

Priority Health Choice, Inc.

Appeal Process

Internal Appeal Process

Your confidence in us and your satisfaction with our service is very important. We understand that there will be times when you will have a concern or problem you want us to address. As a first step we ask that you contact our Customer Service department.

Here's how to reach Customer Service:

Hours: 7:30 a.m. – 7:00 p.m. Monday through Thursday
9:00 a.m. – 5:00 p.m. Friday
8:30 a.m. – 12:00 p.m. Saturday

Phone: 616.464.8102
888.975.8102 (toll-free)
TTY users should call 888.551.6761 (toll-free)

Online: Send us a secure message through our website at priorityhealth.com.

If you need help understanding this information, please contact Customer Service for free language translator services.

If you don't agree with our decision, you have the right to appeal the decision.

• An appeal is the action you can take if you disagree with a coverage or payment decision made by Priority Health. You have to ask us for an Appeal within 60 calendar days of the date you learned about the decision. You can file an appeal to ask us to change a decision about any of the following:

- Benefits (may include experimental or investigational or not medically necessary or appropriate)
- Eligibility
- Payment of claims (in whole or in part)
- How we've handled payment or coordination of health care services
- Contracts with our providers
- Availability of care or providers
- Delivery or quality of health care services or
- A decision not in your favor. This may include services that have been reviewed by Priority Health and denied, reduced or terminated. It also may include a slow response to a request for a decision from us.

Asking for an Internal Appeal with Priority Health

If you want to ask for an Internal Appeal, you can either call or send in a written request.

You may contact our Customer Service department to file an Appeal with us. Our representatives will ask you to fill out an Appeal Form to tell us about your request. They can help you fill out this form. You can include extra information if you wish.

Note: You are not required to use the Appeal Form to file a request for a review. You may file a request by letter, fax, email, phone or online. If you don't use the Appeal form, you can send in your request that must include:

- Your name
 - Your signature
 - Your address
 - Your member and/or beneficiary number
 - Your reason for asking for the Internal Appeal
 - Anything you want us to look at, such as medical records, doctor's letters or other information that tells us why you need the item or service, and
- If you want a standard or fast appeal (for a fast appeal, tell us why you need one). If you are asking for a fast appeal you will need a doctor's letter that supports why you need this. Call your doctor if you need this information.

Return completed form to:
Priority Health
Appeal Coordinator, MS 1145
PO Box 269
Grand Rapids, MI 49501-0269

Please keep a copy of everything you send us for your records.

There are 2 kinds of Internal Appeals: Standard and Fast

Standard Appeal – We will give you a written decision within 30 calendar days after we get your appeal. Our decision might take longer if you ask for an extension, or if we need more information about your case. We will tell you if we are taking extra time and will tell you why more time is needed.

Fast Appeal – We will give you a decision within **72 hours** after we get your Internal Appeal. You can ask for a fast appeal if you or your doctor think your health could be seriously harmed by waiting up to 30 calendar days for a decision. **We will automatically give you a fast appeal if a doctor asks for one for you or if your doctor supports your request in writing.** If you ask for a fast appeal without support from a doctor, we will decide

if your request needs to be a fast appeal. If we do not give you a fast appeal, we will change it to a standard appeal and will give you a decision within 30 calendar days from the date you first ask for it. You can also ask for a grievance (complaint) if you do not agree with the decision to change your fast appeal to a standard appeal.

If you want someone else to act for you

You can have a relative, friend, attorney (lawyer), doctor or someone else to act as your representative. If you want someone else to act for you, include this information in your Appeal Form. Both you and the person you want to act for you must sign and date the form saying this is what you want. You will need to mail or fax this form to us. If you or your authorized representative do not send in the information that is needed, such as your signed request or guardianship papers, your Internal Appeal may be dismissed. Keep a copy for your records.

What happens next?

After we get your request and any information we need from health care providers or facilities, your Internal Appeal will be looked at by the Appeal Committee. The Committee is a person or persons that were not involved in the original decision. The Appeal Committee will include an opinion from a doctor for health issues. The doctor is in the same or related specialty that may treat the health issue being reviewed. You and/or your representative can choose to participate in the review, where you will have the chance to speak to the Appeal Committee member(s).

You will get a copy of the medical records and other documents that will be reviewed by the Appeal Committee in order to make their decision, free of charge.

What happens after the decision is made?

You will get a written letter and notice of the decision made on your Internal Appeal.

If your request is approved, we will send you a written Notice of Internal Appeal Decision – Approval. This notice will give you information on the approval and on the services you will get or continue to get.

If any part of your request is denied, we will send you a written Notice of Internal Appeal Decision – Denial. This notice will give you information on why the request was denied and what you can do if you do not agree with the decision.

- If the service is covered by Michigan Medicaid, you can then ask for a Medicaid State Fair Hearing.
- You can also ask for an External Review under the Patient Right to Independent Review Act (PRIRA) with the Department of Insurance and Financial Services (DIFS).
- You must use up your Internal Appeal rights through Priority Health before you can ask for a State Fair Hearing or External Review (PRIRA).
- The Notice of Internal Appeal Decision – Denial will give you more information about the State Fair Hearings process or External Review process under PRIRA and how to file the request.
- If you do not get a notice of Internal Appeal within the timeframes listed above, you may also seek a State Fair Hearing with the Michigan Administrative Hearing System.

Continuation of services during an Internal Appeal

If you are already getting a Medicaid service that is going to be reduced or stopped and you file your Internal Appeal within 12 calendar days of getting information about that decision, you will continue to get your same level of services while your Internal Appeal is pending.

Get Help & More Information

Call Priority Health if you need help or more information about our decision and the Internal Appeals process.

Phone: 616.464.8102

888.975.8102 (toll free)

TTY users should call 888.551.6761
(toll free)

Online: Send us a secure message through our website at priorityhealth.com

Call Michigan Department of Health and Human Services (MDHHS) Beneficiary Help Line toll-free at: 1.800.642.3195; TTY users call 1.866.501.5656.

Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. Priority Health does not exclude people or treat them differently because of race, color, national origin, age, disability or sex.

Priority Health:

Provides free aids and services to people with disabilities to communicate effectively with us, such as:

- Qualified sign language interpreters
- Written information in other formats (large print, audio, accessible electronic formats, other formats)

Provides free language services to people whose primary language is not English, such as:

- Qualified interpreters
- Information written in other languages

If you need these services, contact Priority Health customer service by calling the number at the back of your membership ID card (TTY users call 711).

If you believe that Priority Health has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex you can file a grievance with:

Priority Health Compliance Department
Attention: Civil Rights Coordinator
1231 East Beltline Ave NE
Grand Rapids, MI 49525-4501
Toll free: 866.807.1931 (TTY users call 711) Fax: 616.975.8850
PH-compliance@priorityhealth.com

You can file a grievance in person or by mail, fax or email. If you need help filing a grievance the Priority Health Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at ocrportal.hhs.gov or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW
Room 509F, HHH Building
Washington, D.C. 20201
800.368.1019, 800.537.7697 (TDD)

Complaint forms are available at hhs.gov/ocr/office/file/index.html

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia en su idioma. Consulte al número de Servicio al Cliente que está en la parte de atrás de su tarjeta de identificación de miembro. (TTY: 711).

ملاحظة: إذا كنت تتحدث العربية، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. يرجى الاتصال برقم خدمة العملاء على الجانب الخلفي من بطاقة عضويتك الشخصية. (رقم هاتف الصم والبكم: 711).

注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請撥打會員卡背面的客服電話 (TTY: 711)。

සැකිල්ල: ඔබ කතා කරන්නේ භාෂාවකට නොමැති නම්, ඔබට ඔබගේ භාෂාවෙන් සහතික කිරීමේ සේවාවක් ලබා දීමට අපට සමත් විය හැකිය. (TTY: 711).

CHÚ Ý: Nếu quý vị nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho quý vị. Xin hãy gọi tới số điện thoại của bộ phận dịch vụ khách hàng có ở mặt sau thẻ ID thành viên của quý vị. (TTY: 711).

KUJDES: Nëse flisni shqip, për ju ka në dispozicion shërbime të asistencës gjuhësore, pa pagesë. Ju lutem kontaktoni qendrën e shërbimit për klient në pjesën e pasme të ID kartës tuaj të anëtaresimit (TTY: 711).

주의: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 멤버십 ID카드의 뒷면에 있는 고객 서비스 번호로 전화해 주십시오. (TTY: 711)

লক্ষ্য করুন: আপনি বাংলায় কথা বলতে পারলে আপনার জন্য নিঃখরচায় ভাষা সহায়তা সেবা সুলভ রয়েছে। অনুগ্রহ করে আপনার সদস্যপদ আইডি কার্ডের পেছনে থাকা গ্রাহক সেবা নম্বরে কল করুন। (TTY: 711)

UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer telefonicznej obsługi klienta wskazany na odwrocie Twojej legitymacji członkowskiej (TTY: 711).

ACHTUNG: Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienste zur Verfügung. Bitte rufen Sie die Kundendienstnummer auf der Rückseite Ihrer Mitgliedskarte an. (TTY: 711).

ATTENZIONE: se parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero sul retro della tessera identificativa di membro. (TTY: 711).

注意事項：日本語を話される場合、無料の言語支援をご利用いただけます。メンバーシップIDカードの裏面にあるお客様サービスセンターの番号までお電話にてご連絡ください。 (TTY: 711).

ВНИМАНИЕ! Если Вы говорите на русском языке, то Вам доступны услуги бесплатной языковой поддержки. Пожалуйста, позвоните в службу поддержки клиентов по номеру, указанному на обратной стороне Вашей идентификационной карточки участника (телетайп (TTY: 711)).

OBAVJEŠTENJE: Ako govorite srpsko-hrvatski, usluge jezičke pomoći dostupne su vam besplatno. Molimo nazovite broj službe za korisnike na pozadini vaše članske iskaznice (TTY: 711).

Kung nagsasalita ka ng Tagalog, mga serbisyo ng tulong sa wika, ng libre, ay available para sa iyo. Pakitawan ang numero ng customer service sa likod ng iyong ID card ng pagiging miyembro. (TTY: 711).