

6/10/24

ATTN: Appeals & Grievances
Devoted Health, Inc
Box 21327
Eagan, MN 55121

This is a Complaint/Grievance.

My info:
Philip Rice
11268 E Linvale Dr
Aurora, CO 80014
Member Number: D5SYZR
Medicare Number: 1EW2-V29-FQ90

On 5/28/24 I mailed a Standard Appeal to the same address as this letter.

Effective 6/10/24 6:40 am, my appeal has been sitting at the Eagan Post Office, status = "Available for Pickup". The Post Office says: if not picked up by 6/14/24, my letter will be returned (unopened) to me. See exhibit #1.

I would like to have an explanation of what the heck is going on here. Please.

Please provide your explanation in the form of a letter, sent via US Mail. Your letter should include a return address, and a signature. If you are unwilling or unable to provide a return address and a signature, please say so in the letter.

Please investigate and determine why my letter is unclaimed at the Post Office. I am requesting a clear and specific explanation, written in plain English.

1) Does Devoted deny or admit that there is a problem? Please make a clear and unambiguous statement.

2) Is this standard procedure? Or am I getting "special" treatment?

3) How many times has a letter gone unclaimed at the Eagan Post Office (55121) for 2 (or more) days, since 1/1/24? If you don't know, then please make a clear and unambiguous statement that you don't know. Are you keeping track of unclaimed items? Or not?

4) Does Devoted blame the Post Office? Or not?

5) If not the Post Office, then what? Incompetence, bad faith, or something else?

6) If neither incompetence nor bad faith, then what exactly is going on?

7) The deadline for filing an appeal is "within 60 days" of the date I get your letter.

Source:

<https://www.devoted.com/plan-documents/medical-coverage-rights/>

My appeal is about a reimbursement decision. Can I appeal a reimbursement decision? Or not? And if not, does that mean my appeal will be treated as a grievance/complaint? Please explain.

8) The deadline for filing a grievance/complaint is:

"Starting on the day you had the problem with your care, you have 60 days to file your complaint. So it's a good idea to do it quickly."

Source:

<https://www.devoted.com/plan-documents/medical-coverage-rights/>

Can we agree that the 60 day deadline clock ends no later than the date my grievance/complaint is "available for pickup" at the Post Office? In this case, 5/31/24. Please make a clear and unambiguous statement that you agree the deadline time period ends on 5/31/24. If you do not agree, then say so.

9) It cost me \$5.32 to mail my appeal/grievance/complaint dated 5/28/24, \$9.00 in total postage. Are you willing to reimburse my postage cost? Or not?

10) The Devoted Webpage explains the deadline response as follows:

"What happens next?

We'll look into your complaint and have a response for you within 30 days."

Any reasonable person will read this to mean 30 days from receipt. However, this carefully worded statement only implies "from receipt" and avoids a clear and specific statement about when the 30 day time period begins. I think the 30 day time period begins no later than the date my letter is "available for pickup" at the Post Office? In this case 5/31/24. Please make a clear and specific written and signed statement that Devoted agrees the 30 day deadline for response to my appeal/complaint/grievance begins from receipt, defined as, no later than the date my letter is "available for pickup" at the Post Office? In this case 5/31/24. If Devoted does not agree, then please provide a clear and specific explanation, or statement of the Devoted position.



Philip Rice
11268 E Linvale Dr
Aurora, CO 80014

phil.rice@mkgappraisal.com
(720) 282-3376

List of Exhibits:

- #1) Post Office tracking, screen shot
- #2) Appeal, dated 5/28/24

cc:

Devoted Health, Corp HQ
221 Crescent St, #202
Waltham, MA 02453
Attn: Todd Park
Attn: Edward Y Park

Devoted Health
Box 211037
Eagan, MN 55121
Attn: Larry Henry
Chief Operating Officer

C:\Temp\devoted\complaint
griev_02.txt

6/10/24 6:40 am

Tracking Number:

9589071052701335302941

 Copy  Add to Informed Delivery

Latest Update

This is a reminder to pick up your item before June 14, 2024 or your item will be returned on June 15, 2024. Please pick up the item at the SAINT PAUL, MN 55121 Post Office.

Get More Out of USPS Tracking:

 USPS Tracking Plus®

Delivery Attempt

Reminder to pick up your item before June 14, 2024

SAINT PAUL, MN 55121
June 5, 2024

Available for Pickup

EAGAN
3145 LEXINGTON AVE S
EAGAN MN 55121-4201
M-F 0900-1700; SAT 0900-1300
May 31, 2024, 11:08 am

Arrived at Post Office

SAINT PAUL, MN 55121
May 31, 2024, 9:25 am

Arrived at USPS Regional Destination Facility

SAINT PAUL MN NETWORK DISTRIBUTION CENTER
May 30, 2024, 9:58 am

In Transit to Next Facility

May 29, 2024

Arrived at USPS Regional Origin Facility

DENVER CO DISTRIBUTION CENTER
May 28, 2024, 10:38 pm

USPS in possession of item

AURORA, CO 80014
May 28, 2024, 5:17 pm

Hide Tracking History

[What Do USPS Tracking Statuses Mean?](#)

5/28/24

ATTN: Appeals & Grievances
Devoted Health, Inc
Box 21327
Eagan, MN 55121

This is a standard appeal.

My info:

Philip Rice
11268 E Linvale Dr
Aurora, CO 80014
Member Number: D5SYZR
Medicare Number: 1EW2-V29-FQ90

This appeal is submitted in accordance with the instructions found at:

<https://www.devoted.com/plan-documents/medical-coverage-rights/>

The very last part of the instructions say:

(quote)

What happens next?

We'll look into your complaint and have a response for you within 30 days.

(end quote)

I am requesting that Devoted Health send me (in the mail) written confirmation of receipt of this appeal. Please state the:

- 1) date received,
- 2) date the 30 day clock starts, and
- 3) deadline for the Devoted response

To be clear: I mean the date received to be the day that the Postal Service puts the item in the PO box at the 55121 Post Office. I interpret the "have a response for you" date to be the date that the US Postal Service takes possession.

If Devoted has some other definition of date received, or response date, please provide me with a written explanation of the method for calculating the 30 day deadline. Please be specific. If Devoted does not know the date they received this complaint, then please say so.

If I get no response to this request for written confirmation, I will take that to mean Devoted has accepted my definition of date of receipt, and agrees that the deadline for response is 30 days from receipt.

Reason for this appeal:

I visited my out of network doctor on 2/6/24. I paid the doctor's office in advance (before I saw the doctor) with my credit card. I paid \$112.50.

I mailed in a properly completed, and properly supported Reimbursement Form. I mailed the form on 2/8/24.

On 3/4/24, I called Devoted Member Services at (800) 338-6833. I spoke with Traviola Doe. When I asked about the status of my Reimbursement Form, she said:
(quote)

"I do not have a claim on file", and

"Correspondence wise, I do not show that we have received a Reimbursement [Request Form]"

(end quote)

I then sent a 5 page document:

Cover Letter, plus 1 page reimbursement form in the amount of \$112.50, 1 page reimbursement form in the amount of \$52.50, 1 page receipt / proof of payment from my doctor's office for the \$112.50 credit card payment, plus 1 page copy of doctor's office statement in the amount of \$52.50. 5 pages total. All in the same envelope. Date mailed = 3/4/24.

On 4/12/24, I called Devoted Member Services. I spoke with Gabriel Doe. He confirmed that Devoted received my 5 page document. He stated it was received 3/13/24, which is 9 days after I mailed it.

Gabriel said:

The \$52.50 item needs "proof of payment". He confirmed that my the receipt for \$112.50 has been accepted. Only the \$52.50 needs proof of payment.

I asked: "are you willing to pay the \$112.50 in the mean time?"

Gabriel said:

"that should be already processed at this point. So again, that's still pending. That's under review by our claims department. This is a different thing for the \$52.50."

I said:

"I'm not trying to insult you, but, what I just heard from you, I put under the heading of BS. As far as the \$112 is concerned. Let me ask the question again. Are you willing to pay the \$112.50 in the mean time? Yes or no?"

Gabriel:

"Yes Mr Rice [with attitude]. I've already mentioned that. I've already mentioned that. [he said it twice] I've mentioned that it's under review now. You've already provided proof, so there wouldn't be a reason why we would deny it."

"Once we have proof of payment, it [the \$112.50] will go thru the process. Our claims [department] has to review that within 30 days. Once we receive a claim, 30 days from there, it has to be processed."

Phil:

"I'm talking about the \$112."

Gabriel:

"That's what I am talking about as well, sir. That's what I am talking about as well. [he said it twice]."

I pointed out to Gabriel that he just told me my \$112.50 reimbursement form was received on 3/14/24. Today's date is 4/13/24. From 3/14/24 to 4/13/24 = 30 days.

It is readily apparent that Gabriel has been spewing out BS. Gabriel is not a reliable source of information.

I received (in the mail) a Denial of Payment document dated 5/3/24. It shows 2 items. The first item listed says Date of Service is 2/6/24. The Second item says Date of Service is 3/2/24. For both items, the Service Code is N/A, Denial Code is 177, Description of Services is Dr Visit. There are no dollar amounts shown on the Denial of Payment document.

Denial Code 177 says:

(quote)

Proof of payment is required to complete this reimbursement request. Please submit proof of payment.

(end quote)

Devoted received my properly completed, and properly supported Reimbursement Form, in the amount of \$112.50. The denial of the \$112.50 does not make sense to me. Denial Code 177 does not explain the refusal to pay the \$112.50.

At a minimum, I am entitled to a better explanation.

I would like Devoted to either:

- 1) Admit that failing to make timely payment of the \$112.50 was a mistake,
- or
- 2) Provide me with a better explanation / justification for refusing to pay the \$112.50. Please be specific.

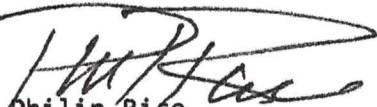
Evidence I want you to review:

Exhibits are printed on both sides of the paper.

Exhibit #1: Denial of Payment - page 1, document, dated 5/3/24.

Exhibit #2: Reimbursement form, in the amount of \$112.50. Dated signed 2/8/24.

Exhibit #3: Receipt/Proof of Payment, for the \$112.50. Date of service 2/6/24.



Philip Rice

11268 E Linvale Dr

Aurora, CO 80014

phil.rice@mkgappraisal.com

(720) 282-3376

cc:
Devoted Health, Corp HQ
221 Crescent St, #202
Waltham, MA 02453
Attn: Todd Park
Attn: Edward Y Park

Devoted Health
Box 211037
Eagan, MN 55121
Attn: Larry Henry
Chief Operating Officer

Lenny Morgan
3616 S Fundy St
Aurora, CO 80013

C:\Temp\devoted\complaint
appeal_02_short.txt



1810



Important: This notice explains your right to appeal our decision. Read this notice carefully. If you need help, you can call one of the numbers listed on the last page under "Get help & more information."

Notice of Denial of Payment

Date: 2024-05-03

Member Number: D5SYZR

Name: PHILIP RICE

Claim Number: AJXHCEGAR

Provider: REFLECT HEALTH

Your request was denied.

We've denied the payment of medical services/items listed below requested by you or your doctor:

Date of Service	Service Code	Denial Code (See explanation below)	Description of Service
2024-02-06	NA	177	DR VISIT
2024-03-02	NA	177	DR VISIT

Why did we deny your request?

We denied the payment of medical services/items listed above because:

- **177** - Proof of payment is required to complete this reimbursement request. Please submit proof of payment.

You should share a copy of this decision with your doctor so you and your doctor can discuss next steps. If your doctor requested coverage on your behalf, we have sent a copy of this decision to your doctor.

Reimbursement form
Get paid back for covered care

PROVIDE YOUR PERSONAL INFORMATION

First and last name:

Philip Rice

Date (mm/dd/yyyy):

04 25 1953

Member ID number:

D5SYZR

TELL US ABOUT WHAT YOU PAID FOR

Service or Item:

Doctor

Date when you paid:

02 06 2024

How much you paid:

112.50

Type of purchase: Covered healthcare Dental care Eyewear Wellness Bucks

Other _____

Service or Item:

Doctor

Date when you paid:

02 06 2024

How much you paid:

Type of purchase: Covered healthcare Dental care Eyewear Wellness Bucks

Other _____

Service or Item:

Date when you paid:

How much you paid:

Type of purchase: Covered healthcare Dental care Eyewear Wellness Bucks

Other _____

SIGN THE FORM

Your signature:

Philip Rice

Today's date (mm/dd/yyyy):

02 08 2024

Don't forget to attach your supporting documents! See next page for details.

Reflect Health
 7720 S Broadway
 Suite 310
 LITTLETON, CO, 80122-2624
 (303) 584-5844

Approval code: 006310
 Record number: 982562
 Trace number: 308053
 Transaction reference number: 206205716 CHIP
 Transaction identifier: 304037754362067
 Application Label: Visa Credit
 TC: A5A0E7BAZF5A6B20
 TVR: 0080008000
 AID: A0000000031010

Transaction type: PURCHASE
 Date/time: 02/06/2024 01:57 PM MST
 Type: Visa
 Account number: XXXXXXXXXXXXX1189
 Cardholder name: PHILIP G RICE
 Patient identifier: 1066478

Subtotal: 112.50
 Sales Tax: 0.00

Total: 112.50

(customer copy)

REFLECT HEALTH, LLC

please send payments to:
 REFLECT HEALTH, LLC
 PO BOX 32313
 BELFAST, ME 04915-0210
billing phone: (303) 357-2559

department of service:
 Reflect Health
 7720 S BROADWAY
 LITTLETON, CO 80122-2624
dept phone: (303) 584-5844

printed
 02/06/2024 01:57 PM

GUARANTOR NAME AND ADDRESS
 PHILIP G RICE
 11268 E LINVALE DR
 AURORA, CO 80014

PATIENT #	PATIENT NAME	PROVIDER	DATE	DEPARTMENT
1066478	PHILIP G RICE	MATTHEW DHIEUX, PA	02/06/2024	Reflect Health
DOB.	TELEPHONE	CURRENT INSURANCE	CERTIFICATE#	AUTH#
04/25/1953	(214) 666-4321	*SELF PAY*		

PAYMENTS ON 02/06/2024

Post Date	Date of Service	Diagnosis Codes	Procedure Code	Original Insurance Plan	Supervising Provider	Reason For Payment	Method of Payment	Amount
02/06/2024				*SELF PAY* [0]		Payment for Todays Service	MC/VISA *****1189	\$112.50
Total Payment Amount							\$112.50	