

GRIEVANCE AND APPEAL PROCESS UnitedHealthcare Community Plan

Who do I call for help at my health plan?

If you need help, call 1-877-542-8997 or for TTD/TTY, call 711. We will keep your information private.

To file a grievance or appeal, contact:

UnitedHealthcare Community Plan

Attention: Appeals and Grievances

P.O. Box 31364

Salt Lake City, UT 84131-0364

**Web: [www.uhccommunityplan.com/wa/medicaid/
community-plan/member-information.html](http://www.uhccommunityplan.com/wa/medicaid/community-plan/member-information.html)**

Phone: 1-877-542-8997

Fax: 1-801-994-1082

GRIEVANCE PROCESS: How do I report a complaint?

Grievances are complaints about:

- The way you were treated,
- The quality of care or services you received,
- Problems getting care,
- Billing issues.

If you need help filing a grievance, call 1-877-542-8997. We will let you know we received your grievance within two business days. We will try to take care of your grievance right away. We will resolve your grievance within 45 calendar days and tell you how it was resolved.

If you are a client with behavioral health needs, the Ombuds is someone that can help you with questions and filing grievances. If you need information about how to contact your local Ombuds, call 1-877-542-8997 or go to www.uhccommunityplan.com/wa/medicaid/behavioralhealth.

APPEAL PROCESS: How do I request the review of a denied service?

An appeal is a request to review a denied service or referral. You can appeal our decision if a service was denied, reduced, or ended early. Below are the steps in the appeal process:

STEP 1: UnitedHealthcare Appeal

STEP 2: State Administrative Hearing

STEP 3: Independent Review

STEP 4: Health Care Authority (HCA) Board of Appeals Review Judge

Continuation of Services During the Appeal Process

If you want to keep getting previously approved services while we review your appeal, you must file your appeal within 10 calendar days of the date on your denial letter. If the final decision in the appeal process agrees with our decision, you may need to pay for services you received during the appeal process.

STEP 1 – UnitedHealthcare Appeal: How do I ask for an appeal?

You have 60 calendar days after the date of UnitedHealthcare's denial letter to ask for an appeal. You or your representative may request an appeal over the phone, in person, or in writing. If you request an appeal by phone, you must also send it in writing to us with your signature. Additional information to support your appeal may be submitted over the phone, in writing, or in person. Within five calendar days, we will let you know in writing that we got your appeal. UnitedHealthcare can help you file your appeal. If you need help filing an appeal, call 1-877-542-8997.

STEP 1: Ask for an appeal with UnitedHealthcare

Phone: 1-877-542-8997

Fax: 1-801-994-1082

Address: P.O. Box 31364, Salt Lake City, UT 84131-0364

You may choose someone, including a lawyer or provider, to represent you and act on your behalf. You must sign a consent form allowing this person to represent you. UnitedHealthcare does not cover any fees or payments to your representatives. That is your responsibility.

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Before or during the appeal, you or your representative may request copies of all the documents in this appeal file, and the guidelines or benefit provisions used to make the decision. These will be sent to you free of charge. UnitedHealthcare will send you our decision in writing within 14 calendar days, unless we tell you we need more time. Our review will not take longer than 28 calendar days. We will keep your appeal private.

If you or your provider wants a fast decision because your health is at risk, call 1-877-542-8997 for a quick review (called “expedited” review) of the denial. You may ask for a quick review if your physical or mental health is at serious risk or it involves a mental health drug authorization. You may file an expedited appeal either orally or in writing. If you file the expedited appeal orally, written follow up is not required. UnitedHealthcare will contact you with our decision within 72 hours of getting your request for an expedited review.

If you ask for an expedited appeal, but UnitedHealthcare decides your health is not at risk, we will follow the regular appeal timeframe. We will send you a letter telling you the decision and the reason for the change within two calendar days of your appeal request.

The expedited timeframe may be extended up to 14 calendar days if additional information to process your appeal is needed, and the delay is in your best interest. If UnitedHealthcare extends the timeframe, we will send you a letter within two calendar days of your appeal request. We will tell you why the extension is needed. You can also ask for an extension.

STEP 2 – State Administrative Hearing: How do I ask for a legal review?

If you disagree with UnitedHealthcare’s appeal decision, you can ask for a State Administrative Hearing. You must complete UnitedHealthcare’s appeal process before you can have a hearing. You must ask for a hearing within 120 calendar days of the date on the appeal decision letter. When you ask for a hearing, you need to say what service was denied, when it was denied, and the reason it was denied. Your provider may not ask for a hearing on your behalf. You may ask for a quick decision if your health is at risk.

STEP 2: Ask for a State Administrative Hearing

Contact the Office of Administrative Hearings (OAH)

Phone: 1-800-583-8271

Address: P.O. Box 42489, Olympia, WA 98504-2489

You may consult with a lawyer or have another person represent you at the hearing. If you need help finding a lawyer, check with the nearest Legal Services Office or call the NW Justice CLEAR line at 1-888-201-1014 or visit their website at www.nwjustice.org.

You may ask for a quick decision if your health is at risk. A judge will make a decision within four working days after receiving the request. If the judge decides your health is not a risk, OAH will call you and send you a letter within four working days of the request. Your hearing will change to the standard timeframe.

STEP 3 - Independent Review: How do I ask for an Independent Review?

An Independent Review is a review by a doctor or specialist who does not work for UnitedHealthcare. If you do not agree with the decision from the State Administrative Hearing, you can ask for an Independent Review within 21 calendar days of the hearing decision or you may go directly to Step 4. Call 1-877-542-8997 for help. You may ask for a quick decision if your health is at risk. Any extra information you want us to look at must be given to us within five working days of asking for the Independent Review. If you ask for this review, your case will be sent to an Independent Review Organization (IRO) within three working days. You do not have to pay for this review. UnitedHealthcare will let you know the decision.

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STEP 3: Ask for an Independent Review

Contact UnitedHealthcare
Phone: 1-877-542-8997
Fax: 1-801-994-1082
Address: P.O. Box 31364, Salt Lake City, UT 84131-0364

STEP 4 – Health Care Authority (HCA) Board of Appeals: How do I ask for another legal review?

You can ask for a final review of your case by the HCA Board of Appeals Review Judge. You must ask for this within 21 calendar days after the IRO decision is mailed. The decision of the HCA Board of Appeals is final.

STEP 4: Ask for a review by the HCA Board of Appeals

Phone: (360) 725-0910; Toll-free: (844) 728-5212
Fax: (360) 507-9018
Address: P.O. Box 42700, Olympia, WA 98504-2700

OTHER INFORMATION

Billed for services: If you get a bill for health care services, call 1-877-542-8997.

Second Opinion: At any time, you can get a second opinion about your health care or condition. Call 1-877-542-8997 to find out how to get a second opinion.

Children under 21: The Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefit provides comprehensive and preventive health care services for children under age 21 who are covered by Medicaid. MCO's are required to provide any additional health care services that are coverable under the Federal Medicaid program and found to be medically necessary to treat, correct, or reduce illnesses and conditions that are discovered. When a medically necessary covered service is denied, appeal rights will be provided. For children under the age of 21, the Exception to Rule (ETR) process does not apply.

Non-Covered Benefit

Exception to Rule: You or your provider may ask UnitedHealthcare to approve a service that is not a covered benefit. For adults, this is called an Exception to Rule (ETR).

- It must be asked for before you get the service.
- To be approved, your provider must give us documentation that your condition is so different from most people.
- No other covered, less costly service will meet your need.
- The request must meet the rules in Washington Administrative Code (WAC) 182-501-0160 for approval.

ETR decisions are final and cannot be appealed.

Appeal: You may ask for an appeal, State Administrative Hearing, and then Independent Review to make sure we correctly determined the service is not covered. You can ask for an appeal at the same you or your provider asks for an Exception to Rule.

Limited Benefit:

Limitation Extension: Your provider may ask UnitedHealthcare to approve more services for you than your benefit package allows. It may be more in scope, number, length of time, or how often a service is provided. An example is more adult physical therapy visits than the 12 visits the benefit allows. This is called a Limitation Extension (LE). To be approved, it must meet the rules in Washington Administrative Code (WAC) 182-501-0169:

- **It must be asked for before you get more of the service.**

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- Your condition must show it is improving due to the services you have already received.
- Your condition must show it will likely continue to improve with more services, and that it will likely worsen without continued services.

You can ask for an appeal at the same time as your provider asks for a Limitation Extension.

Funding for some services is limited by available money: If you receive services that are paid for by Medicaid dollars, you have the right to appeal a decision that stops or limits those services. Some services are paid for with State-only or Federal block grant dollars. If the State-Only or block grant money runs out, we cannot approve the service for you even if we agree the services are needed. There is no appeal process if a service is ended due to State-Only or block grant money running out. You will be notified if this situation applies to you.



UnitedHealthcare Community Plan complies with all Federal civil rights laws that relate to healthcare services. UnitedHealthcare Community Plan offers healthcare services to all members without regard to race, color, national origin, age, disability, or sex. UnitedHealthcare Community Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex. This includes gender identity, pregnancy and sex stereotyping.

UnitedHealthcare Community Plan also complies with applicable state laws and does not discriminate on the basis of creed, gender, gender expression or identity, sexual orientation, marital status, religion, honorably discharged veteran or military status, or the use of a trained dog guide or service animal by a person with a disability.

If you think you were treated unfairly because of your sex, age, race, color, disability or national origin, you can send a complaint to:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

You can call or write us about a complaint at any time. We will let you know we received your complaint within two business days. We will try to take care of your complaint right away. We will resolve your complaint within 45 calendar days and tell you how it was resolved.

If you need help with your complaint, please call **1-877-542-8997, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.

You can also file a complaint with the U.S. Dept. of Health and Human Services.

Online:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Complaint forms are available at

<http://www.hhs.gov/ocr/office/file/index.html>

Phone:

Toll-free **1-800-368-1019, 1-800-537-7697** (TDD)

Mail:

U.S. Dept. of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

If you need help with your complaint, please call **1-877-542-8997, TTY 711**.

We provide free services to help you communicate with us. Such as, letters in other languages or large print. Or, you can ask for an interpreter. To ask for help, please call **1-877-542-8997, TTY 711**, Monday through Friday, 8:00 a.m. to 5:00 p.m.



UnitedHealthcare Community Plan cumple con todos los requisitos de las leyes Federales de los derechos civiles relativas a los servicios de los cuidados para la salud. UnitedHealthcare Community Plan ofrece servicios para los cuidados de salud a todos los miembros sin distinción de su raza, color, origen nacional, edad, discapacidad o sexo. UnitedHealthcare Community Plan no excluye a personas ni les da un tratamiento diferente basado en su raza, color, origen nacional, edad, discapacidad o sexo. Esto incluye su identificación de sexo, su estado de embarazo o el estereotipo sexual que tengan.

UnitedHealthcare Community Plan también cumple con los requisitos de las leyes estatales pertinentes y no discrimina en base a sus creencias, sexo, expresión de sexo o identidad, orientación sexual, estado civil, religión, veterano dado de alta honorablemente o por su actual condición militar o por el empleo de perros o animales entrenados como guías o para servicios necesarios para una persona con una discapacidad.

Si usted piensa que ha sido tratado injustamente por razones como su sexo, edad, raza, color, discapacidad u origen nacional, puede enviar una queja a:

Civil Rights Coordinator
UnitedHealthcare Civil Rights Grievance
P.O. Box 30608
Salt Lake City, UTAH 84130
UHC_Civil_Rights@uhc.com

Usted puede llamarnos o escribirnos sobre una queja en cualquier momento. Le informaremos que recibimos su queja dentro de dos días hábiles. Trataremos de atender su queja de inmediato. Resolveremos su queja dentro de 45 días calendario y le informaremos cómo se resolvió.

Si usted necesita ayuda con su queja, por favor llame al **1-877-542-8997, TTY 711**, de lunes a viernes de 8:00 a.m. a 5:00 p.m.

Usted también puede presentar una queja con el Departamento de Salud y Servicios Humanos de los Estados Unidos.

Internet:

<https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>

Formas para las quejas se encuentran disponibles en:

<http://www.hhs.gov/ocr/office/file/index.html>

Teléfono:

Llamada gratuita, **1-800-368-1019, 1-800-537-7697 (TDD)**

Correo:

U.S. Department of Health and Human Services
200 Independence Avenue SW
Room 509F, HHH Building
Washington, D.C. 20201

Si necesita ayuda para presentar su queja, por favor llame al **1-877-542-8997, TTY 711**.

Ofrecemos servicios gratuitos para ayudarle a comunicarse con nosotros. Tales como, cartas en otros idiomas o en letra grande. O bien, puede solicitar un intérprete. Para pedir ayuda, por favor llame al **1-877-542-8997, TTY 711**, de lunes a viernes, 8:00 a.m. – 5:00 p.m.



English:

If the enclosed information is not in your primary language, please call UnitedHealthcare Community Plan at **1-877-542-8997 (TTY: 711)**.

Hmong:

Yog cov ntaub ntawv muab tuaj hauv no tsis yog sau ua koj hom lus, thov hu rau UnitedHealthcare Community Plan ntawm 1-877-542-8997 (TTY: 711).

Samoan:

Afai o fa'amatalaga ua tuuina atu e le'o tusia i lau gagana masani, fa'amolemole fa'afesoota'i mai le vaega a le United Healthcare Community Plan ile telefoni 1-877-542-8997. (TTY:711).

Russian:

Если прилагаемая информация представлена не на Вашем родном языке, позвоните представителю UnitedHealthcare Community Plan по тел. 1-877-542-8997 (телетайп: 711).

Ukrainian:

Якщо інформація, що додається, подана не на Вашій рідній мові, зателефонуйте до UnitedHealthcare Community Plan 1-877-542-8997 (для осіб з порушеннями слуху: 711).

Korean:

동봉한 안내 자료가 귀하의 모국어로 준비되어 있지 않으면 1-877-542-8997(TTY: 711)로 UnitedHealthcare Community Plan에 전화하십시오.

Romanian:

Dacă informațiile alăturate nu sunt în limba dumneavoastră principală, vă rugăm să sunați la UnitedHealthcare Community Plan, la numărul 1-877-542-8997 (TTY: 711).

Amharic:

ተያይዞ ያለው መረጃ በድንገታ ካልሆነ፣ እባክዎን በግንኙነት ስልክ ቁጥር ወደ UnitedHealthcare Community Plan ይደውሉ፡- 1-877-542-8997 (መስማት ስተሳናፕው/ TTY: 711)።

Tigrinya:

ተተሓሔዙ ዘሉ ሓበሬታ ብድንገት ተዘይኮይኑ፣ ብኸብረትኩም በዚ ዝስራብ ቁጥር ስልኪ ናብ UnitedHealthcare Community Plan ደውሉ፡- 1-877-542-8997 (ምስማዕ ንተጸገሙ/ TTY: 711)።

Spanish:

Si la información adjunta no está en su lengua materna, llame a UnitedHealthcare Community Plan al 1-877-542-8997 (TTY: 711).

Lao:

ຖ້າຂໍ້ມູນທີ່ຕິດຄັດມານີ້ ບໍ່ແມ່ນພາສາຕົ້ນຕໍຂອງທ່ານ, ກະລຸນາໃຫຍາງ UnitedHealthcare Community Plan ທີ່ເບີ 1-877-542-8997 (TTY: 711).

Vietnamese:

Nếu ngôn ngữ trong thông tin đính kèm này không phải là ngôn ngữ chính của quý vị, xin gọi cho UnitedHealthcare Community Plan theo số 1-877-542-8997 (TTY: 711).

Traditional Chinese:

若隨附資訊的語言不屬於您主要使用語言，請致電 UnitedHealthcare Community Plan，電話號碼為 1-877-542-8997（聽障專線 (TTY)：711）。

Khmer:

ប្រសិនបើព័ត៌មានដែលភ្ជាប់មកនេះមិនមែនជាភាសាដើមរបស់អ្នកទេ តូចអ្នកសុំព័ត៌មាន UnitedHealthcare Community Plan តេឌ 1-877-542-8997 (ស្រមោលអ្នកច្រឡំ (TTY): 711)។

Tagalog:

Kung ang nakalalip na impormasyon ay wala sa iyong pangunahing wika, mangyaring tumawag sa UnitedHealthcare Community Plan sa 1-877-542-8997 (TTY: 711).

Farsi:

در صورت اینکه اطلاعات پیوست به زبان اولیه شما نمیباشد، لطفاً با United Healthcare Community Plan با شماره 1-877-542-8997 تماس حاصل نمایید (وسيله ارطباتی برای ناشنوايان - 711 TTY) .