

If You Have a Complaint

A complaint is anything that you are not happy with except for a denial of coverage for a health care service. Your complaints and concerns are important to us, and we want to hear about them. 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 denial of coverage for a health care or referral. To file an appeal, you can write or call Customer Service (206) 521-8830 or 1-800-440-1561, (800) 833-6388 Teletype (TTY). You can also have another person(s) help you with the appeal. If you want to send us your appeal or complaint in writing, mail it to:

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

Appealing Our Decision

For **BASIC HEALTH and GAU members** you can file an appeal by calling or writing us. You must file the appeal within 180 days from the date of the denial.

We will let you know if we received your appeal within 5 days of getting it. Community Health Plan will review the your appeal, including all of the information you send to us, and make a decision. We will respond to you in writing within 14 days of receiving your appeal. The response you receive may be a decision or a notice of a delay in the appeal decision. If there is a delay, the response will include a reason for the delay and a date when you can expect a decision. Community Health Plan will resolve your appeal within 30 days of the request, unless we obtain your written consent for additional time.

If you do not agree with the decision of Community Health Plan, you may request a second level appeal hearing within 180 days from the date of the initial appeal decision.

We will let you know if we received your second level appeal within 5 days of getting it, and arrange for a hearing within 14 days from the date of the request. 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. Community Health Plan will inform you of its decision in writing within 5 days after the Second Level Appeal Committee meets.

If you do not agree with the decision of the Second Level Appeal Committee, or Community Health Plan has not responded to your appeal within 30 days, and your appeal involves a decision by Community Health Plan to deny, modify, reduce, or stop coverage of payment for a health care service, you may request that an Independent Review Organization (IRO) review your appeal. The IRO that will review your information has no connection with Community Health Plan. Once the IRO has made a decision, they will contact you directly and tell you their decision and the reason for it.

If you have any questions about this procedure, contact Community Health Plan of Washington Customer Service at (206) 521-8830 or 1-800-440-1561.

For **HEALTHY OPTIONS, CHIP or BHP Plus** member you can file an appeal by calling or writing us. You must file the appeal within 90 days from the date of the denial.

To file an appeal, you can write or call Customer Service at (206) 521-8830 or 1-800-440-1561, (800) 833-6388 Teletype (TTY). You can also have another person(s) help you with the appeal. If someone helps you with your case, you must give CHPW a signed consent form. The form must say that it is okay for the person to help you with your case.

We will let you know if we received your appeal within 5 days of getting it. The Committee will look at your case and make a decision. 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. If CHPW does not meet the appeal timeline, CHPW will cover the services that you are asking for.

For appeals regarding Experimental or Investigational Services or Drugs and/or New Technology for Medical and Mental Health, the additional time cannot delay the decision beyond 20 calendar days from the date we received the appeal. CHPW cannot take longer than 45 days to complete your grievance or appeal.

If the appeal decision from CHPW is not in your favor, you have other appeal rights. They are:

Fair Hearing:

Before filing for a Fair Hearing, you must have used all CHPW levels of appeal. If you do not agree with the Grievance Committee's decision, you may appeal to the State of Washington Department of Social and Health Services (DSHS). You must ask for a Fair Hearing within 90 days of the date of the CHPW's denial. 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.

Independent Review:

If you are not happy with the Fair Hearing'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 first denial. Please contact us Monday through Friday from 8:00 in the morning until 6:00 in the evening at:

**Community Health Plan of Washington
Appeals Department
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.

Department Of Social And Health Services (DSHS) Board Of Appeals

If the answer of the Independent Review Organization (IRO) is not in your favor, you can ask for DSHS's Board of Appeals to look at the denial. The request must be in writing. You must ask for the review on or before 21 days from the date the Fair Hearing order was mailed. The request must include what services were denied and any papers that may help your case. Please mail to:

**DSHS Board of Appeals
P.O. Box 45803
Olympia, WA 98504-5803
Toll free: 1-877-351-0002
Teletype (TTY): 1-360-664-6178**

If you have any questions about this process, contact CHPW's 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.

For all Products

“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.

Ended, Stopped Or Reduced Prior Approved Services

If CHPW ended, stopped or reduced prior approved services, you must ask for an appeal within 10 days of the denial letter. The appeal must be filed A) on or before the current referral ends or B) the visits covered by the original referral have not run out.

If you want the services to continue during the time that CHPW is looking at your appeal, you must ask CHPW. If CHPW’s decision is not in your favor, then you will have to pay back CHPW for the cost of services given to you while the appeal was being decided.

For a more detailed description of the appeals process, please refer to the Document and Forms section and click on the Appeals/Grievance link for your insurance product.