



Effective March 1, 2018

What Can I Do if My Doctor Asks for a Service or Medicine That Is Covered But UnitedHealthcare Community Plan Denies or Limits It?

UnitedHealthcare Community Plan will send you a letter if a covered service that you requested is not approved or if payment is denied in whole or in part. If you are not happy with our decision, call UnitedHealthcare Community Plan within 60 days from when you get our letter.

You must appeal within 10 days of the date on the letter or by the action effective date in the letter to make sure your services are not stopped. You can appeal by sending a letter to UnitedHealthcare Community Plan, by mailing the appeal form included in the letter you received, or by calling UnitedHealthcare Community Plan. You can ask for up to 14 days of extra time for your appeal. UnitedHealthcare Community Plan can take extra time on your appeal if it is better for you. If this happens, UnitedHealthcare Community Plan will tell you in writing the reason for the delay.

You can call Member Services and get help with your appeal. When you call Member Services, we will help you file an appeal. Then we will send you a letter and ask you or someone acting on your behalf to sign a form.

How will I find out if services are denied?

UnitedHealthcare Community Plan will send you a letter if a covered service requested by your child's PCP is denied, delayed, limited or stopped. The letter will tell you the action effective date; this is the date when the service will end, or be reduced.

What are the time frames for the appeal process?

UnitedHealthcare Community Plan has up to 30 calendar days to decide if your request for care is medically needed and covered. We will send you a letter of our decision within 30 days. In some cases you have the right to a decision in one business day or within 72 hours, depending on the case. If your provider requests, we must give you a quick decision. You can get a quick decision if your health or ability to function could be seriously hurt by waiting.

When do I have the right to ask for an appeal?

You may request an appeal for denial of payment or services in whole or in part. You have the right to keep getting the service the health plan denied or reduce until the final appeal decision is made if 1) you ask for an appeal within 10 days from the time you get the denial notice from the health plan, 2) the service was ordered by an authorized provider, and 3) the authorization period for the service has not ended. If you do not request an appeal within 10 days from the time you get the denial notice or by the action effective date, the service the health plan denied will be stopped.

Does my appeal request have to be in writing?

An appeal form will be included in each letter you receive when UnitedHealthcare Community Plan denies a service to you. You can sign and return this form to ask for an appeal or you can call us to ask for an appeal.

You may request an appeal by phone, but an appeal confirmation form will be sent to you, which must be signed and returned. Every oral appeal must be confirmed by a written, signed Appeal by the Member or his or her representative, unless an Expedited Appeal is requested.

Mail written requests to:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131-0364

Can someone from UnitedHealthcare Community Plan help me file an appeal?

Member Services is available to help you file a complaint or an appeal. You can ask them to help you when you call **1-877-597-7799**. They will send you an appeal request form and ask that you return it before your appeal request is taken.

What happens after my appeal?

You will get a letter telling you what the appeal decided, if your services will change and when, and any other choices you may have.

What Is an Expedited Appeal?

An Expedited Appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

How do I ask for an expedited appeal?

You may ask for this type of appeal in writing or by phone. Make sure you write "I want a quick decision or an expedited appeal," or "I feel my health could be hurt by waiting for a standard decision." To request a quick decision by phone, call UnitedHealthcare Community Plan Member Services at **1-877-597-7799**.

Does my request have to be in writing?

We can record your verbal request. Your request will then be made into a written request. We will send a form to you to complete, sign and return to us as soon as possible.

Mail written requests to:

UnitedHealthcare Community Plan
Attn: Complaint and Appeals Department
P.O. Box 31364
Salt Lake City, UT 84131-0364

What are the time frames for an expedited appeal?

UnitedHealthcare Community Plan must decide this type of appeal within 72 hours from the time we get the information and request. If your appeal is for ongoing emergency or you were denied continued stay in the hospital, we must complete the appeal within 1 business day.

What happens if UnitedHealthcare Community Plan denies the request for an expedited appeal?

If UnitedHealthcare Community Plan denies your request for an expedited appeal, the appeal is processed through the normal appeal process, which will be resolved within 30 days. You will receive a letter explaining why and what other choices you may have.

Who can help me file an expedited appeal?

If your child is in the hospital, ask someone to help you mail, fax or call in your request for this type of appeal. You may also call UnitedHealthcare Community Plan Member Services at **1-877-597-7799** and ask someone to help you start an appeal or ask your child's doctor to do it for you.

Can I Ask for a State Fair Hearing?

Members can request a state fair hearing after the health plan's appeals process. If you, as a member of the health plan, disagree with the health plan's appeal decision, you have the right to ask for a fair hearing once you have completed the appeal process. The letter sent to you after the appeal will tell you how to ask for a State Fair Hearing if you disagree with the appeal decision. You may name someone to represent you by writing a letter to the health plan telling them the name of the person you want to represent you. A doctor or other medical provider may be your representative. If you want to challenge a decision made by your health plan, you or your representative must ask for the fair hearing within 120 days of the date on the appeal decision letter. . If you do not ask for the fair hearing within 120 days, you may lose your right to a fair hearing. To ask for a fair hearing, you or your representative should call UnitedHealthcare Community Plan at **1-800-288-2160** or send a letter to the health plan at:

UnitedHealthcare Community Plan
Attn: Fair Hearings Coordinator
14141 Southwest Freeway, Suite 800
Sugar Land, TX 77478

If your services continued during the appeal and you want to keep getting the services while you wait for the fair hearing, you must ask for a fair hearing by the later of: (1) 10 calendar days following the date the appeal decision letter was mailed, or (2) the day the health plan's letter says your service will be reduced or end. If you do not request a fair hearing by this date, the service the health plan denied will be stopped.

If you ask for a fair hearing, you will get a packet of information letting you know the date, time and location of the hearing. Most fair hearings are held by telephone. At that time, you or your representative can tell why you need the service the health plan denied.

HHSC will give you a final decision within 90 days from the date you asked for the hearing.