



An Independent Licensee of the Blue Cross and Blue Shield Association

Complaint, Grievance and Appeal Process

Capital Health Plan has established a process for reviewing Member complaints, grievances, and appeals. The purpose of this process is to facilitate review of, among other things, any Member's dissatisfaction with Capital Health Plan, Capital Health Plan administrative practices, coverage, benefit or payment decisions, or with the administrative practices and/or the quality of care provided by any independent contracting provider. The Complaint, Grievance, and Appeal Process also permits the Member, or his or her physician, to request expedited review of certain types of appeals. The process described below must be followed if the Member has a complaint, grievance, or appeal.

Capital Health Plan encourages the Member to attempt informal resolution of any dissatisfaction by calling Capital Health Plan Member Services at 850-383-3311 (toll-free 1-877-247-6512); TTY 850-383-3534 (toll-free 1-877-870-8943). If Capital Health Plan is unable to resolve the matter on an informal basis, the Member may submit his or her formal request for review in writing.

Definitions

Appeal means a written request for Capital Health Plan to review and overturn a previous decision to deny coverage or payment for health care services, supplies or drugs. A Member, a Member's representative, a provider acting on behalf of a Member, or a state agency may submit an appeal. To submit or pursue an appeal on behalf of a Member, a health care provider must previously have been directly involved in the treatment or diagnosis of the Member. Expedited appeals may be submitted verbally.

Complaint means an oral (i.e., non-written) expression of dissatisfaction, whether the dissatisfaction was made in person, by telephone, or on the Member's behalf.

Expedited Appeal means any request or application for coverage or benefits for medical care or treatment that has not yet been provided to the Member with respect to which the application of time periods for making non-urgent care determinations:

1. Seriously could jeopardize the Member's life or health or his or her ability to regain maximum function; or,
2. In the opinion of a physician with knowledge of the Member's condition, would subject the Member to severe pain that cannot be managed adequately without the proposed service being rendered.

Federally Administered External Review Program means a program offered by the federal government that provides, upon request of the Member, independent review of the appeal that was not resolved by the health plan to the satisfaction of the Member. The Member bears no costs for this independent review.

Grievance means a written expression of dissatisfaction that is not related to a previous coverage or payment decision made by Capital Health Plan. The Member, a provider acting on his or her behalf, another person designated by the Member, or a state agency may submit a grievance.

Post-Service Appeal means any request for coverage, benefits, or payment for a service actually provided to the Member (not just proposed or recommended). This means the member has already received the service and these requests may not be expedited.

Pre-Service Appeal means any request for coverage or benefits for a service that has not yet been provided to the Member.

Time frames for Grievances and Appeals –please note time frames begin when all necessary information has been received by Capital Health Plan.

Type of Request	Commercial Members	Federal Members	State of Florida Members
Expedited Appeal (Pre-Service only)	72 hours	72 hours	24 hours
Pre-Service Appeal	30 days	30 days	15 days
Post-Service Appeal	60 days	30 days	30 days
Grievance	30 days	30 days	30 days

Capital Health Plan Member Services Contact Information

Capital Health Plan Member Services Department Representatives are available to take your calls at 850-383-3311 or 1-877-247-6512 (TTY 850-383-3534 or 1-877-870-8943) 8:00 a.m. – 5:00 p.m., Monday – Friday. State of Florida members call 1-877-392-1532, 7:00 a.m. – 7:00 p.m.

Local Address: 1545 Raymond Diehl Road, Suite 300, Tallahassee, FL 32308

Lobby Hours: 8:00 a.m. – 5:00 p.m., Monday – Friday

Mailing Address: Capital Health Plan, P.O. Box 15349, Tallahassee, FL 32317-5349

Fax: 850-383-3413 (secure fax)

Website: <http://www.capitalhealth.com>