



# WE LISTEN.

Let's work to fix things.

## What should I do if I have a complaint?

We want to help. If you have a complaint, please call us toll-free at **1-877-653-0327** to tell us about your problem. A Cigna-HealthSpring Member Services Advocate can help you file a complaint. Just call **1-877-653-0327**. Most of the time, we can help you right away or at the most within a few days.

Once you have gone through the Cigna-HealthSpring complaint process, you can complain to the Health and Human Services Commission (HHSC) by calling toll-free **1-866-566-8989**. If you would like to make your complaint in writing, please send it to the following address:

- ▶ **Texas Health and Human Services Commission  
Health Plan Operations - H-320  
P.O. Box 85200  
Austin, TX 78708-5200  
ATTN: Resolution Services**

If you can get on the Internet, you can send your complaint in an email to **HPM\_Complaints@hhsc.state.tx.us**.

## Who do I call?

If you have a complaint, you can call Cigna-HealthSpring Member Services at **1-877-653-0327**. If your call is after hours, you can leave a message. Your call will be returned within one business day.

## Can someone from Cigna-HealthSpring help me file a complaint?

If you or your authorized representative need help filing your complaint, a Cigna-HealthSpring Member Services representative or a Cigna-HealthSpring Member advocate can help you. You can call Member Services at **1-877-653-0327**.

## How long will it take to process my complaint?

You can expect your complaint to be handled within five business days from the date Cigna-HealthSpring receives your complaint.

- ▶ An investigator will send you or your authorized representative a letter acknowledging receipt of the complaint.
- ▶ The complaint is investigated and corrective action is taken as necessary.
- ▶ You or your authorized representative will receive the outcome within 30 calendar days of the date your complaint is received.

## What are the requirements and timeframes for filing a complaint?

You can file a complaint over the phone or in writing at any time.

## Information on how to file a Complaint with HHSC, once I have gone through the Cigna-HealthSpring Complaint process

Once you have gone through the Cigna-HealthSpring complaint process, you or your authorized representative can make the complaint to the Health and Human Services Commission by calling **1-866-566-8989**. If you would like to make your complaint in writing, you can send it to:

- ▶ **Texas Health and Human Services Commission  
Health Plan Operations - H-320  
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You can also email your complaint to **HPM\_Complaints@hhsc.state.tx.us**. If you need help filing your complaint, a Cigna-HealthSpring Member advocate can help you. Call Member Services at **1-877-653-0327**.





# STAND UP.

## For your rights.

### What can I do if my doctor asks for a service or medicine for me that's covered but Cigna-HealthSpring denies or limits it?

You or your authorized representative can file an appeal with Cigna-HealthSpring. Your provider can be your authorized representative.

### How will I find out if services are denied?

You will receive a letter if a covered service is:

- ▶ Not approved.
- ▶ Delayed.
- ▶ Reduced or limited.
- ▶ Stopped.

### What is the timeframe for an appeal?

The timeframe for an appeal is:

- ▶ You or your authorized representative must file your appeal request within 30 days from the date Cigna-HealthSpring did not approve the service.
- ▶ Within 5 business days of receiving your request, Cigna-HealthSpring will send you or your authorized representative written confirmation that your request has been received.
- ▶ Cigna-HealthSpring will send you or your authorized representative a written decision within 30 days from the date we received your appeal request.
- ▶ Your appeal request can be extended up to 14 calendar days if you or your authorized representative asks for an extension, or if Cigna-HealthSpring shows how the need for more information or a delay is in your best interest.
- ▶ If the timeframe is extended, Cigna-HealthSpring will send you or your authorized representative written notice of the reason for the delay if you did not ask for the delay.

★ **Important:** If Cigna-HealthSpring does not receive your Appeal Filing Form within 30 days of the date of the decision letter, your appeal will not be reviewed.

★ **Help is always there:** If you have any questions, just call Member Services at **1-877-653-0327**.

### When do I have the right to ask for an appeal?

You or your authorized representative has the right to ask for an appeal if a covered service is:

- ▶ Not approved.
- ▶ Delayed, limited, or stopped.
- ▶ If a payment for a covered service is not approved in whole or in part.

### How can I keep getting services while my appeal is in process?

The letter you receive will tell you how you can keep getting benefits while your appeal is in process. To keep getting these services, you must:

- ▶ File your appeal request and ask that your services keep going on or before the later of:
  - ➔ 10 days from the date of the health plan's decision letter, or
  - ➔ The day the health plan's letter says your services will be reduced or end.

### Can I file my appeal verbally?

If you appeal verbally over the phone, Cigna-HealthSpring will send you an Appeal Filing Form to complete, sign and return to Cigna-HealthSpring. The Appeal Filing Form must be:

- ▶ Received by Cigna-HealthSpring no later than 30 days after the date of decision letter.
- ▶ Completed and signed by you or your representative, unless you have asked for an expedited appeal.

### Can someone from Cigna-HealthSpring help me file an appeal?

Yes. A Cigna-HealthSpring Member advocate can help you file an appeal if necessary. Call Member Services at **1-877-653-0327**.

### When can I ask a State Fair Hearing to review my appeal?

You or your authorized representative can ask for a State Fair Hearing at any time during the Appeals Process or after the decision on your appeal. For more information, you can turn to the State Fair Hearing Section on page 41.



# RUSH IT.

Get your needs met faster.

## What is an expedited appeal?

An Expedited Appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

## How do I ask for an expedited appeal?

For medical services, you or your authorized representative can mail or fax a request to:

- ▶ **Cigna-HealthSpring  
Appeals and Complaints Department  
PO Box 211088  
Bedford, TX 76095  
Fax 1-877-809-0783**

## How do I ask for a Prescription Drug/ Pharmacy expedited appeal?

For Prescription Drug/Pharmacy services, you or your authorized representative can mail or fax a request to:

- ▶ **Cigna-HealthSpring  
STAR+PLUS Appeals  
PO Box 24207  
Nashville, TN 37202  
Fax 1-866-593-4482**

## Does my request have to be in writing?

No, you or your authorized representative can ask for an expedited appeal by calling a Member Services representative at **1-877-653-0327**, Monday to Friday, 8 a.m. to 5 p.m. Central Time excluding state-approved holidays.

## What are the timeframes for an expedited appeal?

We will tell you or your authorized representative of our decision within three business days. Unless your request relates to an ongoing emergency or denial of

continued hospitalization, the timeframe for telling you or your authorized representative of the outcome of the expedited appeal can be extended up to 14 calendar days. This timeframe can be extended if you or your authorized representative asks for an extension or Cigna-HealthSpring shows that there is a need for more information and how the delay is in your best interest. If the timeframe is extended, Cigna-HealthSpring must give you or your authorized representative a written notice of the reason for delay if you or your authorized representative did not ask for the delay.

## What is the timeframe for an emergency expedited appeal?

If your expedited appeal request is for an ongoing emergency or denial of continued hospitalization, then we will tell you no later than one business day after receiving your request.

## What happens if the MCO denies the request for an Expedited Appeal?

If Cigna-HealthSpring determines your health or life is not in serious jeopardy and denies the request for an expedited appeal, Cigna-HealthSpring will try to:

- ▶ Call you or your authorized representative to tell you a standard appeal process and timeframe will be followed.
- ▶ Follow up with you or your authorized representative with a written notice within 2 calendar days.

## Who can help me file an expedited appeal?

A Cigna-HealthSpring Member Services representative or Member advocate can help you or your authorized representative file an expedited appeal. Call Member Services at **1-877-653-0327**, Monday to Friday, 8 a.m. to 5 p.m. Central Time, excluding state-approved holidays.

