



GAU Grievance Process

As a member, you can file a complaint or an appeal by calling or writing us.

A complaint is anything that you are not happy with except for denial of payment for a service. If you have a complaint, you can write to us or call Customer Service at (206) 521-8830 or 1-800-440-1561, (800) 833-6388 Teletype (TTY) Monday through Friday from 8:00 in the morning until 6:00 in the evening. Community Health Plan of Washington (CHPW) will let you know if we got your complaint within 5 days. We will write to you within 14 days with an answer. If you are not happy with the outcome, you can appeal.

An appeal is when you ask CHPW to look at a denied payment for service or referral. You must file the appeal within 180 days from the date of the denial.

To file an appeal, you can write or call Customer Service at (206) 521-8830 at (206) 521-8830 or 1-800-440-1561, (800) 833-6388 Teletype (TTY) Monday through Friday from 8:00 in the morning until 6:00 in the evening. You can also have another person(s) help you with the appeal. Mail your appeal or complaint to:

**Grievance Coordinator
Community Health Plan of Washington
720 Olive Way, Suite 300
Seattle, WA 98101
Fax: (206) 613-8983**

Your letter should show your name, address, phone number, CHPW's I.D. number and why you are asking for the appeal. You can send anything else with your letter that will help your case. If you need help with your case, contact Customer Service at (206) 521-8830 or 1-800-440-1561, (800) 833-6388 (TTY), Monday through Friday from 8:00 in the morning until 6:00 in the evening.

We will let you know if we received your appeal within 5 days of getting it. CHPW will look at your case and make a decision. We will have an answer within 14 days of getting your appeal. If not, we will write to you and tell you why we need more time. The decision will not take longer than 30 days from the date your request was received.

"RUSH" APPEAL

If you or your doctor feels that if you do not get care right away and that it could result in an emergency or put your life in danger, you can ask for a "Rush Appeal". Your doctor will speak with CHPW Medical Director or any other person working on your case. The Medical Director will decide if your case is a "rush" appeal. The "rush" appeal will take place within the quickest time frame possible but not more than 72 hours. You can give more information at anytime

during the 72 hours by calling or writing us. If the request for a “rush” appeal is denied, we will call you or your doctor to let you know. A letter will also follow the call.

SECOND LEVEL APPEAL

If you are not happy with the outcome you can ask the CHPW Grievance Committee to look at your appeal. To file a second level appeal, you can write or call Customer Service at (206) 521-8830 at (206) 521-8830 or 1-800-440-1561, (800) 833-6388 Teletype (TTY) Monday through Friday from 8:00 in the morning until 6:00 in the evening. You can also have another person(s) help you with the appeal. Mail your appeal to:

**Grievance Coordinator
Community Health Plan of Washington
720 Olive Way, Suite 300
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Fax: (206) 613-8983**

You can attend the meeting in person or by telephone. You can ask anyone to be part of the meeting if they can help your case. If you want to come to the meeting, please contact CHPW as soon as possible.

We will have an answer within 14 days of getting your appeal. If not, we will write to you and tell you why we need more time. The decision will not take longer than 30 days from the date your request was received. You may ask at any time during the appeal process to look at your file and medical records.

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INDEPENDENT REVIEW:

If you are not happy with the Committee’s decision, you can ask that an Independent Review Organization (IRO) review your appeal. CHPW can help you file an IRO by phone or in writing. The request must be on or before 60 days of the denial by the Committee. Please contact us Monday through Friday from 8:00 in the morning until 6:00 in the evening at:

**Grievance Coordinator
Community Health Plan of Washington**

**720 Olive Way, Suite 300
Seattle, WA 98101
Or calling at 1-800-440-1561 or (206) 613-8924**

The IRO that will review your case is not part of CHPW. When the IRO has made a decision, they will contact you and tell you their decision and why they made the decision.

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FAIR HEARING:

Before filing for a Fair Hearing, you must have used all CHPW levels of appeal. If you do not agree with the IRO’s decision, you may appeal to the State of Washington Department of Social and Health Services (DSHS). You can ask for a Fair Hearing by writing to:

Office of Administrative Hearings

PO Box 42489

Olympia, WA 98504-2489

(360) 664-8717 (telephone)

(360) 664-8721 (FAX)

<http://www.oah.wa.gov/>

If you want to know more about Fair Hearings call the Medical Assistance Customer Service line at 1-800-562-3022 / Teletype (TTY): 1-800-833-6388.

You must ask for a Fair Hearing within 90 days of the date of the IRO’s denial. DSHS needs to know what was denied, when and why. You can have someone speak for you. If you ask, you can have free legal help at the Fair Hearing.

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