

How to Appeal a Denial in Community HealthChoices

A Short Guide for Consumers



If your Community HealthChoices (CHC) managed care plan denies your request for a service, such as personal assistance services, 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 1: 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, by phone, or by videoconference. You also have the right to have your doctor or others take part on your behalf. Ask your doctor to participate 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, **but** you need to act more quickly if the plan is taking away services you have been getting and you want to keep them in place while you appeal (see below).

- 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 because waiting the normal time period could harm your health. 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 **15 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 is denying you services you have been getting, not when you are asking for a new service or an increase in the services you have been getting.

Step 2: 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 (or someone acting on your behalf) must participate in the hearing. You can participate in person or by phone. You can have other people such as family members, caregivers, or doctors participate with you.

To ask for a fair hearing, complete the form that came with your grievance decision. Include the grievance decision with your form. Send it certified mail or some other way that you can prove the date of mailing and keep a receipt. You have **120 days** from the date on the grievance decision to ask for a fair hearing, **but** you must act more quickly if the plan is taking away services that you have been getting and you want those services to continue while you are waiting for the hearing (see below). Once you request the fair hearing, you should receive a written decision within approximately 90 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 and why. In an “expedited” fair hearing, the judge should hold a 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 **15 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 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 at an outside company chosen by the PA Insurance Department. 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. So long as you request the external review within that 15-day window, your current services will 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.