

## SAMPLE NOTICE OF RBPO APPEALS PROCESS

[Name and address/Letterhead of Provider/Practice and/or RBPO]

[Date]

### **A Notice to Our Patients**

[Name of Provider/Practice] is a [member of/participant in/part of] a provider organization that is certified as a “risk-bearing provider organization” (RBPO) by the Massachusetts Division of Insurance. An RBPO is a group of health care providers that work together to coordinate your care and enter into financial agreements with insurance companies to do so. [Name of Provider/Practice] is participating in an RBPO that is called [Name(s) of RBPO].

Under Massachusetts law, as a patient of an RBPO, you have the right to make a complaint and use an appeals process to resolve your complaint. [Name of RBPO] will consider patient complaints about issues like referrals, timely access to treatment or services and other concerns about limitations of care, unless the complaint should be made to your health insurer instead.

You can contact our [Designated Contact] to ask about this appeals process or to file a complaint. You can choose a person (such as a spouse, family member, friend, attorney or legal guardian) to act as your representative to help you with your complaint.

**You may file a complaint by contacting our [Designated Contact] in the following ways:**

**To file a complaint by phone – [phone number]**

**To file a complaint in writing – [Address]  
[Fax number, if any]**

We will give you a written answer to your complaint in fourteen (14) days. If your complaint involves urgent medical needs, we will give you a written answer in three (3) days.

For more information or questions, call [same Designated Contact phone number]. For more information on your right to make a complaint, contact the Massachusetts Office of Patient Protection at 800-436-7757.