

**COMMUNITY HEALTH CHOICE, INC.**  
**MEMBER COMPLAINT AND APPEAL OF COMPLAINT RESOLUTION PROCESS**

**HOW DO I MAKE A COMPLAINT?**

We want to help. If you have a complaint, please call us at 713-295-2294 or toll-free at 1-888-760-2600 (TDD: 1-800-518-1655) to tell us about your problem. A Community Member Services Advocate can help you file a complaint. Most of the time, we can help you right away or at the most within a few days. You can also write a letter or you can ask to complete a "Complaint Form." We will mail you the form. Send your complaint to the address below.

Community Health Choice, Inc.  
Member Complaints Coordinator  
2636 S. Loop W., Suite 700  
Houston, Texas 77054

If you notify us orally or in writing of a Complaint, we will, not later than the fifth business day after the date of the receipt of the Complaint, send to you a letter acknowledging the date we received your Complaint. If the Complaint was received orally, we will enclose a one-page Complaint Form clearly stating that the Complaint Form must be returned to us for prompt resolution.

After receipt of the written Complaint or one-page Complaint Form from you, we will investigate and send you a letter with our resolution. The total time for acknowledging, investigating and resolving your Complaint will not exceed thirty (30) calendar days after the date we receive your Complaint.

Your Complaint concerning an Emergency or denial of continued stay for hospitalization will be resolved in one business day of receipt of your Complaint. The investigation and resolution will be concluded in accordance with the medical immediacy of the case.

If you disagree with our decision, you have the right to appeal within 30 days of the receipt notice.

**APPEALS TO COMMUNITY**

1. If the Complaint is not resolved to your satisfaction, you have the right either to appear in person before a Complaint Appeal Panel where you normally receive health care services, unless another site is agreed to by you, or to address a written appeal to the Complaint Appeal Panel. We will complete the appeals process not later than the thirtieth (30<sup>th</sup>) calendar day after the date of the receipt of the request for Appeal.
2. We will send an acknowledgment letter to you not later the fifth day after the date of receipt of the request of the Appeal.
3. We will appoint members to the Complaint Appeal Panel, which will advise us on the resolution of the dispute. The Complaint Appeal Panel will be composed of an equal number of Community staff, Physicians or other Providers, and enrollees. A member of the Appeal Panel may not have been previously involved in the disputed decision. The physicians or other providers on a complaint appeal panel will have experience in the area of care that is in dispute and will be independent of any physician or provider who made any previous determination. If the specialty care is in dispute, the complaint appeal panel will include a person who is a specialist in the field of care to which the appeal relates. The enrollee members of a complaint appeal panel will not be Community Health Choice employees.
4. Not later than the fifth business day before the scheduled meeting of the Panel, unless you agree otherwise, we will provide to you or your designated representative:
  - a. any documentation to be presented to the panel by our staff;
  - b. the specialization of any Physicians or Providers consulted during the investigation; and
  - c. the name and affiliation of each of our representatives on the panel.
5. You, or your designated representative if you are a minor or disabled, are entitled to:

- a. appear in person before the Complaint Appeal Panel;
  - b. present alternative expert testimony; and
  - c. request the presence of and question any person responsible for making the prior determination that resulted in the Appeal.
6. Investigation and resolution of appeals relating to ongoing emergencies or denial of continued stays for hospitalization will be concluded in accordance with the medical immediacy of the case but in no event to exceed one business day after your request for appeal.

Due to the ongoing Emergency or continued Hospital stay, and at your request, we will provide, in lieu of a Complaint Appeal Panel, a review by a Physician or Provider who has not previously reviewed the case and is of the same or similar specialty as typically manages the medical condition, procedure, or treatment under discussion for review of the Appeal. The physician or provider reviewing the appeal may interview the patient or the patient's designated representative and will decide the appeal. The physician or provider may deliver initial notice of the appeal decision orally so long as he or she provides written notice of the decision not later than the third day after the date of the decision. The investigation and resolution of an appeal after emergency care has been provided will be conducted in accordance with the procedures described above, including the right to review by a complaint appeal panel.

7. Notice of our final decision on the Appeal must include a statement of the specific medical determination, clinical basis, and contractual criteria used to reach the final decision.
8. You are entitled to a copy of the record of the complaint and any proceeding relating to the complaint.

**Filing Complaints with the Texas Department of Insurance**

You have the right to file a complaint to the Texas Department of Insurance by calling toll-free at 1-800-252-3439. If you would like to make your request in writing, please send it to the following address:

Texas Department of Insurance  
P. O. Box 149091  
Austin, TX 78714-9091  
Fax: 512-475-1771  
Web: <http://www.tdi.texas.gov>  
Email: [ConsumerProtection@tdi.texas.gov](mailto:ConsumerProtection@tdi.texas.gov)