



## **What can I do if my child's doctor asks for a service for my child that is covered but UnitedHealthcare Community Plan denies or limits it?**

UnitedHealthcare Community Plan will send you a letter if a covered service requested by your child's PCP is denied, delayed, limited or stopped. If you are not happy with the decision, you can call Member Services at **1-888-887-9003** and ask for an appeal. We will send a form to you to complete, sign and return as soon as possible. You do not have to return the form if you are asking for an expedited appeal.

### **How will I find out if services are denied?**

UnitedHealthcare Community Plan will send you a letter if a covered service requested by your child's PCP is denied, delayed, limited or stopped.

### **What are the timeframes for the appeal process?**

UnitedHealthcare Community Plan has up to 30 calendar days to decide if your request for care is medically needed and covered. We will send you a letter of our decision within 30 days. If you requested an expedited appeal your case will be reviewed within 72 hours. In some cases you have the right to a decision within one business day. If your provider requests a quick decision, we must give you a quick decision.

You can get a quick decision if your health or ability to function could be seriously hurt by waiting. You also have the right to choose a quick external review from Maximus under the Federal External Review Process.

### **When do I have the right to request an appeal?**

You may request an appeal within 60 days whenever you do not agree with UnitedHealthcare Community Plan's decision to deny services or care for you/your child.

### **Does my request have to be in writing?**

An appeal form will be included in each letter you receive when UnitedHealthcare Community Plan denies a service to you. You may request an appeal by phone, but an appeal form will be sent to you, which can be signed and returned.

**No retaliation is allowed.**

UnitedHealthcare Community Plan will not punish a member, doctor or provider for filing a complaint against UnitedHealthcare Community Plan.

**Can someone from UnitedHealthcare Community Plan help me file an appeal?**

Member Services is available to help you file an appeal. You can contact Member Services by calling **1-888-887-9003** to ask for an appeal. We will send your request to our appeals department.

We can accept your request orally or in writing. Mail written requests to:

UnitedHealthcare Community Plan  
Attn: Complaint and Appeals Department  
P.O. Box 31364  
Salt Lake City, UT 84131-0364

**What happens after my appeal?**

You will get a letter telling you what the appeal decided, if your services will change and when, and any other choices you may have. The letter will tell you how you can request an external review if you do not agree with the appeal decision.

## What Is an Expedited Appeal?

An Expedited Appeal is when the health plan has to make a decision quickly based on the condition of your health, and taking the time for a standard appeal could jeopardize your life or health.

**How do I ask for an expedited appeal?**

You may ask for this type of appeal in writing or by phone. Make sure you write “I want a quick decision or an expedited appeal,” or “I feel my child’s health could be hurt by waiting for a standard decision.”

To request a quick decision by phone, call UnitedHealthcare Community Plan Member Services at **1-888-887-9003**.

**Does my request for an expedited appeal have to be in writing?**

Your expedited appeal request does not have to be in writing. You can call Member Services at **1-888-887-9003** to ask for an expedited appeal.

**What are the timeframes for an expedited appeal?**

UnitedHealthcare Community Plan must decide this type of appeal within 72 hours. In some cases you have the right to a decision in one business day.

**What happens if UnitedHealthcare Community Plan denies the request for an expedited appeal?**

If UnitedHealthcare Community Plan denies the request for an expedited appeal, the appeal is processed through the normal appeal process, which will be resolved within 30 days. You will receive a letter explaining why and what other choices you may have.

### **Who can help me in filing an appeal or an expedited appeal?**

If you/your child are in the hospital, ask someone to help you mail or call in your request for this type of appeal. You may also call UnitedHealthcare Community Plan Member Services at **1-888-887-9003** and ask someone to help you start an appeal or ask your/your child's doctor to do it for you.

### **What happens after my expedited appeal?**

You will get a letter telling you what the appeal decided, if your services will change and when, and any other choices you may have. The letter will tell you how you can request an expedited external review if you do not agree with the expedited appeal decision.

## **What is an External Review?**

An external review is a review by a health care provider who is totally independent of your health plan or insurance carrier. You can ask for an external review through the HHS administered federal review process administered by MAXIMUS Federal Services. This organization is not related to your doctor or your health plan. There is no cost to you for this external review.

You can ask for an external review through the Federal External Review Process with MAXIMUS after you complete the UnitedHealthcare appeal process.

If you have not received the services that were denied and you and your doctor believe your health may be in serious jeopardy, you do not have to complete the appeal process before requesting an external review. An external review is the final level of appeal for an Adverse Determination.

### **How do I request an external review?**

To request an external review, you must return the completed HHS-Administered Federal External Review Request form to MAXIMUS at:

MAXIMUS Federal Services  
Attn: FERP  
3750 Monroe Avenue, Suite 705  
Pittsford, NY 14534  
**ferp@maximus.com**  
888-866-6205 ext. 3326, 888-866-6190 (fax)

You may also submit your request online at:

**[www.externalappeal.com/ferportal/#/requestReview](http://www.externalappeal.com/ferportal/#/requestReview)**.

### **What are the timeframes for this process?**

MAXIMUS has 45 days to give you an answer for non-life threatening cases and 72 hours to give you an answer for life threatening cases. MAXIMUS will let you know its decision.

We work with MAXIMUS to give them all the information about your case. MAXIMUS will let UnitedHealthcare Community Plan and YOU know what they decide. This decision is final and UnitedHealthcare Community Plan will work with you and your child's providers to do what MAXIMUS says must be done.