Supersedes: **New to HMK Manual**

General Rule -- A parent or guardian of a child enrolled in Healthy Montana Kids (HMK) may call the HMK office with questions about eligibility and enrollment. Informal complaints are generally resolved during the telephone conversation. An individual who is not satisfied with the response can pursue the matter further through the formal complaint process with the Office of Fair Hearings. Benefits may continue during the complaint process. The family may be responsible for costs associated with benefits in the event there is an adverse decision.

NOTE: The Health Insurance Portability and Accountability Act of 1996 (HIPAA) limits the information HMK can share and the individuals with whom HMK can speak. However, a "party of interest" (aka, medical provider) may request and receive information. The HMK-applicant can provide a written release if others are authorized to obtain information.

EXAMPLE: Dad applies for HMK coverage on behalf of his four children. The children's mother (who does not reside with her ex-husband and children) calls to request information about one of the children. HMK staff cannot provide information regarding dad's application or the child's eligibility status. However, general information can be provided (e.g., benefits available to HMK-enrolled children, etc.).

INFORMAL ELIGIBILITY COMPLAINTS

Whenever possible, complaints are resolved during a telephone conversation. If more information is required, HMK staff follows up with the caller. HMK responds to all calls within ten (10) working days.

NOTE: Document all calls on the KIDS 'Note Entry Screen.'

1. To document the telephone conversation, HMK staff records information on the 'Case Notes Screen' by writing a brief description of the complaint, any resolution reached, and/or subsequent referral to another party (e.g., supervisor, fair hearing office, etc.).

FAIR HEARING FOR ELIGIBILITY COMPLAINTS

A written complaint is a formal complaint which starts the Fair Hearing process. Written complaints must be submitted within 90 days of the adverse action (i.e., HMK coverage denied, child disenrolled, etc) notice date. The family will submit the written complaint to:

Office of Fair Hearings
Department of Public Health and Human Services
PO Box 202951
Helena, MT 59620

NOTE: See the Complaint Section for information regarding Administrative Reviews and Fair Hearings.

COMPLAINT ABOUT MEDICAL PROVIDER

Complaints about medical providers are referred to the HMK Section Supervisor or Bureau Chief.

MEDICAL BENEFITS COMPLAINTS

Questions and complaints about medical benefits are referred to Blue Cross and Blue Shield of Montana (BCBSMT). Individuals may:

1. call the Customer Service Department at:

    a. 1-800-447-7828 extension 8647; or

    b. the TDD line at 1-800-637-8010, if hearing or speech impaired; or

2. write to BCBSMT, Customer Service Department, P.O. Box 4309, Helena, MT 59604.

Upon receipt of a written complaint, BCBSMT will:

1. acknowledge receipt within ten (10) days; and

2. provide a written response within 45 days of receipt.

If BCBSMT's response is not satisfactory, the individual may appeal the decision. Within 90 days of receiving a letter about the decision, the individual may submit a written complaint and mail it to:

Office of Fair Hearings
Department of Public Health and Human Services
PO Box 202951
Helena, MT 59620

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