

## Appeal and Grievance Rights

**What is an appeal?** An appeal is a review by the MCO/Managed Care Organization (Amerigroup Community Care) or the Maryland Department of Health (the Department) when you are not satisfied with a decision that impacts your care.

**Why would I appeal?** Examples of reasons to file an appeal include:

- Your MCO denies covering a service your provider orders/prescribes for you because:
  - The treatment is not needed for your condition, or would not help you in diagnosing your condition.
  - Another more effective service could be provided instead.
  - The service could be offered in a more appropriate setting, such as a provider's office instead of the hospital.
- Your MCO limits, reduces, suspends, or stops a service that you are already receiving.
- Your MCO denies all or part of payment to a provider for one of your services.
- Your MCO takes too long to authorize a service you or your provider requested.
- Your MCO denies your request to speed up (or expedite) the decision about a medical issue.
- Your provider charges you money for a service that you think Amerigroup should pay for.

**What is a grievance?** A grievance is when you express dissatisfaction with your MCO or your provider.

**Why would I file a grievance?** Grievances can be medical or administrative. Examples include:

- Your provider's office was dirty, understaffed, or difficult to access, or the provider was rude or unprofessional.
- You cannot find a provider that is close to where you live for your health care needs.
- You are dissatisfied with the help you received from your provider's staff or MCO.
- You are having issues with filling your prescriptions, contacting your provider, or making appointments.
- You do not feel you are receiving the right care for your health condition.
- Your MCO is taking too long to resolve your appeal or grievance.
- Your MCO denies your request for a faster appeal about a medical issue.

## Filing an Appeal

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### How do I appeal to my MCO?

You or your representative may appeal an MCO's decision within 60 calendar days from the date of the denial notice by contacting the MCO using the information provided in the letter. Your MCO will send you a letter to confirm your appeal. If you would like help from the Department with appealing to your MCO, call the HealthChoice Help Line at 1-800-284-4510.

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### What is a representative?

A representative is someone who has written permission to act or speak on your behalf, like a family member, a friend, a provider, or a lawyer. You can also represent yourself in the appeal. You must provide your MCO with any written documentation, signed and dated by you, naming a representative for your appeal.

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### How do I get the information the MCO used to make its decision?

Your denial notice will explain how your MCO made the decision, including the information reviewed. You may request any of the following information, free of charge, to help with your appeal by calling your MCO:

- Your medical records
- Any benefit provision, guideline, protocol, or criterion your MCO used to make its decision
- Oral interpretation and written translation assistance
- Assistance with filling out your MCO's appeal forms

You may also call the Maryland Department of Health's HealthChoice Help Line at 1-800-284-4510 for help with filing an appeal, seeking care alternatives, and learning about your rights and responsibilities.

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### How long will the MCO take to make a decision in my appeal?

Your MCO will make a decision within 30 calendar days from the date you appeal and send you a letter with the decision.

You or your MCO may ask for up to 14 calendar additional days in this process. If the MCO needs more time, the MCO will send you a letter and call you, your representative and your provider. If you need more time to send information to help the MCO make a decision, you, your representative, or your provider may call your MCO to ask for more time.

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**How can I receive a faster decision on my appeal?**

You can receive a faster decision if your provider tells the MCO you have a serious medical condition. Your provider may call the MCO to ask for a faster decision time. If your MCO agrees, your MCO will contact your provider with an appeal decision within 72 hours. The MCO will also send you a letter. If your MCO denies your request, your MCO will contact you and your provider and make a decision in 30 days.

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**How can I request a State Fair hearing if I disagree with the result of my Amerigroup appeal?**

A State Fair Hearing is a review of the MCO's appeal decision by the Maryland Office of Administrative Hearings. You have the right to ask for a State Fair Hearing within 120 calendar days of the date of the MCO's appeal decision. You can also ask for a State Fair Hearing if the MCO does not make a decision by the decision date on your appeal confirmation letter.

A hearing is a meeting between you, someone from your MCO and an independent hearing officer. You can talk to them about why you disagree with the MCO's decision, share more information, call witnesses and more. You would bring any documents or information to help the Hearing Officer understand your concerns. You may also examine any records related to your hearing, including your medical records, free of charge.

To learn more about State Fair Hearings and ask for one, call the HealthChoice Help Line at 1-800-284-4510. They will explain what you need to do to ask for a State Fair Hearing. You can also ask for the hearing to happen closer to where you live, share the days and times you are available, and state if you will need transportation to and from the hearing.

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**Can I continue receiving services during an appeal or a State fair Hearing?**

Yes. If you are already receiving services, and the MCO decides that your services should stop or end soon, you may be able to continue receiving those services during the appeal or State Fair Hearing. Call your MCO within 10 days of your notice or before the last day of your services.

Note: If you lose the appeal or State Fair Hearing, you may have to pay for the services you received during the appeal or State Fair Hearing.

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## Filing a Grievance

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**How do I file a grievance?**

You can file a grievance with your MCO and/or the Department.

To file a grievance with your MCO, call your MCO's Member Services line on your MCO identification card. Your MCO is required to respond.

To file a grievance with the Department, call the HealthChoice Help Line at 1-800-284-4510. A representative will assist you.

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**When can I file a grievance?**

You may file a grievance at any time.

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**How long does it take the MCO to resolve a grievance?**

For administrative grievances, you will receive a letter within 30 calendar days. For medical grievances, you will receive an answer within 24 hours if it is an emergency or within 5 calendar days if it is not an emergency. If the MCO needs more time, your MCO will contact you and ask for up to 14 more calendar days to respond.

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