



Appeal and Grievance Process

Western Health Advantage (WHA) strives to provide you with exceptional health care services. There are times, however, when you may have questions or concerns about your health care or a service, or you disagree with a decision that was made concerning benefit coverage, denied services, or non-payment of services rendered. When this happens, you have the right to file an *Appeal* or *Grievance*. These are two different processes that are based on the circumstances and type of your concern.

What is an appeal and how do I file one?

You or your representative, including a physician acting on your behalf, may file an appeal when a decision is made to deny or modify a requested health care service or when payment for a service you already received is denied and you disagree with the decision. Appealing a decision is a formal process that requires re-review of your case by different physicians from those who made the first decision. The appeal physicians reconsider the first decision and render a second, independent decision after reviewing available information about your case. The second decision may be the same or different from the first.

“Standard” appeals for Commercial members may be submitted to WHA’s Member Services department, verbally or in writing. However, *WHA Care+* members must submit their “standard” appeal requests in writing. A “standard” appeal is one that is considered routine and does not require “fast” handling. Appeals requiring “fast” handling (those that must be completed within 72 hrs because the member’s health could be jeopardized if a delay occurs) may be requested by calling a member service representative (see how to contact a representative at the end of this summary). To qualify for “fast” handling, certain criteria must be met.

WHA sends you a letter acknowledging receipt of your appeal request within 5 working days of receipt, and decisions are made within 30 calendar days of receipt. A second letter notifying you of the outcome of the appeal review is sent to you within 3 working days of the decision, but no later than 30 calendar days following receipt of the appeal.

Exceptions:

- When circumstances beyond WHA’s control result in WHA being unable to resolve the issue within 30 days, you are notified in writing with the reason for the delay (if applicable).
- In urgent situations when your life, safety or health might be seriously jeopardized if a delay should occur, an appeal decision will be rendered as soon as indicated, but no later than 72 hours from receiving the request and information needed to make the decision.

What is a grievance and how do I file one?

A grievance is a complaint that you have about some aspect of your care, services, or inability to receive services that you have experienced. Resolving grievances is also a formal process, but differs from an appeal in that nothing has been formally denied to you, the member. You or your representative,

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including a physician acting on your behalf, may call WHA's Member Services department to file a grievance, obtain a Grievance Form, or receive assistance in completing the Grievance Form. The Grievance Forms are also available on WHA's website. In addition to investigating and resolving your grievance, WHA also tracks member complaints or grievances to identify opportunities to improve care and services for all our members.

What other choices do I have?

You have the additional right to report your concerns about WHA or its contracted medical providers to regulatory agencies, such as the Department of Managed Health Care. Your case may also qualify for an independent medical review by an external organization, contracted with the State or Federal governments. Independent decisions made by these external review organizations are final and binding on the health plan.

Where can I find more information?

You can view our Web site at www.westernhealth.com for more information about WHA's services and member rights.

TDD/TTY service is available for the hearing or speech-impaired, Monday through Friday, 8:00 am to 5:00 pm in either English or Spanish, by calling: (888) 877-5378, or you can dial 711. Should you have need for a translator face-to-face or over the phone, contact the **WHA Member Services department**, Monday through Friday, 8:00 am to 5:00 pm, (888) 563-2250 toll free.

IMPORTANTE: ¿Puede leer este documento? Si no, nosotros le podemos ayudar a leerlo. Además, usted puede recibir el documento escrito en español. Para obtener ayuda gratuita, llame ahora mismo a Western Health Advantage al (888) 563-2250, de lunes a viernes de 8am a 5pm.

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