

**Section 8 –  
Complaints, Grievances, and Fair Hearings**

# AmeriHealth Caritas Pennsylvania Community HealthChoices 2024 Participant Handbook

## Complaints, Grievances, and Fair Hearings

If a provider or **AmeriHealth Caritas PA CHC** does something that you are unhappy about or do not agree with, you can tell **AmeriHealth Caritas PA CHC** or the Department of Human Services what you are unhappy about or that you disagree with what the provider or **AmeriHealth Caritas PA CHC** has done. This section describes what you can do and what will happen.

### Complaints

#### What is a Complaint?

A Complaint is when you tell **AmeriHealth Caritas PA CHC** you are unhappy with **AmeriHealth Caritas PA CHC** or your provider or do not agree with a decision by **AmeriHealth Caritas PA CHC**.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not gotten services that **AmeriHealth Caritas PA CHC** has approved.
- You were denied a request to disagree with a decision that you have to pay your provider.

### First Level Complaint

#### What Should I Do if I Have a Complaint?

To file a first level Complaint:

- Call **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell **AmeriHealth Caritas PA CHC** your Complaint, or
- Write down your Complaint and send it to **AmeriHealth Caritas PA CHC** by mail, fax, or electronically via secure email or secure web portal, if available, or
- If you received a notice from **AmeriHealth Caritas PA CHC** telling you **AmeriHealth Caritas PA CHC's** decision and the notice included a Complaint/Grievance Request Form, fill out the form and send it to **AmeriHealth Caritas PA CHC** by mail or fax.

**AmeriHealth Caritas PA CHC's** address and fax number for Complaints:

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**AmeriHealth Caritas PA CHC**  
**Participant Appeals**  
**200 Stevens Drive**  
**Philadelphia, PA 19113-1570**  
**Fax number: 1-855-332-0141**  
**pamemberappeals@amerihealthcaritas.com**

Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

### When Should I File a First Level Complaint?

Some Complaints have a time limit on filing. You must file a Complaint within **60 days of getting a notice** telling you that

- **AmeriHealth Caritas PA CHC** has decided that you cannot get a service or item you want because it is not a covered service or item.
- **AmeriHealth Caritas PA CHC** will not pay a provider for a service or item you got.
- **AmeriHealth Caritas PA CHC** did not tell you its decision about a Complaint or Grievance you told **AmeriHealth Caritas PA CHC** about within **30 days** from when **AmeriHealth Caritas PA CHC** got your Complaint or Grievance.
- **AmeriHealth Caritas PA CHC** has denied your request to disagree with **AmeriHealth Caritas PA CHC's** decision that you have to pay your provider.

You must file a Complaint **within 60 days of the date you should have gotten a service or item** if you did not get a service or item. The time by which you should have received a service or item is listed below:

<b>New Participant appointment for your first examination...</b>	<b>We will make an appointment for you...</b>
Participants with HIV/AIDS	with PCP or specialist no later than 7 days after you become a Participant in <b>AmeriHealth Caritas PA CHC</b> unless you are already being treated by a PCP or specialist.
Participants who receive Supplemental Security Income (SSI)	with PCP or specialist no later than 45 days after you become a Participant in <b>AmeriHealth Caritas PA CHC</b> , unless you are already being treated by a PCP or specialist.

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all other Participants	with PCP no later than 3 weeks after you become a Participant in <b>AmeriHealth Caritas PA CHC</b> .
<b>Participants who are pregnant:</b>	<b>We will make an appointment for you . . .</b>
pregnant women in their first trimester	with OB/GYN provider within 10 business days of <b>AmeriHealth Caritas PA CHC</b> learning you are pregnant.
pregnant women in their second trimester	with OB/GYN provider within 5 business days of <b>AmeriHealth Caritas PA CHC</b> learning you are pregnant.
pregnant women in their third trimester	with OB/GYN provider within 4 business days of <b>AmeriHealth Caritas PA CHC</b> learning you are pregnant.
pregnant women with high-risk pregnancies	with OB/GYN provider within 24 hours of <b>AmeriHealth Caritas PA CHC</b> learning you are pregnant.
<b>Appointment with...</b>	<b>An appointment must be scheduled . . . . .</b>
<b>PCP</b>	
urgent medical condition	within 24 hours.
routine appointment	within 10 business days.
health assessment/general physical examination	within 3 weeks.
<b>Specialists (when referred by PCP)</b>	
urgent medical condition	within 24 hours of referral.
routine appointment with one of the following specialists: <ul style="list-style-type: none"> <li>• Otolaryngology</li> <li>• Dermatology</li> <li>• Dentist</li> <li>• Orthopedic Surgery</li> </ul>	within 15 business days of referral
routine appointment with all other specialists	within 10 business days of referral

You may file **all other Complaints at any time.**

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## What Happens After I File a First Level Complaint?

After you file your Complaint, you will get a letter from **AmeriHealth Caritas PA CHC** telling you that **AmeriHealth Caritas PA CHC** has received your Complaint, and about the First Level Complaint review process.

You may ask **AmeriHealth Caritas PA CHC** to see any information **AmeriHealth Caritas PA CHC** has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to **AmeriHealth Caritas PA CHC**.

You may attend the Complaint review if you want to attend it. **AmeriHealth Caritas PA CHC** will tell you the location, date, and time of the Complaint review at least 10 days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 1 or more **AmeriHealth Caritas PA CHC** staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor or licensed dentist in the same or similar specialty of the service will be on the committee. **AmeriHealth Caritas PA CHC** will mail you a notice within **30** days from the date you filed your First Level Complaint to tell you the decision on your First Level Complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page **95**.

### What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you file a Complaint verbally, or that is faxed, postmarked, submitted electronically via secure email or secure web portal (if available), or hand-delivered within 15 days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

## What if I Do Not Like AmeriHealth Caritas PA CHC's Decision?

You may ask for an external Complaint review, a Fair Hearing, or an external Complaint review and a Fair Hearing if the Complaint is about one of the following:

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- **AmeriHealth Caritas PA CHC's** decision that you cannot get a service or item you want because it is not a covered service or item.
- **AmeriHealth Caritas PA CHC's** decision to not pay a provider for a service or item you got.
- **AmeriHealth Caritas PA CHC's** failure to decide a Complaint or Grievance you told **AmeriHealth Caritas PA CHC** about within **30** days from when **AmeriHealth Caritas PA CHC** got your Complaint or Grievance.
- You did not get a service or item within the time by which you should have received it
- **AmeriHealth Caritas PA CHC's** decision to deny your request to disagree with **AmeriHealth Caritas PA CHC's** decision that you have to pay your provider.

You must ask for an external Complaint review within **15 days of the date you got the First Level Complaint decision notice.**

You must ask for a Fair Hearing within **120 days from the mail date on the notice** telling you the Complaint decision.

For all other Complaints, you may file a Second Level Complaint within **45 days of the date you got the Complaint decision notice.**

For information about Fair Hearings, see page **96**.  
For information about external Complaint review, see page **88**.  
If you need more information about help during the Complaint process, see page **95**.

### Second Level Complaint

#### What Should I Do if I Want to File a Second Level Complaint?

To file a Second Level Complaint:

- Call **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell **AmeriHealth Caritas PA CHC** your Second Level Complaint, or
- Write down your Second Level Complaint and send it to **AmeriHealth Caritas PA CHC** by mail, fax, or electronically via secure email or secure web portal, if available, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to **AmeriHealth Caritas PA CHC** by mail or fax.

**AmeriHealth Caritas PA CHC's** address and fax number for Second Level Complaints

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**AmeriHealth Caritas PA CHC  
Participant Appeals  
200 Stevens Drive  
Philadelphia, PA 19113-1570  
Fax number: 1-855-332-0141  
pamemberappeals@amerihealthcaritas.com**

## What Happens After I File a Second Level Complaint?

After you file your Second Level Complaint, you will get a letter from **AmeriHealth Caritas PA CHC** telling you that **AmeriHealth Caritas PA CHC** has received your Complaint, and about the Second Level Complaint review process.

You may ask **AmeriHealth Caritas PA CHC** to see any information **AmeriHealth Caritas PA CHC** has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to **AmeriHealth Caritas PA CHC**.

You may attend the Complaint review if you want to attend it. **AmeriHealth Caritas PA CHC** will tell you the location, date, and time of the Complaint review at least 15 days before the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of 3 or more people, including at least 1 person who does not work for **AmeriHealth Caritas PA CHC**, will meet to decide your Second Level Complaint. The **AmeriHealth Caritas PA CHC** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor or licensed dentist in the same or similar specialty of the service will be on the committee. **AmeriHealth Caritas PA CHC** will mail you a notice within **45** days from the date your Second Level Complaint was received to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page <b>95</b> .
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## What if I Do Not Like AmeriHealth Caritas PA CHC's Decision on My Second Level Complaint?

You may ask for an external review from the Pennsylvania Insurance Department's Bureau of Managed Care.

You must ask for an external review **within 15 days of the date you got the Second Level Complaint decision notice**.

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## External Complaint Review

### How Do I Ask for an External Complaint Review?

You must send your request for an external review of your Complaint in writing to the following:

Pennsylvania Insurance Department  
Bureau of Consumer Services  
1209 Strawberry Square  
Harrisburg, PA 17120  
Fax: 717-787-8585

You can also go to the “File a Complaint Page” at <https://www.insurance.pa.gov/Consumers/Pages/default.aspx>

If you need help filing your request for external review, call the Bureau of Consumer Services at 1-877-881-6388.

If you ask, the Bureau of Consumer Services will help you put your Complaint in writing.

### What Happens After I Ask for an External Complaint Review?

The Pennsylvania Insurance Department will get your file from **AmeriHealth Caritas PA CHC**. You may also send them any other information that may help with the external review of your Complaint.

You may be represented by an attorney or another person such as your representative during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.



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### What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you want to continue getting services, you must submit a request for an external Complaint review or a Fair Hearing that is postmarked, faxed, or submitted electronically via the Pennsylvania Consumer Services Online Portal (CSO), within 15 days of the date on the notice telling you **AmeriHealth Caritas PA CHC's** First Level Complaint decision that you cannot get services or items you have been receiving because they are not covered services or items for you for the services or items to continue until a decision is made. If you will be asking for both an external Complaint review and a Fair Hearing, you must request both the external Complaint review and the Fair Hearing within 15 days of the date on the notice telling you **AmeriHealth Caritas PA CHC's** First Level Complaint decision. If you wait to request a Fair Hearing until after receiving a decision on your external Complaint, services will not continue.

## GRIEVANCES

### What is a Grievance?

When **AmeriHealth Caritas PA CHC** denies, decreases, or approves a service or item different than the service or item you requested because it is not medically necessary, you will get a notice telling you **AmeriHealth Caritas PA CHC's** decision.

A Grievance is when you tell **AmeriHealth Caritas PA CHC** you disagree with **AmeriHealth Caritas PA CHC's** decision.

### What Should I Do if I Have a Grievance?

To file a Grievance:

- Call **AmeriHealth Caritas PA CHC** at 1-855-235-5115 (TTY 1-855-235-5112) and tell **AmeriHealth Caritas PA CHC** your Grievance, or
- Write down your Grievance and send it to **AmeriHealth Caritas PA CHC** by mail, fax, or electronically via secure email or secure web portal, if available, or
- Fill out the Complaint/Grievance Request Form included in the denial notice you got from **AmeriHealth Caritas PA CHC** and send it to **AmeriHealth Caritas PA CHC** by mail or fax.

**AmeriHealth Caritas PA CHC's** address and fax number for Grievances:

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**AmeriHealth Caritas PA CHC  
Participant Appeals  
200 Stevens Drive  
Philadelphia, PA 19113-1570  
Fax number: 1-855-332-0141  
pamemberappeals@amerihealthcaritas.com**

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

### **When Should I File a Grievance?**

You must file a Grievance within **60 days from the date you get the notice** telling you about the denial, decrease, or approval of a different service or item for you.

### **What Happens After I File a Grievance?**

After you file your Grievance, you will get a letter from **AmeriHealth Caritas PA CHC** telling you that **AmeriHealth Caritas PA CHC** has received your Grievance, and about the Grievance review process.

You may ask **AmeriHealth Caritas PA CHC** to see any information that **AmeriHealth Caritas PA CHC** used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to **AmeriHealth Caritas PA CHC**.

You may attend the Grievance review if you want to attend it. **AmeriHealth Caritas PA CHC** will tell you the location, date, and time of the Grievance review at least 10 days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of 3 or more people, including a licensed doctor or licensed dentist in the same or similar specialty of the service, will meet to decide your Grievance. The **AmeriHealth Caritas PA CHC** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. **AmeriHealth Caritas PA CHC** will mail you a notice within **30** days from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page **95**.

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### What to do to continue getting services:

If you have been getting services or items that are being reduced, changed, or denied and you file a Grievance verbally, or that is faxed, postmarked, submitted electronically via secure email or secure web portal if available, or hand-delivered within 15 days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

### What if I Do Not Like AmeriHealth Caritas PA CHC's Decision?

You may ask for an external Grievance review or a Fair Hearing or you may ask for both an external Grievance review and a Fair Hearing. An external Grievance review is a review by a doctor who does not work for **AmeriHealth Caritas PA CHC**.

You must ask for an external Grievance review within **15 days of the date you got the Grievance decision notice**.

You must ask for a Fair Hearing from the Department of Human Services **within 120 days from the date on the notice** telling you the Grievance decision.

For information about Fair Hearings, see page **96**.

For information about external Grievance reviews, see below

If you need more information about help during the Grievance process, see page **95**.

## External Grievance Review

### How Do I Ask for External Grievance Review?

To ask for an external Grievance review:

- Call **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell **AmeriHealth Caritas PA CHC** your Grievance, or
- Write down your Grievance and send it to **AmeriHealth Caritas PA CHC** by mail to:

**AmeriHealth Caritas PA CHC  
Participant Appeals  
200 Stevens Drive  
Philadelphia, PA 19113-1570**

**AmeriHealth Caritas PA CHC** will send your request for external Grievance review to the Pennsylvania Insurance Department.

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## What Happens After I Ask for an External Grievance Review?

**AmeriHealth Caritas PA CHC** will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within 15 days of filing the request for an external Grievance review.

**AmeriHealth Caritas PA CHC** will notify you of the external Grievance reviewer's name, address and phone number. You will also be given information about the external Grievance review process.

You will receive a decision letter within 60 days of the date you asked for an external Grievance review. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

### **What to do to continue getting services:**

If you have been getting the services or items that are being reduced, changed, or denied and you want to continue getting services, you must ask for an external Grievance review verbally or in a written request that is postmarked, faxed, submitted electronically via the Pennsylvania Consumer Services Online Portal (CSO), or hand-delivered, within 15 days of the date on the notice telling you **AmeriHealth Caritas PA CHC's** Grievance decision for the services or items to continue until a decision is made. If you will be asking for both an external Grievance review and a Fair Hearing, you must request both the external Grievance review and the Fair Hearing within 15 days of the date on the notice telling you **AmeriHealth Caritas PA CHC's** Grievance decision. If you wait to request a Fair Hearing until after receiving a decision on your external Grievance, services will not continue.

## Expedited Complaints and Grievances

### What Can I Do if My Health Is at Immediate Risk?

If your doctor or dentist believes that waiting **30 days to get a decision about your First Level Complaint or Grievance, or 45 days to get a decision about your Second Level Complaint**, could harm your health, you or your doctor or dentist may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask **AmeriHealth Caritas PA CHC** for an early decision by calling **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)**, faxing a letter or the Complaint/Grievance Request Form to **1-855-332-0141**, or sending an email to **PAMemberappeals@amerihealthcaritas.com**.

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- Your doctor or dentist should fax a signed letter to **1-855-332-0141** within 72 hours of your request for an early decision that explains why **AmeriHealth Caritas PA CHC** taking **30 days to get a decision about your First Level Complaint or Grievance, or 45 days to get a decision about your Second Level Complaint** could harm your health.

If **AmeriHealth Caritas PA CHC** does not receive a letter from your doctor or dentist and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, **AmeriHealth Caritas PA CHC** will decide your Complaint or Grievance in the usual time frame of **30** days from when **AmeriHealth Caritas PA CHC** first got your First Level Complaint or Grievance, or **45** days from when **AmeriHealth Caritas PA CHC** got your Second Level Complaint.

### Expedited Complaint and Expedited External Complaint

Your expedited Complaint will be reviewed by a committee of 3 or more people that includes a licensed doctor or licensed dentist in the same or similar specialty of the service. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person, but may have to appear by phone or by videoconference because **AmeriHealth Caritas PA CHC** has a short amount of time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

**AmeriHealth Caritas PA CHC** will tell you the decision about your Complaint within 48 hours of when **AmeriHealth Caritas PA CHC** gets your doctor's or dentist's letter explaining why the usual time frame for deciding your Complaint will harm your health or within 72 hours from when **AmeriHealth Caritas PA CHC** gets your request for an early decision, whichever is sooner, unless you ask **AmeriHealth Caritas PA CHC** to take more time to decide your Complaint. You can ask **AmeriHealth Caritas PA CHC** to take up to 14 more days to decide your Complaint. You will also get a notice telling you the reason(s) for the decision and how to ask for an expedited external Complaint review, if you do not like the decision.

If you did not like the expedited Complaint decision, you may ask for an expedited external Complaint review from the Pennsylvania Insurance Department within **2 business days from the date you get the expedited Complaint decision notice**. To ask for an expedited external review of a Complaint:

- Call **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell **AmeriHealth Caritas PA CHC** your Complaint, or

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- Send an email to **AmeriHealth Caritas PA CHC** at **PAmemberappeals@amerihealthcaritas.com**, or
- Write down your Complaint and send it to **AmeriHealth Caritas PA CHC** by mail or fax:

**AmeriHealth Caritas PA CHC  
Participant Appeals  
200 Stevens Drive  
Philadelphia, PA 19113-1570  
Fax number: 1-855-332-0141**

**AmeriHealth Caritas PA CHC** will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

### **Expedited Grievance and Expedited External Grievance**

A committee of 3 or more people, including a licensed doctor or licensed dentist in the same or similar specialty of the service, will meet to decide your Grievance. If the Grievance is about dental services, the expedited Grievance review committee will include a dentist. The **AmeriHealth Caritas PA CHC** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about.

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person, but may have to appear by phone or by videoconference because **AmeriHealth Caritas PA CHC** has a short amount of time to decide the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect our decision.

**AmeriHealth Caritas PA CHC** will tell you the decision about your Grievance within 48 hours of when **AmeriHealth Caritas PA CHC** gets your doctor's or dentist's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours from when **AmeriHealth Caritas PA CHC** gets your request for an early decision, whichever is sooner, unless you ask **AmeriHealth Caritas PA CHC** to take more time to decide your Grievance. You can ask **AmeriHealth Caritas PA CHC** to take up to 14 more days to decide your Grievance. You will also get a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external Grievance review or an expedited Fair Hearing by the Department of Human Services or both an expedited external Grievance review and an expedited Fair Hearing. An expedited external Grievance review is a review by a doctor who does not work for **AmeriHealth Caritas PA CHC**.

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You must ask for an expedited external Grievance review within **2 business days from the date you get the expedited Grievance decision notice**. To ask for an expedited external review of a Grievance:

- Call **AmeriHealth Caritas PA CHC** at **1-855-235-5115 (TTY 1-855-235-5112)** and tell **AmeriHealth Caritas PA CHC** your Grievance, or
- Send an email to **AmeriHealth Caritas PA CHC** at **PAMemberappeals@amerihealthcaritas.com**, or
- Write down your Grievance and send it to **AmeriHealth Caritas PA CHC** by mail or fax:

**AmeriHealth Caritas PA CHC  
Participant Appeals  
200 Stevens Drive  
Philadelphia, PA 19113-1570  
Fax number: 1-855-332-0141.**

**AmeriHealth Caritas PA CHC** will send your request to the Pennsylvania Insurance Department within 24 hours after receiving it.

You must ask for a Fair Hearing within **120 days from the date on the notice** telling you the expedited Grievance decision.

### **What Kind of Help Can I Have with the Complaint and Grievance Processes?**

If you need help filing your Complaint or Grievance, a staff member of **AmeriHealth Caritas PA CHC** will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not have been involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, tell **AmeriHealth Caritas PA CHC**, in writing, the name of that person and how **AmeriHealth Caritas PA CHC** can reach him or her.

You or the person you choose to represent you may ask **AmeriHealth Caritas PA CHC** to see any information **AmeriHealth Caritas PA CHC** has about the issue you filed your Complaint or Grievance about at no cost to you.

## **AmeriHealth Caritas Pennsylvania Community HealthChoices 2024 Participant Handbook**

You may call **AmeriHealth Caritas PA CHC**'s toll-free telephone number at **1-855-235-5115 (TTY 1-855-235-5112)** if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at **1-800-846-0871** or call the Pennsylvania Health Law Project at 1-800-274-3258.

### **Persons Whose Primary Language Is Not English**

If you ask for language services, **AmeriHealth Caritas PA CHC** will provide the services at no cost to you.

### **Persons with Disabilities**

**AmeriHealth Caritas PA CHC** will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters;
- Providing information submitted by **AmeriHealth Caritas PA CHC** at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review; and
- Providing someone to help copy and present information.

## **DEPARTMENT OF HUMAN SERVICES FAIR HEARINGS**

In some cases you can ask the Department of Human Services to hold a hearing because you are unhappy about or do not agree with something **AmeriHealth Caritas PA CHC** did or did not do. These hearings are called "Fair Hearings." You can ask for a Fair Hearing after **AmeriHealth Caritas PA CHC** decides your First Level Complaint or decides your Grievance.

### **What Can I Request a Fair Hearing About and By When Do I Have to Ask for a Fair Hearing?**

Your request for a Fair Hearing must be postmarked or faxed within **120 days from the date on the notice** telling you **AmeriHealth Caritas PA CHC**'s decision on your First Level Complaint or Grievance about the following:

- The denial of a service or item you want because it is not a covered service or item.
- The denial of payment to a provider for a service or item you got and the provider can bill you for the service or item.



## **AmeriHealth Caritas Pennsylvania Community HealthChoices 2024 Participant Handbook**

- **AmeriHealth Caritas PA CHC's** failure to decide a First Level Complaint or Grievance you told **AmeriHealth Caritas PA CHC** about within **30** days from when **AmeriHealth Caritas PA CHC** got your Complaint or Grievance.
- The denial of your request to disagree with **AmeriHealth Caritas PA CHC's** decision that you have to pay your provider.
- The denial of a service or item, decrease of a service or item, or approval of a service or item different from the service or item you requested because it was not medically necessary.
- You're not getting a service or item within the time by which you should have received a service or item.

You can also request a Fair Hearing within 120 days from the date on the notice telling you that **AmeriHealth Caritas PA CHC** failed to decide a First Level Complaint or Grievance you told **AmeriHealth Caritas PA CHC** about within **30** days from when **AmeriHealth Caritas PA CHC** got your Complaint or Grievance.

### **How Do I Ask for a Fair Hearing?**

Your request for a Fair Hearing must be in writing. You can either fill out and sign the Fair Hearing Request Form included in the Complaint or the Grievance decision notice, or write and sign a letter.

If you write a letter, it needs to include the following information:

- Your (the Participant's) name and date of birth;
- A telephone number where you can be reached during the day;
- Whether you want to have the Fair Hearing in person or by telephone;
- The reason(s) you are asking for a Fair Hearing; and
- A copy of any letter you received about the issue you are asking for a Fair Hearing about.

You must send your request for a Fair Hearing to the following address:

Department of Human Services  
OLTL/Forum Place 6th FL  
CHC Complaint, Grievance and Fair Hearings  
P.O. Box 8025  
Harrisburg, PA 17105-8025  
Fax: 717-346-7142

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### **What Happens After I Ask for a Fair Hearing?**

You will get a letter from the Department of Human Services' Bureau of Hearings and Appeals telling you where the hearing will be held and the date and time for the hearing. You will receive this letter at least 10 days before the date of the hearing.

You may come to where the Fair Hearing will be held or be included by phone. A family member, friend, lawyer or other person may help you during the Fair Hearing. You **MUST** participate in the Fair Hearing.

**AmeriHealth Caritas PA CHC** will also go to your Fair Hearing to explain why **AmeriHealth Caritas PA CHC** made the decision or explain what happened.

You may ask **AmeriHealth Caritas PA CHC** to give you any records, reports and other information about the issue you requested your Fair Hearing about at no cost to you.

### **When Will the Fair Hearing Be Decided?**

The Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with **AmeriHealth Caritas PA CHC**, not including the number of days between the date on the written notice of **AmeriHealth Caritas PA CHC**'s First Level Complaint decision or Grievance decision and the date you asked for a Fair Hearing.

If you requested a Fair Hearing because **AmeriHealth Caritas PA CHC** did not tell you its decision about a Complaint or Grievance you told **AmeriHealth Caritas PA CHC** about within **30** days from when **AmeriHealth Caritas PA CHC** got your Complaint or Grievance, your Fair Hearing will be decided within 90 days from when you filed your Complaint or Grievance with **AmeriHealth Caritas PA CHC**, not including the number of days between the date on the notice telling you that **AmeriHealth Caritas PA CHC** failed to timely decide your Complaint or Grievance and the date you asked for a Fair Hearing.

The Department of Human Services will send you the decision in writing and tell you what to do if you do not like the decision.

If your Fair Hearing is not decided within 90 days from the date the Department of Human Services receives your request, you may be able to get your services until your Fair Hearing is decided. You can call the Department of Human Services at 1-800-798-2339 to ask for your services.

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### What to do to continue getting services:

If you have been getting the services or items that are being reduced, changed or denied and you ask for a Fair Hearing and your request is postmarked, faxed, or hand-delivered within 15 days of the date on the notice telling you **AmeriHealth Caritas PA CHC's** First Level Complaint or Grievance decision, the services or items will continue until a decision is made.

## Expedited Fair Hearing

### What Can I Do if My Health Is at Immediate Risk?

If your doctor or dentist believes that waiting the usual time frame for deciding a Fair Hearing could harm your health, you may ask that the Fair Hearing take place more quickly. This is called an expedited Fair Hearing. You can ask for an early decision by calling the Department at 1-800-757-5042 or by faxing a letter or the Fair Hearing Request Form to 717-346-7142. Your doctor or dentist must fax a signed letter to 717-346-7142 explaining why taking the usual amount of time to decide your Fair Hearing could harm your health. If your doctor or dentist does not send a letter, your doctor or dentist must testify at the Fair Hearing to explain why taking the usual amount of time to decide your Fair Hearing could harm your health.

The Bureau of Hearings and Appeals will schedule a telephone hearing and will tell you its decision within 3 business days after you asked for a Fair Hearing.

If your doctor does not send a written statement and does not testify at the Fair Hearing, the Fair Hearing decision will not be expedited. Another hearing will be scheduled, and the Fair Hearing will be decided using the usual time frame for deciding a Fair Hearing.

You may call **AmeriHealth Caritas PA CHC's** toll-free telephone number at **1-855-235-5115 (TTY 1-855-235-5112)** if you need help or have questions about Fair Hearings, you can contact your local legal aid office at **1-800-846-0871** or call the Pennsylvania Health Law Project at 1-800-274-3258.