

How to Appeal a Denial in Community HealthChoices

A Factsheet for Consumers



If your Community HealthChoices (CHC) managed care plan denies your request for a service, such as personal care assistance, you have the right to appeal.

You can also appeal if your plan stops or reduces a service you have been getting. If your plan says the service you want is “not medically necessary,” here is how to appeal:

Step one: Ask for a Grievance

A grievance is a review of the service denial by a panel of three people, including a doctor employed by the CHC plan. You have the right to take part in the grievance review, either in person or by phone. You also have the right to have your doctor or others take part on your behalf. Ask your doctor to take part, or to write a letter that explains why the service is medically necessary. The panel must give you a decision within 30 days from when you ask for the grievance.

Ask for a grievance by calling your CHC plan or by completing the form that came with your denial letter. You have **60 days** from the date on the letter to file a grievance.

- Can I get a decision in less than thirty days?

Yes. If your health could be harmed by waiting 30 days for a decision, ask your CHC plan for a faster review. This is called an “expedited” grievance. Give the plan a letter from your doctor that says you need a faster review. For an “expedited” grievance, the panel must give you a decision within 72 hours of your request.

- Can I continue getting benefits?

Yes. Ask for your grievance within **10 days** of the date on the denial letter. Services you are already getting will continue during the process. This rule only applies if your plan has denied a request for services to continue, not a request for new services.

Step two: Ask for a Fair Hearing

If you do not agree with the grievance decision, you have the right to a fair hearing.

A fair hearing is a meeting where the CHC plan has to explain its decision to an administrative law judge. You have the right to take part in person or by phone. Your

doctor or others can also take part. Either you or someone on your behalf must take part in the hearing. The judge will issue a decision within 90 days of your request for hearing.

To ask for a fair hearing, complete and mail the form that came with your grievance decision. Include the grievance decision with your form. Use certified mail. You have **120 days** from the date on the grievance decision to ask for a fair hearing.

- Can I get a decision in less than ninety days?

Yes. If your health could be harmed by waiting up to 90 days for a hearing decision, give the judge a letter from your doctor that says you need a faster review. In an “expedited” fair hearing, the judge will hold the hearing and give you a decision within three business days of your request.

- Can I continue getting benefits?

Yes. Ask for a fair hearing within **10 days** of the date on the grievance decision. Services you are already getting will continue until you get a hearing decision.

Step two: Also Ask for an External Review

If the grievance panel upholds the denial, you also have the right to ask for an external medical review. An external review is a review of the record by a doctor chosen by the PA Department of Health. The external reviewer must give you a decision within 60 days of your request.

Call your plan to ask for an external review. You have **15 days** from the date on the grievance decision to ask for an external review. Ask within **10 days** if you want benefits to continue during the external review process.

You can ask for an external review and a fair hearing at the same time. If either appeal is decided in your favor, the CHC plan must approve the service.

Get legal help

For free legal help, call the Pennsylvania Health Law Project at 1-800-274-3258.