

## **Section 6 – Complaints, Grievances, and External Reviews**

## Complaints, Grievances, and External Reviews

If a provider or **Keystone First - CHIP** does something you are unhappy about or disagree with, you can tell **Keystone First - CHIP** or the Department of Human Services what the provider or **Keystone First - CHIP** has done. This section describes what you can do and what will happen.

### Complaints

#### What Is a Complaint?

A Complaint is when you tell **Keystone First - CHIP** you are unhappy with **Keystone First - CHIP** or your provider or do not agree with a decision by **Keystone First - CHIP**.

Some things you may complain about:

- You are unhappy with the care you are getting.
- You cannot get the service or item you want because it is not a covered service or item.
- You have not received services that **Keystone First - CHIP** has approved.
- You were denied a request to disagree with a decision that you have to pay your provider.

### First Level Complaint

#### What Should I Do if I Have a Complaint?

To file a first level Complaint:

- Call **Keystone First - CHIP** at 1-844-472-2447 (TTY 711) and tell **Keystone First - CHIP** your Complaint.
- Write down your Complaint and send it to **Keystone First - CHIP** by mail or fax.
- If you received a notice from **Keystone First - CHIP** telling you **Keystone First - CHIP**'s decision, and the notice included a Complaint/Grievance Request Form, fill out the form and send it to **Keystone First - CHIP** by mail or fax.

**Keystone First - CHIP**'s address and fax number for Complaints:

**By Mail at**  
**Enrollee Appeals Department**  
**Attention: Enrollee Advocate**  
**Keystone First - CHIP**  
**200 Stevens Drive**  
**Philadelphia, PA 19113-1570**

**By Fax at 215-937-5367**

By Secure email at [paenrolleeappeals@amerihealthcaritas.com](mailto:paenrolleeappeals@amerihealthcaritas.com)

Your provider can file a Complaint for you if you give the provider your consent in writing to do so.

### When Should I File a First Level Complaint?

Some Complaints have a time limit on filing. You must file a Complaint within **sixty (60) days of receiving a notice** telling you that:

- **Keystone First - CHIP** has decided that you cannot receive a service or item you want because it is not a covered service or item.
- **Keystone First - CHIP** will not pay a provider for a service or item you received.
- **Keystone First - CHIP** did not tell you it's decision about a Complaint or Grievance you told **Keystone First - CHIP** about within **30** days from when **Keystone First - CHIP** got your Complaint or Grievance.
- **Keystone First - CHIP** has denied your request to disagree with **Keystone First - CHIP's** decision that you must pay your provider.

You must file a Complaint **within sixty (60) days of the date you should have received a service or item** if you did not receive a service or item in a timely manner.

New enrollee appointment for your first examination...	We will make an appointment for you...
Enrollees with HIV/AIDS	with PCP or specialist no later than seven (7) days after you become an enrollee in <b>Keystone First - CHIP</b> unless you are already being treated by a PCP or specialist.
Enrollees for a Bright Futures exam	with PCP no later than forty-five (45) days after you become an enrollee in <b>Keystone First - CHIP</b> , unless you are already being treated by a PCP or specialist.
All other enrollees	with PCP no later than three (3) weeks after you become an enrollee in <b>Keystone First - CHIP</b> .
Enrollees who are pregnant:	We will make an appointment for you...
Pregnant women in their first trimester	with OB/GYN provider within ten (10) business days of <b>Keystone First - CHIP</b> learning you are pregnant.
Pregnant women in their second trimester	with OB/GYN provider within five (5) business days of <b>Keystone First - CHIP</b> learning you are pregnant.

Pregnant women in their third trimester	with OB/GYN provider within four (4) business days of <b>Keystone First - CHIP</b> learning you are pregnant.
Pregnant women with high-risk pregnancies	with OB/GYN provider within twenty-four (24) hours of <b>Keystone First - CHIP</b> learning you are pregnant.
<b>Appointment with...</b>	<b>An appointment must be scheduled...</b>
<b>PCP</b>	
Urgent medical condition	within twenty-four (24) hours.
Routine appointment	within ten (10) business days.
Health assessment/general physical examination	within three (3) weeks
<b>Specialists (when referred by PCP)</b>	
Urgent medical condition	within twenty-four (24) hours of referral.
Routine appointment with one of the following specialists:  Otolaryngology. Dermatology. Pediatric Endocrinology. Pediatric General Surgery. Pediatric Infectious Disease. Pediatric Neurology. Pediatric Pulmonology. Pediatric Rheumatology. Dentist. Orthopedic Surgery. Pediatric Allergy & Immunology Pediatric Gastroenterology Pediatric Hematology Pediatric Nephrology Pediatric Oncology Pediatric Rehab Medicine Pediatric Urology Pediatric Dentistry	within fifteen (15) business days of referral
Routine appointment with all other specialists	Within 10 business days of referral

You may file **all other Complaints at any time.**

### What Happens after I File a First Level Complaint?

After you file your Complaint, you will get a letter from **Keystone First - CHIP** telling you that **Keystone First - CHIP** has received your Complaint, and about the First Level Complaint review process.

You may ask **Keystone First - CHIP** to see any information **Keystone First - CHIP** has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to **Keystone First - CHIP**.

You may attend the Complaint review if you want to attend it. **Keystone First - CHIP** will tell you the location, date, and time of the Complaint review at least ten (10) days before the day of the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of one or more **Keystone First - CHIP** staff who were not involved in and do not work for someone who was involved in the issue you filed your Complaint about will meet to make a decision about your Complaint. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. **Keystone First - CHIP** will mail you a notice within **30** days from the date you filed your First Level Complaint to tell you the decision on your First Level Complaint. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page **93**.

### What to do to continue receiving services:

If you have been receiving the services or items that are being reduced, changed, or denied, and you file a Complaint verbally or that is faxed, postmarked, or hand-delivered within fifteen (15) days of the date on the notice telling you that the services or items you have been receiving are not covered services or items for you, the services or items will continue until a decision is made.

### What If I Do Not Like Keystone First - CHIP's Decision?

You may ask for an external review of your Complaint if the Complaint is about one of the following:

- **Keystone First - CHIP's** decision that you cannot receive a service or item you want because it is not a covered service or item.

- **Keystone First - CHIP's** decision to not pay a provider for a service or item you received.
- **Keystone First - CHIP's** failure to decide a Complaint you told **Keystone First - CHIP** about within **30** days from when **Keystone First - CHIP** received your Complaint or Grievance.
- Not receiving a service or item within the time by which you should have received it.
- **Keystone First - CHIP's** decision to deny your request to disagree with **Keystone First - CHIP's** decision that you have to pay your provider.

You must ask for an external review within **fifteen (15) days of the date you got the First Level Complaint decision notice.**

<p>For information about external complaint reviews, see page <b>87</b> If you need more information about help during the Complaint process, see page <b>93</b></p>
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For all other Complaints, you may file a Second Level Complaint within **forty-five (45) days of the date you got the Complaint decision notice.**

## **Second Level Complaint**

### **What Should I Do if I Want to File a Second Level Complaint?**

To file a Second Level Complaint:

- Call **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)** and tell **Keystone First - CHIP** your Second Level Complaint, or
- Write down your Second Level Complaint and send it to **Keystone First - CHIP** by mail or fax, or
- Fill out the Complaint Request Form included in your Complaint decision notice and send it to **Keystone First - CHIP** by mail or fax.

**Keystone First - CHIP's** address and fax number for Second Level Complaints

By mail at  
Enrollee Appeals Department  
Attention: Enrollee Advocate  
Keystone First - CHIP  
200 Stevens Drive  
Philadelphia, PA 19113-1570

By fax at 215-937-5367

By Secure email at [paenrolleeappeals@amerihealthcaritas.com](mailto:paenrolleeappeals@amerihealthcaritas.com)

### What Happens after I File a Second Level Complaint?

After you file your Second Level Complaint, you will get a letter from **Keystone First - CHIP** telling you that **Keystone First - CHIP** has received your Complaint and about the Second Level Complaint review process.

You may ask **Keystone First - CHIP** to see any information **Keystone First - CHIP** has about the issue you filed your Complaint about at no cost to you. You may also send information that you have about your Complaint to **Keystone First - CHIP**.

You may attend the Complaint review if you want to attend it. **Keystone First - CHIP** will tell you the location, date, and time of the Complaint review at least fifteen (15) days before the Complaint review. You may appear at the Complaint review in person, by phone, or by videoconference. If you decide that you do not want to attend the Complaint review, it will not affect the decision.

A committee of three (3) or more people, including at least one person who does not work for **Keystone First - CHIP**, and were not involved in any previous level of review or decision- making, will meet to decide your Second Level Complaint. The **Keystone First - CHIP** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about. If the Complaint is about a clinical issue, a licensed doctor will be on the committee. **Keystone First - CHIP** will mail you a notice within **45** days from the date your Second Level Complaint was received to tell you the decision on your Second Level Complaint. The letter will also tell you what you can do if you do not like the decision.

If you need more information about help during the Complaint process, see page **93**.

## **What If I Do Not Like Keystone First - CHIP's Decision on My Second Level Complaint?**

You may ask for an external review by the with Pennsylvania Insurance Department.

You must ask for an external review **within fifteen (15) days of the date you received the Second Level Complaint decision notice.**

### **External Review of a Complaint**

#### **How Do I Ask for an External Review of a Complaint?**

You must send your request for an external review of your Complaint to the following:

**Pennsylvania Insurance Department  
Bureau of Consumer Services  
Room 1209, Strawberry Square  
Harrisburg, PA 17120**

**Fax Number: 717-787-8585**

You can also go to the "File a Complaint Page" at: [www.insurance.pa.gov/Consumers](http://www.insurance.pa.gov/Consumers). If you need help filing your request for external review, call the Bureau of Consumer Services at **1-877-881-6388**. If you ask, the Bureau of Consumer Services will help you put your Complaint in writing.

#### **What Happens after I Ask for an External Review of my Complaint?**

The Insurance Department will obtain your file from **Keystone First - CHIP**. You may also send them any other information that may help with the external review of your Complaint.

You may be represented by an attorney or another person, such as your representative, during the external review.

A decision letter will be sent to you after the decision is made. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

#### **What to do to continue receiving services:**

If you have been receiving the services or items that are being reduced, changed, or denied, and your request for an external review is postmarked or hand-delivered within fifteen (15) days of the date on the notice telling you **Keystone First - CHIP's** First Level Complaint decision that you cannot receive services or items you have been receiving because they are not covered services or items for you, the services or items will continue until a decision is made.



## GRIEVANCES

### What is a Grievance?

When **Keystone First - CHIP** denies or decreases a service or item you requested because it is not medically necessary or approves a service or item different than the service or item you requested, you will receive a notice telling you **Keystone First - CHIP's** decision.

A Grievance is when you tell **Keystone First - CHIP** you disagree with **Keystone First - CHIP's** decision.

### What Should I Do if I Have a Grievance?

To file a Grievance:

- Call **Keystone First - CHIP** at 1-844-472-2447 (TTY 711) and tell **Keystone First - CHIP** your Grievance, or
- Write down your Grievance and send it to **Keystone First - CHIP** by mail or fax, or
- Fill out the Complaint/Grievance Request Form included in the denial notice you received from **Keystone First - CHIP** and send it to **Keystone First - CHIP** by mail or fax.

**Keystone First - CHIP's** address and fax number for Grievances:

By mail at  
Enrollee Appeals Department  
Attention: Enrollee Advocate  
Keystone First - CHIP  
200 Stevens Drive  
Philadelphia, PA 19113-1570

By fax at 215-937-5367

By secure email at [paenrolleeappeals@amerihealthcaritas.com](mailto:paenrolleeappeals@amerihealthcaritas.com)

Your provider can file a Grievance for you if you give the provider your consent in writing to do so. If your provider files a Grievance for you, you cannot file a separate Grievance on your own.

### When Should I File a Grievance?

You must file a Grievance within **sixty (60) days from the date you receive the notice** telling you about the denial, decrease, or approval of a different service or item for you.

### What Happens After I File a Grievance?

After you file your Grievance, you will receive a letter from **Keystone First - CHIP** telling you that **Keystone First - CHIP** has received your Grievance and about the Grievance review process.

You may ask **Keystone First - CHIP** to see any information that **Keystone First - CHIP** used to make the decision you filed your Grievance about at no cost to you. You may also send information that you have about your Grievance to **Keystone First - CHIP**.

You may attend the Grievance review if you want to attend it. **Keystone First - CHIP** will tell you the location, date, and time of the Grievance review at least fifteen (15) days before the day of the Grievance review. You may appear at the Grievance review in person, by phone, or by videoconference. If you decide that you do not want to attend the Grievance review, it will not affect the decision.

A committee of three (3) or more people, including a licensed doctor, will meet to decide your Grievance. The **Keystone First - CHIP** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about. **Keystone First - CHIP** will mail you a notice within **30** days from the date your Grievance was received to tell you the decision on your Grievance. The notice will also tell you what you can do if you do not like the decision.

If you need more information about help during the Grievance process, see page **93**.

#### What to do to continue receiving services:

If you have been receiving services or items that are being reduced, changed, or denied and you file a Grievance verbally or that is faxed, postmarked, or hand-delivered within fifteen (15) days of the date on the notice telling you that the services or items you have been receiving are being reduced, changed, or denied, the services or items will continue until a decision is made.

### What If I Do Not Like Keystone First - CHIP's Decision?

You may ask for an external Grievance review. An external Grievance review is a review by a doctor who does not work for **Keystone First - CHIP**.

You must ask for an external Grievance review within **fifteen (15) days of the date you received the Grievance decision notice**.

For information about external Grievance reviews, see below.  
If you need more information about help during the Grievance process, see **92**.

## External Review of a Grievance

### How Do I Ask for External Grievance Review?

To ask for an external review for a Grievance:

- Call **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)** and tell **Keystone First - CHIP** your Grievance, or
- Write down your Grievance and send it to **Keystone First - CHIP** by mail to:

**Enrollee Appeals Department Attention:**

**Enrollee Advocate**

**Keystone First - CHIP**

**200 Stevens Drive**

**Philadelphia, PA 19113-1570**

**By fax at 215-937-5367**

**By secure email at [paenrolleeappeals@amerihealthcaritas.com](mailto:paenrolleeappeals@amerihealthcaritas.com)**

**Keystone First - CHIP** will send your request for external Grievance review to the Pennsylvania Department of Insurance.

### What Happens after I Ask for an External Review of my Grievance?

The Pennsylvania Department of Insurance will notify you of the external Grievance reviewer's name, address, and phone number. You will also be given information about the external Grievance review process.

**Keystone First - CHIP** will send your Grievance file to the reviewer. You may provide additional information that may help with the external review of your Grievance to the reviewer within fifteen (15) days of filing the request for an external Grievance review.

You will receive a decision letter within sixty (60) days of the date you asked for an external Grievance review. This letter will tell you all the reason(s) for the decision and what you can do if you do not like the decision.

**What to do to continue receiving services:**

If you have been receiving the services or items that are being reduced, changed, or denied, and you ask for an external Grievance review verbally or in a letter that is postmarked or hand-delivered within fifteen (15) days of the date on the notice telling you **Keystone First - CHIP's** Grievance decision, the services or items will continue until a decision is made.

## **Expedited Complaints and Grievances**

### **What Can I Do if My Health Is at Immediate Risk?**

If your doctor or dentist believes that waiting 30 days to get a decision about your First Level Complaint or Grievance, or 45 days to get a decision about your Second Level Complaint, could harm your health, you or your doctor or dentist may ask that your Complaint or Grievance be decided more quickly. For your Complaint or Grievance to be decided more quickly:

- You must ask **Keystone First - CHIP** for an early decision by calling **Keystone First - CHIP** at **1-844-472-2447 (TTY 711)**, faxing a letter or the Complaint/Grievance Request Form to **215-937-5367**, or sending an email to [paenrolleeappeals@amerihealthcaritas.com](mailto:paenrolleeappeals@amerihealthcaritas.com).
- Your doctor or dentist should fax a signed letter to **215-937-5367** within 72 hours of your request for an early decision that explains why **Keystone First - CHIP** taking the standard amount of time to tell you the decision about your Complaint or Grievance could harm your health.

If **Keystone First - CHIP** does not receive a letter from your doctor or dentist, and the information provided does not show that taking the usual amount of time to decide your Complaint or Grievance could harm your health, **Keystone First - CHIP** will decide your Complaint or Grievance in the usual time frame of 30 days from when Keystone First-CHIP first got your First Level Complaint or Grievance, or 45 days from when Keystone First-CHIP got your Second Level Complaint .

### **Expedited Complaint and Expedited External Review of your Complaint**

Your expedited Complaint will be reviewed by a committee that includes a licensed doctor. Members of the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Complaint about.

You may attend the expedited Complaint review if you want to attend it. You can attend the Complaint review in person if possible but may have to appear by phone or by videoconference because **Keystone First - CHIP** has a short amount of time to decide an expedited Complaint. If you decide that you do not want to attend the Complaint

review, it will not affect the decision.

**Keystone First - CHIP** will tell you the decision about your Complaint within 48 hours of when **Keystone First - CHIP** receives your doctor or dentist's letter explaining why the usual time frame for deciding your Complaint will harm your health or within 72 hours from when **Keystone First - CHIP** receives your request for an early decision, whichever is sooner, unless you ask **Keystone First - CHIP** to take more time to decide your Complaint. You can ask **Keystone First - CHIP** to take up to fourteen (14) more days to decide your Complaint. You will also receive a notice telling you the reason(s) for the decision and how to ask for expedited external Complaint review if you do not like the decision.

If you did not like the expedited Complaint decision, you may ask for an expedited external Complaint review of your Complaint from the Pennsylvania Insurance Department within **two (2) business days from the date you receive the expedited Complaint decision notice**. To ask for expedited external review of a Complaint:

- Call **Keystone First - CHIP** at 1-844-472-2447 (TTY 711) and tell **Keystone First - CHIP** your Complaint, or
- Send an email to **Keystone First - CHIP** at [paenrolleeappeals@amerihealthcaritas.com](mailto:paenrolleeappeals@amerihealthcaritas.com).
- Write down your Complaint and send it to **Keystone First - CHIP** by mail or fax:

**Enrollee Appeals Department  
Attention: Enrollee Advocate  
Keystone First - CHIP  
200 Stevens Drive  
Philadelphia, PA 19113-1570**

**Fax number: 215-937-5367**

### **Expedited Grievance and Expedited External Review of your Grievance**

A committee of three (3) or more people, including a licensed doctor, will meet to decide your Grievance. The **Keystone First - CHIP** staff on the committee will not have been involved in and will not have worked for someone who was involved in the issue you filed your Grievance about.

You may attend the expedited Grievance review if you want to attend it. You can attend the Grievance review in person if possible but may have to appear by phone or by videoconference because **Keystone First - CHIP** has a short amount of time to decide the expedited Grievance. If you decide that you do not want to attend the Grievance review, it will not affect our decision.

**Keystone First - CHIP** will tell you the decision about your Grievance within 48 hours of when **Keystone First - CHIP** received your doctor or dentist's letter explaining why the usual time frame for deciding your Grievance will harm your health or within 72 hours

from when **Keystone First - CHIP** receives your request for an early decision, whichever is sooner, unless you ask **Keystone First - CHIP** to take more time to decide your Grievance. You can ask **Keystone First - CHIP** to take up to fourteen (14) more days to decide your Grievance. You will also receive a notice telling you the reason(s) for the decision and what to do if you do not like the decision.

If you do not like the expedited Grievance decision, you may ask for an expedited external review of your Grievance.

You must ask for expedited external review of your Grievance by the Pennsylvania Department of Insurance within **two (2) business days from the date you receive the expedited Grievance decision notice**. To ask for expedited external review of a Grievance:

- Call **Keystone First - CHIP** at 1-844-472-2447 (TTY 711) and tell **Keystone First - CHIP** your Grievance, or
- Send an email to **Keystone First - CHIP** at [paenrolleeappeals@amerihealthcaritas.com](mailto:paenrolleeappeals@amerihealthcaritas.com), or
- Write down your Grievance and send it to **Keystone First - CHIP** by mail or fax:

**Enrollee Appeals Department  
Attention: Enrollee Advocate  
Keystone First - CHIP  
200 Stevens Drive  
Philadelphia, PA 19113-1570  
Fax number: 215-937-5367**

**Keystone First - CHIP** will send your request to the Pennsylvania Department of Insurance within 24 hours after receiving it.

### **What Kind of Help Can I Have with the Complaint and Grievance Processes?**

If you need help filing your Complaint or Grievance, a staff member of **Keystone First - CHIP** will help you. This person can also represent you during the Complaint or Grievance process. You do not have to pay for the help of a staff member. This staff member will not be involved in any decision about your Complaint or Grievance.

You may also have a family member, friend, lawyer, or other person help you file your Complaint or Grievance. This person can also help you if you decide you want to appear at the Complaint or Grievance review.

At any time during the Complaint or Grievance process, you can have someone you know represent you or act for you. If you decide to have someone represent or act for you, inform **Keystone First - CHIP**, in writing, the name of that person and how **Keystone First - CHIP** can reach him or her.

You or the person you choose to represent you may ask **Keystone First - CHIP** to see any information **Keystone First - CHIP** has about the issue you filed your Complaint or Grievance about at no cost to you.

You may call **Keystone First - CHIP**'s toll-free telephone number at **1-844-472-2447 (TTY 711)** if you need help or have questions about Complaints and Grievances, you can contact your local legal aid office at **1-800-322-7572** or call the Pennsylvania Health Law Project at 1-800-274-3258.

### **Persons Whose Primary Language Is Not English**

If you ask for language services, **Keystone First - CHIP** will provide the services at no cost to you.

### **Persons with Disabilities**

**Keystone First - CHIP** will provide persons with disabilities with the following help in presenting Complaints or Grievances at no cost, if needed. This help includes:

- Providing sign language interpreters.
- Providing information submitted by **Keystone First - CHIP** at the Complaint or Grievance review in an alternative format. The alternative format version will be given to you before the review.
- Providing someone to help copy and present information.