

APPEAL REQUEST FORM

- Fill out and sign this form
- Send completed and signed form with any supporting documentation to:
Samaritan Health Plans
P.O. Box 1310
Corvallis, Oregon 97339

MEMBER INFORMATION:

Name (please print):

Member ID#:

APPEAL INFORMATION:

I would like to appeal:

The reasons I think the decision should be changed are:

YOUR SIGNATURE:

You or your authorized representative must sign and date this request. If the appeal is on behalf of a minor, the minor's legal guardian must sign. If this form is not signed, Samaritan Health Plans will not process your appeal.

Signature:

Date:

Relationship to Member:

MEMBER GRIEVANCES AND APPEALS PROCESS

Authorized representative

You or someone you name to act on your behalf (Authorized Representative) may file a verbal or a written grievance and/or appeal in writing with Samaritan Choice Plan (SCP).

Your Authorized Representative can be a relative, friend, advocate, attorney, doctor, or someone else who is already authorized under State law.

Please note that in order for SCP to process a request received from your Authorized Representative, we must have proof of such designation; such as, a signed representative form; other appropriate legal papers supporting an authorized representative's status or a Durable Power of Attorney document.

SCP has an Authorized Representative form that you can request by calling our Customer Service Department at (541) 768-4550 or toll free 1-800-832-4580 or TTY/TTD 1-800-735-2900.

Filing a grievance

Grievance means a verbal or written complaint regarding:

- Availability, delivery or quality of health care services, including a complaint regarding an adverse determination based on the decision of the Plan through a prior authorization; or
- Claims payment, handling or reimbursement for health care services; or
- Matters pertaining to the contractual relationship between the member and the Plan.

You have the **option** to file a grievance (complaint) through Samaritan Choice Plan's Dissatisfaction Resolution Team or you may choose to move straight to the appeal process without submitting a grievance.

Upon receiving a grievance, we will send you or your Authorized Representative an acknowledgment letter. If the grievance cannot be resolved within five business days of receipt, we will notify you in writing that additional time is required. You or your Authorized Representative will then receive a written decision within 30 days from your initial call or letter.

If you remain dissatisfied with the outcome of your grievance, you or your Authorized Representative may file a written appeal within 180 days of the denial or other action, giving rise to the grievance.

Filing an internal appeal

If you remain dissatisfied after the initial adverse benefit decision or grievance decision, you or your Authorized Representative have the right to file an appeal. The appeal request must be: 1) in writing, 2) signed, 3) include the appeal reason; and 4) received by us within 180 days of the denial or other action giving rise to the grievance. You may use an [Appeal Request Form](#) to provide this information. Within five business days of receiving the appeal, we will send you or your Authorized Representative an acknowledgment letter.

The Internal appeal decision will be determined by an appropriate healthcare professional not previously involved in your case. You or your Authorized Representative have the right to appear in person to talk about your appeal.

During the Internal review, we may require an extension for processing your pre-service appeal. If so, a letter will be sent to you explaining the circumstances requiring the extension and a description of any additional information needed from you or your providers. In no event will this extension exceed the time frames explained in the **Appeal timelines** section. If you do not agree with our decision to extend the timeframe to process your appeal, you may file a grievance.

You or your Authorized Representative will receive a written decision within 30 days (pre-service, plus extension if needed) or 60 days (post-service) of our receiving your appeal request.

Please Note: If you, your Authorized Representative or your treating provider believes that the request to appeal is urgent; meaning, a review decision made within the standard timeframe of 30 days could seriously jeopardize your life or health or your ability to regain maximum function, your appeal will be processed in an expedited manner (72 hours of our receiving the appeal). Only pre-service requests qualify for expedited processing.

You, your Authorized Representative or your treating provider may request a simultaneous expedited External Review.

For more information, please refer to the [Expedited Appeal section](#).

External review

If you are still dissatisfied with our final adverse determination, Your appeal may qualify for an External Review (at no cost to you) if:

- the Plan does not adhere to the rules and guidelines of the process defined for the Internal review;

OR

- the Internal review has been completed; and, the reason for the adverse decision was:
 - based on medical necessity; or
 - for treatment determined to be experimental or investigational; or
 - for the purpose of continuity of care**OR**
- you and the Plan have mutually agreed to waive the Internal appeal requirement.

Your request for an External Review must be received in writing to us within 120 days of our final adverse determination. Within five business days of receiving your request for External Review, we will send you or your Authorized Representative a confirmation letter that your request is eligible for External Review. (If your request is not eligible for External Review, the Plan will notify you or your Authorized Representative in writing and include the reasons for the ineligibility.)

To apply for an External Review you must send your written request or the [Appeal Request Form](#) to us at the following address:

Samaritan Choice Plan- Appeal Dept
P.O. Box 336
Corvallis, Oregon 97330-0336

External Review decisions are made by randomly assigned Independent Review Organizations (IRO) who are not associated with Samaritan Health Services.

Please Note: When you request an External Review, the Plan will send you or your Authorized Representative a waiver that allows the IRO access to your medical records pertaining to the Internal Appeal adverse decision. It is important for you to know that the Plan can only continue to process your request if the signed waiver is returned.

The Plan, upon receiving notification of the assigned IRO, will forward your request within 5 business days. You will receive a letter from the IRO informing you that your request for External Review has been received. You will have 10 business days to submit additional information directly to the IRO.

The IRO will return a written decision to you or your Authorized Representative and to the Plan within the following timeframes:

- Expedited External Review - 72 hours after receipt of the request
- Standard External Review - 45 days after receipt of the request

IRO decisions are final and we are bound by their decisions. If you want more information regarding External Review, please contact our Customer Service Department at 541-768-4550; toll-free at 800-832-4580 or TTY 1-800-735-2900.

Expedited appeals

If you believe your appeal is urgent, you, your Authorized Representative or your treating provider, may request an Expedited appeal. If the appeal request meets the definition of urgent; meaning, a decision made within the standard timeframe of 30 days could seriously jeopardize your life or health or your ability to regain maximum function, the appeal will be processed in an expedited manner (within 72 hours of our receiving the appeal request).

For urgent appeals your treating provider may act as your Authorized Representative without a signed Authorized Representative form.

If the appeal does not meet the definition of urgent, you will be notified immediately and the appeal will then be processed within the standard timeframe.

When applicable, you may **simultaneously** request an expedited External Review, in addition to an expedited Internal Review.

An expedited External Review may be filed verbally or in writing within 120 days of our Initial or Final adverse determination.

An expedited Internal Review may be filed verbally or in writing within 180 days after you receive notice of the initial adverse determination.

The Expedited appeal request must:

- be based on a pre-service adverse determination, **and**
- state the reason for the appeal request; **and**
- state the reason an expedited decision is needed; **and**
- include supporting documentation necessary for the Plan to make a decision.

The Internal Expedited review decision will be determined by an appropriate healthcare professional not previously involved in your case. A verbal notice of the decision will be provided to you, your Authorized Representative and your treating provider as soon as possible but no later than 72 hours of our receiving the appeal. A written notice will be mailed within one working day following the verbal notification.

For an expedited External Review, the randomly assigned IRO will have 72 hours to make their decision from the time they receive the appeal information from the Plan.

To apply for an Internal or External expedited review, send your written request or the [Appeal Request Form](#) to:

**Samaritan Choice Plans- Appeal Dept
P.O. Box 336
Corvallis, Oregon 97330-0336**

**Or call our Customer Service Department:
(541) 768-4550, toll free 800-832-4580 or
TTY 1-800-735-2900.**

Appeal timelines

Samaritan Choice Plans (SCP) adheres to the following timeframes for making decisions for an Internal appeal:

- 72 hours for urgent
- 30 days for pre-service
- 60 days for post-service

SCP may take an extension of up to 14 days, in addition to the above timeframes, for urgent and pre-service appeals. You will be notified in writing if an extension is necessary.

Forms:

You may obtain the following forms for your appeal

- Authorized Representative
- Appeal Request
- Authorization to Disclose Health Plan Records

by contacting our Customer Care Department at: 541-768-4550; toll-free at 1-800-832-4580; TTY 1-800-735-2900, OR Online at:

<http://www.samhealth.org/healthplans/members/samaritanchoiceplans/Pages/default.aspx>

Your appeal rights

You have the right to:

- File a grievance about and appeal any decision we make regarding availability, delivery or quality of health care services, including a complaint regarding an adverse determination based on the decision of the Plan through a prior authorization; claims payment, handling or reimbursement for healthcare services or matters pertaining to the contractual relationship between the member and the Plan.
- Contact us when you:
 - Do not understand the reason for the denial;
 - Do not understand why the health care service or treatment was not fully covered;
 - Do not understand why a request for coverage of a health care service or treatment was not approved;
 - Cannot find the applicable provision in your Benefit Plan Document;
 - Want a copy (free of charge) of the guideline, criteria or clinical rationale that we used to make our decision.
- A full and fair Internal review of your appeal by individuals associated with us, but who were not involved in the adverse decision.

- Provide us with additional information that relates to your appeal.
- Appear in person to talk about your Internal appeal.
- An Internal review decision within 30 days for pre-service appeals, 60 days for post-service appeals and 72 hours for an expedited appeal.
- File an External Review (at no cost to you) if applicable.
- An External Review decision within 45 days of the IRO receiving your standard request and 72 hours for an expedited request.
- Send additional information, in writing, directly to the IRO.
- An Expedited review if you, your Authorized Representative or your treating provider believes that waiting the standard 30 day timeframe would seriously jeopardize your life or health or would jeopardize your ability to regain maximum function if treatment is delayed.
- A simultaneous Expedited Internal and External Review, if applicable.
- Information about our grievance and appeal processes, you may contact our Customer Care Department at 541-768-4550; toll-free at 1-800-832-4580; TTY 1-800-735-2900; or you can write to the following address:

**Samaritan Choice Plan - Appeal Dept.
P.O. Box 336
Corvallis, OR 97339-0336**

- File a complaint and seek assistance by contacting:
The Director of the Department of Consumer and Business Services (DCBS) at:
Department of Consumer and Business Services
350 Winter Street NE
PO Box 14480
Salem, OR 97309-0405
Or email dcbs.director@state.or.us
- **The Department of Labor at:**
U.S. Department of Labor
Pension and Welfare Benefits Administration
200 Constitution Ave., N.W.
Washington, D.C. 20210