

“What are my Complaint Appeal Rights?”

As an enrollee, if you are not satisfied with how your HMO resolved your complaint, you have the right to appeal the complaint decision with your HMO. To appeal your HMO's complaint decision, you may use the HMO's appeal procedures which are described in your member handbook and your evidence of coverage. When your HMO receives your appeal, the HMO must send you an acknowledgment letter within 5 days and assemble an appeal panel. You have the right to submit a written appeal to the appeal panel or you may appear in person before the appeal panel. The HMO must complete the appeal process and inform you in writing of the resolution not later than the 30th calendar day after the HMO receives your written appeal. The resolution letter must include a statement of the specific medical determination, clinical basis, and contractual criteria used to reach the final decision.