]*
- ❖ *[Where the template instructs inclusion of a phone number, plans should insert the most appropriate plan number. Only the plan’s Member Services phone and TTY numbers are required to be toll-free.]*
- ❖ *[If plans do not use the term “Member Services,” plans should replace it with the term they use.]*
- ❖ *[Plans should ensure plan-customized text is in plain language.]*
- ❖ *[Plans may place a hyperlink or a QR code in the letter where appropriate to provide an option for members to go online.]*

Your Right to Make a Fast Complaint

<Date of Letter>

[Insert Member name]

Member Health Plan ID:

Service/item this letter is about:

[Insert additional field(s) as needed or when required by state, such as provider or Member Medicaid ID]

<Plan name> is called “our plan” or “we” in this letter. We are a health plan that contracts with Medicare and Medicaid *[Replace with state-specific term for Medicaid, if applicable]* to provide coverage for both programs. Our plan coordinates your Medicare and Medicaid *[Replace with state-specific term for Medicaid, if applicable]* services and your doctors, hospitals, pharmacies, and other health care providers.

[Insert one of the following sets of paragraphs as applicable:]

*[When plan needs more time to make a decision: **Our plan needs more time to make a decision about your <request or appeal> for the <service or item> listed above. We may need up to 14 additional calendar days to give you a decision.***

If you disagree with our plan’s decision to take more time to give you a decision, **you or your <doctor or health care provider> can make a fast complaint.**

- You may need a faster decision because of a health or medical reason.
- If you need a faster decision, ask your <doctor or health care provider> to send us information about your health or medical reason.
- When you make a fast complaint, our plan must give you a decision on your fast complaint **within 24 hours.**
- If our plan agrees you need a faster decision, we’ll make a decision about your <request or appeal> sooner.]

or

*[When plan denies request for expedited integrated organization determination/appeal: **Our plan reviewed your <request or appeal> for the <service or item> listed above. We don’t think a fast <decision or appeal> is needed because [Insert a concise explanation for the plan’s decision. Write the explanation in plain language and give, at a minimum, a basic explanation of the reasoning behind the action in the simplest language possible without losing meaning.]*** Our plan will make a decision about your <request or appeal> by *[Insert specific decision deadline date in month, date, year format – 14 calendar days for requests (72*

hours for Part B drugs)/30 calendar days for appeals (7 calendar days for Part B drugs) from date that the request or appeal was made. Insert deadline date in bold text.].

If you disagree with our plan's decision that you don't need a fast <decision or appeal>, **you or your <doctor or health care provider> can make a fast complaint.**

- You may need a faster decision because of a health or medical reason.
- If you need a faster decision, ask your <doctor or health care provider> to send us information about your health or medical reason.
- When you make a fast complaint, our plan must give you a decision on your fast complaint **within 24 hours**.
- If our plan agrees you need a faster decision, we'll make a decision about your <request or appeal> sooner.]

How to make a fast complaint

Contact our plan as soon as possible to make a fast complaint. Usually, **calling our plan's Member Services is the first step** for making a fast complaint. **We must respond within 24 hours of getting your fast complaint.**

- To make a fast complaint by phone, you or someone you have named as your representative to act on your behalf (such as a relative, friend, or lawyer) may call <plan phone number for complaints> (TTY: <TTY number>), <days and hours of operation>.
- When you call, tell us you want to make a fast complaint.
- If you make your fast complaint by phone, our plan may call you to give you our answer and follow up with a written response.

You always have the right to make a fast complaint in writing if you don't want to call Member Services.

- To put your complaint in writing, you or your representative can mail us at <plan mailing address> or send a fax to <plan fax number for complaints>.
- If you make your fast complaint in writing, our plan will send you a written response.

You also have the right to ask for a written response from our plan when you call to make a fast complaint.

Get help and more information

- **<Plan name> Member Services:** Call <toll-free plan Member Services phone number> (TTY: <toll-free TTY number>), <days and hours of operation>. You can also visit <plan website>.
- *[If the state uses an Ombudsman or other member support program, insert the following language, with state-specific information here: <Name of program office>: Call <phone number> (TTY: <TTY number>). <Name of program office> can answer questions about this letter. They can also help you understand what to do next. They aren't connected with our plan or with any insurance company or health plan. Their services are free.]*
- **<Name of State Health Insurance Assistance Program (SHIP) office>:** Call <phone number> (TTY: <TTY number>). <Name of SHIP program> counselors can help you with Medicare issues, including how to make a fast complaint. They aren't connected with any insurance company or health plan. Their services are free.
- **Medicare:** Call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week (TTY users can call 1-877-486-2048). Or, visit [Medicare.gov](https://www.medicare.gov).
- **<Medicaid/state Medicaid program name>:** Call <phone number> (TTY: <TTY number>).
- **Medicare Rights Center:** Call 1-800-333-4114, or visit www.medicarerights.org.
- **Eldercare Locator:** Call 1-800-677-1116, or visit www.eldercare.acl.gov to find help in your community.
- *[If applicable, insert other state or local aging/disability resources contact information.]*

You can get this document for free in *[Insert, as appropriate: <non-English language(s)> or]* other formats, such as large print, braille, or audio. Call <toll-free phone and TTY numbers, days and hours of operation>. The call is free.