

HOW TO LET UNISON HEALTH PLAN KNOW IF YOU ARE UNHAPPY OR DO NOT AGREE WITH A DECISION WE MADE

If you are unhappy with anything about Unison Health Plan or its providers you should contact us as soon as possible. This includes if you do not agree with a decision we have made. You, or someone you want to speak for you can contact us. If you want someone to speak for you, you will need to let us know this. Unison Health Plan wants you to contact us so that we can help you. To contact us you can:

- call Member Services at 1.800.895.2017 (hearing impaired: 711), or
- fill out the form in your member handbook, or
- call Member Services to request they mail you a form, or
- visit our website at ww.unisonhealthplan.com, or
- write a letter telling us what you are unhappy about. Be sure to put your first and last name, the number from the front of your Unison Health Plan Member ID Card, and your address and telephone number in the letter so that we can contact you, if needed. You should also send any information that helps explain your problem.

Mail the form or your letter to:
Unison Administrative Services
Ohio Appeals and Grievances Department
Unison Plaza
1001 Brinton Road
Pittsburgh, PA 15221

Unison Health Plan will send you something in writing if we make a decision to:

- deny a request to cover a service for you;
- reduce, suspend or stop services before you receive all of the services that were approved; or
- deny payment for a service you received that is not covered by Unison Health Plan.

We will also send you something in writing if, by the date we should have, we did not:

- make a decision on whether to okay a request to cover a service for you, or
- give you an answer to something you told us you were unhappy about.

If you do not agree with the decision/action listed in the letter, and you contact us within 90 calendar days to ask that we change our decision/action, this is called an appeal. Unless we tell you a different date, we will give you an answer to your appeal in writing within 15 calendar days from the date you contacted us. If we have made a decision to reduce, suspend or stop services before you receive all of the services that were approved, your letter will tell you how you can keep receiving the services if you choose and when you may have to pay for the services.

If you contact us because you are unhappy with something about Unison Health Plan or one of our providers, this is called a grievance. Unison Health Plan will give you an answer to your grievance by phone (or by mail if we can't reach you by phone) within the following time frames:

- 2 working days for grievances about not being able to get medical care
- 30 calendar days for all other grievances except grievances that are about getting a bill for care you have received
- 60 calendar days for grievances about getting a bill for care you have received.

You also have the right at anytime to file a complaint by contacting the:

Ohio Department of Job and Family Services
Bureau of Managed Health Care
P.O. Box 182709
Columbus, Ohio 43218-2709
1.800.605.3040 • 1.800.324.8680
TTY: 1.800.292.3572

Ohio Department of Insurance
50 W. Town Street
3rd Floor - Suite 300
Columbus, Ohio 43215
1.800.686.1526



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State Hearings

Unison Health Plan will notify you of your right to request a state hearing when:

- a decision is made to deny services
- a decision is made to reduce, suspend, or stop services before all of the approved services are received
- a provider is billing you because Unison Health Plan has denied payment of the service
- a decision is made to propose enrollment or continue enrollment in the Unison Health Plan Controlled Substances Member Management program.

At the time Unison Health Plan makes the decision, or is aware that the provider is billing you for payment, we will mail you a state hearing form. If you want a state hearing, you must request a hearing within 90 calendar days from the mailing date on the form. If we have made a decision to reduce, suspend, or stop services before all of the approved services are received and you request the hearing within 15 calendar days from the mailing date on the form, we will not take the action until all approved services are received or until the hearing is decided, whichever date comes first. You may have to pay for services you receive after the proposed date to reduce, suspend, or stop services if the hearing officer agrees with our decision.

To request a hearing you can sign and return the state hearing form to the address of fax number listed on the form, call the Bureau of State Hearings at 1.866.635.3748, or submit your request via e-mail at bsh@jfs.ohio.gov. A state hearing is a meeting with you, someone from the County Department of Job and Family Services, someone from Unison Health Plan and a hearing officer from ODJFS. Unison Health Plan will explain why we made our decision and you will tell why you think we made the wrong decision. The hearing officer will listen and then decide who is right based upon the information given and whether we followed the rules. If you want information on free legal services but don't know the number of your local legal aid office, you can call the Ohio State Legal Services Association at 1.800.589.5888, for the local number.



