Member appeal process

An appeal is when you ask Summit Community Care to review a decision we made to deny or reduce care or services. This includes things like:

- Telling you we will not pay for treatment or services.
- Paying for less or fewer treatments or services.
- Ending treatments or services early.

If we deny, reduce, or end services, you'll get a letter from us. The letter will:

- Explain why we will not pay for care or services your provider asked for.
- Give you instructions on your right to appeal this decision.

Who can file an appeal?

We understand you or your provider may not agree with our decision to deny or reduce care or services. You can file an appeal, or someone else can help you with the appeal process:

- Your parent or legal guardian
- An attorney or another person on your behalf and with your written consent
- The service provider who is the focus of the denial (adverse decision) or their attorney or approved representative

How do I file an appeal?

An appeal must be filed within 60 calendar days from the date on our first letter that says we will not pay for a service.

Our decision can be appealed in two ways — by calling or mailing a letter:

- Call Member Services at 844-405-4295 (TTY 711) to file your appeal. For members who do not speak English, we offer free oral interpretation services for all languages. If you need these services, call Member Services at the toll-free number above. Let us know if you want someone else to help you with the appeal process, such as a family member, friend, or provider.
- If you call to file an appeal, unless you ask for an expedited (fast) review, you must follow up with a written, signed appeal within 10 calendar days of the date of the verbal appeal request by:
  - Filling out the Written Appeal Form.
  - Mailing your Written Appeal Form to:
    Authorization Appeals
    P.O. Box 62429
    Virginia Beach, VA 23455-2429
- You or the person you choose to represent you can send comments, documents, or any other information to help with this review.

What happens after I file an appeal?

When we get your appeal form, we will send you a letter within five business days to let you know we got your appeal unless you asked for an expedited appeal.

After we get your appeal:

- A doctor different than the one who made the first decision will review your appeal.
- We will send you and the person who filed the appeal, if someone filed on your behalf, a letter with the answer to your appeal:
  - Within 72 hours if your appeal is expedited (see **Expedited appeals**).
  - Within 30 calendar days from when we get your appeal if your appeal is a standard appeal.
- You may ask for an extension for standard or expedited appeals. Or we may ask for an extension of up to 14 calendar days if we need more details and it is in your best interest. If we extend the appeal process, we will:
  - Call you by close of business on the day we make the decision.
  - Send you a letter within two calendar days from when we make the decision to let you know:
    - The reason and time frame for resolution.
    - Why we feel the extension is in your best interest.
    - You have the right to file a grievance if you disagree with the extension.

Our resolution letter will tell you or the person who filed the appeal, if someone filed on your behalf:

- What we decide.
- How to find out more about the decision and your rights to a fair hearing.

Expedited appeals

If you or your provider feels taking the time for the standard appeal process, which is 30 calendar days, could seriously harm your life or your health, you can ask us to review your appeal quickly. During the appeal process, you or your approved representative have the right to present evidence, documents, information, and cases of fact or law in person or in writing. This must be done within the 72-hour timeframe to resolve your expedited appeal.

If your request for an expedited review is approved, we will send you a letter to let you know what we decide within 72 hours from when we get your request.

If our clinical staff does not feel your health or life could be in serious harm, your appeal will not be reviewed within 72 hours, and we will:

- Call you by close of business on the day we make the decision.
- Send you a letter within two calendar days from when we make the decision to let you know your appeal will be reviewed as a standard appeal, and we will give you our decision within 30 calendar days.
  - If you do not get a decision within 30 calendar days, you are deemed to have finished our appeal process and may ask for a state fair hearing.

What happens if I am getting services that may be affected by your decision?

If you or your parent or legal guardian asks, you can keep getting covered services while you appeal if all of the following apply:

- The appeal is filed timely within 60 calendar days from the date we mailed the first decision letter.
- The appeal request is related to services that were reduced, stopped, or ended that were approved for you before.
- The services were ordered by an authorized provider.
- The approval period for the services has not ended.
- You or your parent or legal guardian filed to continue services within 10 calendar days.

If your benefits are continued while an appeal is pending, the services must be continued until one of the following happens:

- You decide not to continue the appeal.
- You or your parent or legal guardian withdraws the request to continue benefits.
- You do not request a state fair hearing and continuation of benefits within 10 calendar days from the date we mailed the notice of appeal resolution that is not wholly in your favor.

What happens if I do not agree with your appeal decision?

You, your approved representative, or your provider or their approved representative, or attorney on your behalf, and with your written consent, has the right to ask for a state fair hearing after you have finished our appeal process. You must ask for a state fair hearing within 90 calendar days from the date on the letter from us that tells you the result of your appeal. If you want to keep getting benefits during the hearing, you must submit your request within 10 calendar days from the date of the letter we send you with the answer to your appeal.

Your benefits will continue while the fair hearing is pending until one of the following occurs:

- You withdraw the fair hearing request.
- You withdraw the request for continuation of benefits.
- The fair hearing officer issues a hearing decision that is not in your favor.

To ask for a state fair hearing, call Member Services toll free at 844-405-4295 (TTY 711). We will help you. This may include providing access to the conference line for telephone hearings, transportation to the hearing, if in person, and the address and phone number for your local Department of Human Services (DHS) office. You can call during our normal business hours from 8 a.m. to 5 p.m. Central time, Monday through Friday, except holidays.

You can also ask for a state fair hearing in writing. Send a letter to:

DHS Office of Appeals and Hearing
P.O. Box 1437, Slot N401
Little Rock, AR 72203-1437
Phone: 501-682-8622 (TDD 800-285-1131)
Fax: 501-404-4628

If a decision is made in your favor as a result of the state fair hearing, and we did not cover services while the appeal and state fair hearing were pending, we will approve and cover the services as quickly as your health condition requires, but no later than 72 hours from the date we get written notice of the decision.

If the state fair hearing decision is not in your favor, you may have to pay for the cost of services you received while the state fair hearing was pending.

What if I want to make a complaint?

You may submit a complaint in writing or by telephone to the Arkansas Medical Board, Arkansas Insurance Department, or the Arkansas State Board of Health:

Arkansas Medical Board
1401 W. Capitol Ave., Ste. 340
Little Rock, AR 72201-2936
Phone: 501-296-1802

Arkansas Insurance Department
1 Commerce Way, Ste. 102
Little Rock, AR 72202-2087
Phone: 800-852-5494

Arkansas State Board of Health
4815 W. Markham St.
Little Rock, AR 72205-3867
Phone: 800-462-0599