We hope our members will always be happy with their Ambetter health plan and our providers. If this is not true for you, Coordinated Care has steps for handling any problems you may have. We offer our members the following processes to achieve satisfaction:

Grievance Process

A grievance is a complaint. You or an authorized representative* can file a grievance with Ambetter from Coordinated Care if you are not happy with the way you were treated or the quality of care or services you received, if you have problems getting care, or if you have billing issues. Grievances must be filed with the Grievance Department within 180 days of the incident that you are concerned about. If you need help filing a grievance, please call 1-877-687-1197 (TTY/TDD 1-877-941-9238). *An Authorized Representative form is available on our website.

You may file a grievance by mail, fax or by phone. The form is available on our website under Member Resources.

Mail: Coordinated Care
Attn: Grievance Coordinator
1145 Broadway, Suite 300
Tacoma, WA 98402

Phone: 1-877-687-1197 (TTY/TDD 877-941-9238)

Fax: 1-855-218-0588

Coordinated Care will keep your grievance private. We will let you know we received your grievance within two business days. We will try to take care of your grievance right away. We will resolve your grievance within 30 days and tell you how it was resolved.

Appeal Process

An appeal is a request to review a denied service, claim, or referral. You can appeal our decision if a service was denied, reduced, or ended early. The steps of an appeal are: 1) Coordinated Care Appeal and 2) Independent Review.

Continuation of Services During the Appeal Process

If you want to keep getting previously approved services while we review your appeal, you must tell us within 10 calendar days of the date on your denial letter. If the final decision in the appeal process agrees with our action, you may need to pay for services you received during the appeal process.

STEP 1 – Coordinated Care Appeal

We can help you file your appeal. If you need help filing an appeal, call our Member Services staff at **1-877-687-1197 (TTY/TDD 1-877-941-9238).** Within 5 business days, we will let you know in writing that we got your appeal. You may choose someone, including an attorney or provider, to represent you and act on your behalf. You must sign an Authorized Representative form (available on our website) allowing this person to represent you. Coordinated Care does not cover any fees or payments to your representatives. That is your responsibility.

You have 180 calendar days after the date of Coordinated Care's denial letter, or notification of denied claim, to ask for an appeal. You or your representative may submit information about your case in person or in writing. You may fax the information to 855-218-0589. If you want copies of the guidelines we used to make our decision, we can give them to you. We will keep your appeal private. Unless you allow us to spend more time on your case, we will send you our decision in writing within 14 calendar days, if the service you are appealing has not been provided. Our

review will not take longer than 30 calendar days, unless you give us written consent. For claim appeals or appeals of services already provided our review will not take longer than 30 calendar days.

STEP 2 - Independent Review
If you do not agree with Coordinated Care's decision, you can ask for an independent review of your case. You must file your request for independent review within 120 calendar days of Coordinated Care's previous decision. Call our Member Service staff at **1-877-687-1197 (TTY/TDD 1-877-941-9238)** for help. If you ask for this review, your case will be sent to an Independent Review Organization (IRO) within three working days. You do not have to pay for this review. The IRO usually makes a decision within 15 calendar days of receiving necessary information; the review will not exceed twenty days. Coordinated Care will let you know the outcome.

Expedited (faster) Decisions
If you or your provider think waiting for a decision would put your health at risk, you can ask for an expedited (faster) appeal or Independent Review. We will review your request and make a decision within 72 hours. If we decide your health is not at risk, we will notify you and follow the regular appeal process time to make our decision.

Second Opinion
You can get a second opinion about your health care or condition. Call our Member Services staff at **1-877-687-1197 (TTY/TDD 1-877-941-9238)** to find out how to get a second opinion.

Washington State Health Insurance Consumer Assistance Program
If we are unable to help you, the Consumer Protection Division of the Washington State Office of the Insurance Commissioner may be able to help you with questions or complaints. For help, contact: Consumer Protection Division, PO Box 40256, Olympia, WA 98504-0256. Or by phone: Insurance Consumer Hotline 1-800-562-6900.

If you need help to understand this information, or require it in another language or format, please contact our Member Services staff at 877-687-1197 (TTY/TDD 877-941-9238).