

# Appeals and Grievances

## Appeals

Community First Health Plans, Inc. (HMO) may deny health care services that are not considered to be medically necessary. If Community First Health Plans, Inc. (HMO) denies your health care services, you will be notified by mail with the reason for the denial.

If you are not happy with the decision, you may file an appeal by phone or by mail. You will receive an appeal form with the denial letter. You may also request an appeal if Community First Health Plans, Inc. (HMO) denied payment of services in whole or in part. Send in the appeal form or call Member Services at 210-358-6386 or toll free at 1-800-434-2347. If you appeal by phone, you or your representative will need to send us a written signed appeal. You do not need to do this if an **Expedited Appeal** is requested (see page 2 for more information).

A letter will be mailed to you within 5 working days to confirm that we received your appeal. Below are the processing timeframes in which you will receive a decision on your appeal.

**Appeals Timeframe Table**

Type of Appeal	Days to File	Standard Decision	Expedited Decision
<b>Level 1</b> Appeal through CFHP (Part C & D)	60 calendar days	Part C: 30 calendar days Part D: 7 calendar days	Part C & D: 72 hours
<b>Level 2</b> Appeal through an Independent Review Entity (Part C & D)	Part C: Automatically forwarded to Independent Review Entity (IRE)  Part D: 60 calendar days	Part C: 30 calendar days Part D: 7 calendar days	Part C & D: 72 hours
<b>Level 3</b> Appeal through the Office of Medicare Hearings and Appeals (Amount in controversy > \$170 for 2020)	60 calendar days	Part C: No statutory limit for processing  Part D: 90 calendar days	Part D: 10 calendar days
<b>Level 4</b> Appeal	60 calendar days through the Medicare Appeals Council	Part C: No statutory limit for processing  Part D: 90 calendar days	Part D: 10 calendar days
<b>Judicial Review</b> Through civil action in your local Federal District Court (Amount in controversy > \$1670 for 2020)	60 calendar days	Part C & D: No statutory limit for processing	N/A

If Community First Health Plans, Inc. (HMO) needs more information to process your appeal, we will notify you of what is needed in an appeal acknowledgement letter.

## **Expedited Appeals**

An Expedited Appeal is when a decision is needed quickly based on your health status, and when taking the time for a standard appeal could jeopardize your life or health, such as when you are in the hospital or continued treatment has been denied.

To request an Expedited Appeal, call our CFHP Quality Management Department at 210-510-2525 or toll-free at 1-800-434-2347. You may also request an Expedited Appeal in writing at [gmappeals@cfhp.com](mailto:gmappeals@cfhp.com) or by fax 210-358-6384. We will make a determination as soon as possible and communicate the decision to you and your provider based on the immediacy of your needs, but not to exceed 72 hours from the date of your request.

Through the expedited appeals process, you have the right to continue any service you are presently receiving until the final decision of your appeal is issued.

If Community First Health Plans, Inc. (HMO) denies your request for an expedited appeal, we will notify you. Your request will be moved to the regular appeals process. We will mail you a decision based on the timeframes noted in the Appeals Timeframe Table on page 1 of this document.

## **How to File a Grievance**

You may file a grievance about our utilization process or procedures. Community First Health Plans, Inc. (HMO) will respond to your grievance in writing within thirty (30) calendar days of the receipt of the grievance. If you choose to file a written grievance, you may use the CFHP Complaint Form available at [communityfirstmedicare.com](http://communityfirstmedicare.com).

If you are not satisfied with the CFHP answer to your grievance, you may contact the U.S. Department of Health and Human Services, Office for Civil Rights by calling 800-368-1019 (TDD: 800-537-7697), electronically through the Office for Civil Rights Complaint Portal at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or in writing at:

### **US Department of Health and Human Services**

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