How to Appeal a Denial in HealthChoices

A Factsheet for Consumers

If your HealthChoices managed care plan denies your request for a service, such as a medication, home health care, or durable medical equipment, you have the right to appeal.

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

Step 1: Ask for a Grievance

A grievance is a review of the plan's decision by a panel of three people, including a doctor from the plan. You have the right to participate in the grievance either in person or by phone. You also have the right to have your doctor or others participate, and you have the right to submit documentation to support the medical necessity of the service. Ask your doctor to participate by attending the review by phone or in person, and/or by writing a letter that explains why the service is medically necessary. The grievance panel must give you a decision in writing within 30 days from when you asked for the grievance.

To ask for a grievance, call your plan's Member Services line or complete the Grievance request form that came with your denial letter. Send it by certified mail or fax and keep a receipt. You have **60 days** from the date on the denial letter to file a grievance.

- Can I continue getting benefits during the Grievance process?

  Yes. If you 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 or more services.

- 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 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.

Step 2: Ask for a Fair Hearing

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

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A fair hearing is a meeting where the plan must explain its decision to an administrative law judge. You must take part in the hearing either in person or by phone. At the hearing, you have the right to submit evidence and to explain your position to the judge. Your doctor or others can also take part.

To ask for a fair hearing, complete the form that came with your grievance decision. Include the grievance decision with your form. Send it by certified mail or fax and keep a receipt. You have **120 days** from the date on the grievance decision to ask for a fair hearing. Once you request the fair hearing, you should receive a written decision within approximately 60 days.

- ### Can I get a faster hearing decision?

  Yes. If your health could be harmed by waiting months 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 3: Also Ask for an External Review

If you do not agree with the grievance decision, in addition to asking for a fair hearing, you also have the right to ask for an external review. An external review is a review of the record by an independent 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 should ask for an external review and a fair hearing at the same time. If either appeal is decided in your favor, the plan must approve the service.

Get legal help

For free legal help with the appeal process, call the Pennsylvania Health Law Project at 1-800-274-3258 or e-mail staff@phlp.org.

This publication is intended to provide general legal information, not legal advice. Each person's situation is different. If you have questions about how the law applies to your particular situation, please call the Helpline at 1-800-274-3258.

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