

# Complaints/Grievances, Appeals and Fair Hearings

MedStar Family Choice and the D.C. government both have ways that you can complain about the care you get or the services MedStar Family Choice provides to you. You may choose how you would like to complain as described below.



## Complaints/Grievances

- If you are unhappy with something that happened to you, you can file a complaint/grievance. Examples of why you might file a complaint/grievance include:
  - You feel you were not treated with respect.
  - You are not satisfied with the health care you got.
  - It took too long to get an appointment.
- To file a complaint/grievance, you should call Member Services at 888-404-3549.
- Your doctor can also file a complaint/grievance for you.

You should file a complaint/grievance as soon as possible and no later than 90 days after the issue you are unhappy about took place. MedStar Family Choice will usually give you a decision within 30 days but may ask for extra time (but not more than 44 days total) to give a decision.

## Appeals and fair hearings

If you believe your benefits were unfairly denied, reduced, delayed or stopped, you have a right to file an appeal with MedStar Family Choice and request a fair hearing with the D.C. Office of Administrative Hearings.

- To file an appeal with MedStar Family Choice, call Member Services at 888-404-3549.
- To file a request for a fair hearing, call or write the District government at:  
District of Columbia Office of  
Administrative Hearings  
Clerk of the Court  
441 4th St., NW  
N450  
Washington, DC 20001  
202-442-9094 **PHONE**
  - MedStar Family Choice can help you file a request for a fair hearing by calling Member Services 888-404-3549 or writing us at 4201 Connecticut Ave. NW, Suite 200, Washington, DC 20008.
  - You may also contact the District's Ombudsman program at 202-724-7491 and they will help you request a fair hearing.

- **Deadlines**
  - You must file an appeal or request a fair hearing within 90 days of getting MedStar Family Choice’s notice of action in the letter you received.
  - If you want to continue receiving the benefit during your fair hearing or appeal, you must request the fair hearing or appeal within the later of the following:
    - Within 15 days from MedStar Family Choice postmark of the Notice of Action or the intended effective date of MedStar Family Choice’s proposed action (or, in other words, when the benefit is to stop).
- Your provider may file an appeal or request for a fair hearing on your behalf with your written permission.

### **Expedited (Emergency) complaints/grievances and appeals process**

If your appeal is determined to be an emergency, MedStar Family Choice will give you a decision within three calendar days. An appeal is considered an emergency if it would be harmful or painful to you if you had to wait for the standard timeframe of the appeal procedure.

### **Your rights during the complaints/grievances, appeals and fair hearings process**

- You have the right to a fair hearing. You may request a fair hearing from the Office of Administrative Hearings at any time before, during or after you have filed an appeal with MedStar Family Choice but no more than 90 days from the date the notice of action is mailed.



- You have a right to keep receiving the benefit we denied while your appeal or fair hearing is being reviewed. To keep your benefit during a fair hearing, you must request the fair hearing within a certain number of days. This could be as short as 10 days.
- You have the right to have someone from MedStar Family Choice help you through the grievance and appeals process.
- You have a right to represent yourself or be represented by your family caregiver, lawyer or other representative.
- You have a right to have accommodations made for any special healthcare need you have.
- You have a right to adequate TTY/TTD capabilities and services for the visually impaired.
- You have a right to adequate translation services and an interpreter.
- You have a right to see all documents related to the complaint/grievance, appeal or fair hearing.

If you have any questions about the complaints/grievances and appeals/fair hearings process, please call Member Services at 888-404-3549.

## Notice of privacy practices

With your enrollment packet, you received a copy of our notice of privacy practices. This important document includes:

- How MedStar Family Choice may use and disclose your medical information
- How you can access this information
- How to report a complaint if you feel your privacy has been violated

You may view it on our website at **medstarfamilychoice.com** or call to request a copy of the notice of privacy practice's by calling Member Services at 888-404-3549.

For your protection, MedStar Family Choice has policies to make sure that your protected health information is safe. These policies explain how we protect oral (verbal), written or electronic protected health information. Before talking about your protected health information with anyone over the phone, we verify the identity of the caller and make sure the caller has the authority to know this information. Within our company, we make sure that any discussions about our members' protected health information occur in a way that only those individuals who need to be involved in the discussions will hear them. MedStar Family Choice also makes certain that we secure all written (paper) or electronic protected health information. Paper documents are kept in secure locations. Electronic information is protected with a password. Only staff members who must have access to your information to perform their jobs have access. When using your information, only the minimum amount needed is used.