



Notice of Action Statement

This notice includes information on the different ways to file a complaint or appeal an adverse decision.

Complaints and Grievances

- You, or your representative with written consent, can file a complaint, also called a grievance, at any time.
- If you are unhappy with something that happened to you when you received healthcare services, you can file a complaint or grievance. Examples of why you might file a complaint or grievance include:
 - You feel you were not treated with respect
 - You are not satisfied with the healthcare you got
 - It took too long to get an appointment
 - You do not agree with a decision that we made
- To file a complaint or grievance you should call Wellpoint at **800-782-0095 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time.
- To file a complaint or grievance in writing, you may fax it to Wellpoint at 844-882-3520 or mail it to:

Attn: Grievance & Appeals Department
Wellpoint West Virginia, Inc.
P.O. Box 91
Charleston, WV 25321-0091

- You will need to send us a letter that has:
 - Your name
 - Your mailing address
 - The reason why you are filing the complaint and what you want Wellpoint to do
 - When and where the issue took place

Your doctor or authorized representative can also file a complaint or grievance for you.

You can also send us a grievance by filling out a Member Grievance Form and sending it to us. You can get the form at **wellpoint.com/wv/wvplans** or by calling us at the number above.

If filing a written grievance, we will send you an acknowledgement letter within five (5) calendar days. Verbal grievances are acknowledged when we take your call. You can file a complaint or grievance at any time after the event about which you are unhappy. Wellpoint will conduct a full investigation after we receive your complaint or grievance. We will usually give you a resolution within thirty (30) calendar days and no later than ninety (90) calendar days, but may ask for extra time to give an answer.

wellpoint.com/wv/wvplans

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Wellpoint will provide translation services, as needed, at no cost to you.

Appeals

If you believe your benefits were unfairly denied, reduced, delayed or stopped, you have the right to file an appeal with Wellpoint. You also have the right to appeal any adverse decision. You have the right to be represented by anyone you choose, such as an attorney, your healthcare provider or a family member, with written consent.

- To file an appeal, you can call Wellpoint at **800-782-0095 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time.
- To file an appeal in writing, you will need to fax it to Wellpoint at 844-882-3520 or mail it to:

Attn: Grievance & Appeals Department
Wellpoint West Virginia, Inc.
P.O. Box 91
Charleston, WV 25321-0091

- If you file an appeal in writing, you will need to send us a letter that has:
 - Your name
 - Your provider's name
 - The date of service
 - Your mailing address
 - The reason why we should change our decision
 - A copy of any information that you think supports your appeal, such as written comments, additional documents, records, or information related to your appeal

If you call and give your appeal over the phone, Wellpoint will acknowledge your appeal verbally at the time of receipt and also in a letter within five (5) calendar days. Be sure to read the letter carefully and keep it for your records.

You must file an appeal verbally or in writing within sixty (60) calendar days from the date of the adverse benefit determination or adverse decision by Wellpoint.

We will send you a letter to let you know when we have received your appeal. You have the right to give proof, or claims of fact or law, for your appeal either orally, in person or in writing. You have the right to see and get copies of documents that have to do with your appeal, records, your benefits, documents explaining how we made our decision and any other related information to your appeal for free. Information may include medical necessity criteria, and any processes, strategies or evidence-based standards used in setting coverage limits.

We will review your appeal. None of the people reviewing it will have been involved in the initial decision to not authorize or pay for the health services you are appealing. If your appeal involves a medical issue, reviewer will be a healthcare professional who has the appropriate training and experience in the field of medicine necessary for making the decision on the medical issue. We will provide the titles and qualifications of individuals who participate in your appeal decision review.

Wellpoint must process and provide notice to you regarding your appeal within thirty (30) calendar days.

If Wellpoint needs more information for the appeal, or if you want to provide more information, you or Wellpoint can ask for fourteen (14) more calendar days to finish the appeal. If Wellpoint decides to extend the review time to finish the appeal, you will be notified in writing within two (2) calendar days that you have the right to file a grievance if you disagree with the extension.

Fast (Expedited) Appeals

If your appeal is about our decision to not approve or pay for some or all of your healthcare services and you need an appeal decision fast because you have not gotten the healthcare services and you might be badly hurt if you had to wait for a normal appeal decision, like the one described above, you can ask for a fast appeal by calling Wellpoint at **800-782-0095 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time or by submitting the request in writing within sixty (60) calendar days of the adverse decision. Wellpoint will give a decision notice to you about your fast appeal within seventy-two (72) hours after we receive your appeal.

If you call and give your fast appeal over the phone, Wellpoint will acknowledge your appeal verbally at the time of receipt and also in a letter. Be sure to read the letter carefully and keep it for your records.

If more information is needed to decide your appeal Wellpoint can ask for fourteen (14) more calendar days to finish the appeal. We will send you a letter within two (2) calendar days telling you why more time is needed. You may file a grievance if you are unhappy with our request for more time. You may also ask for fourteen (14) more days if you need more time to provide information about your appeal.

To file a fast appeal you will need to provide us with:

- Your name
- Your provider's name
- The date of service
- Your mailing address
- The reason why we should change our decision
- A copy of any information that you think supports your appeal, such as written comments, additional documents, records or information related to your appeal

You can file a fast appeal by either calling us, or mailing or faxing the information to:

Attn: Grievance & Appeals Department
Wellpoint West Virginia, Inc.
P.O. Box 91
Charleston, WV 25321-0091

Phone number: **800-782-0095 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time.

Fax: 844-882-3520

If we decide your appeal is not a fast appeal, we will handle your appeal like the normal appeals described in the section above. You have the right to file a grievance if you are unhappy with the decision to deny the fast appeal.

You have the right to give proof, or claims of fact or law, for your appeal either orally, in person or in writing, but you must provide this information more quickly under a fast

appeal process. Upon receipt of your fast appeal request, you also have access to copies of all materials at no cost.

State Fair Hearing Process

If you are not happy with Wellpoint's appeal decision, and your appeal is about our decision to deny, reduce, change or terminate payment for your healthcare services, you can request a State Fair Hearing. You can only request a State Fair Hearing if it relates to a denial of a covered service, a reduction in service, termination of a previously authorized service or failure to provide service timely. Appeals for non-covered services are not eligible for State Fair Hearings, unless requested under Early and Periodic Screening, Diagnostic and Treatment (EPSDT) benefits. You will get a notice mailed to you within ten (10) calendar days before any action is taken. You must request a State Fair Hearing within one-hundred twenty (120) calendar days from the notice of appeal resolution from Wellpoint. You may also request a State Fair Hearing if Wellpoint does not meet the timeframe for making a decision on your appeal.

If you are a WV Medicaid member, send your request for a State Fair Hearing to:

Bureau for Medical Services
Office of Medicaid Managed Care
350 Capitol Street, Room 251
Charleston, WV 25301-3708

If you are a WVCHIP member, send your request for a State Fair Hearing to:

Bureau for Medical Services
Attn: WV Children's Health Insurance Program
350 Capitol Street, Room 251
Charleston, WV 25301-3708

The Bureau for Medical Services will hear your case and a decision will be sent to you in writing within ninety (90) calendar days of the date you asked for the State Fair Hearing.

Wellpoint will continue your benefits during the time of an appeal process or State Fair Hearing when:

- You or your provider file an appeal on a timely basis;
- The appeal involves the termination, suspension or reduction of a previously authorized course of treatment;
- The services were ordered by an authorized provider;
- The original period covered by the original authorization has not expired and;
- You request an extension of benefits within thirteen (13) days of the MCO determination.

To request an extension of benefits, call the Customer Care Center at **800-782-0095 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. Wellpoint will pay for the services in question when the final result of the appeal is to overturn the original decision. Wellpoint will pay for some or all of the services as determined by the final appeal decision. If the final result of your appeal is to uphold the original decision to deny, reduce, change or end payment for your services, Wellpoint may take back the money that was paid for the services while the appeal was in process, and you will be responsible for paying for the services.

Keeping Your Grievance and Appeals

Wellpoint will keep copies of your grievance and appeals documents, records and information about the grievance and appeal for your review for ten (10) years.

Additional Services

If you need help with receiving these materials in other languages, formats or a larger font size, please call the Customer Care Center at **800-782-0095 (TTY 711)**, Monday through Friday, 8 a.m. to 6 p.m. Eastern time. The Customer Care Representative will send you new materials based on what you need. Wellpoint can also provide materials in braille. There is no cost to you for any of these services.