

# UniCare Health Plan of West Virginia, Inc.

## Notice of action statement

### Complaints and Grievances

- You or your representative can file a complaint, also called a grievance, at any time.
- If you are unhappy with something that happened to you when you received health care services, you can file a complaint or grievance. Examples of why you might file a complaint or grievance include:
  - You feel you were not treated with respect.
  - You are not satisfied with the health care you got.
  - It took too long to get an appointment.
  - You do not agree with a decision that we made.
- To file a complaint or grievance by phone, call UniCare at 1-800-782-0095 (TTY 711), Monday through Friday from 8 a.m. to 6 p.m. Eastern time.
- To file a complaint or grievance in writing, you may fax it to UniCare at 1-844-882-3520 or mail it to UniCare at:

Attn: Grievance & Appeals Department  
UniCare Health Plan of West Virginia, Inc.  
P.O. Box 91  
Charleston, WV 25321-0091

You will need to send us a letter that has:

- Your name.
- Your mailing address.
- The reason why you are filing the complaint or grievance and what you want UniCare to do.
- When it happened.
- Where it happened.

Your doctor or authorized representative can also file a complaint or grievance for you. Attach any papers that will help us with your grievance.

You can also send us a grievance by filling out a Member Grievance Form and sending it to us. You can get the form at [unicare.com/wv](http://unicare.com/wv) or by calling us at the number above.

If you can't mail the form or letter, call the Customer Care Center. We're here to help. UniCare can meet with you during your grievance process for assistance by calling us at the number above.

We will let you know when we receive your complaint or grievance. You can file a complaint or grievance at any time after the event about which you are unhappy. UniCare will conduct a full investigation after we receive your complaint or grievance. We will give you a decision within 30 calendar days. We can ask for 14 more days if we need to know more. If we need more time, we will send you an extension letter within two calendar days telling you why more time is needed. If you do not agree with our decision to ask for extra time, you can file a complaint or grievance with us by calling the number above, by sending us a letter or filling out a Member Grievance Form. We will also call you by phone to tell you we are asking for extra time. You may also ask for 14 more days if you need more time.

UniCare will provide translation services as needed at no cost to you.

## Appeals

If you believe your benefits were unfairly denied, reduced, delayed or stopped, you, your doctor or authorized representative have the right to file an appeal with UniCare. You also have the right to appeal any adverse decision.

- To file an appeal by phone, you can call UniCare at 1-800-782-0095 (TTY 711). If you do call us, you will still need to file your appeal in writing with us.
- To file an Appeal in writing, you will need to fax it to UniCare at 1-844-882-3520 or mail it to us at:

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UniCare Health Plan of West Virginia, Inc.  
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You can also send us an appeal by filling out a Member Appeal Request Form and sending it to us. You can get the form at [unicare.com/wv](http://unicare.com/wv) or by calling us at the number above.

You will need to send us a letter that has:

- Your name.
- Your provider's name.
- The date of service.
- Your mailing address.
- The reason why we should change our decision.
- A copy of any information that you think supports your appeal, such as written comments, additional documents, records or information related to your appeal.

If you call and give your appeal over the phone, UniCare will send you a letter telling you we got your appeal by phone but you still need to file your appeal in writing. Be sure to read the letter carefully. You must sign the letter and return it to us to have an appeal. If you call and ask for a fast or expedited appeal, you don't need to send a signed, written appeal back to us.

You must file an appeal within 60 calendar days from the date on the Adverse Benefit Determination letter from UniCare telling you about the decision you want to appeal.

We will let you know when we have received your appeal and you can get copies of documents, records and information about the appeal for free. Information may include medical necessity criteria, and any processes, strategies, or evidence-based standards used in setting coverage limits.

You have the right to give proof, or claims of fact or law, for your appeal either orally or in writing. You have the right to see and get copies of documents that have to do with your appeal, records, your benefits, documents explaining how we made our decision and any information about the appeal for free. Information may include medical necessity criteria, and any processes, strategies, or evidence-based standards used in setting coverage limits.

UniCare will look into your appeal and send you a decision within 30 calendar days. We can ask for 14 more calendar days if we need extra time. We'll send you a letter within two calendar days telling you why more time is needed. You may file a grievance if you're unhappy with our request for 14 more days to

complete our review. You may also ask for 14 more days if you need more time. Upon receipt of your appeal request, you also have access to a copy of your appeal case file at no cost.

## **Fast (expedited) appeals**

If your appeal is about our decision to not approve or pay for some or all of your health care services, and you need an appeal decision fast because you have not gotten the health care services and you might be badly hurt if you had to wait for a normal appeal decision, like the one described above, you can ask for a fast appeal by calling UniCare at the number listed above. A fast appeal must be received within 60 calendar days and in writing.

If we allow a fast or expedited appeal, we will make a decision on your appeal no later than 72 hours after we get your appeal. We'll send you a letter within two calendar days if your request for a fast appeal has been approved. We'll also try to tell you our decision by phone. You will get a written notice explaining the next steps in the process. UniCare will provide the results of your fast appeal to the State so that they can determine a timeframe for a resolution.

If we decide your appeal is not a fast appeal, we will handle your appeal like the normal appeals process described in the section above. We'll send you a letter within two calendar days that tells you that your request for a fast appeal does not meet the standards for a fast review.

You have the right to file a grievance with us if you are unhappy with the decision to deny the fast appeal.

You have the right to give proof, or claims of fact or law, for your appeal either orally or in writing. Please be aware that you only have a certain amount of time to send what we need during the faster appeal process. Upon receipt of your fast appeal request, you also have access to a copy of your appeal case file at no cost.

We can ask for 14 more calendar days if we need extra time. We'll send you a letter within two calendar days telling you why more time is needed. You may file a grievance if you're unhappy with our request for 14 more days to complete our review. You may also ask for 14 more days if you need more time. Upon receipt of your appeal request, you also have access to a copy of your appeal case file at no cost.

If you call and ask for a fast or expedited appeal, you don't need to send a signed, written appeal back to us.

If we decide your appeal is not a fast appeal, we will handle your appeal like the normal appeals described in the section above and send you a letter. You have the right to file a grievance if you are unhappy with the decision to deny the fast appeal.

To file a fast appeal, you will need to provide us with:

- Your name.
- Your provider's name.
- The date of service.
- Your mailing address.
- The reason why we should change our decision.
- A copy of any information that you think supports your appeal, such as written comments, additional documents, records or information related to your appeal.

You can file a fast appeal by either calling us, or mailing or faxing the information to us. To file an appeal by phone, you can call UniCare at 1-800-782-0095 (TTY 711). If you do call us, you will still need to file your appeal in writing with us.

To file an appeal in writing, you will need to fax it to UniCare at 1-844-882-3520 or mail it to us at:

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## **State Fair Hearing process**

If you are not happy with UniCare's appeal decision, and your appeal is about our decision to deny, reduce, change or terminate payment for your health care services, you can request a State Fair Hearing. You can only request a State Fair Hearing if it relates to a denial of a service, a reduction in service, termination of a previously authorized service, or failure to provide service timely. You will get a notice mailed to you within 10 calendar days before any action is taken. You must request a State Fair Hearing within 120 calendar days from the notice of appeal resolution from UniCare. You may also request a State Fair Hearing if UniCare does not meet the timeframe for making a decision on your appeal.

If a State Fair Hearing is requested, the State will hear your case and give you a decision in writing within 90 calendar days of the date you asked for a State Fair Hearing.

If you are a Medicaid member, send your request for State Fair Hearing to:

Bureau for Medical Services  
Office of Medicaid Managed Care  
350 Capitol St., Room 251  
Charleston, WV 25301-3708

If you are a WVCHIP member, send your request for State Fair Hearing to:

Bureau for Medical Services  
Attn: WV Children's Health Insurance Program  
350 Capitol Street, Room 251  
Charleston, West Virginia 25301-3708

The Bureau for Medical Services decision will be sent to you in writing.

UniCare will continue your benefits during the time of an appeal process or State Fair Hearing when:

- You or your provider file an appeal on a timely basis.
- The appeal involves the termination, suspension, or reduction of a previously authorized course of treatment.
- The services were ordered by an authorized provider.
- The original period covered by the original authorization has not expired.
- You request an extension of benefits within 13 days of the MCO determination.

To request an extension of benefits, call the Customer Care Center.

UniCare will pay for the services in question when the final result of the appeal is to overturn the original decision. UniCare will pay for some or all of the services as determined by the final appeal decision. If the final

result of your appeal is to uphold the original decision to deny, reduce, change or end payment for your services, UniCare may take back the money that was paid for the services while the appeal was in process, and you will be responsible for paying for the services.

### **Keeping your grievance and appeals**

UniCare will keep copies of your grievance and appeals documents, records and information about the grievance and appeal for your review for 10 years.