The Appeals and Complaints Process

MEMBER COMPLAINTS AND APPEAL PROCESS

Key Terms to Understand

- **Adverse Determination** – a decision made by Community Health Choice that a service or treatment provided to you by a healthcare provider or your physician was not medically necessary or is experimental.
- **Appeal** – the process by which you, your representative, healthcare provider or physician request a review of an Adverse Determination.
- **Complaint** – an expression of dissatisfaction expressed by you, your representative, healthcare provider or physician, orally or in writing. You have the right to file a complaint about any issue related your experience or treatment with Community Health Choice. Possible subjects of complaints may include but are not limited to the care and treatment you received from your physician, rudeness of a healthcare worker or employee.

Q: **What is a Notice of Action?**

A: A notice of action is when Community denies or reduces a request for authorization of a service requested by your physician or healthcare provider; or a service that was previously approved has been reduced or dismissed.

Q: **What is an Adverse Determination?**

A: A written notice that explains the reason(s) why Community Health Choice denied or limited the authorization (approval) in whole or part of a service ordered by your physician or healthcare provider.

Q: What is an Appeal?

A: An appeal is a formal request to review an Adverse Determination. You may request it when you have been denied a service or treatment requested by you or your doctor. An appeal maybe requested orally or in writing. However, all verbal appeals, must be followed-up with a written request within five (5) days.

Q: How long do I have to file an appeal if my services are denied?

A. You have 180 days from the date of your Adverse Determination notice to request an appeal.

Q: Will my services continue while my appeal is awaiting a review?

A: Community Health Choice will allow the continuation of services that were previously approved until the treatment period ends or until the determination of your appeal**.** If you wish to continue services, you must do one of the following:

- File your appeal before the 10th day after your determination notice is received; **or**
- The date Community purposes its action.

Q: How long will it take Community Health Choice to complete my appeal request?

A: Community will respond to your appeal within 30 calendar days. During this time you may submit any additional information you feel may help in the outcome of your appeal.We will let you know we have received your appeal within 5 business days from receipt of your appeal request. You may request a one-time extension up to 14 days. You may also request all of the information we used to make our final appeal decision.

Q: Will a doctor review my Appeal?

A: Yes, all appeal decisions are made by a physician (or dentist, if necessary) who was not involved in your previous determination. The physician who reviews your appeal will be of the same or similar specialty as your physician or healthcare provider who would manage the condition.

Q: Can I Request an Expedited Appeal?

A: Yes, if you a have a life threatening or emergency condition or your continued hospital stay is denied. You, your representative, healthcare provider or physician have the right to request an Expedited Appeal. Expedited appeals may be requested verbally or in writing. Verbal appeal requests must be followed up with a one page appeal form. Your appeal will be reviewed to determine if your request qualifies as an emergency or life threatening condition. If so, Community will respond to you as follows:

- For an emergency or hospital care, Community will respond in 1 working day
- For all other expedited requests, Community will respond in 3 working days

If your appeal is found not to be life threatening or an emergency condition, Community will notify you in writing within three (3) business days that we will complete your appeal within 30 calendar days.

Q: How do I file a Complaint?

A: You may file a verbal or written complaint. . If you file a verbal complaint you must also send a completed “Complaint Form”. We will send you a letter within five (5) business days letting you know that we have received your complaint. We will review and investigate your complaint and respond with a Resolution letter in 30 calendar days. You may send your complaint to:

Community Health Choice, Inc.
Attention: Service Improvement
2636 South Loop West, Ste. 125
Houston, Texas 77054
713.295.6704 or toll-free at 1.855.315.5386 or TTY 771

You may also file a complaint with:

The Texas Department of Insurance
P.O. Box 149091
Austin, Texas 78714-9091
Phone: (800) 252-3439
Fax: 512-490-1007
Online: www.tdi.texas.gov

Q: **What is the Independent Review Organization (IRO) Review Process?**

A: If Community Health Choice denies your medical care, you may be able to request an IRO review. Before you can request an IRO review, you must go through our internal appeals process. You can by-pass the appeals process if you, your doctor or your representative believes that your condition is life-threatening. You cannot request an IRO review if your service or treatment is not a covered benefit under your plan. You are not responsible for the cost of an IRO review. Community contracts with at least three independent URAC-accredited IROs. Upon receipt of your request for an external review, Community will refer the request to one of these IROs. Referrals are made on a rotating basis to ensure an unbiased and independent process. For a standard external review, we will provide the IRO all documents and information used to make the final internal adverse benefit determination within three business days. For an expedited external review, we will provide the IRO all documents and information used to make the final internal adverse benefit determination as soon as possible.