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## **CHAPTER 12 – MEMBER APPEALS & GRIEVANCES**

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### **MEMBER APPEALS (GRIEVANCES): CHARTER OAK AND HUSKY B MEMBERS**

It is Community Health Network of CT's (CHNCT) policy that CHARTER OAK AND HUSKY B members and their legally authorized representatives (herein referred to as "the Member" or "Members") are educated about and have access to a unified process for filing appeals, in the event that CHNCT or its subcontractor partially or fully denies, suspends, reduces or terminates authorization of the provision of goods/services. All appeals will be reviewed fairly and objectively by appropriate CHNCT decision-makers, in a timeframe appropriate to the exigencies of the situation, but no later than thirty (30) calendar days from the date of receipt of the appeal. There is a process for expedited review of appeal requests, and for external review of appeals by the CT Department of Insurance (CDI).

CHARTER OAK AND HUSKY B Members may submit an appeal to CHNCT within sixty (60) calendar days of the date of the denial letter sent to the Member by CHNCT (or its subcontractor). Appeals received by CHNCT after sixty (60) calendar days shall be considered untimely, in which case CHNCT shall notify the Member in writing that they have lost their appeal opportunity.

All oral appeals should be directed to CHNCT's Member Services Department at: 1-800-859-9889. All written appeals should be directed to: CHNCT Supervisor of Member Services, 11 Fairfield Blvd., Wallingford, CT 06492.

Expedited appeals may be initiated by the Member, or by a practitioner acting on behalf of the Member. CHNCT must expedite its review in all cases concerning admissions, continued stays, or other health care services for a Member who has received emergency services but has not been discharged from a facility. Additionally, an expedited review must be performed when the standard timeframes for determining an appeal could jeopardize the life or health of the Member or the Member's ability to regain maximum functioning. CHNCT must expedite its review when an expedited review is requested by the Member's treating physician or PCP, functioning within his/her scope of practice as defined under state law, or by DSS.

If the oral or written request is for an expedited appeal, CHNCT will determine whether to expedite the appeal or to perform it according to standard time frames within one (1) business day of receipt of the appeal, and must provide verbal notification of the determination within that same time frame. Written notice must be postmarked within 72 hours and sent to the Member and to DSS (for CHARTER OAK AND HUSKY B Members only)

If the Member has exhausted CHNCT's internal appeals mechanism and has received a final written appeal determination from CHNCT upholding the original denial of the good or service, the Member may file an external appeal with the CDI within thirty (30) calendar days of receiving CHNCT's written appeal decision. Members may obtain information about the external review process and request a form from:

**The Connecticut Department of Insurance  
P.O. Box 816  
Hartford, CT 06142**

**Or the member may call: (860) 297-3862.**

## **MEMBER APPEALS (GRIEVANCES): HUSKY A MEMBERS**

It is Community Health Network of CT's (CHNCT) policy that HUSKY A Members and their legally authorized representatives (herein referred to as "the Member" or "Members") are educated about and have access to a unified process for filing appeals and requesting DSS Administrative Hearings, in the event that CHNCT or its subcontractor (a) fails to respond within fourteen (14) business days to a request for goods/services, or (b) partially or fully denies, suspends, reduces or terminates authorization of the provision of goods/services. All appeals will be reviewed fairly and objectively, by appropriate CHNCT decision-makers, in a timeframe appropriate to the exigencies of the situation, but by the date of the DSS Administrative Hearing, and no later than thirty (30) calendar days from the date of receipt of the Appeal/Administrative Hearing request at DSS.

A Member may request an appeal either orally or in writing. When requesting an oral appeal, unless the member is requesting an expedited review, the member must follow-up with a written, signed appeal form within 60 days of the date of the Notice of Action letter in order to receive an administrative hearing and to meet the timely filing requirement. The Member must file the written, signed Appeal/Administrative Hearing request form in order to receive an appeal review by CHNCT and an Administrative Hearing before DSS. The Member will be instructed to submit the completed Appeal/Administrative Hearing request form to DSS by faxing it to (860)-424-5729 or mailing it to:

**State of Connecticut - Department of Social Services ("DSS")  
Office of Legal Counsel, Regulation and Administrative Hearings - HUSKY A Appeals  
25 Sigourney Street 12th Floor  
Hartford, CT 06106**

Upon request, CHNCT shall assist the Member in completing an Appeal/Administrative Hearing request form, and shall provide translation services, or services for vision or hearing impaired Members as appropriate.

***An Appeal/Administrative Hearing request form may be completed and filed by a practitioner or facility rendering services on behalf of a member with the member's written consent. Written consent must be submitted from the member within 60 days of the date of the Notice of Action letter in order to meet the timely filing requirements.***

A provider may not file an appeal on behalf of a member in instances where the service has already been rendered to the member and the provider has been denied payment for the service.

A written appeal decision will be mailed to the Member, by certified mail, with a copy to the DSS liaison and the Office of Legal Counsel, Regulation and Administrative Hearings no later than thirty (30) calendar days from the date on which the appeal was received by CHNCT (or its subcontractor) or DSS, or by the date of the scheduled Administrative Hearing, whichever is sooner.

If the Member is dissatisfied with CHNCT's decision, or if CHNCT does not render a decision by the time of the scheduled DSS Administrative Hearing, the Member may automatically proceed to the Administrative Hearing. If the Administrative Hearing request was in response to an advance NOA for reduction or termination of existing services, and the Member submitted the request within ten (10) business days of the date the advance NOA was mailed by CHNCT (or its subcontractor), the disputed goods and services must continue to be maintained, pending the Administrative Hearing decision..